

UPDATED San Benito County FY 16/17 Plan of Corrections

Attestation Question:

ATTESTATION REQUIREMENTS

6. The MHP must maintain written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives.
 - CFR, title 42, sections 438.3(j); 422.128(b)(1)(ii)(H) and 417.436(d)(1)(vi)

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P CLN 03:11 Advance Health Care Directives. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not address how the MHPO provides for the education of staff and network providers regarding advance directives.

Within CFR title 42 it does not give specifics on how the training is to be provided to staff just states that we do the training. We provide this through review of our P&P CLN 03:11, which states what is needed for an advance directive and the steps to take with beneficiaries if one is needed or one has already been obtained. I believe our P&P covers this attestation requirement sufficiently and ask that it be reviewed again as being in compliance.

PROTOCOL REQUIREMENTS

- B2c. Regarding the provider list, does it contain the following:
1. Names of Providers?
 2. Locations?
 3. Telephone numbers?
 4. Alternatives and options for linguistic services including non-English languages (including ASL) spoken by providers?
 5. Does the list show providers by category?
 6. Alternatives and options for cultural services?

Response:

Staff and contracted providers are provided a training opportunity through our Relias system. New staff are assigned the Relias course and a certificate of completion is provided as proof. Supervisors, with QI support, will do a training check to ensure course completion. P&P 0314 Staff Training: Advance Directive is created to support this need.

Anticipated Implementation Date: 10/1/17

Response:

The Provider Handbook has been updated to include alternative options for cultural services. There are several therapists that address the needs of the LGBTQ community. This document continues to be a work in

7. A means to inform beneficiaries of providers that are not accepting new beneficiaries?

- *CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)*
- *DMH Information Notice Nos. 10-02 and 10-17*
- *CCR, title 9, chapter 11, section 1810.410*
- *MHP Contract Exhibit A, Attachment I*
- *CMS/DHCS, section 1915(b) Waiver*

The list did not include the following components: Alternatives and options for cultural services for Lesbian, Gay, Bisexual and Transgender or Questioning (LGBTQ) beneficiaries.

PROTOCOL REQUIREMENTS

- B10. Regarding the written log of initial requests for SMHS:
- B10a. Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
- B10b. Does the written log(s) contain the following required elements:
- 1) Name of the beneficiary?
 - 2) Date of the request?
 - 3) Initial disposition of the request?
- *CCR, title 9, chapter 11, section 1810.405(f)*

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P CLN 17:15 Access Line and Contact Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three out of five test calls logged did not include the required elements.

PROTOCOL REQUIREMENTS

- C1. Regarding the Treatment Authorization Requests (TARs) for hospital services:

progress **Anticipated**
Implementation Date: 9/30/17

Response:

The MHP contracts afterhours services with Alameda Co. Crisis Support and conversation about training for new and current staff has taken place. The following attachment is the training policy enacted by Alameda Co. Crisis Support to address this POC. Also attached is P&P CLN 1715 that shows the current measures in place to address documentation of crisis; and P&P CLN 1710 shows the document utilized.

Anticipated Implementation

Date: Currently doing
A training process is conducted with medical staff, which supports the completion of TARs, regarding our P&Ps and

- C1a. Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
- C1b. Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by:
 - 1) a physician, or
 - 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
- C1c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?

- *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*
- *CFR, title 42, section 438.210(d)*

It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of 68 TARS reviewed were approved past the 14 calendar days of receipt.

PROTOCOL REQUIREMENTS

- C6c. NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?
 - *CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)*
 - *CFR, title 42, section 438.206(b)(3)*
 - *CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212*
 - *CCR, title 9, chapter 11, section 1810.405(e)*
 - *DMH Letter No. 05-03*

timelines of completion. This training takes place annually through our Relias system to ensure everyone is adhering to policy. We are currently in the process of having a medical support QI meeting to ensure that ongoing discussion takes place. **Anticipated Implementation Date: 10/30/17**

Response:
Staff that complete TARs are trained through P&P 16:00 on the steps needed to notify beneficiaries of services. P&P 16:00 is available on our Relias system and annually reviewed by those who complete our NOA documentation.

Documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP could not provide evidence that a NOA-C was issued for two (2) of the denied/modified TARs.

PROTOCOL REQUIREMENTS

D6. Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?

- *CCR, title 9, chapter 11, section 1850.205(d)(6)*

It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) out of 25 grievances reviewed the providers cited by the beneficiary were not notified of the final disposition.

PROTOCOL REQUIREMENTS

G2. Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?

