



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE NEVADA COUNTY MENTAL HEALTH PLAN**

CHART REVIEW FINDINGS REPORT

Review Dates: 6/17/2020 to 6/18/2020

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Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS) were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Nevada 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 **412** claims submitted for the months of April, May and June of **2019**.

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Medical Necessity

REQUIREMENTS

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)

1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)

The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1):

1. A significant impairment in an important area of functioning.
2. A probability of significant deterioration in an important area of life functioning.
3. A probability that the child will not progress developmentally as individually appropriate
4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

(CCR, title 9, § 1830.205 (b)(2)(A-C).)

The proposed and actual intervention(s) meet the intervention criteria listed below:

- b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4).

(CCR, title 9, § 1830.205(b) (3)(A).)

- c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

- A. Significantly diminish the impairment.
- B. Prevent significant deterioration in an important area of life functioning.
- C. Allow the child to progress developmentally as individually appropriate.
- D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

(CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)

The condition would not be responsive to physical health care based treatment.

(CCR, title 9, § 1830.205(b)(3)(C).)

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

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- RR11 The service provided was solely for one of the following:
- a) Academic educational service;
 - b) Vocational service that has work or work training as its actual purpose;
 - c) Recreation;
 - d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors;
 - e) Transportation;
 - f) Clerical;
 - g) Payee Related.

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

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

FINDING 1A-3b:

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

- 1) **Line number** ¹. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.**
 - **Line** ² ³ SF ⁴ UOT ⁵
 - Progress note states that beneficiary declined to see the clinician.
- 2) **Line number** ⁶. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Line number(s) removed for confidentiality

⁴ SF number removed for confidentiality

⁵ UOT number removed for confidentiality

⁶ Line number(s) removed for confidentiality

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- **Line** ⁷ ⁸ SF ⁹ UOT ¹⁰
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service.
- **Line** ¹¹ ¹² SF ¹³ UOT¹⁴
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service
- **Line** ¹⁵ ¹⁶ SF ¹⁷ UOT ¹⁸
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service
- **Line** ¹⁹ ²⁰ SF ²¹ UOT ²²
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service
- **Line** ²³ ²⁴ SF ²⁵ UOT ²⁶
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service
- **Line** ²⁷ ²⁸ SF ²⁹ UOT ³⁰
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service

⁷ Line number(s) removed for confidentiality
⁸ Date(s) removed for confidentiality
⁹ SF number removed for confidentiality
¹⁰ UOT number removed for confidentiality
¹¹ Line number(s) removed for confidentiality
¹² Date(s) removed for confidentiality
¹³ SF number removed for confidentiality
¹⁴ UOT number removed for confidentiality
¹⁵ Line number(s) removed for confidentiality
¹⁶ Date(s) removed for confidentiality
¹⁷ SF number removed for confidentiality
¹⁸ UOT number removed for confidentiality
¹⁹ Line number(s) removed for confidentiality
²⁰ Date(s) removed for confidentiality
²¹ SF number removed for confidentiality
²² UOT number removed for confidentiality
²³ Line number(s) removed for confidentiality
²⁴ Date(s) removed for confidentiality
²⁵ SF number removed for confidentiality
²⁶ UOT number removed for confidentiality
²⁷ Line number(s) removed for confidentiality
²⁸ Date(s) removed for confidentiality
²⁹ SF number removed for confidentiality
³⁰ UOT number removed for confidentiality

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- **Line** ³¹ ³² **SF** ³³ **UOT** ³⁴
 - Progress note indicates the clinician discussed case in supervision which is not a specialty mental health service

CORRECTIVE ACTION PLAN 1A-3b:

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

FINDING 1A-3b1:

The interventions documented on the progress notes for the following Line numbers did not meet medical necessity since the service provided was solely

- Clerical: **Line numbers** ³⁵. **RR11f, refer to Recoupment Summary for details.**
 - **Line** ³⁶: ³⁷ **SF** ³⁸ **UOT** ³⁹
 - The beneficiary requested a copy of his blood pressure history.
 - **Line** ⁴⁰ ⁴¹ **SF** ⁴² **UOT** ⁴³
 - Staff updated beneficiary's address in their record system.

CORRECTIVE ACTION PLAN 1A-3b1:

The MHP shall submit a CAP that describes how the MHP will ensure that services provided and claimed are not solely transportation, clerical or payee related.

