



**REASONS FOR RECOUPMENT**  
**FOR FY 2011-2012**

**NON-HOSPITAL SERVICES**

**MEDICAL NECESSITY:**

1. Documentation in the chart 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).

*CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1) and (4)*

2. Documentation in the chart 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 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 full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate

*CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)*

3. 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, section 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
- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate

**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.

*CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)*

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4. 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
  - For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition

*CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)*

**CLIENT PLAN:**

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

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, Exhibit A, Attachment 1, Appendix C*

7. 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.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, Exhibit A, Attachment 1, Appendix C*

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, Exhibit A, Attachment 1, Appendix C; DMH Letter No. 99-03, Pages 6-7*

**PROGRESS NOTES:**

9. No progress note was found for service claimed.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 22, chapter 3, section 51458.1(a)(3) and (4); CCR, title 22, chapter 3, section 51470(a); MHP Contract, Exhibit A, Attachment 1, Appendix C*

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11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (e.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)

*CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d*

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

*CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)*

13. 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
- 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-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5) and (7)*

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

*CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)*

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

*MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a)*

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

*CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

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

*CCR, title 9, chapter 11, sections 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

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

*CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51470(a); DMH Letter No. 02-07*

20. For beneficiaries receiving TBS, the TBS progress notes overall 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's/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's/youth's mental health condition

*DMH Letter No. 99-03, Page 4*

21. For beneficiaries receiving TBS, 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*

**HOSPITAL SERVICES**

**MEDICAL NECESSITY:**

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

*CCR, title 9, chapter 11, section 1820.205(a)(1)(A-R)*

23. 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) and 1820.205(b)*

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**ADMINISTRATIVE DAY:**

24. Documentation in the chart does not establish that the beneficiary previously met medical necessity 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)*

25. 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)*

**CLIENT PLAN:**

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

*CFR, title 42, section 456.180; CCR, title 9, chapter 11, section 1820.210*

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

*CFR, title 42, section 456.180; CCR, title 9, chapter 11, section 1820.210*

**OTHER**

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

*CCR, title 9, chapter 11, section 1840.320(b)(1)*