

FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
NEVADA COUNTY MENTAL HEALTH PLAN REVIEW
June 12–15, 2017
DRAFT 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 Nevada 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 268 claims submitted for the months of October, November, and December of 2015.

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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).
	<ol style="list-style-type: none"> 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"> <li style="width: 50%;"><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) <li style="width: 50%;"><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

- 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)

FINDING 1b:

The medical record associated with the following Line number(s) did not meet the medical necessity criteria for one of the functional impairments criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(2)(A-C):

- **Line numbers ¹. RR2, refer to Recoupment Summary for details**

PLAN OF CORRECTION 1b:

The MHP shall submit a POC that describes how the MHP will ensure that only beneficiaries with a qualifying functional impairment that is directly related to the mental health condition have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria as specified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A-C).

FINDING 1c-1:

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

- **Line number ². RR3, refer to Recoupment Summary for details**

PLAN OF CORRECTION 1c-1:

The MHP shall submit a POC that describes 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).

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

PROTOCOL REQUIREMENTS	
2.	Regarding the Assessment, are the following conditions met:
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
	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:

One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

- **Line number ³:** The initial assessment was completed late.
- **Line number ⁴:** The initial assessment was completed late.
- **Line number ⁵:** The updated assessment was completed late.
- **Line number ⁶:** The updated assessment was completed late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that indicates 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.

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.

³ Line number(s) removed for confidentiality
⁴ Line number(s) removed for confidentiality
⁵ Line number(s) removed for confidentiality
⁶ Line number(s) removed for confidentiality

<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:

- 1) Client Strengths: **Line number 7.**

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.

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?
<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

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:

- 1) Reasonable alternative treatments available, if any: **Line numbers 8.**
- 2) Frequency or frequency range: **Line numbers 9.**

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

- 3) Dosage or dosage range: **Line numbers** ¹⁰.
- 4) Method of administration (e.g., oral or injection): **Line numbers** ¹¹.
- 5) Duration of taking each medication: **Line numbers** ¹².
- 6) Possible side effects if taken longer than 3 months: **Line numbers** ¹³.
- 7) Consent once given may be withdrawn at any time: **Line numbers** ¹⁴.

PLAN OF CORRECTION 3b:

The MHP submitted a current medication consent document that was updated after the review period. The current document includes all of the required elements. Therefore, the Plan of Correction required for Finding 3b is limited to the MHP’s submission of the following:

- Evidence of any trainings pertaining to the current medication consent (i.e. training dates, example training materials, staff & contracted providers attending etc).

Client Plans

PROTOCOL REQUIREMENTS	
4.	Regarding the client plan, are the following conditions met:
4a.	1) Has the initial client plan been completed within the time period specified in the Mental Health Plan (MHP’s) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?
	<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 4a-1:

The initial client plan was not completed within the time period specified in the MHP’s documentation standards, or lacking MHP standards, not within 60 days of the intake, with no evidence supporting the need for more time:

- **Line number** ¹⁵: The initial client plan was not completed within the time period specified in the MHP’s written documentation standards or, lacking MHP standards, within 60 days of the intake. However, this occurred outside of the audit review period.

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
¹⁴ Line number(s) removed for confidentiality
¹⁵ Line number(s) removed for confidentiality

PLAN OF CORRECTION 4a-1:

The MHP shall submit a POC that describes how the MHP will ensure that initial client plans are completed in accordance with the MHP’s written documentation standards.

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?
<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 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 16:** 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 period for which there was no client plan in effect and disallow those claims as required.
- **Line number 17:** Client plan ⁽¹⁸⁾ signed ¹⁹ is identical to client plan ⁽²⁰⁾ signed ²¹. Client was in crisis ²² and plan was not updated to address significant change in beneficiary’s condition.

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 frequency specified in the MHP’s written documentation standards.
- 2) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary’s condition.
- 3) Provide evidence that all services identified during the audit that were claimed outside of the review period for which no client plan was in effect are disallowed.

¹⁶ Line number(s) removed for confidentiality
¹⁷ Line number(s) removed for confidentiality
¹⁸ Client Plan date(s) removed for confidentiality
¹⁹ Signed date(s) removed for confidentiality
²⁰ Client Plan date(s) removed for confidentiality
²¹ Signed date(s) removed for confidentiality
²² Date of service date(s) removed for confidentiality

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.
<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 4b:

The following Line numbers had client plans 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 numbers** ²³.
- 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** ²⁴.
- 4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers** ²⁵.
- 4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line numbers** ²⁶.
- 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** ²⁷: The intervention, “To meet client’s needs not otherwise addressed” is not specific to the impairments.

²³ Line number(s) removed for confidentiality
²⁴ Line number(s) removed for confidentiality
²⁵ Line number(s) removed for confidentiality
²⁶ Line number(s) removed for confidentiality
²⁷ Line number(s) removed for confidentiality

4b-6) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number ²⁸:** The intervention, “To provide supports to client when she is not present” is vague and not specific.

