

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY  
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
LAKE COUNTY MENTAL HEALTH PLAN REVIEW  
January 22, 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 Lake 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 320 claims submitted for the months of April, May and June of 2017.

**Contents**

<i>Medical Necessity</i> .....	2
<i>Assessment</i> .....	3
<i>Medication Consent</i> .....	6
<i>Client Plans</i> .....	8
<i>Progress Notes</i> .....	11

**Medical Necessity**

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>1) A significant impairment in an important area of life functioning.</li> <li>2) A probability of significant deterioration in an important area of life functioning.</li> <li>3) A probability that the child will not progress developmentally as individually appropriate.</li> <li>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.</li> </ol>
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> <li>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).</li> <li>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"> <li>A. Significantly diminish the impairment.</li> <li>B. Prevent significant deterioration in an important area of life functioning.</li> <li>C. Allow the child to progress developmentally as individually appropriate.</li> <li>D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</li> </ol> </li> </ol>
1d	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.205 (b)(c)</li> <li>• CCR, title 9, chapter 11, section 1830.210</li> <li>• CCR, title 9, chapter 11, section 1810.345(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> </ul> <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1840.314(d)</li> <li>• CCR, title 22, chapter 3, section 51303(a)</li> <li>• Credentialing Boards for MH Disciplines</li> </ul>

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

RR3. Documentation in the medical record does not establish the expectation that the claimed intervention(s) 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;
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

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
- b) Service provided did not meet definition of a specific SMHS,

**FINDING 1c-1:**

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

- **Line number(s)<sup>1</sup>. RR13b refer to Recoupment Summary for details.**

**PLAN OF CORRECTION 1c-1:**

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

**FINDING 1c-2:**

The medical record associated with the following Line number(s) did not meet medical necessity criteria since there was no expectation that the actual intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- **Line number(s)<sup>2</sup>. RR3a-d, refer to Recoupment Summary for details.**

**PLAN OF CORRECTION 1c-2:**

The MHP shall submit a POC that describes how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

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

---

<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

<b>PROTOCOL REQUIREMENTS</b>	
2b	<p>Do the Assessments include the areas specified in the MHP Contract with the Department?</p> <ol style="list-style-type: none"> <li>1) <u>Presenting Problem</u>. The beneficiary’s chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;</li> <li>2) <u>Relevant conditions and psychosocial factors</u> affecting the beneficiary’s physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;</li> <li>3) <u>History of trauma or exposure to trauma</u>;</li> <li>4) <u>Mental Health History</u>. 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;</li> <li>5) <u>Medical History</u>. 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</li> <li>6) <u>Medications</u>. 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;</li> <li>7) <u>Substance Exposure/Substance Use</u>. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;</li> <li>8) <u>Client Strengths</u>. 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;</li> <li>9) <u>Risks</u>. Situations that present a risk to the beneficiary and/or others, including past or current trauma;</li> <li>10) <u>A mental status examination</u>;</li> <li>11) <u>A Complete Diagnosis</u>; 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.</li> </ol>

<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851-Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>
--	--

**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: (use “and” if only two line numbers)

- Mental Health History: Line number(s) <sup>3</sup>.
- Medical History: Line number(s) <sup>4</sup>.
- Medications: Line number(s) <sup>5</sup>.
- Risks: Line number <sup>6</sup>.

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

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"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851-Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDING 2c:**

The Assessment(s) did not include:

<sup>3</sup> Line number(s) removed for confidentiality  
<sup>4</sup> Line number(s) removed for confidentiality  
<sup>5</sup> Line number(s) removed for confidentiality  
<sup>6</sup> Line number(s) removed for confidentiality

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

- **Line number(s)** <sup>7</sup>.

**PLAN OF CORRECTION 2c:**

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

**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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851-Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDING 3a:**

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

- **Line number(s)** <sup>8</sup>: 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 forms but was unable to locate them in the medical record.*
- **Line number(s)** <sup>9</sup>: The written medication consent form was not signed by the beneficiary.