Assessment

REQUIREMENTS

³¹ Line number(s) removed for confidentiality
³² Date(s) removed for confidentiality
³³ SF number removed for confidentiality
³⁴ UOT number removed for confidentiality
³⁵ Line number(s) removed for confidentiality
³⁶ Line number(s) removed for confidentiality
³⁷ Date(s) removed for confidentiality
³⁸ SF number removed for confidentiality
³⁹ UOT number removed for confidentiality
⁴⁰ Line number(s) removed for confidentiality
⁴¹ Date(s) removed for confidentiality
⁴² SF number removed for confidentiality
⁴³ UOT number removed for confidentiality

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The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

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

FINDING 2A:

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

Nevada County Behavioral Health's policy (revised in 2018) states that assessments are updated every year for children and every three years for adults (this was changed from every 5 years to every 3 years in 2018).

The following are specific findings from the chart sample:

- **Line 44:** The prior Assessment was completed on ⁴⁵, and an update Assessment was due ⁴⁶. However, the updated Assessment was not completed until ⁴⁷.

CORRECTIVE ACTION PLAN 2A:

The MHP shall submit a CAP that:

- 1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

REQUIREMENTS

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

- a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;
- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) History of trauma or exposure to trauma;

⁴⁴ Line number(s) removed for confidentiality

⁴⁵ Date(s) removed for confidentiality

⁴⁶ Date(s) removed for confidentiality

⁴⁷ Date(s) removed for confidentiality

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- d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
- e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; 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;
- f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
- g) 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;
- h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
- i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma;
- j) Mental Status Examination;
- k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:

One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- a) Presenting Problem:
Line ⁴⁸: (Assessment dated ⁴⁹).
- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:

⁴⁸ Line number(s) removed for confidentiality

⁴⁹ Date(s) removed for confidentiality

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- Line 50:** (Assessment dated ⁵¹)
Line 52: (Assessment dated ⁵³).
- c) Mental Health History:
Line 54: (Assessment dated ⁵⁵).
- d) Medications:
Line 56: (Assessment dated ⁵⁷).
- e) Substance Exposure/Substance Use:
Line 58: (Assessment dated ⁵⁹).
- f) Client Strengths:
Line 60: (Assessment dated ⁶¹).
- g) Risks:
Line 62: (Assessment dated ⁶³).
- h) A mental status examination:
Line 64: (Assessment dated ⁶⁵).

CORRECTIVE ACTION PLAN 2B:

The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Medication Consent

REQUIREMENTS

-
- ⁵⁰ Line number(s) removed for confidentiality
⁵¹ Date(s) removed for confidentiality
⁵² Line number(s) removed for confidentiality
⁵³ Date(s) removed for confidentiality
⁵⁴ Line number(s) removed for confidentiality
⁵⁵ Date(s) removed for confidentiality
⁵⁶ Line number(s) removed for confidentiality
⁵⁷ Date(s) removed for confidentiality
⁵⁸ Line number(s) removed for confidentiality
⁵⁹ Date(s) removed for confidentiality
⁶⁰ Line number(s) removed for confidentiality
⁶¹ Date(s) removed for confidentiality
⁶² Line number(s) removed for confidentiality
⁶³ Date(s) removed for confidentiality
⁶⁴ Line number(s) removed for confidentiality
⁶⁵ Date(s) removed for confidentiality

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Written medication consents shall include, but not be limited to, the following required elements:

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

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

FINDING 3B:

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

- 1) The reason for taking each medication: **Line number** ⁶⁶.
- 2) Reasonable alternative treatments available, if any: **Line numbers** ⁶⁷.
- 3) Method of administration (oral or injection): **Line numbers** ⁶⁸.
- 4) Duration of taking each medication: **Line number** ⁶⁹.
- 5) Probable side effects: **Line numbers** ⁷⁰.
- 6) Possible side effects if taken longer than 3 months: **Line numbers** ⁷¹.
- 10) Consent once given may be withdrawn at any time: **Line numbers** ⁷².

