FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
MONTEREY COUNTY MENTAL HEALTH PLAN REVIEW
October 30, 2017
FINDINGS REPORT

Section K, "Chart Review – Non-Hospital Services

The medical records of five/ten (5/10) adult and five/ten (5/10) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Monterey 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 **_434_** claims submitted for the months of **January, February,** and **March** of **2017**.

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Medical Necessity

PROTOCOL REQUIREMENTS	
1. 1a.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)? 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): 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: 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).
	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): 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.
• *CCR, title 9, chapter 11, section 1830.205 (b)(c)* • *CCR, title 9, chapter 11, section1830.210* • *CCR, title 9, chapter 11, section 1810.345(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*	• *CCR, title 9, chapter 11, section 1840.314(d)* • *CCR, title 22, chapter 3, section 51303(a)* • *Credentialing Boards for MH Disciplines*

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

RR3. Documentation in the medical record does not establish the expectation that the claimed intervention(s) will do, at least, one of the following:
a) Significantly diminish the impairment;
b) Prevent significant deterioration in an important area of life functioning;
c) Allow the child to progress developmentally as individually appropriate;
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR13. No service provided:
a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a “no show”), or
b) Service provided did not meet definition of a specific SMHS,

FINDING 1c-1:

The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the proposed and actual intervention(s) did not address

the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line number(s) [1]. RR13b & 3 refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-1:
The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

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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?
• *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)*	• *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*

FINDINGS 2a:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) 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 [2]**: There was no updated assessment found in the medical record. *During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
- **Line number(s) [3]**: The updated assessment was completed late.
  - Line number [4] - The current assessment dated [5] was late. Per the MHP policy for annual updates, the current assessment was due [6].

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality
[4] Line number(s) removed for confidentiality
[5] Date (s) removed for confidentiality
[6] Date (s) removed for confidentiality

- Line number [7] - The chart did not contain an updated assessment for 2015. The 2015 updated assessment would have preceded the assessment evaluated during the review period in order to assess for timeliness of the current assessment.

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.

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PROTOCOL REQUIREMENTS	
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department? 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
	2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;
	3) History of trauma or exposure to trauma;
	4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
	5) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
	6) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
	7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
	8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
	9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
	10) A mental status examination;
	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.

[7] Line number(s) removed for confidentiality

• *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)*	• *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 elements were incomplete or missing:

1) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma (if appropriate): **Line number [8].** Line number [9] did not include discussion of history of trauma, which is diagnostically relevant in this case.
2) Mental Health History: **Line number [10].**
3) Medical History: **Line number(s) [11].**
4) Medications: **Line number(s) [12].**
5) Substance Exposure/Substance Use: **Line number(s) [13].**
6) Client Strengths: **Line number(s) [14].**
7) Risks: **Line number [15].**
8) A mental status examination: **Line number(s) [16].**

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.

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

PROTOCOL REQUIREMENTS	
3. 3a.	Regarding medication consent forms: 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?
• *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)*	• *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*

[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[10] Line number(s) removed for confidentiality
[11] Line number(s) removed for confidentiality
[12] Line number(s) removed for confidentiality
[13] Line number(s) removed for confidentiality
[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Line number(s) removed for confidentiality

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 number(s)** [17]: 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.*
2) **Line number(s)** [18]: 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.
2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

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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?
• *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)*	• *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

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[18] Line number(s) removed for confidentiality

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

1) Reasonable alternative treatments available, if any: **Line number(s) [19].**
2) Range of Frequency: **Line number [20].**
3) Method of administration (oral or injection): **Line number(s) [21].**
4) Duration of taking each medication: **Line number(s) [22].**
5) Probable side effects: **Line number(s) [23].**
6) Possible side effects if taken longer than 3 months: **Line number(s) [24].**

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.

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PROTOCOL REQUIREMENTS	
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?
• *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)*	• *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 the signature of the qualified person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title: **Line number(s) [25].**

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 qualified person providing the service.

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[20] Line number(s) removed for confidentiality
[21] Line number(s) removed for confidentiality
[22] Line number(s) removed for confidentiality
[23] Line number(s) removed for confidentiality
[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality

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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?

• *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*	• *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:
- 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 [26]:** There was **no** initial client plan in the medical record. The initial plan was signed/finalized by the provider on [27], later than 60 days of admission date [28], per MHP's written documentation standards. However, this occurred outside of the audit review period.

- **Line number(s) [29]**: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

- **Line number(s) [30]**: 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**

[26] Line number(s) removed for confidentiality
[27] Signature Date (s) removed for confidentiality
[28] Date (s) removed for confidentiality
[29] Line number(s) removed for confidentiality
[30] Line number(s) removed for confidentiality

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.