- *MHP Contract, Exhibit A, Attachment I*

The MHP did not have a written Policy and Procedure informing the providers of the requirement.

Response:

All staff is assigned P&P CLN: 03:10 regarding our Problem Resolution Process through Relias and during QIC meetings this is discussed to ensure continued compliance. Since the Audit beneficiaries have been provided a letter to state receipt of grievance and a letter to inform decision of the grievance. Attached are examples of letters sent out.

Implementation: June 9, 2017

Within the provider list the MHP is able to provide evidence regarding hours of operation, crisis support, and information on patient rights. Our county does not have outside providers and all services are provided by county staff. Attached is the provider list given to beneficiaries stating office hours and afterhour contact.

PROTOCOL REQUIREMENTS

17. Regarding the QI Program:

17a. Is the QIC involved in or overseeing the following QI activities:

- 1) Recommending policy decisions?
- 2) Reviewing and evaluating the results of QI activities?
- 3) Instituting needed QI actions?
- 4) Ensuring follow-up of QI processes?
- 5) Documenting QI committee meeting minutes?

17b. **Does the MHP QI program include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program?**

- *MHP Contract, Exhibit A, Attachment I*

It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the evidence did not reflect that beneficiaries and family members are actively participants in the planning, design, and execution of the QI Program.

PROTOCOL REQUIREMENTS

C4d. **SURVEY ONLY**

- 1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?
- 2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?

Response:

As part of the evidence presented during the audit the MHP provided QLC (Quality Leadership Committee) binder with sign-in sheets of family and consumer participation. The MHP considers our QLC to be what other counties would consider their QIC meetings. The MHP is in the process of changing the QIC process to include function under one title of QIC w/community participation and have 2 different subcommittees to address data and programming. Attached is the upcoming agenda.

Anticipated Implementation

Date: **Implemented on 9/13/17**

The MHP was able to provide a spreadsheet that documents the "Out of County" referrals being processed as well as a binder with evidence of when referrals were submitted to out of county MHPs for continued services for children/youth placed in out of

- CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),
- WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125
- DMH Information Notice No. 09-06,
- DMH Information Notice No. 97-06
- DMH Information Notice No. 08-24

No evidence was provided to demonstrate compliance with federal and State requirements.

PROTOCOL REQUIREMENTS

C4e. **SURVEY ONLY**

- 1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?
- 2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?

- CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),
- WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125
- DMH Information Notice No. 09-06,
- DMH Information Notice No. 97-06
- DMH Information Notice No. 08-24

No evidence was provided to demonstrate compliance with federal and State requirements.

PROTOCOL REQUIREMENTS

county care. The MHP, during the audit provided this information and met this survey question. Attached is an example of how referrals are tracked to maintain the 48 hour authorization timeframe.

Anticipated Implementation Date: Already Implemented

The MHP was able to provide a spreadsheet that documents the “Out of County” referrals being processed as well as a binder with evidence of when referrals were submitted to out of county MHPs for continued services for children/youth placed in out of county care. The MHP, during the audit provided this information and met this survey question. Attached is the form utilized to ensure authorization occurs with 4 business days

Anticipated Implementation Date: Already implementing

Response:

H4b. **SURVEY ONLY:**

Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?

- *CFR, title 42, sections 455.101, 455.104, and 455.416*
- *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

No evidence was provided to demonstrate compliance with federal and State requirements.

PROTOCOL REQUIREMENTS

H4c. **SURVEY ONLY:**

Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?

- *CFR, title 42, sections 455.101, 455.104, and 455.416*
- *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

No evidence was provided to demonstrate compliance with federal and State requirements.

PROTOCOL REQUIREMENTS

H5a3. **SURVEY ONLY:**

Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?

The MHP has developed P&P CLN 2245 to address background checks as a condition of enrollment. Attached is the P&P CLN 2245.

Anticipated Implementation

Date:

Already implementing

Response:

The MHP, during the audit, provided an "Ownership Interest and/or Managing Control Information" form completed by management staff that shows evidence of staff meeting this requirement. Attached is the form utilized to track this process.

Response:

The MHP is in the process of reviewing options to the Social Security Administration Death Master File as per recent regulations. An updated P&P

- CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B)
- DMH Letter No. 10-05
- MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

No evidence was provided to demonstrate compliance with federal and State requirements.

PROTOCOL REQUIREMENTS

2. Regarding the Assessment, are the following conditions met:

2a.

- 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
- 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?

