FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SHASTA COUNTY MENTAL HEALTH PLAN REVIEW
June 19 – June 22, 2017
FINDINGS REPORT

Section K, "Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Shasta 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 **224** claims submitted for the months of July, August and September of 2015.

Contents

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

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, cultural and linguistic factors, and history of trauma or exposure to trauma;	
	3) 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;	
	4) 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	
	5) 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;	
	6) 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;	
	7) 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;	
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;	
	9) A mental status examination;	
	10) 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.	
• *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:

7) Client Strengths: **Line number [1].**

PLAN OF CORRECTION 2b:

[1] Line number(s) removed for confidentiality

The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

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

PROTOCOL REQUIREMENTS		
3.	Regarding medication consent forms:	
3a.	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?	
• *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 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. 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 [2]:** 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 [3]**: Although there was a written medication consent form in the medical record, there was no medication consent for one 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.

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?

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[3] 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?	
• *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 medication consent forms or documented to have been reviewed with the beneficiary:

2) Reasonable alternative treatments available, if any: **Line number [4].**

4) Frequency / frequency range: **Line numbers [5].**

5) Dosage / dosage range: **Line numbers [6].**

6) Method of administration (e.g., oral or injection): **Line numbers [7].**

10) Consent once given may be withdrawn at any time: **Line numbers [8].**

PLAN OF CORRECTION 3b:
During the Chart Review, the MHP provided evidence of a revised Medication Consent form containing all of the required elements. The MHP shall provide evidence that the revised Medication Consent form has been implemented.

Client Plans

PROTOCOL REQUIREMENTS		
4a	1) 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***

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[5] Line number(s) removed for confidentiality
[6] Line number(s) removed for confidentiality
[7] Line number(s) removed for confidentiality
[8] Line number(s) removed for confidentiality

RR6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

FINDING 4a-2:

The client plan was not updated at least annually or 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 [9]**: There was a **lapse** between the prior and current client plans of one day. However, this occurred outside of the audit review period.

  The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period for which there was no client plan in effect and disallow those claims as required.

PLAN OF CORRECTION 4a-2:

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

1) Ensure that client plans are completed at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and update frequency specified in the MHP's written documentation standards.
2) Ensure that non-emergency services are not claimed when:
   a) A client plan has not been completed.
   b) The service provided is not included in the current client plan.
3) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.

PROTOCOL REQUIREMENTS		
4b.	Does the client plan include the items specified in the MHP Contract with the Department? 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.	
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.	
	3) The proposed frequency of intervention(s).	
	4) The proposed duration of intervention(s).	
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.	
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).	
	7) Be consistent with the qualifying diagnoses.	
• *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*

[9] Line number(s) removed for confidentiality

FINDING 4b:

The following Line numbers 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 [10].**

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 numbers [11].**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [12].**

4b-5) One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number [13].**

4b-7) One or more client plans were not consistent with the qualifying diagnosis. The seriousness of the diagnosis (Major Depressive Disorder, recurrent, severe) and the mental health history necessitates that a provider attend to the critical aspects of the beneficiary's treatment, in order to deter future crises events and promote safety and wellbeing of the beneficiary. The client plan does not address the severity indicator attached to the beneficiary's qualifying diagnosis and is generic and non-specific.
Line number [14].

PLAN OF CORRECTION 4b:

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

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

(4b-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.).

(4b-3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. Note: Plan(s) commonly denoted frequency as "Ad Hoc."

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[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

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

(4b-7) All client plans are consistent with the qualifying diagnosis.

PROTOCOL REQUIREMENTS		
4e.	Is there documentation that the contractor 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 numbers [15].**

PLAN OF CORRECTION 4e:

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

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

Progress Notes

PROTOCOL REQUIREMENTS		
5a.	Do the progress notes document the following: 1) Timely documentation (as determined by the MHP) 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?	
• *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***

[15] Line number(s) removed for confidentiality

RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.

RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention 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; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR9. No progress note was found for service claimed.

RR10. The time claimed was greater than the time documented.

RR13 The progress note indicates that the service provided was solely for one of the following:

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

RR15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR16. The progress note indicates the service provided was solely transportation.

RR17. The progress note indicates the service provided was solely clerical.

RR18. The progress note indicates the service provided was solely payee related.

RR19a. No service was provided.

RR19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

RR19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

RR19d. The service was not provided within the scope of practice of the person delivering the service.

FINDING 5a:

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

- One or more progress note was not completed within the timeliness and update frequency standards in accordance with regulatory and contractual requirements.
- 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 numbers** [16]: Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentation standards (i.e., progress notes

[16] Line number(s) removed for confidentiality

completed late based on the MHP's written documentation standards in effect during the audit period).

5a-5) **Line number [17]**: Documentation of referrals to community resources, including the beneficiary's PCP and other providers/agencies, when appropriate.

PLAN OF CORRECTION 5a:

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

1) Meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
2) Are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
3) 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 the MHP's written documentation standards.
   - **5a-2)** Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP Contract with the Department.
   - **5a-5)** Communication with community resources when appropriate, including the beneficiary's PCP and other providers/agencies, as specified in the MHP Contract with the Department.
4) Clearly and accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department.
5) Describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

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?	
• *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*

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,

[17] Line number(s) removed for confidentiality

- **Line number** [18]: Progress notes did not document the individual contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
  Note: Group progress notes all included identical verbiage stating, "Two staff are needed to facilitate this group in order to provide ongoing dyadic role play opportunities with immediate and specific feedback on skills to [clients]." This verbiage was present on all group notes, including on five (5) notes describing group sessions led by a single provider/facilitator; however, each staff's specific contribution and involvement was not documented on each date service was provided.

PLAN OF CORRECTION 5b:

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

1) Group progress notes clearly document the individual contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
2) There is a clear rationale for the use of multiple staff in the group setting.

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 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 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*

FINDING 5c:

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

- **Line numbers** [19]: The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5c:

[18] Line number(s) removed for confidentiality
[19] Line number(s) removed for confidentiality

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

1) Ensure that all SMHS claimed are:
   - Actually provided to the beneficiary.
   - Claimed for the correct service modality and billing code.
2) Ensure that all progress notes are:
   - Accurate and meet the documentation requirements described in the MHP Contract with the Department.

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7e.	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; and • A weekly clinical summary B. For *Day Rehabilitation* services: • Weekly progress note
	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; and 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 1840.318*
• *CCR, title 9, chapter 11, section 1810.213*	• *CCR, title 9, chapter 11, section 1840.360*
• *CCR, title 9, chapter 11, section 1840.112(b)*	• *MHP Contract, Exhibit A, Attachment I*
• *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *DMH Letter No. 03-03*

FINDING 7e:
Documentation for the following Line numbers indicated that essential requirements for a Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department:

- **Line number [20]**: Entries in the medical record did not consistently document, during each month Day Program services were claimed in the audit period, 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 the

[20] Line number(s) removed for confidentiality

existing documentation of a monthly contact did not include evidence that the contact occurred outside of the Day Program's normal hours of operation.

PLAN OF CORRECTION:
The MHP shall submit a POC that describes how the MHP will ensure that the MHP's 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 contact(s) occurred outside of the Day Program's normal hours of operation.

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:
The Written Weekly Schedule for *Day Treatment Intensive* did not identify:

- **Line number [21]**: 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:

1) Ensure that there is a Written Weekly Schedule for *Day Treatment Intensive* with all required components.
2) Ensure that the Written Weekly Schedule for *Day Treatment Intensive* identifies the program staff and specifies their qualifications and scope of their services.
3) Provide evidence that there is a current Written Weekly Schedule for *Day Treatment Intensive* that is updated whenever there is any change in program staff and/or schedule.

[21] Line number(s) removed for confidentiality