

California Department of Health Care Services (DHCS) Triennial Review

Chart Audit Date: January 28-30, 2020

Scope of Review: Claims for the months of January-March 2019

In January 2020, the DHCS completed a review of 10 adult and 10 child/adolescent medical records for Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS). The records were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Alameda County Mental Health Plan (MHP) and the 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 596 claims.

This document provides both a summary of the specific issues that were identified, as well as more detailed information regarding each topic in the grid that follows.

Summary of Findings:

Billable and Non-Billable Services

- Messages left for clients, their families or other agencies on behalf of the client are considered "clerical" and therefore not billable to Medi-Cal.

Assessments

- Assessments must be completed within no more than 60 days after the beneficiary's Episode Opening Date. If completed late, there should be documentation of why.
- Assessments must be completed by providers whose scope of practice include mental health diagnosis determination. Registered Pharmacists who sign Client Plans require a licensed non-pharmacist LPHA co-signature. It must be clearly indicated in the Mental Health Assessment that the Licensed LPHA (non-pharmacist) completed the diagnosis and MSE.

Medication Consent Forms

- A current written Medication Consent form, signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication must be obtained and retained in the medical record. If not on file, there must be a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.
- Medication Consent forms must include all required components, including the signature of the provider and provider's professional degree, licensure or job title.
- *ACBH recommends use of ACBH Medication Consent Forms and Medication Information Sheets:*
<http://www.acbhcs.org/medication-consent-form-drug-information/>

Oral Interpretation Services

- There should be documentation that oral interpretation services are offered and provided, when applicable.

Medical Necessity

- The medical record must include services that are sufficient in amount, duration, or scope to adequately "achieve the purpose for which the services are furnished".

Client Plans

- Client Plans must be completed prior to delivery of planned services.
- Client Plans must be updated at least annually and reviewed and updated when there is 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).
- Client Plans must include all of the required elements specified in the MHP Contract.
- Client Plans must be signed or co-signed by an "approved category" of provider.
- There must be documentation of the beneficiary's or legal representative's participation in and agreement with the Client Plan, or there must be written explanation of the beneficiary's refusal or unavailability to sign the Plan.
- A copy of the Client Plan must be offered to the beneficiary or legal guardian and if not, there must documentation of why it was not offered.
- Client Plans signed by a Registered Pharmacist require a licensed non-pharmacist LPHA co-signature.

Progress Notes

- Progress Notes must include all required elements.
- Progress Notes must be documented according to the frequency requirements specified in the MHP Contract for different types of service.
- The type of Specialty Mental Health Service (SMHS) documented on the Progress Note must be the same as the type of SMHS claimed.
- Services claimed must be consistent with the type of Specialty Mental Health Services documented in the body of the note.
- Progress Notes must be signed by the staff member providing the service.

ICC Services

- There must be documentation that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and if appropriate, such services must be included in their Client Plan.
- There must be documentation that the MHP reassessed the strengths and needs of the beneficiary at least every 90 days for the purpose of determining if ICC services should be modified.

Day Rehabilitation Services

- There must be documentation of all required service components and essential requirements for Day Rehabilitation program.
- The written weekly schedule for Day Rehabilitation must include all program staff, their qualifications and scope of their services.

Finding Details:

<u>TOPIC</u>	<u>REQUIREMENTS</u>	<u>FINDINGS</u>
<u>Billable Items</u>	<p>Finding number: 1</p> <p>Requirement: Interventions are reasonably likely to result in at least one of the following: a) Significantly diminish the impairment; b) Prevent deterioration in an important area of life functioning; c) Allow the child to progress developmentally; d) Correct or ameliorate the mental health condition of a beneficiary who is under age 21.</p> <p>Citation(s): CCR, title 9, § 1830.205 (b)(3)(B)(1-4)</p>	<p>The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:</p> <p>b) Service provided did not meet the applicable definition of a SMHS.</p> <p>Per Note: "Partner unavailable ... will continue attempts via text, call or in person."</p>
<u>Billable Items</u>	<p>Finding number: 2</p> <p>Requirement: The MHP shall submit a CAP that describes how the MHP will ensure that: Services provided and claimed are not solely transportation, clerical or payee related.</p> <p>Citation(s): CCR, title 9, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), MHSUDS IN. NO. 18-054, Enclosure 4.</p>	<p>The service provided was solely for one of the following: Clerical.</p> <p>Per Note: "...Message left requesting labs be refaxed."</p>
<u>Assessment Timeliness</u>	<p>Finding number: 3</p> <p>Requirement: The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.</p> <p>Citation(s): MHP Contract, Ex. A, Att. 9</p>	<p>Assessments were not completed in accordance with regulatory and contractual requirements, specifically:</p> <ul style="list-style-type: none"> • One (1) assessment was not completed within the MHP's initial assessment timeliness standard of no more than 60 days after the beneficiary's Episode Opening Date (i.e., the date of first face-to-face kept appointment) and there was no documentation of why the completion date was 15 days late.