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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.

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) [31].**

4b-2) One or more of the proposed interventions did not include a detailed description. **Line number(s) [32].**

[31] Line number(s) removed for confidentiality
[32] Line number(s) removed for confidentiality

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line number(s) [33].**

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number(s) [34].**

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) [35].**

4b-5ii) One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number [36].**

4b-6) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number(s) [37].**

4b-7) One or more client plans were not consistent with the qualifying diagnosis. **Line number [38].**

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 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.

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[33] Line number(s) removed for confidentiality
[34] Line number(s) removed for confidentiality
[35] Line number(s) removed for confidentiality
[36] Line number(s) removed for confidentiality
[37] Line number(s) removed for confidentiality
[38] Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS	
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: a. Reference to the beneficiary's participation in and agreement in the body of the client plan; or b. The beneficiary signature on the client plan; or c. A description of the beneficiary's participation and agreement in the medical record.
	2) Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when: a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?
	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?
• *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*	• *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***

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(s) [39]: 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-term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. **RR4, refer to Recoupment Summary for details.**

During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not find written evidence in the medical record.

PLAN OF CORRECTION 4d:

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

[39] Line number(s) removed for confidentiality

1) 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).
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.

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PROTOCOL REQUIREMENTS		
4e.	Is there documentation that the provider offered a copy of the client plan to the beneficiary?	
• *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*		• *WIC, section 5751.2* • *MHP Contract, Exhibit A, Attachment I* • *CCR, title 16, Section 1820.5* • *California Business and Profession Code, Section 4999.20*

FINDING 4e:
There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number(s) [40].**

During the review, the MHP staff was provided the opportunity to locate the documentation in question but could not find written evidence in the medical record.

PLAN OF CORRECTION 4e:
The MHP shall submit a POC that describes how the MHP will:

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

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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?

[40] Line number(s) removed for confidentiality

	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?

• *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*	• *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.

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

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**:**

5a-1) Line number(s) [41]: 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). A total of 66 progress notes did not meet the MHP standards for timely completion.

5a-8ii) Line number [42]: The provider's professional degree, licensure or job title.

- **Line number** [43]: Appointment was missed or cancelled. **RR13a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5a:

[41] Line number(s) removed for confidentiality
[42] Line number(s) removed for confidentiality
[43] Line number(s) removed for confidentiality

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

1) **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.
2) **5a-8)** The provider's/providers' professional degree, licensure or job title.
3) Speciality Mental Health Services claimed are actually provided to the beneficiary.

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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: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive D. Therapeutic Foster Care 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential	
• *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*		• *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.

c) No progress note found.

d) Progress note provided does not match the claim in terms of

4) Specialty Mental Health Service and/or Service Activity claimed.
5) Date of Service, and/or
6) Units of time.

RR18. Required DTI/DR documentation was not present as follows:

a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed
b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed
c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.

FINDING 5c:

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

1. **Line number** [44]: 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.

2. a. **Line number(s)** [45]: The type of specialty mental health service (SMHS) (e.g., Medication Support, Rehabilitation) documented on the progress note was not the same type of SMHS claimed (e.g., Case Management). Refer to **RR6b-1 exception letter for details.**

   b. **Line number(s)** [46]**:** For Mental Health Services claimed, the service activity (e.g., Rehabilitation) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note (e.g., Therapy).

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   - d) Documented in the medical record.
   - e) Claimed for the correct service modality billing code, and units of time.

2) Ensure that all progress notes:

   Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

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PROTOCOL REQUIREMENTS	
5d.	Do all entries in the beneficiary's medical record 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?
• *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*	• *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*

[44] Line number(s) removed for confidentiality
[45] Line number(s) removed for confidentiality
[46] Line number(s) removed for confidentiality

RR14. The service provided was not within the scope of practice of the person delivering the service.

FINDING 5d:
Documentation in the beneficiary's medical record did not include the signature of a provider whose scope of practice included the provision of the service documented on the progress note(s); i.e., the provider's scope of practice did not include delivering (e.g.) psychotherapy or medication support services: **Line number [47]. RR14, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5d:
The MHP shall submit a POC that describes how the MHP will ensure that**:**

1) All services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.
2) Staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.
3) Services are not claimed when they are provided by staff whose scope of practice or qualifications do not include those services.
4) All claims for services delivered by any person who was not qualified to provide are disallowed.

