FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
PLACER COUNTY MENTAL HEALTH PLAN REVIEW
November 2 - November 5, 2015
FINAL FINDINGS REPORT

Section K, "Chart Review – Non-Hospital Services

The medical records of nine (9) adult and ten (10) 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 Placer-Sierra 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 637 claims submitted for the months of July, August, and September of 2014.

Contents

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, section1830.210* • *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***

RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
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; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

FINDING 1c-1:

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

- [1]. **RR3, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-1:
The MHP shall submit a POC that indicates 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 1c-2:
The medical record associated with the following Line numbers did not meet the medical necessity criteria since there was no expectation that the documented intervention would meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- [2]**. RR4, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-2:
The MHP shall submit a POC that indicates 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 *(Findings in this area do not result in disallowances. Plan of Correction only.)*

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*

FINDINGS 2a:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

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

- [3]: The initial assessment was completed late.
- [4]: The updated assessment was completed late.

[1] *Line number removed for confidentiality*
[2] *Line number removed for confidentiality*
[3] *Line number removed for confidentiality*
[4] *Line number removed for confidentiality*

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that :

1) indicates 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.

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, cultural and linguistic factors, and history of trauma or exposure to trauma;	
	3) 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;	
	4) 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	
	5) 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;	
	6) 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;	
	7) 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;	
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;	
	9) A mental status examination;	
	10) 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 with the Department. The following required elements were incomplete or missing:

7) Client Strengths: [5].

8) Risks: [6].

PLAN OF CORRECTION 2b:
The MHP shall submit a POC that indicates how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Medication Consent ***(Findings in this area do not result in disallowances. Plan of Correction only.)***

PROTOCOL REQUIREMENTS		
3.	Regarding medication consent forms:	
3a.	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?	
• *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 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.

- [7]**:** 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.*

PLAN OF CORRECTION 3a:
The MHP shall submit a POC that indicates how the MHP will ensure that:

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.

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?

[5] *Line number removed for confidentiality*
[6] *Line number removed for confidentiality*
[7] *Line number removed for confidentiality*

	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 with the Department. The following required elements were not documented on the medication consent forms found in the beneficiary's medical record:

1) Reason for taking each medication: [8]
2) Reasonable alternative treatments available, if any: [9].
3) Type of medication: [10].
4) Range of frequency: [11].
5) Dosage: [12].
6) Method of administration (oral or injection): [13].
7) Duration of taking each medication: [14].
8) Probable side effects: [15].
9) Possible side effects if taken longer than 3 months: [16].
10) Consent once given may be withdrawn at any time: [17].

PLAN OF CORRECTION 3b:
The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

[8] *Line number removed for confidentiality*
[9] *Line number removed for confidentiality*
[10] *Line number removed for confidentiality*
[11] *Line number removed for confidentiality*
[12] *Line number removed for confidentiality*
[13] *Line number removed for confidentiality*
[14] *Line number removed for confidentiality*
[15] *Line number removed for confidentiality*
[16] *Line number removed for confidentiality*
[17] *Line number removed for confidentiality*

Client Plans

PROTOCOL REQUIREMENTS		
4.	Regarding the client plan, are the following conditions met:	
4a.	1) Has the initial client plan been completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?	
• *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*

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

RR5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

FINDING 4a-1:

The initial client plan was not completed within the time period specified in the MHP's documentation standards, or lacking MHP standards, not within 60 days of the intake, with no evidence supporting the need for more time:

- [18]**:** There was **no** initial client plan for one type of service being claimed. During the review, MHP staff was given the opportunity to locate the service in question on a client plan that was effective during the claim period but could not find written evidence of it. **RR5, refer to Recoupment Summary for details**

  The MHP should review all services and claims during which there was no client plan for the services in question and disallow those claims as required.

