

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
MONO COUNTY MENTAL HEALTH PLAN REVIEW
June 12, 2018
FINDINGS REPORT**

Section K, “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 Mono 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 132 claims submitted for the months of July, August and September of 2017.

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Medical Necessity

PROTOCOL REQUIREMENTS

- 1. Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?
 - 1a. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
 - 1b. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):
 - 1) A significant impairment in an important area of life 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.
 - 1c. Do the proposed and actual intervention(s) meet the intervention criteria listed below:
 - 1) The focus of the proposed and actual intervention(s) is to address 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 SMHS can correct or ameliorate per No. 1b(4).
 - 2) 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.
 - 1d. The condition would not be responsive to physical health care based treatment.
 - CCR, title 9, chapter 11, section 1830.205 (b)(c)
 - CCR, title 9, chapter 11, section 1830.210
 - CCR, title 9, chapter 11, section 1810.345(c)
 - CCR, title 9, chapter 11, section 1840.112(b)(1-4)
 - CCR, title 9, chapter 11, section 1840.314(d)
 - CCR, title 22, chapter 3, section 51303(a)
 - Credentialing Boards for MH Disciplines

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

RR1. Documentation in the medical record 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).

RR13. No service provided:

- 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

RR14. The service provided was not within the scope of practice of the person delivering the service.

FINDING 1a:

The medical record associated with the following Line number did not establish that the beneficiary had a mental health diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R):

- **Line number ¹. RR1, diagnosis not included, refer to Recoupment Summary for additional details.** The Assessment documented that the beneficiary’s symptom presentation may be attributed to “possible opiate addiction.” The beneficiary was referred to the tele-psychiatrist for further evaluation and clarification of diagnosis. The psychiatrist concluded that the symptoms of depression and anxiety were secondary to a general medical condition and an alcohol use disorder (not included diagnoses). There were four claims, representing planned services, that were found to be not eligible under SMHS.

PLAN OF CORRECTION 1a:

The MHP shall submit a POC that describes how the MHP will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria contained in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) for Medi-Cal reimbursement.

Assessment

PROTOCOL REQUIREMENTS

2b. Do the Assessments include the areas specified in the MHP Contract with the Department?

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

¹ Line number(s) removed for confidentiality

- 4) 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;
- 5) 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
- 6) 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 must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
- 7) 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;
- 8) 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;
- 9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
- 10) A mental status examination;
- 11) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.

- 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

FINDING 2b:

One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract. The following required elements were incomplete or missing:

- Mental Health History: **Line numbers** ².

² Line number(s) removed for confidentiality

- Medications: **Line numbers** ³.
- A Complete Diagnosis: **Line numbers** ⁴.
 - **Line** ⁵: The diagnosis was not completed (updated) once psychiatrist’s evaluation was received, following the referral for diagnostic clarification.
 - **Line** ⁶: The diagnosis of Oppositional Defiant Disorder is an included diagnosis for eligibility for SMHS; however, the information presented in the Assessment document did not clearly meet criteria under the guidance of DSM-5:
 - The mental health history is not sufficiently detailed (e.g., the precipitating events leading up to the current presenting behaviors).
 - There is no exploration of the acculturation concerns including current family/cultural dynamics.
 - Possible verbal and physical abuse is not detailed or put into context in the Assessment. Is this abuse happening now? Who is/are the abusers? In which environment/context does the abuse happen? How extensive is the abuse?
 - The client’s drug use (substance abuse/dependence issue) of Crystal Meth, Alcohol, THC is noted in the Assessment, but is not discussed and appears to be an ongoing concern.
 - The youth’s statement that he sometimes has thoughts about killing himself is not typical of ODD and warrants further exploration.

PLAN OF CORRECTION 2b:

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

PROTOCOL REQUIREMENTS

- 2c. Does the assessment include:
- 1) The date of service?
 - 2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
 - 3) The date the documentation was entered in the medical record?
- | | |
|--|--|
| <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |
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³ Line number(s) removed for confidentiality
⁴ Line number(s) removed for confidentiality
⁵ Line number(s) removed for confidentiality
⁶ Line number(s) removed for confidentiality

FINDING 2c:

The Assessment 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.

- Line number ⁷.