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Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7b.	Regarding Attendance: 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?
	2) If the beneficiary is unavoidably absent: A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented; B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; **AND**, 3) Is there a separate entry in the medical record documenting the reason for the unavoidable absence?
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

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

RR15. On a day where the beneficiary was present for at least 50% of the scheduled DTI/DR program time, but was not in attendance for the full hours of operation for that day, there is no documentation of the

[47] Line number(s) removed for confidentiality

reason for an "unavoidable absence" which clearly explains why the beneficiary could not be present for the full program on the day claimed.

RR16. The actual number of hours and minutes the beneficiary attended the DTI/DR program (e.g., 3 hours and 58 minutes) is not documented and for this reason it cannot be established that the beneficiary was present for at least 50% of the program time for the day reviewed.

FINDING 7b:

Documentation for the following Line number(s) indicated that essential requirements for a *Day Treatment Intensive* program were not met, as specified by the MHP Contract with the Department:

- **Line number(s)** [48]: The total number of minutes/hours the beneficiary/beneficiaries actually attended the *Day Treatment Intensive* program each day was not documented. **RR16, refer to Recoupment Summary for details.**
- **Line number** [49]: The beneficiary was present for at least 50% of the scheduled program time. There was no documentation for the reason for the unavoidable absence. **RR15, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 7b:

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

1) The total number of minutes/hours each beneficiary actually attends any *Day Program* under contract with or provided by the MHP is documented for each day attended.
2) When the beneficiary is unavoidably absent for a portion of *Day Program* hours, the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented, the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day, and there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for a service submitted by any *Day Program* under contract with or provided by the MHP.

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PROTOCOL REQUIREMENTS

[48] Line number(s) removed for confidentiality
[49] Line number(s) removed for confidentiality

	Regarding Documentation Standards: 1) Is the required documentation timeliness/frequency for *Day Treatment Intensive* or *Day Rehabilitation* being met? A. For *Day Treatment Intensive* services: • Daily progress notes on activities; <u>and</u> • A weekly clinical summary • Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation. B. For *Day Rehabilitation* services: • Weekly progress note • Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.
	2) Do all entries in the beneficiary's medical record include: A. The date(s) of service; B. The signature of the person providing the service (or electronic equivalent); C. The person's type of professional degree, licensure or job title; D. The date of signature; E. The date the documentation was entered in the beneficiary record; <u>and</u> F. The total number of minutes/hours the beneficiary actually attended the program?

• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

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

RR18. Required DTI/DR documentation was not present as follows:

a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed.
b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed.
c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the services reviewed.

FINDING 7e:

Documentation for the following Line number(s) indicated that essential requirements for a *Day Treatment Intensive* program were not met, as specified by the MHP Contract with the Department.

Line number(s): [50]: Entries in the medical records did not consistently document, during each month *Day Treatment Intensive* services were claimed, the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, or at least one (1) contact per month with the legally responsible adult for a beneficiary who is a minor, and that the existing documentation of one (1) monthly contact did not include evidence that the contact occurred outside of the Day Program's normal hours of operation.

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

PLAN OF CORRECTION 7e:
The MHP shall submit a POC that describes how the MHP will ensure that *Day Program* providers consistently document the occurrence of at least one (1) monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the monthly contact(s) occurred outside of the *Day Program's* normal hours of operation.

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PROTOCOL REQUIREMENTS	
7f.	Regarding the Written Program Description: 1) Is there a Written Program Description for *Day Treatment Intensive* and *Day Rehabilitation?* A. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.
	2) Is there a Mental Health Crisis Protocol?
	3) Is there a Written Weekly Schedule? A. Does the Written Weekly Schedule: (a) Identify when and where the service components will be provided and by whom; and (b) Specify the program staff, their qualifications, and the scope of their services?
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7f3:
There was no Written Weekly Schedule for *Day Treatment Intensive*; *or* the Written Weekly Schedule for *Day Treatment Intensive* did not identify:

[50] Line number(s) removed for confidentiality

- **Line number(s)** [51]: When and where all service activities will be provided and by whom.
- **Line number(s)** [52]: All program staff, their qualifications and scope of their services.

PLAN OF CORRECTION 7f3:

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

1) The Written Weekly Schedules for any *Day Program* under contract with or provided by the MHP identify when and where each service component will be provided and by whom;
2) The Written Weekly Schedules for any *Day Program* under contract with or provided by the MHP identifiy the program staff and specifies their qualifications and scope of their services;
3) There is a current Written Weekly Schedule for any *Day Program* under contract with or provided by the MHP that is updated whenever there is any change in program staff and/or activity schedule.

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[51] Line number(s) removed for confidentiality
[52] Line number(s) removed for confidentiality