CORRECTIVE ACTION PLAN 3B:

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

⁶⁶ Line number(s) removed for confidentiality

⁶⁷ Line number(s) removed for confidentiality

⁶⁸ Line number(s) removed for confidentiality

⁶⁹ Line number(s) removed for confidentiality

⁷⁰ Line number(s) removed for confidentiality

⁷¹ Line number(s) removed for confidentiality

⁷² Line number(s) removed for confidentiality

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REQUIREMENTS

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

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

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

FINDING 3C:

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
 - **Line number** ⁷³. Medication consent dated ⁷⁴.

CORRECTIVE ACTION PLAN 3C:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

- 1) Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

Client Plans

REQUIREMENTS

The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

MHP Contract, Ex. A, Att. 2)

FINDING 4A-2:

⁷³ Line number(s) removed for confidentiality

⁷⁴ Date(s) removed for confidentiality

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The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”. Specifically:

- **Line number** ⁷⁵: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan.

- **Line** ⁷⁶ presented with significant safety concerns. He reported nearly daily suicidal ideation and at times homicidal ideation. His mother was checking on him twice daily due to fear for his safety. However, the client plan did not contain any interventions to address suicidal ideation and safety. There is evidence in the progress notes that the clinician conducted safety assessments during her clinical contacts with the client on ⁷⁷.

CORRECTIVE ACTION PLAN 4A-2:

The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

REQUIREMENTS

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition.

MHP Contract, Ex. A, Att. 2)

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

- RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary’s need for services established by an Assessment and documented in the Client Plan. Services were claimed:
- a) Prior to the initial Client Plan being in place; or
 - b) During the period where there was a gap or lapse between client plans; or
 - c) When the planned service intervention was not on the current client plan.

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

FINDING 4B-1:

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant

⁷⁵ Line number(s) removed for confidentiality

⁷⁶ Line number(s) removed for confidentiality

⁷⁷ Date(s) removed for confidentiality

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change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number ⁷⁸:** There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it. RR4c, refer to Recoupment Summary for details.*
- **Line ⁷⁹:** TBS Services were provided with no specific intervention for TBS on the client plan or a separate client plan.
 - 80 SF ⁸¹ UOT ⁸²
 - 83 SF ⁸⁴ UOT ⁸⁵
 - 86 SF ⁸⁷ UOT ⁸⁸
 - 89 SF ⁹⁰ UOT ⁹¹
 - 92 SF ⁹³ UOT ⁹⁴
 - 95 SF ⁹⁶ UOT ⁹⁷
 - 98 SF ⁹⁹ UOT ¹⁰⁰
 - 101 SF ¹⁰² UOT ¹⁰³

CORRECTIVE ACTION PLAN 4B-1:

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

- 1) Client plans are completed prior to the provision of planned services.

⁷⁸ Line number(s) removed for confidentiality
⁷⁹ Line number(s) removed for confidentiality
⁸⁰ Date(s) removed for confidentiality
⁸¹ SF number removed for confidentiality
⁸² UOT number removed for confidentiality
⁸³ Date(s) removed for confidentiality
⁸⁴ SF number removed for confidentiality
⁸⁵ UOT number removed for confidentiality
⁸⁶ Date(s) removed for confidentiality
⁸⁷ SF number removed for confidentiality
⁸⁸ UOT number removed for confidentiality
⁸⁹ Date(s) removed for confidentiality
⁹⁰ SF number removed for confidentiality
⁹¹ UOT number removed for confidentiality
⁹² Date(s) removed for confidentiality
⁹³ SF number removed for confidentiality
⁹⁴ UOT number removed for confidentiality
⁹⁵ Date(s) removed for confidentiality
⁹⁶ SF number removed for confidentiality
⁹⁷ UOT number removed for confidentiality
⁹⁸ Date(s) removed for confidentiality
⁹⁹ SF number removed for confidentiality
¹⁰⁰ UOT number removed for confidentiality
¹⁰¹ Date(s) removed for confidentiality
¹⁰² SF number removed for confidentiality
¹⁰³ UOT number removed for confidentiality

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- 2) Planned services are not claimed when the service provided is not included on a current Client Plan.

REQUIREMENTS

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

MHP Contract, Ex. A, Att. 2)

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

- RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
- a) Prior to the initial Client Plan being in place; or
 - b) During the period where there was a gap or lapse between client plans; or
 - c) When the planned service intervention was not on the current client plan.