- *CCR, title 9, chapter 11, section 1810.204*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *CCR, title 9, chapter 4, section 851-Lanterman-Petris Act*
- *MHP Contract, Exhibit A, Attachment I*

One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- Line number ¹: The updated assessment was completed 69 days late.
- Line number ²: The updated assessment was completed 16 days late.

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

CLN 2245 will address this need once options have been explored.

Anticipated Implementation

Date:

Options decided by 11/1/17

Response:

Staff is provided Relias training on timeliness of documentation. P&P CLN 1720 is reviewed as necessary to ensure staff is aware of timeliness. Monthly peer chart reviews and quarterly QIC chart reviews are conducted to ensure timeliness of documentation. At each review a minimum of six (6) charts are reviewed. Four (4) Adult/Older Adult/TAY charts and two (2) Children charts. One (1) of the charts is for those who are a part of the Hispanic population and are Spanish speaking.

Charts reviewed are for active clients. Chart reviews are to be completed within five (5) working days and turned into supervisor. A plan of correction will be given to clinician and the clinician has three (3) days to respond. Response is turned into QIC meeting for review and reviewed by QIC team for further support or training.

Anticipated Implementation Date:

Peer Review to begin 4/1/18 and ongoing on 2nd Thursday of each month and every 2nd Thursday of every quarter for QIC chart review.

Ongoing on the 2nd Tuesday of each month at QIC charts review will be discussed to determine progress of POCs and training opportunities for staff.

PROTOCOL REQUIREMENTS

3b. Does the medication consent for psychiatric medications 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?

- *CCR, title 9, chapter 11, section 1810.204*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *CCR, title 9, chapter 4, section 851-Lanterman-Petris Act*
- *MHP Contract, Exhibit A, Attachment I*

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 forms to have been reviewed with the beneficiary:

1. Possible side effects if taken longer than 3 months: Line numbers ³.

Response:

The MHP is in the process of modifying the current consents to include these elements listed of possible side effects with regards to reasons for taking the medications, dosage, method, side effects, and consent may be withdrawn at any time. Charts are to be viewed by nursing staff prior to meetings taking place with psychiatrist to ensure all consent forms are up to date. Charts will also be reviewed by a contracted pharmacist, Akram Kildani, to ensure that current medication consents are being utilized and beneficiaries informed of side effects. A sample of up to a minimum of six (6) charts: two (2) Children, four (4) Adults/Older Adults/TAY, and one (1) a Spanish speaking beneficiary will be reviewed every two (2) months. Information will be provided to supervisor and a plan of correction is to be given to the

³ Line number(s) removed for confidentiality

medical team and returned to QIC for review.

Anticipated Implementation Date:

The new consents will be available 4/1/18 and staff will be trained to the new form by 4/24/18.

Ongoing chart review by contracted pharmacist will take place the 2nd Friday every two (2) months.

Ongoing on the 2nd Tuesday of each month at QIC charts review will be discussed to determine progress of POCs and training opportunities for staff

Response:
Staff is provided Relias training on timeliness of documentation. P&P CLN 1720 is reviewed as necessary to ensure staff is aware of timeliness. Monthly peer chart reviews and quarterly QIC chart reviews are conducted to ensure timeliness of

PROTOCOL REQUIREMENTS

- 4a 1) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

- CCR, title 9, chapter 11, section 1810.205.2
- CCR, title 9, chapter 11, section 1810.254
- CCR, title 9, chapter 11, section 1810.440(c)(1)(2)
- CCR, title 9, chapter 11, section 1840.112(b)(2-5)
- CCR, title 9, chapter 11, section 1840.314(d)(e)
- DMH Letter 02-01, Enclosure A
- WIC, section 5751.2
- MHP Contract, Exhibit A, Attachment I
- CCR, title 16, Section 1820.5
- California Business and Profession Code, Section 4999.20

The client plan was not updated at least annually or 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):

- Line numbers ⁴: there was a lapse between the prior and current client plans. However, this occurred outside of the audit review period.

The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period for which there was not client plan in effect and disallow those claims as required.

PROTOCOL REQUIREMENTS

- 4b. Does the client plan include the items specified in the MHP Contract with the Department?
- 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
 - 2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

documentation. At each review a minimum of six (6) charts are reviewed. Four (4) Adult/Older Adult/TAY charts and two (2) Children charts. One (1) of the charts is for those who are a part of the Hispanic population and are Spanish speaking. Charts reviewed are for active clients. Chart reviews are to be completed within five (5) working days and turned into supervisor. A plan of correction will be given to clinician and the clinician has three (3) days to respond. Response is turned into QIC meeting for review and reviewed by QIC team for further support or training.