PLAN OF CORRECTION 4a-1:

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

1) Initial client plans are completed in accordance with the MHP's written documentation standards.
2) All types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current client plan.
3) The interventions/modalities on all client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

[18] *Line number removed for confidentiality*

PROTOCOL REQUIREMENTS		
4a	2) 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*

FINDING 4a-2:

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):

- [19]**:** 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 outside of the audit review period during which there was no client plan in effect and disallow those claims as required.

- [20]**:** The medical record indicated that the beneficiary was hospitalized during the effective period of the client plan; however, there was no evidence that the client plan was reviewed and/or updated in response to this event.

PLAN OF CORRECTION 4a-2:

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

1) Ensure that client plans are completed at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
2) Ensure that non-emergency services are not claimed when:
   a) A client plan has not been completed.
   b) The service provided is not included in the current client plan.
3) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.
4) Client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

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.

[19] *Line number removed for confidentiality*

[20]

	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 numbers had client plans 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. [21]

4b-2) 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 (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). [22]

4b-3) One or more of the proposed interventions did not indicate an expected frequency. [23]

4b-4) One or more of the proposed interventions did not indicate an expected duration. [24]

4b-7 One client plan contained one or more proposed interventions that were not consistent with the qualifying diagnosis. [25]

PLAN OF CORRECTION 4b:

The MHP shall submit a POC that indicates 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 client plans are consistent with the qualifying diagnosis.

[21] *Line number removed for confidentiality*
[22] *Line number removed for confidentiality*
[23] *Line number removed for confidentiality*
[24] *Line number removed for confidentiality*
[25] *Line number removed for confidentiality*

PROTOCOL REQUIREMENTS	
4c.	Is the client plan signed (or electronic equivalent) by: 1) The person providing the service(s) or, 2) A person representing a team or program providing the service(s) or, 3) A person representing the MHP providing service(s) or, 4) By one of the following, as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is not of the approved categories, one (1) of the following must sign: A. A Physician B. A Licensed/Registered/Waivered Psychologist C. A Licensed/Registered/Waivered Social Worker D. A Licensed/Registered/Waivered Marriage and Family Therapist E. A Licensed/Registered/Waivered Professional Clinical Counselor* F. A Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists
• *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 4c:
The MHP did not furnish evidence it has written documentation standards for staff signatures. The client plan was not signed (or electronic equivalent) by the appropriate staff as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

- [26]**:** The client plan was not signed or co-signed (or electronic equivalent) by an approved category of staff until after the effective start date of the client plan.

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

1) The signature or co-signature of an approved category of staff is obtained when required as specified in the MHP Contract.
2) The signature of the appropriate staff is timely.

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
• *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 4e:
There was inadequate or missing documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: [27]**.**

[26] *Line number removed for confidentiality*
[27] *Line number removed for confidentiality*

PLAN OF CORRECTION 4e:

The MHP shall submit a POC that indicates 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 and whether or not he/she received a copy of the client plan.

Progress Notes

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?	
	5) Documentation of referrals to community resources and other agencies, when appropriate?	
	6) Documentation of follow-up care or, as appropriate, a discharge summary?	
	7) The amount of time taken to provide services?	
	8) 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*

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

RR9. No progress note was found for service claimed.

RR11 Service provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation, or in a setting subject to lockouts.

RR17. The progress note indicates the service provided was solely clerical.

RR18. The progress note indicates the service provided was solely payee related.

RR19a. No service was provided.

RR19d. The service was not provided within the scope of practice of the person delivering the service.

FINDING 5a:

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

5a-1) [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).

5a-2) [29]: Beneficiary encounters, including relevant clinical decisions, when decisions are made and alternative approaches for future interventions, were not clear on one or more progress notes.

5a-4) [30]**:** 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 progress note was considered as late since the date the progress note was entered into the medical record could not be determined.

5a-8) [31]**:** The provider's professional degree, licensure or job title.

- Appointment was missed or cancelled: [32]**. RR19a, refer to Recoupment Summary for details.**

PLEASE NOTE: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for: [33]**.**

PLAN OF CORRECTION:

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

1) Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
2) The MHP shall submit a POC that indicates 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 the MHP's written documentation standards.