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

FINDING 4B-2:

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

- **Line numbers** ¹⁰⁴: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line** ¹⁰⁵: The prior Client Plan for Provider ID ¹⁰⁶ expired ¹⁰⁷; the current Client Plan was completed ¹⁰⁸.
 - **Line** ¹⁰⁹: The prior Client Plan for Provider ID ¹¹⁰ expired on ¹¹¹; the current Client Plan was completed on ¹¹².

CORRECTIVE ACTION PLAN 4B-2:

¹⁰⁴ Line number(s) removed for confidentiality

¹⁰⁵ Line number(s) removed for confidentiality

¹⁰⁶ Provider ID removed for confidentiality

¹⁰⁷ Date(s) removed for confidentiality

¹⁰⁸ Date(s) removed for confidentiality

¹⁰⁹ Line number(s) removed for confidentiality

¹¹⁰ Provider ID removed for confidentiality

¹¹¹ Date(s) removed for confidentiality

¹¹² Date(s) removed for confidentiality

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

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

REQUIREMENTS

C. The MHP shall ensure that Client Plans:

- 1) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** ¹¹³.
 - **Line** ¹¹⁴: The Client Plan effective ¹¹⁵ for Provider ID ¹¹⁶ has multiple interventions (collateral, group rehab, case management, individual rehab, medication injection, client support, and client participant activities) with a frequency of "ad hoc".

¹¹³ Line number(s) removed for confidentiality

¹¹⁴ Line number(s) removed for confidentiality

¹¹⁵ Date(s) removed for confidentiality

¹¹⁶ Provider ID removed for confidentiality

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- One or more proposed intervention did not include an expected duration. **Line numbers** ¹¹⁷.
 - **Line** ¹¹⁸: The Client Plan effective ¹¹⁹ for Provider ID ¹²⁰ does not contain a target date or duration for the goal, objective, nor interventions.
 - **Line** ¹²¹: The Client Plan effective ¹²² for Provider ID ¹²³ does not contain a target date or duration for the goal, objective, nor interventions.
 - **Line** ¹²⁴: The Client Plan effective ¹²⁵ for Provider ID ¹²⁶ does not contain a target date or duration for the goal, objective, nor interventions.
 - **Line** ¹²⁷: The Client Plan effective ¹²⁸ does not contain a target date or duration for the goal, objective, nor interventions.
 - **Line** ¹²⁹: The Client Plan effective ¹³⁰ for Provider ID ¹³¹ does not contain a target date or duration for the goal, objective, nor interventions.

Lines ¹³² all have client plans that have a target date on the goal or objective, however, the interventions listed do not indicate a specific duration of time.

CORRECTIVE ACTION PLAN 4C:

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

- 1) 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) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

REQUIREMENTS

The MHP shall ensure that Client Plans are signed (or electronic equivalent) by:

- a) The person providing the service(s) or,
- b) A person representing a team or program providing the service(s) or,

¹¹⁷ Line number(s) removed for confidentiality

¹¹⁸ Line number(s) removed for confidentiality

¹¹⁹ Date(s) removed for confidentiality

¹²⁰ Provider ID removed for confidentiality

¹²¹ Line number(s) removed for confidentiality

¹²² Date(s) removed for confidentiality

¹²³ Provider ID removed for confidentiality

¹²⁴ Line number(s) removed for confidentiality

¹²⁵ Date(s) removed for confidentiality

¹²⁶ Provider ID removed for confidentiality

¹²⁷ Line number(s) removed for confidentiality

¹²⁸ Date(s) removed for confidentiality

¹²⁹ Line number(s) removed for confidentiality

¹³⁰ Date(s) removed for confidentiality

¹³¹ Provider ID removed for confidentiality

¹³² Line number(s) removed for confidentiality

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c) A person representing the MHP providing service(s).

CCR, title 9, § 1810.440(c.)

Services (i.e., Plan Development) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service.

Services shall be provided under the direction of one or more of the following:

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

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

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

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

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

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan.

Services were claimed:

- a) Prior to the initial Client Plan being in place; or
- b) During the period where there was a gap or lapse between client plans; or,
- c) When the planned service intervention was not on the current client plan.

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

FINDING 4D:

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

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- **Line number** ¹³³ (Client Plan dated ¹³⁴ for Provider ID ¹³⁵): The Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider: i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist). **RR4a, refer to Recoupment Summary for details.**

The client plan was signed by an individual licensed as an LCSW in another state, however this individual was not licensed, registered, or waivered in the State of California at the time of this plan being signed.

