

REASONS FOR RECOUPMENT
OF FEDERAL FINANCIAL PARTICIPATION (FFP) DOLLARS
IN FY'04-05

HOSPITAL SERVICES



MEDICAL NECESSITY:

1. Documentation in the chart does not establish that the beneficiary has a diagnosis contained in Section 1820.205(a)(1)(A-R).

California Code of Regulations (CCR), Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)

2. Documentation in the chart does not establish that, as a result of a mental disorder listed in Section 1820.205(a)(1)(A-R), the beneficiary requires psychiatric inpatient hospital services for, at least, one of the following reasons:

- Presence of symptoms or behaviors that represent a current danger to self or others, or significant property destruction
- Presence of symptoms or behaviors that prevent the beneficiary from providing for, or utilizing, food, clothing or shelter
- Presence of symptoms or behaviors that present a severe risk to the beneficiary's physical health
- Presence of symptoms or behaviors that represent a recent, significant deterioration in ability to function
- Need for psychiatric evaluation, medication treatment, or other treatment that can reasonably be provided only if the beneficiary is in a psychiatric inpatient hospital
- Presence of either a serious adverse reaction to medications or the need for procedures/therapies that require continued psychiatric inpatient hospitalization

CCR, Title 9, Chapter 11, Sections 1820.205(a)(2)(B) 1 a-d, 1820.205(a)(2)(B) 2 a-c, and 1820.205(b)(1-4)

ADMINISTRATIVE DAY:

3. Documentation in the chart does not establish that the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital service during the current hospital stay.

CCR, Title 9, Chapter 11, Sections 1820.220(j)(5) and 1820.225(d)(2)

4. Documentation in the chart does not establish that the hospital made the minimum number of contacts with the non-acute residential treatment facilities as evidenced by a lack of the following: a) The status of the placement option(s), b) the dates of the contacts, and c) the signature of the person making each contact.

CCR, Title 9, Chapter 11, Sections 1820.220(j)(5) and 1820.225(d)(2)

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HOSPITAL SERVICES (con't)



CLIENT PLAN:

5. The beneficiary record does not contain a client plan.

Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210

6. The client plan was not signed by a physician.

CFR, Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210

OTHER:

7. A claim for a day when the beneficiary was not admitted to the hospital.

CCR, Title 9, Chapter 11, Sections 1810.238, 1820.205, and 1840.110(a)

NON-HOSPITAL SERVICES



MEDICAL NECESSITY:

8. Documentation in the chart does not establish that the beneficiary has a diagnosis contained in Section 1830.205(b)(1)(A-R).

CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)

9. Documentation in the chart does not establish that, as a result of a mental disorder listed in Section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- A significant impairment in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- A probability the child will not progress developmentally as individually appropriate
- (For beneficiaries under the age of 21 years) A defect or mental illness that specialty mental health services can correct or ameliorate

CCR Title 9, Chapter 11, Sections 1830.205(b)(2)(A),(B),(C) and 1830.210(a)(3)

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NON-HOSPITAL SERVICES (con't)



10. Documentation in the chart does not establish that the focus of the proposed intervention is to address the condition identified in CCR, Title 9, Chapter 11, Sections 1830.205(b)(2)(A),(B),(C)—(see below):

- A significant impairment in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- A probability the child will not progress developmentally as individually appropriate

NOTE: EPSDT services may be directed toward the substance abuse disorders of EPSDT-eligible children who meet the criteria for specialty mental health services under this agreement, if such treatment is consistent with the goals of the mental health treatment and services are not otherwise available.

NOTE: Beneficiaries under 21 years of age who do not meet the medical necessity criteria of nos. 9-11 meet the medical necessity criteria per EPSDT (CCR, Title 22, Section 51340[e][3]) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition.

CCR, Title 9, Chapter 11, Sections 1830.205(b)(3)(A)

11. Documentation in the chart does not establish the expectation that the proposed intervention will do, at least, one of the following:

- Significantly diminish the impairment
- Prevent significant deterioration in an important area of life functioning
- Allow the child to progress developmentally as individually appropriate

CCR, Title 9, Chapter 11, Sections 1830.205(b)(3)(B)(1),(2), and (3)

CLIENT PLAN:

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

MHP Contract with the DMH, Exhibit A, Attachment 1, Appendix C

13. Client plan was not completed, at least, on an annual basis as specified in MHP's documentation guidelines.

MHP Contract with the DMH, Exhibit A, Attachment 1, Appendix C

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

MHP Contract with the DMH, Exhibit A, Attachment 1, Appendix C

<u>PROGRESS NOTES:</u>

15. No progress note was found for service claimed.

CCR, Title 9, Chapter 11, Section 1810.440(c); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C

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

CCR, Title 9, Chapter 11, Section 1810.440(c); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C

17. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for FFP, e.g., Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per Title 9, Chapter 11.

CCR, Title 9, Chapter 11, Sections 1840.312(g)&(h) and 1840.360-374; CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)

18. The progress note clearly indicates that service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is MC eligible. Delinquent minor is only MC eligible after adjudication for release into community.)

CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)

19. The progress note indicates that the service provided was 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

CCR, Title 9, Chapter 11, Section 1840.312(a),(b),(c), and (d)

20. The claim for a group activity was not properly apportioned to all clients present.

CCR, Title 9, Chapter 11, Section 1840.316)b)(2)

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NON-HOSPITAL SERVICES (con't)



21. The progress note does not contain the signature (or electronic equivalent) of the person providing the service.

MHP Contract with the DMH, Exhibit A, Attachment 1, Appendix C

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

CCR, Title 9, Chapter 11, Sections 1810.355(a)(1)(B), 1840.312(f), and 1810.247, and 1840.110(a)

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

CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)

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

CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)

25. No service provided: Missed appointment per DMH Letter No. 02-07.

DMH Letter No. 02-07

THERAPEUTIC BEHAVIORAL SERVICES (TBS)



26. No progress note was found for service claimed.

MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C

27. No documentation of a plan for TBS.

DMH Letter No. 99-03, pages 6-7

28. Progress notes clearly indicate that TBS was provided solely for one of the following reasons:

- a) For the convenience of the family, caregivers, physician, or teacher
- b) To provide supervision or to ensure compliance with terms and conditions of probation
- c) To ensure the child/youth's physical safety or the safety of others, e.g., suicide watch
- d) To address conditions that are not a part of the child/youth's mental health condition

DMH Letter No. 99-03, page 4

29. The progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility

DMH Letter No. 99-03, page 5

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THERAPEUTIC BEHAVIORAL SERVICES (TBS) (con't)



30. The progress notes clearly indicates that TBS was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal.

CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)

31. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for FFP, e.g., Institute for Mental Disease, jail, juvenile hall, and other similar settings, or in a setting subject to lockouts per Title 9, Chapter 11.

CCR, Title 9, Chapter 11, Sections 1840.312(g)&(h) and 1840.360-374; CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)

32. The progress note indicates that the service provided was 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

CCR, Title 9, Chapter 11, Section 1840.312(a),(b),(c), and (d)

33. The progress note does not contain the signature (or electronic equivalent) of the person providing the service.

MHP Contract with the DMH, Exhibit A, Attachment 1, Appendix C

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

CCR, Title 9, Chapter 11, Sections 1810.355(a)(1)(B), 1840.312(f), and 1810.247, and 1840.110(a)

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

CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)

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

CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)

37. No service provided: Missed appointment per DMH Letter No. 02-07.

DMH Letter No. 02-07