DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF EL DORADO MENTAL HEALTH PLAN
OCTOBER 15, 2018
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of five (**5**) adult and five (**5**) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the El Dorado 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 **274** claims submitted for the months of January, February, and March of **2018**.

Contents

I. 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, 17-004E and 18-053) 2) 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).) 3) The proposed and actual intervention(s) meet the intervention criteria listed below: a) 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, § b) 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.*

RR1. The Mental Health Plan (MHP) did not submit documentation substantiating it complied with the following requirements:

A) The MHP uses the criteria sets in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) as the clinical tool to make diagnostic determinations. (MHP Contract, Exhibit A, Attachment 3)

B) Once a DSM-V diagnosis is determined, the MHP shall determine the corresponding mental health diagnosis, in the International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) and use the ICD-10 diagnosis code(s) to submit a claim for specialty mental health services (SMHS) to receive reimbursement of Federal Financial Participation (FFP) in accordance with the covered diagnoses for reimbursement of outpatient and inpatient SMHS.

RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, shall be provided, in accordance with the State Plan, to beneficiaries who meet medical necessity criteria, based on the beneficiary's need for services established by an Assessment. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment.

RR3. The MHP did not submit documentation substantiating that, as a result of an included ICD-10 diagnosis, the beneficiary has,at least, one of the following impairments:

a) A significant functional impairment in an important area of the beneficiary's life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability that the child will not progress developmentally as individually appropriate; or
d) For full–scope 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.

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

a) A significant impairment in an important area of life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability the child will not progress developmentally as individually appropriate;
d) For full-scope Medi-Cal benificiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

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.

RR16. The service provided was not within the scope of practice of the person delivering the service.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 1A-3a:
The medical record associated with the following Line number did not meet medical necessity criteria since the focus of the proposed and actual interventions did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line number [1]. RR15b refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1A-3a:
The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

FINDING 1A-3b:
The medical record associated with the following Line number did not meet medical necessity criteria since there was no expectation that the claimed 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 [2]. RR5a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1A-3b:
The MHP shall submit a POC that describes 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

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, shall be provided, in accordance with the State Plan, to beneficiaries who meet medical necessity criteria, based on the beneficiary's need for services established by an Assessment. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment. (MHSUDS IN No. 17-050, Enclosure 4)

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards.

The following are specific findings from the chart sample:

- **Line # [3]:** The MHP submitted an MD progress note in lieu of an updated assessment.

- **Line # [4]:** The MHP submitted a CANS assessment tool in lieu of an updated assessment, which did not address all the elements of an assessment. By these incomplete submissions, the MHP demonstrated that it is not following its own update guidelines and documentation requirements for assessments.

PLAN OF CORRECTION 2A:
The MHP shall submit a POC that:

1) Provides evidence that the MHP has a process in place to ensure that clinicians are following the MHP's written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.
2) Describes 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.

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) 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;

[3] Line number(s) removed for confidentiality
[4] Line number(s) removed for confidentiality

d) 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;
e) 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 shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;
g) 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;
h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
i) A mental status examination;
j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
k) Additional clarifying formulation information, as needed.

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

FINDINGS 2B:

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

a) Presenting Problem(s): **Line number [5].**
b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma: **Line number [6].**
c) Mental Health History: **Line numbers [7].**
d) Medical History: **Line number [8].**
e) Medications: **Line numbers [9].**

[5] Line number(s) removed for confidentiality
[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

f) Substance Exposure/Substance Use: **Line number [10].**

g) A mental status examination: **Line number [11].**

PLAN OF CORRECTION 2B:
The MHP shall submit a POC 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

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

FINDING 3A:
The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

1) **Line number [12]**: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
2) **Line number [13]**: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

PLAN OF CORRECTION 3A:
The MHP shall submit a POC to address actions it will implement to ensure the following:

1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

REQUIREMENTS

[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

Medication consent for psychiatric medications shall include the following required elements:

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

(MHP Contract, Ex. A, Attachment 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 numbers [14].**

2) Reasonable alternative treatments available, if any: **Line number [15].**

3) Range of Frequency: **Line numbers [16].**

4) Dosage: **Line number [17].**

5) Method of administration (oral or injection): **Line numbers [18].**

6) Duration of taking each medication: **Line numbers [19].**

7) Probable side effects: **Line numbers [20].**

8) Possible side effects if taken longer than 3 months: **Line numbers [21].**

10) Consent once given may be withdrawn at any time: **Line number [22].**

PLAN OF CORRECTION 3B:

[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Line number(s) removed for confidentiality
[17] Line number(s) removed for confidentiality
[18] Line number(s) removed for confidentiality
[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

The MHP shall submit a POC 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.

Client Plans

REQUIREMENTS
Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Attachment 2)
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9)
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. 17-050, Enclosure 4)

FINDING 4A:
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 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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number** [23]: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

PLAN OF CORRECTION 4A:
The MHP shall submit a POC that describes how the MHP will ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department,

[23] Line number(s) removed for confidentiality

and within the timelines and frequency specified in the MHP's written documentation standards.