- 136 SF ¹³⁷ UOT ¹³⁸
- 139 SF ¹⁴⁰ UOT ¹⁴¹

CORRECTIVE ACTION PLAN 4D:

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

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

REQUIREMENTS

The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan.

(MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)

The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when:

- a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,
- b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.

(CCR, title 9, § 1810.440(c)(2)(A).)

When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature.

¹³³ Line number(s) removed for confidentiality

¹³⁴ Date(s) removed for confidentiality

¹³⁵ Provider ID removed for confidentiality

¹³⁶ Date(s) removed for confidentiality

¹³⁷ SF number removed for confidentiality

¹³⁸ UOT number removed for confidentiality

¹³⁹ Date(s) removed for confidentiality

¹⁴⁰ SF number removed for confidentiality

¹⁴¹ UOT number removed for confidentiality

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(CCR, title 9, § 1810.440(c)(2)(B).)

FINDING 4E:

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

- **Line ¹⁴²:** There was no documentation of the beneficiary's or legal representative's participation in and agreement with the Client Plan:
 - The Client Plan effective date ¹⁴³, for Provider ID ¹⁴⁴ does not have a client signature.

CORRECTIVE ACTION PLAN 4E:

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

- 1) Each beneficiary's participation in and agreement with all client plans are obtained and documented.
- 2) The beneficiary's signature is obtained on the Client Plan.
- 3) Services are not claimed when the beneficiary's:
 - a) Participation in and agreement with the Client Plan is not obtained and the reason for refusal is not documented;
 - b) Signature is not obtained when required or not obtained and the reason for refusal is not documented.

REQUIREMENTS

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

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

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

¹⁴² Line number(s) removed for confidentiality

¹⁴³ Date(s) removed for confidentiality

¹⁴⁴ Provider ID removed for confidentiality

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

- RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
- a) Prior to the initial Client Plan being in place; or
 - b) During the period where there was a gap or lapse between client plans; or
 - c) When the planned service intervention was not on the current client plan.

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

FINDING 4H:

One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, relevant identification number. Specifically:

Line numbers ¹⁴⁵: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

- **Line** ¹⁴⁶: The Client plan dated ¹⁴⁷, for Provider ID ¹⁴⁸.
- **Line** ¹⁴⁹: The Client plan dated ¹⁵⁰, for Provider ID ¹⁵¹.

CORRECTIVE ACTION PLAN 4H:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

¹⁴⁵ Line number(s) removed for confidentiality

¹⁴⁶ Line number(s) removed for confidentiality

¹⁴⁷ Date(s) removed for confidentiality

¹⁴⁸ Provider ID removed for confidentiality

¹⁴⁹ Line number(s) removed for confidentiality

¹⁵⁰ Date(s) removed for confidentiality

¹⁵¹ Provider ID removed for confidentiality

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Progress Notes

REQUIREMENTS

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

- a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;
- b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;
- d) The date the services were provided;
- e) Documentation of referrals to community resources and other agencies, when appropriate;
- f) Documentation of follow-up care, or as appropriate, a discharge summary; and
- g) The amount of time taken to provide services; and
- h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

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

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

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

- a) No progress note submitted
- b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - 1) Specialty Mental Health Service claimed.
 - 2) Date of service, and/or
 - 3) Units of time.

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

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- **Line** ¹⁶⁷ 168 SF ¹⁶⁹ UOT ¹⁷⁰
- **Line numbers** ¹⁷¹. One or more progress note was missing the provider's professional degree, licensure or job title. One hundred and five (105) of 412 progress notes reviewed did not include the provider's professional degree, licensure or job title.
 - **Line** ¹⁷²: 49 notes for mental health rehabilitation groups.
 - **Line** ¹⁷³: 56 notes for mental health rehabilitation groups.
- **Line number** ¹⁷⁴. Multiple progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department.
 - **Line** ¹⁷⁵: Notes for services on ¹⁷⁶.

