

FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
TEHAMA COUNTY MENTAL HEALTH PLAN REVIEW
December 4, 2017
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 Tehama 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 211 claims submitted for the months of January, February, and March of 2017.

Contents

Medical Necessity 2
Assessment 3
Medication Consent 5
Client Plans..... 7
Progress Notes 9

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"> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.205 (b)(c) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.314(d) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.210 <li style="width: 50%;">• CCR, title 22, chapter 3, section 51303(a) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1810.345(c) <li style="width: 50%;">• Credentialing Boards for MH Disciplines <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.112(b)(1-4) 	

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

- RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).
- RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:
 - a) A significant functional impairment in an important area of the beneficiary’s life functioning;
 - b) A reasonable probability of significant deterioration in an important area of the beneficiary’s life functioning;
 - c) A reasonable probability that the child will not progress developmentally as individually appropriate;
 - d) For full–scope beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

- 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.

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 claimed 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 ¹. RR3a, 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.)

PROTOCOL REQUIREMENTS	
2.	Regarding the Assessment, are the following conditions met:
	1) Has the Assessment been completed in accordance with the MHP’s established written documentation standards for timeliness?
2a.	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

FINDING 2a:

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

- 1) The MHP did not furnish evidence it has written documentation standards for timeliness of initial assessments as required in the MHP Contract with the Department.
- 2) One updated assessment was not completed within the timeliness and/or frequency requirements specified in the MHP’s written documentation standards. The following is a specific finding from the chart sample:

¹ Line number(s) removed for confidentiality

- **Line number** ². The updated assessment was completed late. The updated assessment was due per MHP Policy on ³ and was completed on ⁴.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that:

- 1) Provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.
- 2) Describes 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) <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;
	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;
	3) <u>History of trauma or exposure to trauma</u> ;
	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;
	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
	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;
	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;
	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;
	9) <u>Risks</u> . Situations that present a risk to the beneficiary and/or others, including past or current trauma;
	10) <u>A mental status examination</u> ;

² Line number(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

11) A Complete Diagnosis: A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.	
<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 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 element was incomplete or missing:

- 1) **Client Strengths: Line number ⁵.** Client strengths listed were activities that the client enjoys recreationally, rather than strengths in achieving client plan goals.

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.

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"> 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 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:

- 1) **Line numbers ⁶:** 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 consents in question but was unable to locate them in the medical record.*

PLAN OF CORRECTION 3a:

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

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

- 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?
	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 form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 4) Range of Frequency: **Line numbers 7.**
- 5) Dosage: **Line numbers 8.**
- 6) Method of administration (oral or injection): **Line number 9.**
- 9) Possible side effects if taken longer than 3 months: **Line numbers¹⁰.**

PLAN OF CORRECTION 3b:

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

PROTOCOL REQUIREMENTS

⁷ Line number(s) removed for confidentiality
⁸ Line number(s) removed for confidentiality
⁹ Line number(s) removed for confidentiality
¹⁰ Line number(s) removed for confidentiality

3c.	Do medication consents include:
	1) The date of service?
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
	3) The date the documentation was entered in the medical record?
<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 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 numbers ¹¹.**

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) with the professional degree, licensure or title of the person providing the service.

Client Plans

PROTOCOL REQUIREMENTS	
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?
<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

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

FINDING 4a:

The Client Plan was not completed prior to planned services being provided and was not updated at least annually or was not reviewed and updated when there was a significant

¹¹ Line number(s) removed for confidentiality

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):

- 1) **Line number** ¹²: There was **no** updated client plan in the medical record. 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. **RR5b, refer to Recoupment Summary for details.**
- 2) **Line numbers** ¹³: There was a **lapse** between the prior and current client plans. However, no services were claimed.
- 3) **Line number** ¹⁴: The prior 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:

- 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.

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:

¹² Line number(s) removed for confidentiality
¹³ Line number(s) removed for confidentiality
¹⁴ Line number(s) removed for confidentiality

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

- 4b-1)** One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number ¹⁵.**
- 4b-5)** One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number ¹⁶.**
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number ¹⁷.**

PLAN OF CORRECTION 4b:

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

(4b-1.) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments as a result of the mental health diagnosis.

(4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

(4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

Progress Notes

PROTOCOL REQUIREMENTS	
5a.	Do the progress notes document the following:
	1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
	3) Interventions applied, beneficiary’s response to the interventions, and the location of the interventions?
	4) The date the services were provided?
	5) Documentation of referrals to community resources and other agencies, when appropriate?
	6) Documentation of follow-up care or, as appropriate, a discharge summary?

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

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?	
<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

RR6. No progress note found for service claimed.

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

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).

RR8. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal.

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

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:

- 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) Line numbers¹⁸: 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).

¹⁸ Line number(s) removed for confidentiality

A total of 35 progress notes did not meet the MHP’s standard for timely completion.

Line number ¹⁹: 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, and the note was considered to be late.

5a-7) Line number ²⁰: The amount of time taken to provide services. Medication support progress notes had “check boxes” for 30 or 60 minutes increments of service time and were not specific regarding the exact time of service. The MHP has already addressed this issue and have updated their medication support progress notes to include the exact service time.

5a-7) Line number ²¹: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed. **RR6b3, 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.

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

PROTOCOL REQUIREMENTS	
5c.	Timeliness/frequency as follows: 1) Every service contact for: A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management E. Intensive Care Coordination F. Intensive Home Based Services G. Therapeutic Behavioral Services 2) Daily for:

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

	<ul style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive D. Therapeutic Foster Care <p>3) Weekly for:</p> <ul 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 meet the following requirements:

Line number ²²: There was no progress note in the medical record for the service(s) claimed. **RR6a, 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 describes how the MHP will ensure that all SMHS claimed are:

- a) Documented in the medical record.
- b) Actually provided to the beneficiary.

FINDING 5e:

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

- Payee related: **Line number ²³.** **RR9g, refer to Recoupment Summary for details.**

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 transportation, clerical or payee related.
- 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).

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