PLAN OF CORRECTION 4b:

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

- 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) 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.).
- 3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 4) 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.
- 5) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

PROTOCOL REQUIREMENTS	
4d.	Regarding the beneficiary’s participation and agreement with the client plan:
	<ol style="list-style-type: none"> 1) Is there documentation of the beneficiary’s degree of participation and agreement with the client plan as evidenced by, but not limited to: <ol style="list-style-type: none"> a. Reference to the beneficiary’s participation in and agreement in the body of the client plan; or b. The beneficiary signature on the client plan; or c. A description of the beneficiary’s participation and agreement in the medical record. 2) Does the client plan include the beneficiary’s signature or the signature of the beneficiary’s legal representative when: <ol style="list-style-type: none"> a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS? 3) When the beneficiary’s signature or the signature of the beneficiary’s legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?
	<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

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

RR7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary’s refusal or unavailability to sign as required in the MHP Contract with the Department.

²⁸ Line number(s) removed for confidentiality

FINDING 4d-1:

There was no documentation of the beneficiary’s or legal representative’s degree of participation in and agreement with the plan, and there was no written explanation of the beneficiary’s refusal or unavailability to sign the plan, as required in the MHP Contract with the Department:

- **Line number ²⁹:** The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department (i.e., long-term treatment and receiving more than one type of SMHS) and per the MHP’s written documentation standards. However, the signature was missing.
RR7, refer to Recoupment Summary for details

PLAN OF CORRECTION 4d:

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

- 1) Ensure that each beneficiary’s participation and agreement is obtained as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2).
- 2) Ensure that the beneficiary’s signature is obtained on the client plan as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).
- 3) Ensure that services are not claimed:
 - a) When the beneficiary’s participation in and agreement with the client plan is not obtained.
 - b) When the beneficiary’s signature is not obtained when required and the reason for refusal is not documented.

Progress Notes

PROTOCOL REQUIREMENTS	
5a.	Do the progress notes document the following: <ol style="list-style-type: none"> 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? 5) Documentation of referrals to community resources and other agencies, when appropriate? 6) Documentation of follow-up care or, as appropriate, a discharge summary?

²⁹ Line number(s) removed for confidentiality

7) The amount of time taken to provide services?	
8) 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

- 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.

FINDING 5a:

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

- 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 ³⁰: 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 number ³¹: Crisis note dated ³² does not provide documentation of beneficiary encounters, relevant clinical decisions.

Line number ³³: Documentation of beneficiary encounter is not clear. Therapist progress note dated ³⁴ states, "met with client at psychiatrist's office" and psychiatrist's note on the same date states patient cancelled appointment and physician met with therapist.

Line number ³⁵: Crisis note dated ³⁶ does not provide details

³⁰ Line number(s) removed for confidentiality
³¹ Line number(s) removed for confidentiality
³² Crisis note date(s) removed for confidentiality
³³ Line number(s) removed for confidentiality
³⁴ Progress note date(s) removed for confidentiality
³⁵ Line number(s) removed for confidentiality
³⁶ Crisis note date(s) removed for confidentiality

regarding client crisis encounter.

5a-3) Line numbers ³⁷: The interventions applied, beneficiary’s response to the interventions and the location of the interventions.

5a-7) Line number ³⁸: 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 taken to provide the service did not match the time claimed. The time claimed was greater than the time documented on the corresponding progress note. **RR10, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

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

- 1) Ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP’s written documentation standards.
- 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 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.
- 3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 4) 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).

FINDING 5a3:

The progress notes for the following Line number indicate that the service provided was solely for:

³⁷ Line number(s) removed for confidentiality

³⁸ Line number(s) removed for confidentiality

- Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors: **Line number 39**. **RR13d, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

The MHP shall submit a POC that describes 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 academic/education services, vocational services, recreation or socialization that consists of generalized group activities that do not provide systematic, individualized feedback to the specific targeted behaviors,
- 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).

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: <ol style="list-style-type: none"> i. Documentation of each person’s involvement in the context of the mental health needs of the beneficiary? ii. The exact number of minutes used by persons providing the service? iii. Signature(s) of person(s) providing the services?
<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

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:

- **Line numbers 40:** Progress notes did not indicate the number of staff, their contribution to the group, units of time, and type of services.
- **Line numbers 41:** Progress notes did not document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

³⁹ Line number(s) removed for confidentiality

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Line number(s) removed for confidentiality

PLAN OF CORRECTION 5b:

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

- 1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).
- 2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.
- 3) Group progress notes clearly document the beneficiary’s response, the beneficiary encounters, and interventions applied as specified in the MHP Contract with the Department.
- 4) Group progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
- 5) There is medical necessity for the use of multiple staff in the group setting.
- 6) The MHP shall submit a POC that indicates how the MHP will ensure that the type of service, units of time and dates of service (DOS) claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

PROTOCOL REQUIREMENTS	
5c.	<p>Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: <ol 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

FINDING 5c:

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

- **Line number ⁴²:** There was no progress note in the medical record for the date the service was claimed. **RR9, 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) 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 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.

⁴² Line number(s) removed for confidentiality