CORRECTIVE ACTION PLAN 5B:

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
 - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
 - Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
 - The provider's/providers' professional degree, licensure or job title.
- 3) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain documentation that is individualized for each service provided.
- 4) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

¹⁶⁷ Line number(s) removed for confidentiality

¹⁶⁸ Date(s) removed for confidentiality

¹⁶⁹ SF number removed for confidentiality

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¹⁷¹ Line number(s) removed for confidentiality

¹⁷² Line number(s) removed for confidentiality

¹⁷³ Line number(s) removed for confidentiality

¹⁷⁴ Line number(s) removed for confidentiality

¹⁷⁵ Line number(s) removed for confidentiality

¹⁷⁶ Date(s) removed for confidentiality

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REQUIREMENTS

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, § 1840.314(c).)

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

- RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:
- a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; **or**
 - b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; **or**
 - c) The total number of beneficiaries participating in the service activity.

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

FINDING 5C:

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

- **Line number** ¹⁷⁷. Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR13a, refer to Recoupment Summary for details.**
 - **Line** ¹⁷⁸ ¹⁷⁹ SF ¹⁸⁰ UOT ¹⁸¹
- **Line numbers** ¹⁸². While the MHP was able to provide separate documentation listing the number of participants in each group, one or more

¹⁷⁷ Line number(s) removed for confidentiality

¹⁷⁸ Line number(s) removed for confidentiality

¹⁷⁹ Date(s) removed for confidentiality

¹⁸⁰ SF number removed for confidentiality

¹⁸¹ UOT number removed for confidentiality

¹⁸² Line number(s) removed for confidentiality

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group progress notes did not accurately document the number of group participants in the group.

- **Line** ¹⁸³: Thirteen (13) Notes did not document the number of group participants
- **Line** ¹⁸⁴: Fourteen (14) Notes did not document the number of group participants
- **Line** ¹⁸⁵: One note did not document the number of group participants.
- **Line number** ¹⁸⁶. Claim(s) for one or more Group Rehabilitation and/or Group Psychotherapy session was not properly apportioned to all group participants. **RR12, refer to Recoupment Summary for details.**
 - **Line** ¹⁸⁷ ¹⁸⁸ SF ¹⁸⁹ UOT ¹⁹⁰

CORRECTIVE ACTION PLAN 5C:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

REQUIREMENTS

Progress notes shall be documented at the frequency by types of service indicated below:

- a) Every service contact for:
 - i. Mental health services;
 - ii. Medication support services;
 - iii. Crisis intervention;
 - iv. Targeted Case Management;

- b) Daily for:
 - i. Crisis residential;
 - ii. Crisis stabilization (one per 23/hour period);
 - iii. Day Treatment Intensive;
 - iv. Therapeutic Foster Care

¹⁸³ Line number(s) removed for confidentiality

¹⁸⁴ Line number(s) removed for confidentiality

¹⁸⁵ Line number(s) removed for confidentiality

¹⁸⁶ Line number(s) removed for confidentiality

¹⁸⁷ Line number(s) removed for confidentiality

¹⁸⁸ Date(s) removed for confidentiality

¹⁸⁹ SF number removed for confidentiality

¹⁹⁰ UOT number removed for confidentiality

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- c) Weekly:
 - i. Day Treatment Intensive: (clinical summary);
 - ii. Day Rehabilitation;
 - iii. Adult Residential.

(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

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

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

- a) No progress note submitted
- b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - 1) Specialty Mental Health Service claimed.
 - 2) Date of service, and/or
 - 3) Units of time.

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

FINDING 5D:

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line number** ¹⁹¹: There was no progress note in the medical record for the service(s) claimed. **RR8a, refer to Recoupment Summary for details.**
 - **Line** ¹⁹² ¹⁹³ SF ¹⁹⁴ UOT ¹⁹⁵
 - **Line** ¹⁹⁶ ¹⁹⁷ SF ¹⁹⁸ UOT ¹⁹⁹

The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record.

¹⁹¹ Line number(s) removed for confidentiality
¹⁹² Line number(s) removed for confidentiality
¹⁹³ Date(s) removed for confidentiality
¹⁹⁴ SF number removed for confidentiality
¹⁹⁵ UOT number removed for confidentiality
¹⁹⁶ Line number(s) removed for confidentiality
¹⁹⁷ Date(s) removed for confidentiality
¹⁹⁸ SF number removed for confidentiality
¹⁹⁹ UOT number removed for confidentiality

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- **Line number** ²⁰⁰: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
 - **Line** ²⁰¹: ²⁰² SF ²⁰³ UOT ²⁰⁴
 - The service provided was claimed as mental health rehabilitation, but the progress note described a Targeted Case Management Service.
 - **Line number** ²⁰⁵: There were no progress notes that matched the NPI number claimed, i.e., the claims were billed to the wrong NPI (National Provider Identifier) number. **RR8a, refer to Recoupment Summary for details.**
 - **Line** ²⁰⁶ ²⁰⁷ SF ²⁰⁸ UOT ²⁰⁹

CORRECTIVE ACTION PLAN 5D:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Claimed for the correct service modality billing code, and units of time.
 - b) Claimed to the NPI of the provider who actually provided the services.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.