<sup>7</sup> Line number(s) removed for confidentiality

<sup>8</sup> Line number(s) removed for confidentiality

<sup>9</sup> Line number(s) removed for confidentiality

- **Line number <sup>10</sup>:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consent in question but was unable to locate it in the medical record.*

**PLAN OF CORRECTION 3a:**

The MHP shall submit a POC that describes 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	
3c.	Do medication consents include: <ol style="list-style-type: none"> <li>1) The date of service?</li> <li>2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?</li> <li>3) The date the documentation was entered in the medical record?</li> </ol>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851-Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDING 3c:**

The medication consent(s) did not include:

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

- **Line number <sup>11</sup>.**

**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.

<sup>10</sup> Line number(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

**Client Plans**

<b>PROTOCOL REQUIREMENTS</b>			
4.	Regarding the client plan, are the following conditions met:		
4a	Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>		

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

- RR5. Services that cannot be claimed without a Client Plan in place were claimed either:
- a) Prior to the initial Client Plan being in place; or
  - b) During the period where there was a gap or lapse between client plans; or
  - c) When there was no client plan in effect.

**FINDING 4a:**

The Client Plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards):

- **Line number** <sup>12</sup>: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period. Specifically, the prior plan dated <sup>13</sup> was not signed by the provider.
- **Line number** <sup>14</sup>: The client plan was **late** per the MHP's written documentation standards. However, this occurred outside the audit review period.

**PLAN OF CORRECTION 4a:**

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

<sup>12</sup> Line number(s) removed for confidentiality

<sup>13</sup> Date removed for confidentiality

<sup>14</sup> Line number(s) removed for confidentiality



- 1) Ensure that client plans are completed prior to planned services being provided.
- 2) Ensure that client plans are updated 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.

<b>PROTOCOL REQUIREMENTS</b>	
4b	<p>Does the client plan include the items specified in the MHP Contract with the Department?</p> <ol style="list-style-type: none"> <li>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.</li> <li>2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.</li> <li>3) The proposed frequency of intervention(s).</li> <li>4) The proposed duration of intervention(s).</li> <li>5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.</li> <li>6) Interventions are consistent with client plan goal(s)/treatment objective(s).</li> <li>7) Be consistent with the qualifying diagnoses.</li> </ol>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

**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-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.). **Line number(s)** <sup>15</sup>.

<sup>15</sup> Line number(s) removed for confidentiality

- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line number(s)** <sup>16</sup>.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** <sup>17</sup>.
- 4b-5ii)** The client plan did not adequately address the mental health needs and functional impairments identified as a result of the mental disorder. Specifically, the sole intervention of Case Management was not sufficient to address the mental health needs identified in the Assessment (i.e. “recently hospitalized for suicidal ideation and grave disability...isolated...in chronic pain...”). **Line number** <sup>18</sup>.

**PLAN OF CORRECTION 4b:**

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

- 1) (4b-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.).
- 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 adequately address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

<b>PROTOCOL REQUIREMENTS</b>	
4e	Is there documentation that the provider offered a copy of the client plan to the beneficiary?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

**FINDING 4e:**

There was no documentation that the beneficiary or legal guardian was offered a copy of the

<sup>16</sup> Line number(s) removed for confidentiality  
<sup>17</sup> Line number(s) removed for confidentiality  
<sup>18</sup> Line number(s) removed for confidentiality

client plan for the following: **Line number(s)** <sup>19</sup>.

**PLAN OF CORRECTION 4e:**

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

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

**Progress Notes**

<b>PROTOCOL REQUIREMENTS</b>	
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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**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

<sup>19</sup> Line number(s) removed for confidentiality

- 1) Specialty Mental Health Service and/or Service Activity claimed.
- 2) Date of Service, and/or
- 3) Units of time.

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 regulatory and 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.
- Progress notes did not document the following:

**5a-1) Line number(s)<sup>20</sup>:** Timely documentation of relevant aspects of beneficiary care, as specified by the MHP’s documentation standards (i.e., progress notes completed late based on the MHP’s written documentation standards in effect during the audit period).

- Line number<sup>21</sup>: Three late progress notes.
- Line number<sup>22</sup>: Eight late progress notes.
- Line number<sup>23</sup>: Seven late progress notes.
- Line number<sup>24</sup>: Three late progress notes.
- Line number<sup>25</sup>: Twenty-six late progress notes.
- Line number<sup>26</sup>: Thirty-one late progress notes.
- Line number<sup>27</sup>: Thirteen late progress notes.
- Line number<sup>28</sup>: Thirteen late progress notes.
- Line number<sup>29</sup>: Eleven late progress notes.