TOPIC	REQUIREMENTS	FINDINGS
<p><u>Assessment- Scope of Practice for Signatures</u></p>	<p><u>Finding number: 4</u></p> <p><u>Requirement:</u> All entries in the beneficiary record (i.e., Assessments) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent). 3) The person's type of professional degree, licensure, or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9 CCR, title 9, § 1840.314(e) CCR, title 9, § 1810.440(c); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p MHSUDS IN No. 17-040</p>	<p>One (1) assessment was completed and signed (or electronic equivalent) by a provider whose scope of practice does not include mental health diagnosis determination or Mental Status Examinations. Specifically:</p> <ul style="list-style-type: none"> • A Registered Pharmacist completed all elements of an Assessment. The Assessment included determining a diagnosis and performing a Mental Status Examination. While a Nurse Practitioner did co-sign the Assessment, the beneficiary was not actually seen and interviewed by the Nurse Practitioner.
<p><u>Medication Consent Forms</u></p>	<p><u>Finding number: 5</u></p> <p><u>Requirement:</u> The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A., Att.9</p>	<p>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.</p>
<p><u>Medication Consent Forms</u></p>	<p><u>Finding number: 6</u></p> <p><u>Requirement:</u> Written medication consents shall include, but not be limited to, 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.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9</p>	<p>Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department.</p> <p>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:</p> <ul style="list-style-type: none"> • Reasonable alternative treatments available • Range of Frequency • Method of administration (oral or injection) • Duration of taking each medication • Probable side effects • Possible side effects if taken longer than 3 months
<p><u>Medication Consent Forms</u></p>	<p><u>Finding number: 7</u></p> <p><u>Requirement:</u> All entries in the beneficiary record (i.e., Medication Consents) include: 1) Date of service 2) Signature of the person providing the service (or electronic equivalent). 3) The person's type of professional degree, licensure, or job title of the person providing the service. 4) Relevant identification number (e.g., NPI number), if applicable. 5) Date the documentation was entered in the medical record.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9</p>	<p>One Medication Consent did not include the provider's professional degree, licensure or job title</p>

TOPIC	REQUIREMENTS	FINDINGS
<p><u>Medical Necessity</u></p>	<p><u>Finding number: 8</u></p> <p><u>Requirement:</u> The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 2</p>	<p>The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”, specially:</p> <ul style="list-style-type: none"> • The Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan. The assessment indicated a Major Depressive Disorder Recurrent Severe. Proposed interventions were Case Management and Individual Rehabilitation. The plan did not include a psychiatric evaluation for possible medication or propose any additional service in order to address the beneficiary’s Major Depressive Disorder. • Although more than one (1) Client Plan, developed by separate providers with the participation of the beneficiary, was in effect at the same point in time, the medical record lacked evidence for the coordination and communication of care among those separate providers.
<p><u>Medical Necessity</u></p>	<p><u>Finding number: 9</u></p> <p><u>Requirement:</u> The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.</p> <p>Monitoring and follow up activities [shall] ensure the beneficiary’s Client Plan is being implemented and that it adequately addresses the beneficiary’s individual needs.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 2 MHSUDS IN No.17-040</p>	<p>Services claimed and documented on the beneficiary’s progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary’s current Client Plan. Specifically:</p> <ul style="list-style-type: none"> • While a Client Plan documented the need for both Individual Rehabilitation and Case Management sessions, there were no claims or progress notes for Rehabilitation sessions. In addition, while a Case Management note documented a plan to collaborate with the beneficiary’s community provider, there was no additional note indicating progress with this plan.
<p><u>Client Plans-Timeliness</u></p>	<p><u>Finding number: 10</u></p> <p><u>Requirement:</u> The Client Plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 2</p>	<p>Client Plans were not completed prior to the delivery of planned services and/or were 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). Specifically:</p> <ul style="list-style-type: none"> • An Initial Client Plan was not completed until after one or more planned service was provided and claimed • An Initial Client Plan was completed late according to the MHP’s written Timeliness Standard, with no explanation regarding the reason for the delay. The Alameda MHP’s written timeliness standard for completion of Initial Client Plans is a maximum of 60 days following the beneficiary’s Episode Opening Date. • There was no Client Plan for one or more type of claimed service.

