

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
LASSEN COUNTY MENTAL HEALTH PLAN REVIEW
June 11, 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 Lassen 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 172 claims submitted for the months of **October**, **November**, and **December** of 2017.

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Medical Necessity

| PROTOCOL REQUIREMENTS | |
|------------------------------|--|
| 1. | Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)? |
| 1a | The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract? |
| 1b | The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): <ol style="list-style-type: none"> 1) A significant impairment in an important area of life functioning. 2) A probability of significant deterioration in an important area of life functioning. 3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. |
| 1c. | Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4). 2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. |
| 1d | The condition would not be responsive to physical health care based treatment. |
| | <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.205 (b)(c) • CCR, title 9, chapter 11, section 1830.210 • CCR, title 9, chapter 11, section 1810.345(c) • CCR, title 9, chapter 11, section 1840.112(b)(1-4) <ul style="list-style-type: none"> • 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.

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

FINDING 1a:

The medical record associated with the following Line number(s) did not establish that the beneficiary had a mental health diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R):

- **Line number ¹. RR1, diagnosis not eligible, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1a:

The MHP shall submit a POC that describes how the MHP will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria contained in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) for Medi-Cal reimbursement.

FINDING 1c-2:

The medical record associated with the following Line number(s) did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- **Line number(s) ². RR3a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-2:

The MHP shall submit a POC that describes how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

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

| PROTOCOL REQUIREMENTS | |
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| 2. | Regarding the Assessment, are the following conditions met: 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness? |
| 2a | 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |

FINDINGS 2a:

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

- 1) The MHP did not furnish evidence it has written documentation standards for timeliness and frequency of assessments as required in the MHP Contract with the Department.
- 2) 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 ³:** 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 ⁴:** The initial assessment was completed late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that:

- 1) Provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.
- 2) Describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

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

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|--|--|
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |
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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: (use “and” if only two line numbers)

- 1) Relevant conditions and psychosocial factors affecting the beneficiary’s physical health and mental health, including history of trauma: **Line number** ⁵.
- 2) Mental Health History: **Line number** ⁶.
- 3) Medical History: **Line number** ⁷.
- 4) Medications: **Line number** ⁸.
- 5) Substance Exposure/Substance Use: **Line number** ⁹.
- 6) Client Strengths: **Line number** ¹⁰.
- 7) Risks: **Line number** ¹¹.
- 8) A mental status examination: **Line number(s)** ¹².
- 9) A full DSM diagnosis or current ICD code: **Line number(s)** ¹³.

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.

| PROTOCOL REQUIREMENTS | |
|------------------------------|--|
| 2c. | Does the assessment 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? |

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
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

| | |
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| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |
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FINDING 2c:

The Assessment(s) did not include:

- (a) Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title:
 - **Line number(s)** ¹⁴.
- (b) Signature of the person providing the service (or electronic equivalent).
 - **Line number(s)** ¹⁵.

PLAN OF CORRECTION 2c:

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

- a) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- b) The date the signature was completed and the document was entered into the medical record.

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

| PROTOCOL REQUIREMENTS | |
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| 3. | Regarding medication consent forms: |
| 3a | Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |

¹⁴ Line number(s) removed for confidentiality

¹⁵ 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)** ¹⁶: 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** ¹⁷: 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.

| PROTOCOL REQUIREMENTS | |
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| 3b | Does the medication consent for psychiatric medications include the following required elements: |
| | 1) The reasons for taking such medications? |
| | 2) Reasonable alternative treatments available, if any? |
| | 3) Type of medication? |
| | 4) Range of frequency (of administration)? |
| | 5) Dosage? |
| | 6) Method of administration? |
| | 7) Duration of taking the medication? |
| | 8) Probable side effects? |
| | 9) Possible side effects if taken longer than 3 months? |
| | 10) Consent once given may be withdrawn at any time? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

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

PLAN OF CORRECTION 3b:

During the review, the MHP provided a current Medication Consent Form which addresses all of the required elements specified in the MHP Contract with the Department as the MHP's Plan of Correction. No additional Plan of Correction for this finding is required at this time.

| PROTOCOL REQUIREMENTS | |
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| 3c. | Do medication consents include: <ul style="list-style-type: none"> 1) The date of service? 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title? 3) The date the documentation was entered in the medical record? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) | <ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I |

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

FINDING 3c:

The medication consent(s) did not include:

- 1) (a) Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title:
 - **Line number(s)** ²⁵.
- (b) Signature of the person providing the service (or electronic equivalent).
 - **Line number(s)** ²⁶.