**5a-7i) Line number(s)<sup>30</sup>:** 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

---

<sup>20</sup> Line number(s) removed for confidentiality  
<sup>21</sup> Line number(s) removed for confidentiality  
<sup>22</sup> Line number(s) removed for confidentiality  
<sup>23</sup> Line number(s) removed for confidentiality  
<sup>24</sup> Line number(s) removed for confidentiality  
<sup>25</sup> Line number(s) removed for confidentiality  
<sup>26</sup> Line number(s) removed for confidentiality  
<sup>27</sup> Line number(s) removed for confidentiality  
<sup>28</sup> Line number(s) removed for confidentiality  
<sup>29</sup> Line number(s) removed for confidentiality  
<sup>30</sup> Line number(s) removed for confidentiality

than the time claimed, or was missing on the progress note. **RR6b3, refer to Recoupment Summary for details.**

**5a-8ii) Line number(s)** <sup>31</sup>: The provider’s professional degree, licensure or job title.

- **Line numbers** <sup>32</sup>: Appointment was missed or cancelled. **RR13a, 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: **Line number** <sup>33</sup>. **RR 6, 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-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.
- 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 provided to the beneficiary.

<b>PROTOCOL REQUIREMENTS</b>	
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: <ol style="list-style-type: none"> <li>1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary?</li> <li>2) The exact number of minutes used by persons providing the service?</li> <li>3) Signature(s) of person(s) providing the services?</li> </ol>

<sup>31</sup> Line number(s) removed for confidentiality  
<sup>32</sup> Line number(s) removed for confidentiality  
<sup>33</sup> Line number(s) removed for confidentiality

<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>
---	---

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

RR11. Progress notes for group activities involving two (2) or more providers did not clearly document the following:

- a) The specific involvement of each provider in the context of the mental health needs of the beneficiary;
- b) The specific amount of time of involvement of each group provider in providing the service, including travel and documentation time if applicable; and
- c) The total number of group participants

**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(s)** <sup>34</sup>: Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**

**PLAN OF CORRECTION 5b:**

The MHP shall submit a POC that describes how the MHP will ensure that progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

<b>PROTOCOL REQUIREMENTS</b>	
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

<sup>34</sup> Line number(s) removed for confidentiality

<ul style="list-style-type: none"> <li>a. Daily for:             <ul style="list-style-type: none"> <li>A. Crisis residential</li> <li>B. Crisis stabilization (one per 23/hour period)</li> <li>C. Day treatment intensive</li> <li>D. Therapeutic Foster Care</li> </ul> </li> <li>b. Weekly for:             <ul style="list-style-type: none"> <li>A. Day treatment intensive (clinical summary)</li> <li>B. Day rehabilitation</li> <li>C. Adult residential</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

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

- RR6. No progress note found for service claimed.
- c) No progress note found.
  - d) Progress note provided does not match the claim in terms of
    - 4) Specialty Mental Health Service and/or Service Activity claimed.
    - 5) Date of Service, and/or
    - 6) Units of time.

**FINDING 5c:**

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

- **Line number <sup>35</sup>:** The type of specialty mental health service (i.e., Targeted Case Management) documented on the progress note was not the same type of SMHS claimed (i.e. MH Collateral). **Refer to RR6b-1 exception letter for details.**
- **Line number(s) <sup>36</sup>:** For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.
  - Line number <sup>37</sup>: One progress note for Plan Development service, claimed as Collateral.

<sup>35</sup> Line number(s) removed for confidentiality

<sup>36</sup> Line number(s) removed for confidentiality

<sup>37</sup> Line number(s) removed for confidentiality

- o Line number <sup>38</sup>: Five progress notes for Family Therapy service claimed as Collateral.

**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) Ensure that all progress notes 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.

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

RR7. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible to Federal Financial Participation (e.g., Institution for Mental Disease (IMD), jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11).

RR9. Progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation, or;
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.
- e) Transportation
- f) Clerical
- g) Payee Related

**FINDING 5e:**

The following Line number(s) 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 resided in a setting subject to lockouts:

- Service was provided while the beneficiary resided in jail. **Line number <sup>39</sup>. RR7, refer to Recoupment Summary for details.**

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

- Clerical: **Line number <sup>40</sup>. RR9f, refer to Recoupment Summary for details.**

<sup>38</sup> Line number(s) removed for confidentiality

<sup>39</sup> Line number(s) removed for confidentiality

<sup>40</sup> Line number(s) removed for confidentiality



**PLAN OF CORRECTION 5e:**

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

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