

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY  
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
TULARE COUNTY MENTAL HEALTH PLAN REVIEW  
April 2, 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 Tulare 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 **347** claims submitted for the months of July, August, and September of 2017.

**Contents**

<i>Medical Necessity</i> .....	2
<i>Assessment</i> .....	3
<i>Medication Consent</i> .....	6
<i>Client Plans</i> .....	9
<i>Progress Notes</i> .....	15
<i>Documentation of Cultural and Linguistic Services</i> .....	19

**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-2:**

The medical record associated with the following Line numbers 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 <sup>1</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.)***

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

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

**FINDINGS 2a:**

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

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

- **Line number(s)**<sup>2</sup>: The initial assessment was completed late.

**PLAN OF CORRECTION 2a:**

The MHP shall submit a POC that 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.

<b>PROTOCOL REQUIREMENTS</b>	
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;

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

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> ;	
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.	
<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:

- Mental Health History: **Line number** <sup>3</sup>.
- Medical History: **Line number** <sup>4</sup>.
- Medications: **Line number(s)** <sup>5</sup>.
- Substance Exposure/Substance Use: **Line number(s)** <sup>6</sup>.
- Client Strengths: **Line number(s)** <sup>7</sup>.
- Risks: **Line number** <sup>8</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.

<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  
<sup>7</sup> Line number(s) removed for confidentiality  
<sup>8</sup> Line number(s) removed for confidentiality

**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** <sup>9</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 form but was unable to locate it in the medical record.*
- **Line number(s)** <sup>10</sup>: The written medication consent form was not signed by the beneficiary.
- **Line number(s)** <sup>11</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(s) in question but was unable to locate it/them 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.

<sup>9</sup> Line number(s) removed for confidentiality  
<sup>10</sup> Line number(s) removed for confidentiality  
<sup>11</sup> Line number(s) removed for confidentiality

- 2) Written medication consent forms are completed in accordance with the MHP’s written documentation standards.

<b>PROTOCOL REQUIREMENTS</b>	
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"> <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 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:

- Reasonable alternative treatments available, if any: **Line number(s)** <sup>12</sup>.
- Type of medication: **Line number** <sup>13</sup>.
- Range of Frequency: **Line number(s)** <sup>14</sup>.
- Dosage: **Line number(s)** <sup>15</sup>.
- Method of administration (oral or injection): **Line number(s)** <sup>16</sup>.
- Duration of taking each medication: **Line number(s)** <sup>17</sup>.

<sup>12</sup> Line number(s) removed for confidentiality  
<sup>13</sup> Line number(s) removed for confidentiality  
<sup>14</sup> Line number(s) removed for confidentiality  
<sup>15</sup> Line number(s) removed for confidentiality  
<sup>16</sup> Line number(s) removed for confidentiality  
<sup>17</sup> Line number(s) removed for confidentiality

- Probable side effects: **Line number** <sup>18</sup>.
- Possible side effects if taken longer than 3 months: **Line number(s)** <sup>19</sup>.
- Consent once given may be withdrawn at any time: **Line number(s)** <sup>20</sup>.

**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.

<b>PROTOCOL REQUIREMENTS</b>	
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(s)** <sup>21</sup>.

**PLAN OF CORRECTION 3c:**

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

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

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

<sup>20</sup> Line number(s) removed for confidentiality

<sup>21</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?
<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>22</sup>:** 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. **RR5b, refer to Recoupment Summary for details.**
- **Line number <sup>23</sup>:** The updated client plan was not signed by the provider, or was not signed/co-signed by a waived/registered/licensed staff, as required. Therefore, there was no updated client plan completed during the audit review period. **RR5c, refer to Recoupment Summary for details.**

<sup>22</sup> Line number(s) removed for confidentiality

<sup>23</sup> Line number(s) removed for confidentiality

- **Line number <sup>24</sup>:** There was **no** client plan for one or more type of service being claimed. During the review, MHP staff was given the opportunity to locate the service(s) in question on a client plan but could not find written evidence of it. **RR5c, refer to Recoupment Summary for details**