PLAN OF CORRECTION 3c:

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

- 1) Signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.
- 2) The provider’s signature date / the date the signature was completed and entered into the medical record.

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? | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 </td> </tr> </table> | <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A | <ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A | <ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 | | |

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

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 (as required in the MHP Contract with the Department and/or as specified in the MHP’s documentation standards):

- 1) **Line number(s)** ²⁷: 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)** ²⁸: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

PLAN OF CORRECTION 4a:

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

- 1) Ensure that client plans are completed prior to planned services being provided.
- 2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP’s written documentation standards.
- 3) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary’s condition.

| 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. |

²⁷ Line number(s) removed for confidentiality

²⁸ Line number(s) removed for confidentiality

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|--|---|
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A | <ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 |
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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)** ²⁹.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number** ³⁰.
- 4b-5)** 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(s)** ³¹.
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number** ³².
- 4b-7)** One or more client plans were not consistent with the qualifying diagnosis. **Line number(s)** ³³.

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-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

²⁹ Line number(s) removed for confidentiality
³⁰ Line number(s) removed for confidentiality
³¹ Line number(s) removed for confidentiality
³² Line number(s) removed for confidentiality
³³ Line number(s) removed for confidentiality

- 3) (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.
- 4) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 5) (4b-7.) All client plans are consistent with the qualifying diagnosis.

| PROTOCOL REQUIREMENTS | |
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| 4e | Is there documentation that the provider offered a copy of the client plan to the beneficiary? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A | <ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 |

FINDING 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)**³⁴.

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.

³⁴ Line number(s) removed for confidentiality

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? |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 | <ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I |

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

- RR6. No progress note found for service claimed.
- a) No progress note found.
 - b) Progress note provided does not match the claim in terms of
 - 1) Specialty Mental Health Service and/or Service Activity claimed.
 - 2) Date of Service, and/or
 - 3) Units of time.

FINDING 5a:

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

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- The MHP did not have written documentation standards for progress notes including but not limited to timely completion of progress notes, documentation of client

encounters, interventions applied, beneficiary’s response to the intervention, location of the intervention, and medical necessity.

- The MHP did not have written documentation standards for staff/provider signatures on progress notes.
- Progress notes did not document the following:

- 5a-1) Line number(s)³⁵:** 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).
- 5a-2) Line number³⁶:** Beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions. Group Therapy notes do not provide a clear description of the encounter.
- 5a-3) Line number³⁷:** The interventions applied, beneficiary’s response to the interventions and the location of the interventions.
- 5a-4) Line number³⁸:** The progress note provided did not match the claim in terms of date of service. **RR6b2, refer to Recoupment Summary for details.**
- 5a-5) Line number³⁹:** Documentation of referrals to community resources and other agencies, when appropriate.
- 5a-7i) Line number(s)⁴⁰:** The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed. **RR6b3, refer to Recoupment Summary for details.**
- 5a-7ii) Line number(s)⁴¹:** 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.
- 5a-8) Line number(s)⁴²:** The provider’s professional degree, licensure or job title.

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
³⁹ Line number(s) removed for confidentiality
⁴⁰ Line number(s) removed for confidentiality
⁴¹ Line number(s) removed for confidentiality
⁴² Line number(s) removed for confidentiality

PLAN OF CORRECTION 5a:

- 1) The MHP shall submit a POC that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 2) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
 - 5a-1)** Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP’s written documentation standards.
 - 5a-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-3)** Interventions applied, the beneficiary’s response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
 - 5a-4)** Ensure progress note matches the date the services were provided.
 - 5a-7)** The claim must accurately reflect the amount of time taken to provide services.
 - 5a-8)** The provider’s/providers’ professional degree, licensure or job title.
- 3) Documentation is individualized for each service provided.
- 4) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 5) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

| PROTOCOL REQUIREMENTS | |
|------------------------------|---|
| 5c. | <p>Timeliness/frequency as follows:</p> <ul style="list-style-type: none"> 1) Every service contact for: <ul style="list-style-type: none"> 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 a. Daily for: <ul style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive D. Therapeutic Foster Care |

| | |
|---|---|
| <p>b. Weekly for:</p> <ul style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation c. Adult residential | |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 | <ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I |

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.

FINDING 5c:

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

1. **Line number(s)**⁴³: There was no progress note in the medical record for the service(s) claimed. **RR6a, refer to Recoupment Summary for details.**

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

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.

⁴³ Line number(s) removed for confidentiality