

SECTION J

NON-HOSPITAL CHART REVIEW—EPSDT AUDITS IN FY 05-06

IN COMPLIANCE

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	<p>5) The expectation is that the proposed intervention will do, at least, one of the following (A, B, or C):</p> <p>A) Significantly diminish the impairment?</p> <p>B) Prevent significant deterioration in an important area of life functioning?</p> <p>C) Allow the child to progress developmentally as individually appropriate?</p>			<ul style="list-style-type: none"> • Can a connection be identified between the proposed intervention and the following: <ul style="list-style-type: none"> • Diminishing the impairment? • Preventing a significant deterioration? • Allowing a child to progress developmentally as individually appropriate? <p><u>NOTE:</u> For beneficiaries eligible for EPSDT services, see eligibility under no. 2 below, if necessary.</p>
<p><u>CCR, Title 9, Chapter 11, Section 1830.205(b)</u></p>		<p><u>OUT OF COMPLIANCE:</u> Criteria a-b not supported by documentation; criteria “c” not established</p>		
<p>2.</p>	<p>Do beneficiaries under 21 years of age who do not meet the medical necessity criteria of no. 1b. and/or no. 1c. above meet the medical necessity criteria per EPSDT (<u>CCR, Title 22, Section 51340[e][3]</u>) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition?</p>			<p><u>NOTE:</u> N/A if not EPSDT eligible; or medical necessity established in no. 1 above.</p> <ul style="list-style-type: none"> • Can a connection be made between the diagnosis in 1a and the service(s) provided?
<p><u>CCR, Title 9, Chapter 11, Section 1830.210(a)</u></p>		<p><u>OUT OF COMPLIANCE:</u> No connection can be made between the diagnosis and the service(s) provided; no evidence that services are needed to correct or ameliorate a defect, mental illness, or condition</p>		

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RE: ASSESSMENT

3.	Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH?			<p>NOTE: Assessment information need not be in a specific document or section of the chart.</p> <ul style="list-style-type: none">• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.• Does the assessment(s) include the appropriate elements? These elements may include the following:<ul style="list-style-type: none">• Physical health conditions reported by the client are prominently identified and updated• Presenting problems and relevant conditions affecting physical and mental health status: i.e., living situation, daily activities, social support• Client strengths in achieving client plan goals• Special status situations and risks to client or others• Medications, dosages, dates of initial prescription and refills, informed consent• Allergies and adverse reactions, or lack of allergies/sensitivities• Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, consultation reports• For children and adolescents, pre-natal and perinatal events, and complete developmental history• Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and over-the-counter drugs
<p><i>CCR, Title 9, Chapter 11, Section 1810.204; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C</i></p>				<p>OUT OF COMPLIANCE: NFP; no assessment has been completed; assessment does not contain the elements, as appropriate</p>

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RE: CLIENT PLAN

4.	Does the client's plan contain the following elements:			
4a.	Specific, observable, or quantifiable goals?			<ul style="list-style-type: none"> Review the client plan.
4b.	The proposed type(s) of intervention?			<ul style="list-style-type: none"> Look for type(s) of interventions.
4c.	The proposed duration of the intervention(s)?			<ul style="list-style-type: none"> Look for duration of intervention(s).
4d.	Writing that is legible?			
4e.	<p>A signature (or electronic equivalent) of, at least, one of the following:</p> <ol style="list-style-type: none"> 1) A person providing the services(s)? 2) A person representing the MHP providing services? 3) When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved categories, one of the following must sign: <ol style="list-style-type: none"> A. A physician? B. A licensed/waivered psychologist? C. A licensed/registered/waivered social worker? D. A licensed/registered/waivered marriage and family therapist? E. A registered nurse? 			<ul style="list-style-type: none"> If necessary, ask for a list of staff, staff signatures, and staff licenses.

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4f.	<p>Documentation of the client’s degree of participation and agreement with the client plan as evidenced by one of the following:</p> <p>1) When the client is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client’s signature, or an explanation of why the signature could not be obtained, is documented on the plan?</p> <p>2) When the client is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client’s participation and agreement in the body of the plan, the client signature on the plan, or a description of the client’s participation and agreement in the progress notes?</p>			<ul style="list-style-type: none"> • Does the chart contain documentation of the client’s degree of participation and agreement with the plan? • Describe how the MHP defines “long-term client.” • Is the client a long-term client? • Is the client receiving more than one type of service? • Is there a client signature or explanation of why the signature could not be obtained documented on the plan? • Is there reference to the client’s participation and agreement in the body of the plan, client signature on the plan or, is there a description of the client’s participation and agreement in the progress notes?
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CCR, Title 9, Chapter 11, Sections 1840.314 and 1810.440(c); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C

OUT OF COMPLIANCE: NFP; no client plan has been completed; complete absence of a-c; writing that is illegible; absence of signature for e-f

RE: PROGRESS NOTES

5.	Do progress notes document the following:			<ul style="list-style-type: none"> • Review progress notes.
5a.	The date services were provided?			
5b.	Client encounters, including clinical decisions and interventions?			

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5c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title?			
5d.	Writing that is legible?			
5e.	Timeliness/frequency as following: 1) Every service contact for: A. Mental health services? B. Medication support services? C. Crisis intervention? 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? B. Day rehabilitation? C. Adult residential? 4) Other notes as following: A) Psychiatric health facility services: each shift? B) Targeted case management: every service contact, daily, or weekly summary?			<p><u>NOTE:</u> Effective 9/1/03, day treatment intensive weekly note must be signed by one of the following:</p> <p>A) Physician, B) licensed/waivered psychologist, C) licensed/registered/waivered social worker, D) licensed/registered/waivered marriage and family therapist, E) registered nurse.</p>

CCR, Title 9, Chapter 11, Section 1810.440(c);
MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C

OUT OF COMPLIANCE: NFP; progress notes within the review period do not contain these elements

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RE: OTHER CHART DOCUMENTATION

6.	Is there a process to notify the beneficiary that a copy of the client plan is available upon request?			<ul style="list-style-type: none"> Describe the procedure for obtaining client plan.
<i>CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C</i>		<u>OUT OF COMPLIANCE:</u> NFP; no process in place.		
7.	When applicable, was information provided to beneficiaries in an alternate format?			<ul style="list-style-type: none"> When applicable, review evidence that beneficiaries were provided with information in an alternate format based on MHP’s IP or policy
<i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D, 5</i>		<u>OUT OF COMPLIANCE:</u> NFP; no evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP’s IP or policy		
8.	Regarding cultural/linguistic services:			<p><u>NOTE:</u> Coordinate findings with DMH system review process</p> <ul style="list-style-type: none"> Review CCP and charts.
8a.	Is there any evidence that mental health interpreter services are offered?			<p><u>NOTE:</u> If beneficiary Limited English Proficiency (LEP), review for interpretive services offered.</p> <ul style="list-style-type: none"> Is there evidence beneficiaries are made aware of services available in their primary language? When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP’s CCP?			
8c.	Is service-related personal correspondence in the client’s preferred language?			
<i>CCR, Title 9, Chapter 11, Sections 1810.410(a) and (d)(2); DMH Information Notice No. 02-03, Pages 13-15</i>		<u>OUT OF COMPLIANCE:</u> NFP; no evidence of a-c		