FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN BERNARDINO COUNTY MENTAL HEALTH PLAN REVIEW
June 13, 2016
FINAL FINDINGS REPORT

Section K, "Chart Review – Non-Hospital Services

The medical records of ten (10) adult and ten (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 San Bernardino 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 603 claims submitted for the months of April, May, and June of 2015.

Contents

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): 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 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.

FINDING 1c-1:

The medical record associated with the following Line number did not meet the medical necessity criteria since the focus of the proposed intervention did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- [1]. **RR3, refer to Recoupment Summary for details**

PLAN OF CORRECTION 1c-1:

The MHP shall submit a POC that indicates 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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FINDING 1c-2:

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

- [2]. **RR4, refer to Recoupment Summary for details**

PLAN OF CORRECTION 1c-2:

The MHP shall submit a POC that indicates 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).

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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;

[1] *Line number removed for confidentiality*
[2] *Line numbers removed for confidentiality*

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:

1) Presenting Problem: [3].
2) Mental Health History: [4]
3) Medical History: [5].
4) Substance Exposure/Substance Use: [6].
5) Client Strengths: [7].
6) Risks: [8].
7) A mental status examination: [9].

PLAN OF CORRECTION 2b:

The MHP shall submit a POC that indicates 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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[3] *Line numbers removed for confidentiality*
[4] *Line numbers removed for confidentiality*
[5] *Line numbers removed for confidentiality*
[6] *Line number removed for confidentiality*
[7] *Line numbers removed for confidentiality*
[8] *Line number removed for confidentiality*
[9] *Line numbers removed for confidentiality*

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

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

1) The reason for taking each medication: [10]**.**

2) Reasonable alternative treatments available, if any: [11]**.**

3) Type of medication: [12]**.**

4) Range of frequency: [13]**.**

5) Dosage: [14]**.**

6) Method of administration (oral or injection): [15]**.**

7) Duration of taking each medication: [16]**.**

8) Probable side effects: [17]**.**

9) Possible side effects if taken longer than 3 months: [18]**.**

[10] *Line numbers removed for confidentiality*
[11] *Line numbers removed for confidentiality*
[12] *Line numbers removed for confidentiality*
[13] *Line numbers removed for confidentiality*
[14] *Line numbers removed for confidentiality*
[15] *Line numbers removed for confidentiality*
[16] *Line numbers removed for confidentiality*
[17] *Line numbers removed for confidentiality*
[18] *Line numbers removed for confidentiality*

PLAN OF CORRECTION 3b:
The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

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Client Plans

PROTOCOL REQUIREMENTS		
4a	2) 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***

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):

- [19]: 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. **RR6, refer to Recoupment Summary for details**
- [20]: There was a **lapse** between the prior and current client plans. 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 no client plan was in effect and disallow those claims as required.

PLAN OF CORRECTION 4a-2:
The MHP shall submit a POC that indicates 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 frequency specified in the MHP's written documentation standards.
2) 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.

[19] *Line number removed for confidentiality*
[20] *Line numbers removed for confidentiality*

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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*

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-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.). [21].

4b-3) One or more of the proposed interventions did not indicate an expected frequency. [22].

PLAN OF CORRECTION 4b:

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

1) 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.).

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

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[21] *Line numbers removed for confidentiality*

[22] *Line numbers removed for confidentiality*

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: [23].

PLAN OF CORRECTION 4e:
The MHP shall submit a POC that indicates 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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PROTOCOL REQUIREMENTS	
4f.	Does the client plan 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; AND 3) The date the documentation was entered in the medical record?
• *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 4f:
The Client plan did not include:

1) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
   - [24].

PLAN OF CORRECTION 4f:
The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

[23] *Line number removed for confidentiality*
[24] *Line number removed for confidentiality*

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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***

RR9. No progress note was found for service claimed.

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

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.

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 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) [25]: 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) [26]: The interventions applied, beneficiary's response to the interventions and the location of the interventions.

5a-3) [27]: Timeliness of the progress notes could not be determined because the notes were signed but not dated by the person providing the service. Therefore, the date the progress notes were entered into the medical records could not be determined.

5a-7) [28]: The provider's professional degree, licensure or job title. **RR15, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

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

1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
2) The MHP shall submit a POC that indicates 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 the MHP's written documentation standards.

5a-2) 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-3) The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.

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FINDING 5a3:

The following Line numbers had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation or resided in a setting subject to lockouts:

- Service was provided to a beneficiary in juvenile hall while the beneficiary was ineligible for Medi-Cal claims: [29]**. RR11, refer to Recoupment Summary for details.**

The progress notes for the following Line number indicate that the services provided were

[25] *Line numbers removed for confidentiality*
[26] *Line number removed for confidentiality*
[27] *Line numbers removed for confidentiality*
[28] *Line number removed for confidentiality*
[29] *Line number removed for confidentiality*

solely for:

- Clerical: [30]. **RR17, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

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

1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
2) Services provided and claimed are not solely transportation, clerical or payee related.
3) 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).
4) Services claimed were provided in a setting where the beneficiary was eligible for FFP or not subject to lockouts.

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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 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 meet the following requirements:

- [31]: There were no progress notes in the medical records for the services claimed. **RR9, refer to Recoupment Summary for details.**

[30] *Line number removed for confidentiality*
[31] *Line numbers removed for confidentiality*

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.

- [32]: The type of specialty mental health service (SMHS) documented on the progress notes were not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that indicates 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).
   d) Claimed for the correct service modality and billing code.
2) Ensure that all progress notes are:
   a) Accurate and meet the documentation requirements described in the MHP Contract with the Department.
   b) Indicate the type of service, 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.
   c) Completed within the timeline and frequency 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*

FINDING 5d:
The Progress note did not include:

- One or more progress note for the following Line number(s) were signed by another staff member and not by the person providing the service as specified in

[32] *Line numbers removed for confidentiality*

the MHP Contract with the Department: [33]. **RR15, refer to Recoupment Summary for details.**

- Date the documentation was entered into the medical record: [34].

PLAN OF CORRECTION 5d:

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

1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2) Ensure that all documentation includes the date the signature was completed, the date of service and the date the document was entered into the medical record.
3) Ensure 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.
4) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.

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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**, C. 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***

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

RR19a. No service was provided.

[33] *Line number removed for confidentiality*
[34] *Line numbers removed for confidentiality*

FINDING 7b:
Documentation for the following Line number indicated that essential requirements for a Day Rehabilitation program was not met, as specified by the MHP Contract with the Department:

- [35]: The total number of minutes/hours the beneficiary actually attended the Day Rehabilitation program was not documented. **RR10, refer to Recoupment Summary for details.**
- [36]: The beneficiary was absent and there was not a separate entry in the medical record documenting the reason for the unavoidable absence. **RR19a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:
The MHP shall submit a POC that indicates how the MHP will**:**

1) Ensure that the total number of minutes/hours each beneficiary actually attends a *Day Rehabilitation* program are documented.
2) Ensure that when the beneficiary is unavoidably absent, that the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented; and that 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 and provided in order to claim for *Day Rehabilitation* program.

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[35] *Line number removed for confidentiality*
[36] *Line number removed for confidentiality*