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<p><u>Client Plans-Timeliness</u></p>	<p><u>Finding number: 11</u></p> <p><u>Requirement:</u> The Client Plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.</p> <p>Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:</p> <p>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 the planned service intervention was not on the current Client Plan.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 2 MHSUDS IN No. 18-054, Enclosure 4</p>	<p>One or more Client Plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:</p> <ul style="list-style-type: none"> • There was a lapse between the prior and current Client Plans.
<p><u>Client Plans-Required Elements</u></p>	<p><u>Finding number: 12</u></p> <p><u>Requirement:</u> The MHP shall ensure that Client Plans:</p> <ol style="list-style-type: none"> 1) Have 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) Identify the proposed type(s) of intervention / modality including a detailed description of the intervention to be provided. 3) Have a proposed frequency of the intervention(s). 4) Have a proposed duration of intervention(s). 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b)). 6) Have interventions that are consistent with Client Plan goal(s)/treatment objective(s). 7) Have interventions consistent with the qualifying diagnosis. <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9</p>	<p>Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:</p> <ul style="list-style-type: none"> • One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. • One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. • One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. • One or more proposed intervention did not include an expected duration.
<p><u>Client Plans-Signatures</u></p>	<p><u>Finding number: 13</u></p> <p><u>Requirement:</u> The MHP shall ensure that Client Plans are signed (or electronic equivalent) by:</p> <ol style="list-style-type: none"> a) The person providing the service(s) or, b) A person representing a team or program providing the service(s) or, c) A person representing the MHP providing service(s). <p>Services (i.e., Plan Development) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following:</p> <p>H. Physician I. Psychologist J. Licensed Clinical Social Worker K. Licensed Marriage and Family Therapist L. Licensed Professional Clinical Counselor M. Registered Nurse, including but not limited to nurse practitioners and clinical nurse specialists</p>	<p>The Client Plan was not signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(AC):</p> <ul style="list-style-type: none"> • The Client Plan was neither signed nor co-signed (or electronic equivalent) by an "approved category" of provider (i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed/waivered psychologist). <p>Notes were completed/signed by a Registered Pharmacist.</p>

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	<p>N. Waivered / Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver.</p> <p>The Client Plan must be co-signed by the LMHP directing services, within their scope of practice under State law. If the individual providing services must be under the direction of an LMHP (from the categories above).</p> <p>Citation(s): CCR, title 9, § 1810.440(c); CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p; MHSUDS IN No. 17-040; MHP Contract, Ex A, Att. 2; MHSUDS IN No. 18-054, Enclosure 4</p>	
<p><u>Client Plans-Beneficiary Participation</u></p>	<p>Finding number: 14</p> <p>Requirement: The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan.</p> <p>The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when:</p> <ol style="list-style-type: none"> The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, The Client Plan provides that the beneficiary will be receiving more than one (1) type of SMHS. <p>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, the Client Plan includes a written explanation of the refusal or unavailability of the signature.</p> <p>Citation(s): MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2) CCR, title 9, § 1810.440(c)(2)(A) CCR, title 9, § 1810.440(c)(2)(B)</p>	<p>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 a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards.</p> <ul style="list-style-type: none"> The beneficiary or legal representative was required to sign the Client Plan, as required by the MHP's written documentation standards, and by the MHP Contract with the Department for a beneficiary in "long-term" treatment, if the beneficiary is receiving more than one type of SMHS. However, the signature was missing.
<p><u>Client Plans-Beneficiary Participation</u></p>	<p>Finding number: 15</p> <p>Requirement: There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.</p> <p>Citation(s): MHP Contract, Ex. A, Att. 9</p>	<p>There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Plan.</p>