**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.
- 3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.

<b>PROTOCOL REQUIREMENTS</b>	
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"> <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>

<sup>24</sup> Line number(s) removed for confidentiality

**FINDING 4b:**

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

- 4b-1)** One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number(s)** <sup>25</sup>.
- 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>26</sup>.
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line number(s)** <sup>27</sup>.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** <sup>28</sup>.
- 4b-5i)** One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number(s)** <sup>29</sup>.
- 4b-5ii)** One or more client plans did not adequately address the mental health needs and functional impairments identified as a result of the mental disorder.
  - **Line number** <sup>30</sup>: The client plan focus was on substance abuse / dependency issues and sequelae.
  - **Line number** <sup>31</sup>: The behavior plan was not sufficient to adequately address the beneficiary’s trauma specific emotional instability.
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives.
  - **Line number** <sup>32</sup>: Short term goals and objectives were not supported by the proposed interventions listed in the Consumer Wellness Plan dated <sup>33</sup>

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

4b-7) One or more client plans were not consistent with the qualifying diagnosis. Line number <sup>34</sup>.

**PLAN OF CORRECTION 4b:**

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

- 1) (4b-1.) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) (4b-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) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 4) (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 health disorder.
- 5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 6) (4b-7.) All client plans are consistent with the qualifying diagnosis.

<b>PROTOCOL REQUIREMENTS</b>	
4c.	<p>Is the client plan signed (or electronic equivalent) by:</p> <ul style="list-style-type: none"> <li>1) The person providing the service(s) or,</li> <li>2) A person representing a team or program providing the service(s) or,</li> <li>3) A person representing the MHP providing service(s) or,</li> <li>4) By one of the following, as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is <u>not</u> of the approved categories, one (1) of the following must sign:               <ul style="list-style-type: none"> <li>A. A Physician</li> <li>B. A Licensed/Registered/Waivered Psychologist</li> <li>C. A Licensed/Registered/Waivered Social Worker</li> <li>D. A Licensed/Registered/Waivered Marriage and Family Therapist</li> <li>E. A Licensed/Registered/Waivered Professional Clinical Counselor*</li> <li>F. A Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists</li> </ul> </li> </ul>

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

<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>
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**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 4c:**

The client plan was not signed (or electronic equivalent) by the appropriate staff, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

- **Line number** <sup>35</sup>: The client plan was not signed or co-signed (or electronic equivalent) by an approved category of staff (i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist). **RR5c, refer to Recoupment Summary for details.**

**PLAN OF CORRECTION 4c:**

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

- 1) The appropriate staff signs the client plan.
- 2) The signature and co-signature of an approved category of staff is obtained when required as specified in the MHP Contract or MHPs own policy.
- 3) The signature/co-signature of the appropriate staff is timely.

**PROTOCOL REQUIREMENTS**

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

4d	Regarding the beneficiary's participation and agreement with the client plan:	
	1) Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to: <ul style="list-style-type: none"> <li>a. Reference to the beneficiary's participation in and agreement in the body of the client plan; or</li> <li>b. The beneficiary signature on the client plan; or</li> <li>c. A description of the beneficiary's participation and agreement in the medical record.</li> </ul>	
	2) Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when: <ul style="list-style-type: none"> <li>a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,</li> <li>b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?</li> </ul>	
	3) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?	
	<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**

RR4. No documentation of beneficiary or legal guardian participation and agreement with the client plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the Mental Health Plan (MHP) Contract with the Department.