REQUIREMENTS
The MHP shall ensure that Client Plans: a) 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. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of intervention(s). e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number [24].**
- 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. **Line numbers [25].**
- One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [26].**
- One or more of the proposed interventions did not indicate an expected duration. **Line numbers [27].**
- 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 [28].**
- One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number [29].**

[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
[26] Line number(s) removed for confidentiality
[27] Line number(s) removed for confidentiality
[28] Line number(s) removed for confidentiality
[29] Line number(s) removed for confidentiality

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that:

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) 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) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) 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.
5) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

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. (CCR, title 9, § 1810.440(c)(2)(B).) The MHP shall have a written definition of what constitutes a long-term care beneficiary. (MHP Contract, Ex. A, Att. 9)

FINDING 4E:

The MHP did not have a definition of what constitutes a "long-term" care beneficiary; the verbal definition provided during the review was ambiguous and conflicted with some areas of the MHP's written policy.

PLAN OF CORRECTION 4E:

The MHP shall submit a POC that describes how the MHP will establish a clearly written definition of what constitutes a "long-term" care beneficiary as part of the MHP's written documentation standards.

REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

FINDING 4G:

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line numbers [30].**

PLAN OF CORRECTION 4G:

The MHP shall submit a POC that describes 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.

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)

FINDING 4H:

Client Plans in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title. Below are the specific findings pertaining to the charts in the review sample:

- The type of professional degree, licensure, or job title of person providing the service: **Line numbers [31].**

[30] Line number(s) removed for confidentiality
[31] Line number(s) removed for confidentiality

PLAN OF CORRECTION 4H:
The MHP shall submit a POC that describes 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

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary 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); the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Attachment 9)

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

RR7. The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning, or how services were necessary to correct or ameliorate a beneficiary's (under the age of 21) mental health condition.

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.

RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

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. 17-050, Enclosure 4)

FINDING 5A:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line numbers did not include 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). **Line numbers [32].**
- Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined, and the note was considered to be late. **Line number [33].**

[32] Line number(s) removed for confidentiality
[33] Line number(s) removed for confidentiality

- The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note. **Line number [34]. RR8b3, refer to Recoupment Summary for details.**

- Appointment was missed or cancelled. **Line number [35]. RR15a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5A:

1) The MHP shall submit a POC 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 POC that describes how the MHP will ensure that progress notes document**:**
    - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
    - Ensure progress note matches the date the services were provided.
    - The claim must accurately reflect the amount of time taken to provide services.
    - The provider's/providers' professional degree, licensure or job title.

3) Speciality Mental Health Services claimed are actually provided to the beneficiary.

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential;

[34] Line number(s) removed for confidentiality
[35] Line number(s) removed for confidentiality

ii. Crisis Stabilization (1x/23hr);

iii. Day Treatment Intensive;

c) Weekly:

i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;

ii. Day Rehabilitation;

iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 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.

RR20. Required DTI/DR documentation was not present as follows:

a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed

b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed

c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5D:

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers** [36]: There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details**.

[36] Line number(s) removed for confidentiality

PLEASE NOTE: *The MHP was given the opportunity to locate the documents in question but did not provide written evidence of them in the medical record.*

- **Line number [37]**: 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 numbers [38]**: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

PLAN OF CORRECTION 5D:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   d) Documented in the medical record.
   e) Actually provided to the beneficiary.
   f) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
   g) Claimed for the correct service modality billing code, and units of time.
2) Ensure that all progress notes:
   a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
   b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.
   c) Are completed within the timeline and frequency specified in the MHP Contract with the Department.

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

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

(MHSUDS IN No. 17-050, Enclosure 4)

[37] Line number(s) removed for confidentiality
[38] Line number(s) removed for confidentiality

FINDING 5E2:
The progress notes for the following Line number indicate that the service provided was solely**:**

- Clerical: **Line number [39]. RR11f, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5E2:
The MHP shall submit a POC that describes how the MHP will ensure that:

1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
2) Services provided and claimed are not solely clerical.
3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

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:
1). The MHP did not furnish evidence that it has a standard procedure for providing individualized determinations of eligibility for ICC services and IHBS for beneficiaries under 22 years of age that is based on their strengths and needs.

2). The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS:

- **Line numbers [40].**

PLAN OF CORRECTION 6A:
The MHP shall submit a POC that describes how it will ensure that:

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

[39] Line number(s) removed for confidentiality
[40] Line number(s) removed for confidentiality

REQUIREMENTS
The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed. (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 6B:

1) The MHP did not furnish evidence that it has a procedure for reassessing the strengths and needs of children and youth, and their families, at least every 90-days, for the purpose of determining if ICC and/or IBHS should be added or modified.

2) The medical record for the following Line numbers did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC and/or IBHS should be added or modified:

- **Line numbers [41].**

PLAN OF CORRECTION 6B:

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

1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for ICC and IHBS at least every 90-days for all beneficiaries receiving SMHS under the age of 22.
2) Training is provided to all staff and contracted providers who have the responsibility for determining eligibility and need for the provision of ICC and IBHS.
3) Each beneficiary under the age of 22 who is receiving SMHS also receives a reassment at least every 90-days of eligibility and need for ICC and IHBS.

[41] Line number(s) removed for confidentiality