   5a-2) Relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP Contract with the Department.

   5a-4) 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.

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

[28] *Line number removed for confidentiality*
[29] *Line number removed for confidentiality*
[30] *Line number removed for confidentiality*
[31] *Line number removed for confidentiality*
[32] *Line number removed for confidentiality*
[33] *Line number removed for confidentiality*

3) The documentation is individualized for each service provided.
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).

FINDING 5a3:
The following Line numbers had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation or when the beneficiary was served in a setting subject to lockouts:

- Service was provided while the beneficiary resided in an Institute for Mental Disease. [34]**. RR11, refer to Recoupment Summary for details.**

The progress note(s) for the following Line numbers indicate that the service provided was solely for:

- Clerical: [35]**. RR17, refer to Recoupment Summary for details.**
- Payee related: [36]**. RR18, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:
The MHP shall submit a POC that indicates how the MHP will ensure that:

1) Services claimed were provided in a setting where the beneficiary was eligible for FFP or not subject to lockouts.
2) 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.
3) Services provided and claimed are not solely transportation, clerical or payee related.
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).

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)

[34] *Line number removed for confidentiality*
[35] *Line number removed for confidentiality*
[36] *Line number removed for confidentiality*

	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:

- [37]**:** The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that indicates how the MHP will:

1) Ensure that all SMHS claimed are:
   a) Actually provided to the beneficiary.
   b) 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).
   c) Claimed for the correct service modality and billing code.
2) Ensure that all progress notes are:
   a) Accurate and meet the documentation requirements described 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*

FINDING 5d:
The Progress notes did not include:

- Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title: [38].

[37] *Line number removed for confidentiality*
[38] *Line number removed for confidentiality*

- The following Line # had a progress note indicating that the documented and claimed service provided was not within the scope of practice of the person delivering the service: [39]**. RR19d, refer to Recoupment Summary for details.**

  The MHP should review all services and claims provided by the staff who was not qualified and disallow the claims as required.

- Date the documentation was entered into the medical record: [40]**.**

PLAN OF CORRECTION 5d:

The MHP shall submit a POC that indicates how the MHP will**:**

1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.
3) Ensure all services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.
4) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.
5) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications.
6) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS		
7a.	Regarding Service Components for Day Treatment Intensive and Day Rehabilitation programs: 1) Do Day Treatment Intensive and Day Rehabilitation programs include all the following required service components: A. Daily Community Meetings;* B. Process Groups; C. Skill-building Groups; and D. Adjunctive Therapies?	
	2) Does *Day Treatment Intensive* include Psychotherapy?	
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

[39] *Line number removed for confidentiality*
[40] *Line number removed for confidentiality*

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

RR9. No progress note was found for service claimed.

RR10. The time claimed was greater than the time documented.

RR19a. No service was provided.

FINDING 7a:

Documentation for the following Line numbers indicated the required service components for both Day Rehabilitation and Day Treatment Intensive programs were not included, as specified by the MHP Contract with the Department:

- [41]**:** Both Day Treatment Intensive and Day Rehabilitation programs did not include all required service components. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

The MHP shall submit a POC that indicates how the MHP will ensure that all program requirements for both *Day Rehabilitation* and *Day Treatment Intensive* are provided in accordance with regulatory and contractual requirements. For example:

1) Ensure that all the required service components, including process groups, are clearly documented as being provided.
2) Ensure that the community meetings occur at least once a day.
3) Ensure that all *Day Rehabilitation* and *Day Treatment Intensive* services claimed were actually provided to the beneficiary as specified in the MHP Contract.

