

FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
RIVERSIDE COUNTY MENTAL HEALTH PLAN REVIEW
April 25, 2016
FINAL FINDINGS REPORT

Section K, “Chart Review – Non-Hospital Services

The medical records of ten (10) 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 Riverside 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 482 claims submitted for the months of January, February, and March of 2015.

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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): <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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).
	<ol style="list-style-type: none"> 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): <ol style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> • 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)
	<ul style="list-style-type: none"> • 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 number 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?
<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

FINDINGS 2a:

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

¹ Line number removed for confidentiality

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- 1) 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:
 - ³: The initial assessment was completed late.
 - ⁴: The updated assessments were completed late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that 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.
<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

³ Line number removed for confidentiality

⁴ Line number removed for confidentiality

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:

- 1) Medical History: ⁵.
- 2) Substance Exposure/Substance Use: ⁶.
- 3) Client Strengths: ⁷.
- 4) Risks: ⁸.
- 5) A mental status examination: ⁹.

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	
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?
<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

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:

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- 1) The reason for taking each medication: ¹⁰.
- 2) Reasonable alternative treatments available, if any: ¹¹.
- 3) Type of medication: ¹².
- 4) Range of frequency: ¹³.
- 5) Dosage: ¹⁴.
- 6) Method of administration (oral or injection): ¹⁵.
- 7) Duration of taking each medication: ¹⁶.
- 8) Probable side effects: ¹⁷.
- 9) Possible side effects if taken longer than 3 months: ¹⁸.
- 10) Consent once given may be withdrawn at any time: ¹⁹.

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.

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?
	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • 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-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:

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- ²⁰: There was **no** initial client plan in the medical record. However, this occurred outside of the audit review period. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.

The MHP should review all services and claims during which there was no initial client plan in effect 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 initial client plans are completed in accordance with the MHP’s written documentation standards.

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?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

RR6. The client plan was not completed, at least, on an annual basis or as specified in the MHP’s documentation guidelines.

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 and/or as specified in the MHP’s documentation standards):

- ²¹: There was a **lapse** between the prior and current client plans and therefore, there was no client plan in effect during a portion or all of the audit review period. **RR6, refer to Recoupment Summary for details**

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

PLAN OF CORRECTION 4a-2:

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

²⁰ Line number removed for confidentiality

²¹ Line number removed for confidentiality

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.
	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.
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. ²².
- 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.). ²³.
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. ²⁴.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. 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.

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- 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.

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: ²⁶.

PLAN OF CORRECTION 4e:

The MHP shall submit a POC that indicates how the MHP will ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.

PROTOCOL REQUIREMENTS	
4f.	Does the client plan 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; AND
	3) The date the documentation was entered in the medical record?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 4f:

The Client plans did not include:

- 1) Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title:
 - ²⁷.

PLAN OF CORRECTION 4f:

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

Progress Notes

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?
<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

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.

FINDING 5a:

Progress notes were not completed in accordance with 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:

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).

²⁸ Line number removed for confidentiality

- 5a-3) ²⁹: The interventions applied, beneficiary’s response to the interventions and the location of the interventions.
- 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 date the progress note was entered into the medical record could not be determined.
- 5a-5) ³¹: The provider’s professional degree, licensure or job title.

PLAN OF CORRECTION:

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

PROTOCOL REQUIREMENTS	
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: <ul style="list-style-type: none"> 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?
<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:

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³⁰ Line number removed for confidentiality
³¹ Line number removed for confidentiality

- The following Line number had claims for which the time claimed was greater than the time documented on the corresponding progress notes. The progress note was a duplicate progress note: ³². **RR10, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5b:

The MHP shall submit a POC that indicates how the MHP will ensure that the type of service, units of time and dates of service (DOS) claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

PROTOCOL REQUIREMENTS	
5c.	<p>Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: <ol style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
<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 5c:

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

- ³³: There were no progress notes in the medical record for the services claimed. **RR9, refer to Recoupment Summary for details.**

During the review, the MHP staff was given the opportunity to locate the documents in question but could not find written evidence of them in the medical record.

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are documented in the medical record and actually provided to the beneficiary.

³² Line number removed for confidentiality

³³ Line number removed for confidentiality

- 2) Ensure that all progress notes indicate the type of service, 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.

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7a.	Regarding Service Components for Day Treatment Intensive and Day Rehabilitation programs: <ul style="list-style-type: none"> 1) Do Day Treatment Intensive and Day Rehabilitation programs include all the following required service components: <ul style="list-style-type: none"> A. Daily Community Meetings;* B. Process Groups; C. Skill-building Groups; <u>and</u> D. Adjunctive Therapies? 2) Does <i>Day Treatment Intensive</i> include Psychotherapy?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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

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.

FINDING 7a:

Documentation for the following Line number indicated the required service components for a Day Treatment Intensive program were not included, as specified by the MHP Contract with the Department:

- ³⁴: No progress note was found for service claimed. There was no documentation in the progress notes or a weekly schedule indicating that the community meetings for Day Treatment Intensive occurred at least once a day. **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 *Day Treatment Intensive* are provided in accordance with regulatory and contractual requirements. For example:

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- 1) Ensure that all the required service components including daily community meetings are met.
- 2) Ensure that the community meetings occur at least once a day.

PROTOCOL REQUIREMENTS	
7b.	Regarding Attendance: <ol style="list-style-type: none"> 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program? 2) If the beneficiary is unavoidably absent: <ol style="list-style-type: none"> 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?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 number indicated that essential requirements for a Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department:

- ³⁵: The time claimed is greater than the time documented. The beneficiary was absent or had partial attendance and there was not a separate entry in the medical record documenting the reason for the unavoidable absence. There was no documentation of staff intervention or reassessment of the client’s need for the day intensive program. **RR10, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

The MHP shall submit a POC that indicates how the MHP will 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 and provided in order to claim for *Day Treatment Intensive* program.

³⁵ Line number removed for confidentiality

PROTOCOL REQUIREMENTS	
7f.	Regarding the Written Program Description: 1) Is there a Written Program Description for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> ? 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 <u>Written Weekly Schedule</u> ? A. Does the <u>Written Weekly Schedule</u> : (a) Identify when and where the service components will be provided and by whom; <u>and</u> (b) Specify the program staff, their qualifications, and the scope of their services?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 7f3:

The Written Weekly Schedule for *Day Treatment Intensive* program did not identify:

- ³⁶: All program staff, their qualifications and scope of their services.

PLAN OF CORRECTION 7f3:

The MHP shall submit a POC that indicates how the MHP will ensure that the Written Weekly Schedule for *Day Treatment Intensive* program identifies the program staff and specifies their qualifications and scope of their services.

³⁶ Line number removed for confidentiality