

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
INYO COUNTY MENTAL HEALTH PLAN REVIEW  
May 14, 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 Inyo 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 119 claims submitted for the months of July, August, and September 2017.

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**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"> <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>

**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 <sup>1</sup>:** The initial assessment was completed late. The initial Assessment was completed on <sup>2</sup>, more the 60 days following the episode opening date on <sup>3</sup>. Sixty days was the MHP standard used to determine timeliness of Initial Assessments, for the time of the review.
- **Line number(s) <sup>4</sup>:** The updated assessment was completed late. The updated assessment was due annually per the MHP standard used to determine timeliness, for the time of the review.
  - Line number <sup>5</sup>: The current/updated assessment was completed <sup>6</sup>, and the prior assessment was completed <sup>7</sup>.
  - Line number <sup>8</sup>: The current/updated assessment was completed <sup>9</sup>, and the prior assessment was completed <sup>10</sup>.

<sup>1</sup> Line number(s) removed for confidentiality  
<sup>2</sup> Date removed for confidentiality  
<sup>3</sup> Date removed for confidentiality  
<sup>4</sup> Line number(s) removed for confidentiality  
<sup>5</sup> Line number(s) removed for confidentiality  
<sup>6</sup> Date removed for confidentiality  
<sup>7</sup> Date removed for confidentiality  
<sup>8</sup> Line number(s) removed for confidentiality  
<sup>9</sup> Date removed for confidentiality  
<sup>10</sup> Date removed for confidentiality

**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;
	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> ;

<p>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.</p>	
<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(s)** <sup>11</sup>.
- Medical History: **Line number(s)** <sup>12</sup>.
- Medications: **Line number** <sup>13</sup>.
- Substance Exposure/Substance Use: **Line number(s)** <sup>14</sup>
- Client Strengths: **Line number(s)** <sup>15</sup>.
- Risks: **Line number(s)** <sup>16</sup>.
- A mental status examination: **Line number** <sup>17</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.

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

PROTOCOL REQUIREMENTS	
3b	Does the medication consent for psychiatric medications include the following required elements:
	1) The reasons for taking such medications?
	2) Reasonable alternative treatments available, if any?
	3) Type of medication?

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

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:

- 1) The reason for taking each medication: **Line number(s)** <sup>18</sup>.
- 2) Reasonable alternative treatments available, if any: **Line number(s)** <sup>19</sup>.
- 3) Range of Frequency: **Line number(s)** <sup>20</sup>.
- 4) Dosage: **Line number** <sup>21</sup>.
- 5) Method of administration (oral or injection): **Line number(s)** <sup>22</sup>.
- 6) Duration of taking each medication: **Line number(s)** <sup>23</sup>.
- 7) Possible side effects if taken longer than 3 months: **Line number(s)** <sup>24</sup>.
- 10) Consent once given may be withdrawn at any time: **Line number(s)** <sup>25</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.

<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  
<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

**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):

- 1) **Line number(s)** <sup>26</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.**
- 2) **Line number(s)** <sup>27</sup>: There was a **lapse** between the prior and current client plans. However, no services were claimed.

**PLAN OF CORRECTION 4a:**

<sup>26</sup> Line number(s) removed for confidentiality

<sup>27</sup> Line number(s) removed for confidentiality

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

**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>28</sup>.

**4b-2)** One or more of the proposed interventions did not include a detailed description. **Line number(s)** <sup>29</sup>.

<sup>28</sup> Line number(s) removed for confidentiality

<sup>29</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>30</sup>.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** <sup>31</sup>.
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number(s)** <sup>32</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-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

<b>PROTOCOL REQUIREMENTS</b>	
4d	Regarding the beneficiary’s participation and agreement with the client plan:
	<ul style="list-style-type: none"> <li>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> </li> </ul>
	<ul style="list-style-type: none"> <li>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> </li> </ul>
	<ul style="list-style-type: none"> <li>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?</li> </ul>

<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



<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**

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:**

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>33</sup>:** There was no documentation of the beneficiary’s or legal representative’s participation in and agreement with the client plan for services provided during the review period. **RR4, refer to Recoupment Summary for details.**

**PLAN OF CORRECTION 4d:**

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

- 1) Ensure that each beneficiary’s participation in and agreement with all client plans are obtained and documented, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2).
- 2) Ensure that services are not claimed when the beneficiary’s:
  - a) Participation in and agreement with the client plan is not obtained and the reason for refusal is not documented.
  - b) Signature is not obtained when required or not obtained and the reason for refusal is not documented.

PROTOCOL REQUIREMENTS	
4e	Is there documentation that the provider offered a copy of the client plan to the beneficiary?

<sup>33</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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**FINDING 4e:**

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number(s)** <sup>34</sup>.

**PLAN OF CORRECTION 4e:**

During the review, it was noted that the most current client plan for the beneficiary receiving medication support services only (as was the case with Line numbers <sup>35</sup>), was formatted to include information regarding whether or not the beneficiary had received or declined a copy of their plan.

- The MHP shall submit evidence to show that the newly formatted treatment plan is consistently utilized, ensuring the beneficiary is offered a copy of the client plan.

**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?
	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?

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

<sup>35</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>
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**FINDING 5a:**

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

**5a-7ii) Line number** <sup>36</sup>: The amount of time taken to provide the service was documented on a progress note with the date and type of service claimed. However, the time documented on the progress note was greater than the time claimed.

**PLAN OF CORRECTION 5a:**

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

**5a-7)** The claim accurately reflects the amount of time taken to provide services.

PROTOCOL REQUIREMENTS	
5b	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:
	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>

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

**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>37</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:

- 1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).
- 2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.
- 3) Group progress notes clearly document the beneficiary's response, the beneficiary encounters, and interventions applied, as specified in the MHP Contract with the Department.
- 4) Group 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.
- 5) A clinical rationale for the use of more than one staff in the group setting is documented.

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

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

<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>• <i>CFR, title 42, section 438.10(c)(4),(5)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.405(d)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>CCR, title 9, chapter 11, section 1810.410</i></li> </ul>

**FINDING 6a:**

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):

**Line number(s)** <sup>38</sup>.

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