<u>TOPIC</u>	<u>REQUIREMENTS</u>	<u>FINDINGS</u>
<u>Client Plans-Signature Requirements</u>	<p><u>Finding number: 16</u></p> <p><u>Requirement:</u> All entries in the beneficiary record (i.e., Client Plans) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person's type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9 MHSUDS IN No. 18-054, Enclosure 4</p>	<p>One or more Client Plan in effect during the review period did not include signature of the person providing the service (or electronic equivalent) that includes the provider's professional degree, licensure, or job title.</p>
<u>Progress Notes-Required Elements</u>	<p><u>Finding number: 17</u></p> <p><u>Requirement:</u> Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: a) Timely documentation of relevant aspects of client care, including documentation of medical necessity. b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate. f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9 MHSUDS IN No. 18-054, Enclosure 4</p>	<p>Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards.</p> <ul style="list-style-type: none"> • Multiple progress notes were not completed within the MHP's written timeliness standard of five (5) business days after provision of service. • Progress notes did not document other required elements, including relevant clinical decisions, when decisions were made, and/or consideration of alternative approaches for future interventions. Specifically: Some Progress Notes were not legible. Therefore, reviewers were unable to evaluate elements, such as the provider's clinical decisions or to clearly understand the interventions provided. • Some progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department.
<u>Progress Notes-Timeliness</u>	<p><u>Finding number: 18</u></p> <p><u>Requirement:</u> Progress notes shall be documented at the frequency by types of service indicated below: a) Every service contact for: i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management; b) Daily for: i. Crisis residential; ii. Crisis stabilization (one per 23/hour period); iii. Day Treatment Intensive; iv. Therapeutic Foster Care c) Weekly: i. Day Treatment Intensive: (clinical summary); ii. Day Rehabilitation; iii. Adult Residential.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9;</p>	<p>Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:</p> <ul style="list-style-type: none"> • There was no progress note in the medical record for the service claimed. • The type of Specialty Mental Health Service (SMHS) documented on the progress note was not the same type of SMHS claimed. • For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note. Specifically: <ul style="list-style-type: none"> ○ Some services were claimed as Collateral, but note content was either Plan Development, Case Management or Individual Rehabilitation. ○ Multiple progress notes documented an Individual Rehabilitation intervention, but the beneficiary's Plan called for Individual Psychotherapy, not Individual Rehabilitation.

TOPIC	REQUIREMENTS	FINDINGS
	CCR, title 9, §§ 1840.316(a-b), 1840.318(a-b), 1840.320(a-b) MHSUDS IN No. 18-054	<p>Note: The Department agrees that the choice of a “significant support person” for claiming a Collateral service is not limited to a family member or partner, and could include “teachers, case managers, social workers, board and care operators and at times prescribing medical providers”. However, the documentation of a Collateral service should be distinguished from “Plan Development” or “Case Conference” with colleagues or with the beneficiary’s other providers. The primary purpose of a Collateral service is to “assist [the support person] in better utilization of specialty mental health services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s)” CCR Title 9 1810.206.</p>
<p><u>Progress Notes-Signature</u></p>	<p><u>Finding number: 19</u></p> <p><u>Requirement:</u> All entries in the beneficiary record (i.e., Progress Notes) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person’s type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record.</p> <p><u>Citation(s):</u> MHP Contract, Ex. A, Att. 9 MHSUDS IN No. 18-054, Enclosure 4</p>	<p>Documentation in the medical record did not meet the following requirements:</p> <ul style="list-style-type: none"> Progress notes were signed by another staff member and not by the person providing the service, as specified in the MHP Contract with the Department.
<p><u>ICC-Individualized Determination of Eligibility</u></p>	<p><u>Finding number: 20</u></p> <p><u>Requirement:</u> The MHP must make individualized determinations of each child’s/youth’s need for ICC and IHBS, based on the child’s/youth’s strengths and needs.</p> <p><u>Citation(s):</u> Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018</p>	<p>The medical record did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.</p>
<p><u>ICC-Timely Re-assessment of Strengths</u></p>	<p><u>Finding number: 21</u></p> <p><u>Requirement:</u> The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed.</p> <p><u>Citation(s):</u> Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018</p>	<p>The medical record for the following beneficiary who was receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified.</p>