Anticipated Implementation

Date:

Peer Review to begin 4/1/18 and ongoing on 2nd Thursday of each month and every 2nd Thursday of every quarter for QIC chart review. Ongoing on the 2nd Tuesday of each month at QIC charts review will be discussed to determine progress of POCs

⁴ Line number(s) removed for confidentiality

- 3) The proposed frequency of intervention(s).
- 4) The proposed duration of intervention(s).
- 5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
- 6) Interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Be consistent with the qualifying diagnoses.

- *CCR, title 9, chapter 11, section 1810.205.2*
- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-5)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *DMH Letter 02-01, Enclosure A*
- *WIC, section 5751.2*
- *MHP Contract, Exhibit A, Attachment I*
- *CCR, title 16, Section 1820.5*
- *California Business and Profession Code, Section 4999.20*

One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. Line numbers ⁵.

and training opportunities for staff.

Response:

Also our fiscal department assists with running a suspense report that documents those plans that our not completed in a timely manner. Our administrative staff, on a monthly basis, provides a client plan report for the management team to review and discuss with staff. Timeliness is discussed with staff and a corrective action plan is developed with the supervisor to address this need.

Anticipated Implementation Date:

This is an ongoing process that takes place monthly with the management team and on a weekly basis with supervisors and staff.

⁵ Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS

5a. Do the progress notes document the following:

- 1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
- 4) The date the services were provided?
- 2) Documentation of referrals to community resources and other agencies, when appropriate?
- 3) Documentation of follow-up care or, as appropriate, a discharge summary?
- 4) The amount of time taken to provide services?
- 5) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*
- *CCR, title 9, chapter 11, section 1840.314*
- *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*
- *CCR, title 22, chapter 3, section 51458.1*
- *CCR, title 22, chapter 3, section 51470*
- *MHP Contract, Exhibit A, Attachment I*

Finding 5a: Progress notes were not completed in accordance with the regulatory and contractual requirements and/or with the MHP's own written documentation standards:

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- Progress notes did not document the following:

Response:

Along with our monthly peer chart reviews to ensure that notes meet the standards of timely documentation of relevant aspects of beneficiary care, the MHP receives support from our fiscal department and administrative department with information about late or suspended progress notes and the management team reviews these on a weekly basis. If staff is struggling then supervisors arrange for Relias training on documentation and weekly supervision is offered. Also a corrective action plan is developed to ensure timeliness of documentation and relevant aspects of beneficiary care is specified in notes.

QI Supervisor also does a periodic check on documentation to ensure compliance. See P&P 0602 and Compliance Auditing and Reporting document attached.

- Line numbers ⁶: timely documentation of relevant aspects of beneficiary care as specified by the MHP’s documentation standards (ie., progress notes completed late based on the MHP’s written documentation standards in effect during the audit period).
- Appointment was missed or cancelled: Line number ⁷. RR19a, refer to Recoupment Summary for details.

Finding 5a3: The progress note for the following Line number indicates that the service provided was solely for:

- Clerical: Line number ⁸. RR17, refer to Recoupment Summary for details.

PROTOCOL REQUIREMENTS

5c. Timeliness/frequency as follows:

- 1) Every service contact for:
 - A. Mental health services
 - B. Medication support services
 - C. Crisis intervention
 - D. Targeted Case Management
- 2) Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23/hour period)
 - C. Day treatment intensive
- 3) Weekly for:
 - A. Day treatment intensive (clinical summary)
 - B. Day rehabilitation
 - C. Adult residential

- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*

⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

Response:

Anticipated Implementation

Date:

This is an ongoing process that takes weekly basis with supervisors and staff and weekly during management team meetings.

The MHP will provide monthly peer chart review and quarterly QIC peer chart review to ensure services claimed are correctly billed and progress notes completed within timeline and frequency, to ensure the MHP is meeting the documentation requirements described in the MHP contract. Attached are the peer chart review forms to be used monthly and quarterly QIC review.

Anticipated Implementation

Date:

2nd Thursday of each month

- *CCR, title 9, chapter 11, section 1810.440(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*
- *CCR, title 9, chapter 11, section 1840.314*
- *CCR, title 22, chapter 3, section 51458.1*
- *CCR, title 22, chapter 3, section 51470*
- *MHP Contract, Exhibit A, Attachment I*

Finding 5c: Dimentation in the medical record did not meet the following requirements:

- Line numbers ⁹: The type of speciality mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. RR9, refer to Recoupment Summary for details.

⁹ Line number(s) removed for confidentiality