

FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
SOLANO COUNTY MENTAL HEALTH PLAN REVIEW
December 11, 2017
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 Solano 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 **444** claims submitted for the months of January, February, and March of 2017.

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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):
 - 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, section 1830.210
- 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.

- 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 numbers ¹. RR13b 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).

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 numbers ². RR3a-d, 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 |
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FINDINGS 2a:

Assessments were not completed in accordance with regulatory and contractual

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

requirements, specifically:

- 1) 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. Line#⁴ assessment dated⁵ was due for update on⁶. Line#⁷ assessment dated⁸ was due for update on⁹.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that:

- 1) 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 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, and cultural and linguistic factors;
- 3) History of trauma or exposure to trauma;
- 4) 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;
- 5) 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

³ Line number(s) removed for confidentiality
⁴ Line number(s) removed for confidentiality
⁵ Assessment Date removed for confidentiality
⁶ Assessment Date removed for confidentiality
⁷ Line number(s) removed for confidentiality
⁸ Assessment Date removed for confidentiality
⁹ Assessment Date removed for confidentiality

- 6) 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;
- 7) 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;
- 8) 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;
- 9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
- 10) A mental status examination;
- 11) 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: (use “and” if only two line numbers)

- 1) Mental Health History: **Line numbers** ¹⁰.
- 2) Medical History: **Line number** ¹¹.
- 3) Medications: **Line numbers** ¹².
- 4) Client Strengths: **Line number** ¹³.
- 5) Risks: **Line number** ¹⁴.

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

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.

PROTOCOL REQUIREMENTS

2c. Does the assessment 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 1810.204*
- *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 2c:

The Assessment 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:
 - **Line number ¹⁵.**

PLAN OF CORRECTION 2c:

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

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The date the signature was completed and the document was entered into the medical record.

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

¹⁵ Line number(s) removed for confidentiality

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?

- 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 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:

- 1) **Line number** ¹⁶: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
- 2) **Line numbers** ¹⁷: 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(s) in question but was unable to locate it/them in the medical record.*

PLAN OF CORRECTION 3a:

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

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP’s written documentation standards.

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?

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

- 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 form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) The reason for taking each medication: **Line numbers** ¹⁸.
- 2) Reasonable alternative treatments available, if any: **Line numbers** ¹⁹.
- 3) Type of medication: **Line number** ²⁰.
- 4) Range of Frequency: **Line numbers** ²¹.
- 5) Dosage: **Line numbers** ²².
- 6) Method of administration (oral or injection): **Line numbers** ²³.
- 7) Duration of taking each medication: **Line numbers** ²⁴.
- 8) Probable side effects: **Line numbers** ²⁵.
- 9) Possible side effects if taken longer than 3 months: **Line numbers** ²⁶.
- 10) Consent once given may be withdrawn at any time: **Line numbers** ²⁷.

PLAN OF CORRECTION 3b:

¹⁸ Line number(s) removed for confidentiality
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 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

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

PROTOCOL REQUIREMENTS

3c. Do medication consents 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 1810.204
- 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 3c:

The medication consent(s) 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:
 - **Line numbers** ²⁸.

PLAN OF CORRECTION 3c:

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

- 1) Signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.

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?

²⁸ Line number(s) removed for confidentiality

- 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

- 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 as specified in the MHP’s documentation standards):

- 1) **Line number** ²⁹: 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. **RR5b, refer to Recoupment Summary for details.**
 - 2) **Line numbers** ³⁰: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
 - 3) **Line numbers** ³¹: There was a **lapse** between the prior and current client plans. However, no services were claimed.
- **Line numbers** ³²: 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 services 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:

²⁹ Line number(s) removed for confidentiality
³⁰ Line number(s) removed for confidentiality
³¹ Line number(s) removed for confidentiality
³² Line number(s) removed for confidentiality

- 1) Ensure that client plans are completed prior to planned services being provided.
- 2) Ensure that client plans are updated 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.
- 3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.

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 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** ³³.

³³ Line number(s) removed for confidentiality

- 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** ³⁴.
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line numbers** ³⁵.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line numbers** ³⁶.
- 4b-5i)** 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** ³⁷.

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-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) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 4) (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

4d Regarding the beneficiary’s participation and agreement with the client plan:

- 1) Is there documentation of the beneficiary’s degree of participation and agreement with the client plan as evidenced by, but not limited to:
 - 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.

³⁴ Line number(s) removed for confidentiality

³⁵ Line number(s) removed for confidentiality

³⁶ Line number(s) removed for confidentiality

³⁷ Line number(s) removed for confidentiality

- 2) Does the client plan include the beneficiary’s signature or the signature of the beneficiary’s legal representative when:
 - 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?

- 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

RR4. No documentation of beneficiary or legal guardian participation and agreement with the client plan or written explanation of the beneficiary’s refusal or unavailability to sign as required in the Mental Health Plan (MHP) Contract with the Department.

FINDING 4d-1:

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

- **Line numbers** ³⁸: The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department (i.e., the beneficiary is in “long-term” treatment and receiving more than one type of SMHS), and per the MHP’s written documentation standards. However, the signature was missing. **RR4, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 4d:

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

³⁸ Line number(s) removed for confidentiality

- 1) 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).
- 2) Ensure that services are not claimed when the beneficiary’s:
 - a) Signature is not obtained when required or not obtained and the reason for refusal is not documented.

PROTOCOL REQUIREMENTS

4e Is there documentation that the provider 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: **Line numbers** ³⁹.

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

³⁹ Line number(s) removed for confidentiality

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?

- 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

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.
- 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 ⁴⁰: 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-8i) Line number ⁴¹: The signature of the person providing the service. **RR12, refer to Recoupment Summary for details.**

5a-8ii) Line number ⁴²: The provider’s professional degree, licensure or job title.

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-8) The provider’s/providers’ professional degree, licensure or job title.

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
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
- a. Daily for:
 - A. Crisis residential

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Line number(s) removed for confidentiality

⁴² Line number(s) removed for confidentiality

- B. Crisis stabilization (one per 23/hour period)
- C. Day treatment intensive
- D. Therapeutic Foster Care
- b. 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

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

RR6. No progress note found for service claimed.

- c) No progress note found.
- d) Progress note provided does not match the claim in terms of
 - 4) Specialty Mental Health Service and/or Service Activity claimed.
 - 5) Date of Service, and/or
 - 6) Units of time.

RR18. Required DTI/DR documentation was not present as follows:

- a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed
- b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed
- c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.

FINDING 5c:

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

1. **Line numbers** ⁴³: There was no progress note in the medical record for the services claimed. **RR6a, 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.
2. **Line numbers** ⁴⁴: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note

⁴³ Line number(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

was not the same type of SMHS claimed. Refer to **RR6b-1 exception letter for details.**

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) 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 billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Describe the type of service or service activity, 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) Are completed within the timeline and frequency specified in the MHP Contract with the Department.

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

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

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

RR14. The service provided was not within the scope of practice of the person delivering the service.

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

RR7. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible to Federal Financial Participation (e.g., Institution for Mental Disease (IMD), jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11).

RR8. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal.

RR9. 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.
- e) Transportation
- f) Clerical
- g) Payee Related

FINDING 5e:

The following Line number(s) 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 while the beneficiary resided in an Institution for Mental Disease, jail, or other similar settings. **Line number** ⁴⁵. **RR7, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5e:

The MHP shall submit a POC that describes how the MHP will ensure that services claimed were provided in a setting where the beneficiary was eligible for FFP or not subject to lockouts.

⁴⁵ Line number(s) removed for confidentiality