<u>TOPIC</u>	<u>REQUIREMENTS</u>	<u>FINDINGS</u>
<u>Interpretation Services</u>	<p>Finding number: 22</p> <p>Requirement: There is evidence that mental health interpreter services are offered and provided, when applicable.</p> <p>Citation(s): MHP Contract, Ex. A, Att. 9</p>	<p>The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Specifically:</p> <ul style="list-style-type: none"> • There was no evidence in the medical record that language interpretation services were offered or provided to the beneficiary and/or to the beneficiary's parent or legal guardian whose preferred language was not English.
<u>Day Rehab-Required Service Components</u>	<p>Finding number: 23</p> <p>Requirement: Day Treatment Intensive and Day Rehabilitation programs include all the following required service components: A. Daily Community Meetings; B. Process Groups; C. Skill-building Groups; and D. Adjunctive Therapies; E. Additionally, Day Treatment Intensive programs also require Psychotherapy.</p> <p>Citation(s): CCR, title 9, §§ 1810.212, 1810.216, 1810.314(d)(e)</p>	<p>Documentation indicated the required service components for a Day Rehabilitation program were not included, as specified by the MHP Contract with the Department:</p> <ul style="list-style-type: none"> • Community meetings for Day Rehabilitation did not occur at least once a day.
<u>Day Rehab-Required Service Components</u>	<p>Finding number: 24</p> <p>Requirement: Documentation requirements for Day Treatment Intensive include: 1. Daily Progress Notes on activities attended. 2. Weekly Clinical Summary.</p> <p>Documentation requirements for Day Rehabilitation include: 1. Weekly Progress Notes. 1) Documentation requirements for both Day Treatment Intensive and Day Rehabilitation include: Monthly documentation of one contact with family, care-giver, or significant support person identified by an adult beneficiary or one contact per month with the legally responsible adult for a beneficiary who is a minor. A. This contact is face-to face or by an alternative method such as email, telephone, etc. B. This contact focuses on the role of the support person in supporting the beneficiary's community reintegration. C. This contact occurs outside the hours of operation and outside the therapeutic program.</p> <p>Citation(s): CCR, title 9, § 1810.112(b)(6)</p>	<p>Documentation indicated that essential requirements for a Day Rehabilitation program were not met, as specified by the MHP Contract with the Department.</p> <ul style="list-style-type: none"> • Entries in the medical record did not consistently document, during each month that Day Rehabilitation services were claimed, the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, and that the documentation of one (1) monthly contact occurred outside of the Day Program's normal hours of operation.

<u>TOPIC</u>	<u>REQUIREMENTS</u>	<u>FINDINGS</u>
<p><u>Day Rehab-Staff Requirements</u></p>	<p><u>Finding number: 25</u></p> <p><u>Requirement:</u> There is a Written Program Description for Day Treatment Intensive and Day Rehabilitation that:</p> <ol style="list-style-type: none"> 1) Describes the specific activities of each service and reflects each of the required components described in the MHP Contract. 2) Includes a Mental Health Crisis Protocol. 3) Includes a Written Weekly Schedule that: <ol style="list-style-type: none"> a) Identifies when and where services are provided and by whom; and b) Describes the qualifications and scope of services of program staff. <p><u>Citation(s):</u> CCR, title 9, § 1810.212, 1810.213.</p>	<p>The Written Weekly Schedule for Day Rehabilitation did not identify:</p> <ul style="list-style-type: none"> • All program staff, their qualifications and scope of their services.