PLAN OF CORRECTION 2c:

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Medication Consent

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

FINDING 3b:

Written medication consents did not contain all of the required elements specified in the MHP Contract. The following required elements were not documented to have been reviewed with the beneficiary:

- Reasonable alternative treatments available, if any: Line number ⁸.
- Type of medication: Line number ⁹.

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

- Range of Frequency: **Line number(s)** ¹⁰.
- Dosage: **Line number** ¹¹.
- Method of administration (oral or injection): **Line number(s)** ¹².
- Duration of taking each medication: **Line number(s)** ¹³.
- Possible side effects if taken longer than 3 months: **Line number(s)** ¹⁴.
- Consent once given may be withdrawn at any time: **Line number(s)** ¹⁵.

PLAN OF CORRECTION 3b:

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.

3c. Do medication consents include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

- *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*

FINDING 3c:

The medication consent(s) 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.

- **Line number(s)** ¹⁶.

PLAN OF CORRECTION 3c:

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.

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
¹⁴ Line number(s) removed for confidentiality
¹⁵ Line number(s) removed for confidentiality
¹⁶ Line number(s) removed for confidentiality

Client Plans

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.
- 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

FINDING 4b:

The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department:

4b-1) 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 17.**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line number(s) 18.** “Use of terms such as ‘as needed’ and ‘ad hoc’ do not meet the requirement that a client plan contain a proposed frequency for interventions. The proposed frequency for delivery of an intervention must be stated specifically (e.g., daily, weekly, etc.), or as a frequency range (e.g., 1-4x’s monthly).” - MHSUDS Information Notice17-040, item 13.

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number** ¹⁹.

- **Line number** ²⁰: Interventions were documented on a plan with an assigned duration of 12 months, even as the assessing clinician was in the process of obtaining information needed to conduct a differential diagnosis. There is a need to know the contributing factors to a mental health condition before a plan with measurable goals can be developed. The focus of the intervention is to address the beneficiary’s included mental health condition – CCR, Title 9, Ch. 11, Sec 1830.205(b)(3)(A) and 1840.112(b)(4).

4b-5i) 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(s)** ²¹.

- **Line number** ²²: The interventions appear to address the beneficiary’s oppositional defiant behavior in general; however, clear steps for addressing the safety needs of the client were not included in the plan (e.g. addressing the client wanting to kill himself, and any current verbal and physical abuse as noted in the diagnostic impression).
- **Line number** ²³: The interventions are broadly written, and are not specific to the needs of the client (e.g., “Case Management” on the beneficiary’s treatment plan).

4b-5ii) One or more client plans did not address the functional impairments identified in the Assessment as a result of a mental disorder or emotional disturbance. **Line number(s)** ²⁴.

- **Line number** ²⁵: The provider put in a referral for a psychiatric evaluation for further diagnostic clarification, and proceeded to develop and complete a 12 month services plan. The results of the evaluation showed that the client’s anxiety and depression were secondary to substance use. The diagnostic information serves to help the provider(s) assist the client with obtaining necessary services which correspond to their functional impariments and treatment needs.
- **Line number** ²⁶: Inconsistencies within the Assessment impact the development of a treatment approach and interventions which meet the mental health needs of the client. The proposed interventions on the client plan address behaviors of arguing, yelling, lying, running away (behavior

¹⁹ Line number(s) removed for confidentiality
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²³ Line number(s) removed for confidentiality
²⁴ Line number(s) removed for confidentiality
²⁵ Line number(s) removed for confidentiality
²⁶ Line number(s) removed for confidentiality

not identified in the Assessment), poor academic functioning (present in the diagnostic impression but not supported in the Assessment), and negative peer relationships (present in the diagnostic impression but not supported in the Assessment). The clinician lists obstacles to be addressed, including: drug abuse (not noted in the diagnostic impression), history of physical and verbal abuse (noted in diagnostic impression as a possible current problem), etc.

- 4b-7)** One or more client plans were not consistent with a qualifying diagnosis.
- **Line number ²⁷**: In this case, the client’s identified functional impairments are determined to be resulting from ongoing substance use.

PLAN OF CORRECTION 4b:

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

- 1) (4b-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) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) (4b-5.) 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.
- 4) (4b-7.) All client plans are consistent with the qualifying diagnosis.