PROTOCOL REQUIREMENTS		
7b.	Regarding Attendance: 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?	
	2) If the beneficiary is unavoidably absent: A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented; B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; **AND**, C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?	
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7b:

Documentation for the following Line numbers indicated that essential requirements for Day Rehabilitation programs were not met, as specified by the MHP Contract with the Department:

[41] *Line number removed for confidentiality*

- [42]**:** *Day Rehabilitation* services were claimed when the beneficiary was absent or was not present for the minimum amount of time to be claimed. The MHP should review all beneficiaries' past services and claims for these providers ([43]) to determine if billing was appropriate and disallow those claims that were not correctly billed. **RR10, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

1) Ensure that the total number of minutes/hours each beneficiary actually attends a *Day Rehabilitation or Day Treatment Intensive* program are documented for each day of attendance.
2) Ensure that when the beneficiary is unavoidably absent, that the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented; and that the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day; and there is a separate entry in the medical record documenting the reason for the unavoidable absence provided in order to claim for *Day Rehabilitation* or *Day Treatment Intensive* programs.
3) Ensure that all *Day Rehabilitation* and *Day Treatment Intensive* services claimed were actually provided to the beneficiary as specified in the MHP Contract.

PROTOCOL REQUIREMENTS		
7c.	Regarding Continuous Hours of Operation: Did the provider apply the following when claiming for the continuous hours of operation of *Day Treatment Intensive* and *Day Rehabilitation* services? A. For Half Day: The beneficiary received face-to-face services a minimum of three (3) hours each day the program was open. B. For Full-Day: The beneficiary received face-to-face services in a program with services available more than four (4) hours per day.	
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7c:
Documentation for the following Line number indicated that essential requirements for a Day Rehabilitation program were not met, as specified by the MHP Contract with the Department:

- [44]**:** The beneficiary did not receive the minimum required hours in order to claim for a full day of *Day Rehabilitation* services. **RR10, refer to Recoupment Summary for details.**

[42] *Line number removed for confidentiality*
[43] *Provider number removed for confidentiality*
[44] *Line number removed for confidentiality*

PLAN OF CORRECTION:

1) Ensure that *Day Rehabilitation* services are claimed only when the beneficiary attends the minimum amount of time required for the service claimed.

PROTOCOL REQUIREMENTS	
7f.	Regarding the Written Program Description: 1) Is there a Written Program Description for *Day Treatment Intensive* and *Day Rehabilitation?* A. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.
	2) Is there a Mental Health Crisis Protocol?
	3) Is there a Written Weekly Schedule? A. Does the Written Weekly Schedule: (a) Identify when and where the service components will be provided and by whom; and (b) Specify the program staff, their qualifications, and the scope of their services?
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7f1:

The Written Program Description for both *Day Rehabilitation* did not clearly reflect all required service components - as described in the MHP Contract - for the following: [45]**.**

PLAN OF CORRECTION 7f1:

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

1) Ensure that the Written Program Description for the MHP's contracted *Day Treatment Intensive* and *Day Rehabilitation* programs describe the specific activities of each service and clearly reflect each of the service components required in the MHP Contract.
2) Provide evidence that there is a full and complete Written Program Description for any *Day Treatment Intensive and Day Rehabilitation* program under contract with*, or* provided by, the *MHP*.

FINDING 7f3:

The Written Weekly Schedules for both *Day Treatment Intensive/Day* and D*ay Rehabilitation* programs did not clearly identify:

- [46]**:** All required service components.

PLAN OF CORRECTION 7f3:

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

1) Ensure that there is a Written Weekly Schedule for all *Day Treatment Intensive* and *Day Rehabilitation* programs that clearly includes all required service components.

[45] *Line number removed for confidentiality*
[46] *Line number removed for confidentiality*

2) Ensure that the Written Weekly Schedule for all *Day Treatment Intensive* and *Day Rehabilitation* programs identifies when and where the service components will be provided and by whom;

3) Ensure that the Written Weekly Schedule for all *Day Treatment Intensive* and *Day Rehabilitation* programs identifies the program staff and specifies their qualifications and scope of their services.

4) Provide evidence that there is a current Written Weekly Schedule for all *Day Treatment Intensive* and *Day Rehabilitation* programs that is updated whenever there is any change in program staff and/or schedule.