

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
COLUSA COUNTY MENTAL HEALTH PLAN REVIEW
JANUARY 8 – 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 Colusa 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 178 claims submitted for the months of **April, May, and June** of 2017.

Contents

<i>Medical Necessity</i>	2
<i>Assessment</i>	4
<i>Medication Consent</i>	7
<i>Client Plans</i>	8
<i>Progress Notes</i>	11
<i>Documentation of Cultural and Linguistic Services</i>	15

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).
- 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 following impairments:
- a) A significant functional impairment in an important area of the beneficiary’s life functioning;
 - b) A reasonable probability of significant deterioration in an important area of the beneficiary’s life functioning;
 - c) A reasonable probability that the child will not progress developmentally as individually appropriate;
 - d) For full-scope beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.
- 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.
- RR13. No service provided:
- a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a “no show”), or
 - b) Service provided did not meet definition of a specific SMHS,
- RR14. The service provided was not within the scope of practice of the person delivering the service.

FINDING 1c-1:

The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the proposed and actual 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 ¹. RR13b refer to Recoupment Summary for details.**

¹ Line number(s) removed for confidentiality

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).

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-b, 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).

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: 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:

² Line number(s) removed for confidentiality

- 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: The updated assessment was completed late. The updated assessment was due per the MHP Policy on 12/10/16 and completed on 12/15/16.
 - **Line number** ⁴: The updated assessment was completed late. The updated assessment was due per the MHP Policy on 4/7/17 and completed on 1/2/18.

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.

PROTOCOL REQUIREMENTS	
2b	<p>Do the Assessments include the areas specified in the MHP Contract with the Department?</p> <ul style="list-style-type: none"> 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>;

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

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.	
<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 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:

- 5) Medical History: **Line number** ⁵.

⁵ Line number(s) removed for confidentiality

- 8) Client Strengths: Line number(s) ⁶.
- 9) Risks: Line number(s) ⁷.
- 10) A mental status examination: Line number ⁸.

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	
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

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:

Line number ⁹: 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 in question but was unable to locate it in the medical record.*

PLAN OF CORRECTION 3a:

The MHP shall submit a POC that describes how the MHP will ensure that a written medication consent form is obtained and retained for each medication prescribed and

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

administered under the direction of the MHP.

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?
<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

- 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 or reviewed and updated 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 ¹⁰:** The medical record indicated an acute change in the beneficiary’s mental health status (e.g. a crisis intervention service was provided for suicidal ideation and banging her head on the wall and referral was made to Alta Regional Center). However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.

¹⁰ Line number(s) removed for confidentiality

- **Line number ¹¹:** There was **no** client plan for one or more type of service being claimed. During the review, MHP staff was given the opportunity to locate the service(s) in question on a client plan but could not find written evidence of it. **RR5c, refer to Recoupment Summary for details**

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 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?
	<ol style="list-style-type: none"> 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:

¹¹ Line number(s) removed for confidentiality

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)** ¹².
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** ¹³.
- 4b-5ii)** One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. Assessment dated 1/17/17 indicates self-injurious behavior. This functional impairment was not addressed on the client plan. **Line number** ¹⁴.

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.
- 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.

PROTOCOL REQUIREMENTS	
4e .	Is there documentation that the provider offered a copy of the client plan to the beneficiary?

¹² Line number(s) removed for confidentiality
¹³ Line number(s) removed for confidentiality
¹⁴ Line number(s) removed for confidentiality

<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** ¹⁵.

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.

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?

¹⁵ Line number(s) removed for confidentiality

<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.

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR13. No service was provided:

- a) No show/appointment cancelled, and no other eligible service documented
- b) Service provided did not meet definition of a specific SMHS.

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.
- Progress notes did not document the following:

5a-1) Line number(s)¹⁶: 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).

Line number¹⁷: 10 late notes

Line number¹⁸: 6 late notes

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

Line number ¹⁹: 3 late notes

Line number ²⁰: 11 late notes

5a-2) Line number ²¹: Beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.

PLEASE NOTE: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary’s response and the specific interventions applied, as specified in the MHP Contract with the Department for: **Line number ²².**

Line number ²³: Progress notes dated ²⁴ and ²⁵ have the exact same verbiage.

Line number ²⁶: Progress notes dated ²⁷ and ²⁸ have the exact same verbiage.

PLAN OF CORRECTION 5a:

1) 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.

2) Documentation is individualized for each service provided.

3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

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 Date removed for confidentiality

²⁵ Date removed for confidentiality

²⁶ Line number(s) removed for confidentiality

²⁷ Date removed for confidentiality

²⁸ Date removed for confidentiality

- 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).

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"> 1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary? 2) The exact number of minutes used by persons providing the service? 3) 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

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

RR10. The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present.

RR11. Progress notes for group activities involving two (2) or more providers did not clearly document the following:

- a) The specific involvement of each provider in the context of the mental health needs of the beneficiary;
- b) The specific amount of time of involvement of each group provider in providing the service, including travel and documentation time if applicable; and
- c) The total number of group participants

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 number(s)** ²⁹: Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**
- **Line number(s)** ³⁰: Progress notes did not document the specific amount of time of involvement of each provider, including travel and documentation time, if appropriate. **RR11b, refer to Recoupment Summary for details.**
- **Line number(s)** ³¹: Progress note(s) did not document the number of group participants. **RR11c, refer to Recoupment Summary for details**

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) A clinical rationale for the use of more than one staff in the group setting is documented.

Documentation of Cultural and Linguistic Services

PROTOCOL REQUIREMENTS	
6.	Regarding cultural/linguistic services and availability in alternative formats:
6a	Is there any evidence that mental health interpreter services are offered and provided, when applicable?
•	<i>CFR, title 42, section 438.10(c)(4),(5)</i>
•	<i>CCR, title 9, chapter 11, section 1810.405(d)</i>
•	<i>CCR, title 9, chapter 11, section 1810.410</i>

²⁹ Line number(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Line number(s) removed for confidentiality

FINDING 6a:

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following: **Line number** ³².

PLAN OF CORRECTION 6a:

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

- 1) All beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.
- 2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

³² Line number(s) removed for confidentiality