

# CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES SYSTEM REVIEW PREPARATION CHECKLIST – FY 2014-15

**ATTESTATION:** The signed Attestation is due to the Department 60 days prior to the Mental Health Plan's scheduled review.

## DOCUMENTS TO BE SENT ELECTRONICALLY TO THE SYSTEM LEAD

### **PRIOR TO THE REVIEW:**

Please send the system documents separately from the chart documents. Please do not send them in a WinZip file.

### **System:**

1. MHP Compliance Plan
2. Beneficiary Booklet in English and all threshold languages, and alternate formats
3. Current Quality Improvement (QI) Work Plan and QI Work Plan Evaluation
4. Provider List in English and threshold language(s)
5. The MHP's 24/7 Toll-Free Number
6. The MHP's policy for monitoring for excluded providers

### **Chart:**

MHP's Documentation Standards/Guidelines or Policies & Procedures that address:

1. [Medical Necessity](#) – How medical necessity is determined and the frequency of re-establishment of medical necessity.
2. [Assessments](#) – The MHP's documentation standards/guidelines for the specified time period for completion of the initial and subsequent assessments and required elements.
3. [Client Plans](#) – The MHP's documentation standards/guidelines for the specified time period for completion of initial/annual client plans, signature requirements and required elements.
4. [Progress Notes](#) – The MHP's documentation standards/guidelines for late entries of medical record notes and staff signatures.
5. [Medication Consents](#) – The MHP's documentation standards/guidelines for obtaining medication consents and a copy of the form(s).
6. The MHP's written [definition of a "long-term client"](#) receiving Specialty Mental Health Services (SMHS).
7. [Alternative formats and cultural/linguistic services](#).
8. [Electronic Medical Records \(EMR\)](#) – The MHP's documentation standards/guidelines for EMR including electronic Signatures (Refer to DMH Letter No: 08-10 dated December 4, 2008 for further information.)
9. [Day Treatment Intensive and Day Rehabilitation](#), if applicable. –

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- The MHP's documentation standards/guidelines for progress notes and weekly clinical summaries and staff signatures.
- The MHP's documentation standards/guidelines for service components and their description (community meetings, process groups, skill building groups, adjunctive therapies, psychotherapy), hours of operation, staffing requirements and attendance requirements.

10. [Other documents](#) that you feel are applicable or may be helpful

**NOTE:** The MHP's Policies and Procedures/Documentation Guidelines/Standards should correspond to the audit review period. Please send versions of your Policies and Procedures/Documentation Guidelines/Standards that were developed before January 2014.

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## **DOCUMENTATION NEEDED TO BE PRESENT AT THE BEGINNING OF THE FIRST DAY OF THE REVIEW, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:**

### **System:**

1. MHP's Policies and Procedures and documentation to support the requirements;
2. Beneficiary Protection written materials, forms, and logs;
  - Grievances
  - Appeals
  - Expedited appeals
  - State fair hearings
  - Second opinion
  - Posted Notices
  - Written acknowledgements
3. Day Treatment Intensive and Day Rehabilitation procedures and authorizations;
4. Advance Directives;
5. Written Log of Initial Requests for SMHS;
6. Treatment Authorization Requests;
7. Funding, Reporting, and Contracting documentation;
8. Provider Network monitoring mechanisms;
9. Notices of Action – A thru E;
10. Most current DMH issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment brochure located at <http://www.dhcs.ca.gov/services/MH/Pages/EPSDT.aspx>; and
11. Hospital and Non-Hospital Utilization Management Activities, authorization process, including second opinions, authorization criteria, payment authorization system and records of authorization decisions.

### **Charts:**

1. **LIST** of beneficiaries in the sample who have [other health insurance, Medicare & Medi-Cal coverage and the EOBs](#).
2. **LIST of the applicable episode opening dates** for the beneficiaries in the sample.
3. **LIST of Providers' names & #s** in the sample and which are county-owned or contracted.
4. If applicable, [Day Treatment Intensive and Day Rehabilitation:](#)
  - a. [MHP's certification and re-certification files](#) for Day Treatment Intensive and Day Rehabilitation providers including the transmittal sheet and if piggy-backing the other provider's transmittal sheet.
  - b. [Provider's detailed weekly schedule of activities](#) for the period being audited that indicates:

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- Specific times in which each service component (community meetings, process groups, skill building groups, adjunctive therapies and psychotherapy) is being performed exclusive of other activities
  - Location of each service component
  - Program staff assigned to each service component, their qualifications and scope of responsibilities
- c. Provider's detailed written description of each service component provided (community meetings, process groups, skill building groups, adjunctive therapies, and psychotherapy).
- d. Provider's daily staff/beneficiary ratios for the period being audited.
5. LIST of staff and their signatures. – The staff names, signatures, job titles and licenses/waivers/registrations of staff providing services for all SMHS in the selected medical records covering the review period including, when applicable, Day Treatment Intensive and Day Rehabilitation staff;
6. If applicable, LIST of Waivered Staff (psychologist/clinical SW/MFT).