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

RR9. The service was provided while the beneficiary resided in a setting where the beneficiary was

²⁰⁰ Line number(s) removed for confidentiality
²⁰¹ Line number(s) removed for confidentiality
²⁰² Date(s) removed for confidentiality
²⁰³ SF number removed for confidentiality
²⁰⁴ UOT number removed for confidentiality
²⁰⁵ Line number(s) removed for confidentiality
²⁰⁶ Line number(s) removed for confidentiality
²⁰⁷ Date(s) removed for confidentiality
²⁰⁸ SF number removed for confidentiality
²⁰⁹ UOT number removed for confidentiality

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ineligible for Federal Financial Participation (e.g., Institution for Mental Disease [IMD], jail, and other similar settings, or in a setting subject to lockouts per CCR, Title 9, chapter 11).

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

FINDING 5E-2:

The following Line number had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation (FFP) or resided in a setting subject to lockouts:

- A SMHS was claimed while the beneficiary resided in an Institution for Mental Disease, jail, or other similar setting. **Line number** ²¹⁰. **RR9, refer to Recoupment Summary for details.**

Line ²¹¹: ²¹² SF ²¹³ UOT ²¹⁴

The beneficiary was residing at a round the clock Crisis Stabilization Unit at the time of this claim, and therefore, the claim was duplicative of services billed in that setting.

CORRECTIVE ACTION PLAN 5E-2:

The MHP shall submit a CAP that describes how the MHP will ensure that claimed services are only provided in a setting where the beneficiary is eligible for FFP and is not subject to lockouts.

²¹⁰ Line number(s) removed for confidentiality

²¹¹ Line number(s) removed for confidentiality

²¹² Date(s) removed for confidentiality

²¹³ SF number removed for confidentiality

²¹⁴ UOT number removed for confidentiality

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Provision of ICC Services and IHBS for Children and Youth

REQUIREMENTS

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6A:

The medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

- **Line numbers** ²¹⁵.
 - **Line** ²¹⁶: The Assessment dated ²¹⁷ indicates that this ²¹⁸ year old client is in an out of home placement at a Short Term Residential Therapeutic Program (STRTP) following a placement there by juvenile probation. She is involved in multiple systems of care, has an IEP for an Emotional Disturbance in the education setting, had juvenile probation with an approximately 8 month stay in Juvenile Hall, and is currently mental health services. In addition to her mental health symptoms, she is also struggling with polysubstance use.

None of the provided documentation confirmed that she was evaluated for ICC Services and IHBS. Although she is currently placed at an STRTP, she remains eligible for this service.
 - **Line** ²¹⁹: The Assessment dated ²²⁰ indicates that this ²²¹ year old beneficiary is in an out of home placement at a Short Term Residential Therapeutic Program (STRTP) following a placement there by juvenile probation. Prior to her placement at the STRTP, she was involved with the juvenile justice system with 9 separate incarcerations in Juvenile Hall. She was previously evaluated for an IEP in ²²² and found ineligible at that time, however, during her time under care, she was under further consideration to be reviewed. She is receiving mental health services through the STRTP and also struggles with substance use.

²¹⁵ Line number(s) removed for confidentiality

²¹⁶ Line number(s) removed for confidentiality

²¹⁷ Date(s) removed for confidentiality

²¹⁸ Age removed for confidentiality

²¹⁹ Line number(s) removed for confidentiality

²²⁰ Date(s) removed for confidentiality

²²¹ Age removed for confidentiality

²²² Date(s) removed for confidentiality

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None of the provided documentation confirmed that she had been evaluated for ICC Services and IHBS. Although she is currently placed at an STRTP, she remains eligible for this service.

CORRECTIVE ACTION PLAN 6A:

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

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