**FINDING 4d-1:**

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the client plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, if signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line number** <sup>36</sup>: The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department (i.e., the beneficiary is in "long-

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

term” treatment and receiving more than one type of SMHS), and/or per the MHP’s written documentation standards. However, the signature could not be located. *During the review, MHP staff was given the opportunity to locate the missing client signature but was unable to locate it in the medical record. RR4, refer to Recoupment Summary for details.*

**PLAN OF CORRECTION 4d:**

The MHP shall submit a POC that describes how the MHP will ensure that the beneficiary’s signature is obtained on the client plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).

***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?
	5) Documentation of referrals to community resources and other agencies, when appropriate?
	6) Documentation of follow-up care or, as appropriate, a discharge summary?
	7) The amount of time taken to provide services?
	8) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
<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

- 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>37</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>38</sup>: Seven late progress notes.
- Line number<sup>39</sup>: Six late progress notes.
- Line number<sup>40</sup>: Nine late progress notes.
- Line number<sup>41</sup>: Twenty-three late progress notes.
- Line number<sup>42</sup>: One late progress note.
- Line number<sup>43</sup>: Seven late progress notes.
- Line number<sup>44</sup>: Five late progress notes.
- Line number<sup>45</sup>: One late progress note.
- Line number<sup>46</sup>: Six late progress notes.
- Line number<sup>47</sup>: Nineteen late progress notes.
- Line number<sup>48</sup>: Thirty-one late progress notes.

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

<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

<sup>41</sup> Line number(s) removed for confidentiality

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<sup>44</sup> Line number(s) removed for confidentiality

<sup>45</sup> Line number(s) removed for confidentiality

<sup>46</sup> Line number(s) removed for confidentiality

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<sup>48</sup> Line number(s) removed for confidentiality



- Line number <sup>49</sup>: Twelve late progress notes.
- Line number <sup>50</sup>: Eight late progress notes.
- Line number <sup>51</sup>: One late progress note.
- Line number <sup>52</sup>: One late progress note.
- Line number <sup>53</sup>: Fifteen late progress notes.
- Line number <sup>54</sup>: Thirteen late progress notes.

**5a-8ii) Line number <sup>55</sup>:** The provider’s professional degree, licensure or job title.

**PLAN OF CORRECTION 5a:**

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

<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:
	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"> <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>

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**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>56</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.	<p>Timeliness/frequency as follows:</p> <ul style="list-style-type: none"> <li>1) Every service contact for:               <ul style="list-style-type: none"> <li>A. Mental health services</li> <li>B. Medication support services</li> <li>C. Crisis intervention</li> <li>D. Targeted Case Management</li> <li>E. Intensive Care Coordination</li> <li>F. Intensive Home Based Services</li> <li>G. Therapeutic Behavioral Services</li> </ul> </li> <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> </ul>

<sup>56</sup> Line number(s) removed for confidentiality

b. Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential	
<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>

**FINDING 5c:**

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

- **Line number(s)**<sup>57</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.

**PLAN OF CORRECTION 5c:**

The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed 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.

***Documentation of Cultural and Linguistic Services***

<b>PROTOCOL REQUIREMENTS</b>	
6.	Regarding cultural/linguistic services and availability in alternative formats:
6a	Is there any evidence that mental health interpreter services are offered and provided, when applicable?
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(c)(4),(5)</li> <li>• CCR, title 9, chapter 11, section 1810.405(d)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.410</li> </ul>

**FINDING 6a:**

<sup>57</sup> Line number(s) removed for confidentiality

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following Line number(s)/parent(s)/legal guardian(s) of the following:

- **Line number <sup>58</sup>:** Beneficiary is monolingual Spanish. Ten of the fifteen progress notes did not indicate language accommodation. Two of these notes indicated the use of English during service.
- **Line number <sup>59</sup>:** One collateral service with Mother of beneficiary, whose preferred language is Spanish, did not indicate language accommodation.

**PLAN OF CORRECTION 6a:**

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

- 1) All beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.
- 2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

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<sup>58</sup> Line number(s) removed for confidentiality

<sup>59</sup> Line number(s) removed for confidentiality