Progress Notes

PROTOCOL REQUIREMENTS

5a. Do the progress notes document the following:

- 1) Timely documentation 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?

²⁷ Line number(s) removed for confidentiality

- 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

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

RR6. No progress note found for service claimed.

- a) No progress note found.
- b) Progress note provided does not match the claim in terms of
 - 1) Specialty Mental Health Service and/or Service Activity claimed.
 - 2) Date of Service, and/or
 - 3) Units of time.

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR13. No service was provided:

- a) No show/appointment cancelled, and no other eligible service documented
- b) Service provided did not meet definition of a specific SMHS.

FINDING 5a:

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

- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.

5a-1) Line number(s)²⁸: 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).

- Line²⁹: Four late notes
- Line³⁰: One late note

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

- Line ³¹: One late note
- Line ³²: One late note
- Line ³³: One late note
- Line ³⁴: Two late notes
- Line ³⁵: Seven late notes

- Progress notes did not document the following:

5a-3) Line number ³⁶: The beneficiary’s response to the interventions.

5a-7i) Line number(s) ³⁷: 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. **RR6b3, refer to Recoupment Summary for details.**

5a-8i) Line number ³⁸: The signature of the person providing the service. **RR12, refer to Recoupment Summary for details.**

5a-8ii) Line number(s) ³⁹: The provider’s professional degree, licensure or job title.

- **Line number(s) ⁴⁰:** The MHP submitted a claim for a missed or cancelled appointment. **RR13a, 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 progress notes document:

5a-1) 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.

5a-3) Interventions applied, the beneficiary’s response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.

5a-7) The claim must accurately reflect the amount of time taken to provide services.

5a-8) The provider’s/providers’ professional degree, licensure or job title.

³¹ Line number(s) removed for confidentiality
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⁴⁰ Line number(s) removed for confidentiality

- 2) Documentation is individualized for each service provided.
- 3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 4) 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).
- 5) Speciality Mental Health Services claimed are actually furnished to the beneficiary.

5b. 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?

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| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 5b:

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

- **Line number** ⁴¹: Progress notes did not document the specific amount of time of involvement of each provider, including travel and documentation time, when appropriate. **RR11b, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5b:

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

⁴¹ Line number(s) removed for confidentiality

- 1) Progress notes clearly document the contribution as it relates to the identified functional impairment and mental health needs of the beneficiary.
- 2) Progress notes clearly document the specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable.
- 3) A clinical rationale for the use of more than one staff in the group setting is documented.

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
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
 - a. Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23/hour period)
 - C. Day treatment intensive
 - D. Therapeutic Foster Care
 - b. 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, 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 5c:

Documentation in the medical record did not meet the following requirements:

- **Line number(s)**⁴²: For Mental Health Services claimed, the service activity (i.e., Individual Therapy and Collateral) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note (i.e., Family Therapy).

⁴² Line number(s) removed for confidentiality

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.
- 2) 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.

PROTOCOL REQUIREMENTS

5d. Do all entries in the beneficiary’s medical record include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

- 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

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

- RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.
- RR14. The service provided was not within the scope of practice of the person delivering the service.

FINDING 5d:

Documentation in the medical record indicated that one of the intervention activities being provided was not within the scope of practice of the person delivering the service.

- **Line number(s)**⁴³: While the service being provided was identified as target case management, the documentation included a medication support activity, found not to be within the scope of practice of the provider signing the progress notes.
 - The medication support activity documented in the progress notes consisted of reporting Height/Weight/Blood Pressure to assist telepsychiatry. These routine,

⁴³ Line number(s) removed for confidentiality

non-invasive support services have training guidance per Title 16 of the California Code of Regulations, see Division 13, Chapter 3, Article 2, Section 1366; and, are further regulated by the Business and Professions Code, Division 2, Chapter 5, Article 3, Sections 2069 and 2070, and the Health and Safety Code Chapter 1, Article 1, Section 1204.

- The Case Manager indicated that she had not received any formal training pertaining to telepsychiatry services; and, the review team was provided the duty statement and job qualifications and responsibilities for the Mental Health Case Manager, which did not include services and responsibilities as they relate to telepsychiatry services.

PLAN OF CORRECTION 5d:

The MHP shall submit a POC that describes how the MHP will ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services/ service activities within the staff's scope of practice.