

Exhibit 2: DHCS/ACBHCS REASONS FOR SMHS RECOUPMENT: FY 2016-2017

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NON-HOSPITAL SERVICES

MEDICAL NECESSITY

1. 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).

CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)

ACBHCS COMMENTS: (If #1 is out, then 2, 3, & 4 are also out.)

- a) *Before 30 days—Initial Assessment not past due and Planned Services have been provided where full Medical-Necessity has not been established in each Planned Services Progress note (by Licensed LPHA; Waivered/Registered LPHA—which requires Licensed LPHA co-signature for Diagnosis—or indication Dx made by an identified Licensed LPHA with date; or MH Trainee with Licensed LPHA co-signature and indication of Dx made by an identified Licensed LPHA with date).*
- b) *Assessment past due.*
- c) *Assessment not signed by Licensed/Waivered/Registered LPHA, or Trainee with Licensed LPHA co-signature.*
- d) *Non-Included Diagnosis.*
- e) *Documentation in the Assessment does not support the included diagnosis. (DSM Diagnostic Criteria is not met, or adequately documented, for a M/C Included Diagnosis.)*
- f) *Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waivered staff or registered intern.*

2. 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 significant impairment in an important area of life functioning;
- A probability of significant deterioration in an important area of life functioning;
- A probability the child will not progress developmentally as individually appropriate; or
- For full-scope Medi-Cal 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.

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CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)

ACBHCS COMMENTS: (If 2 is out, then 3 & 4 are also out.)

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3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B),(C)-(see below):
- A significant impairment in an important area of life functioning;
 - A probability of significant deterioration in an important area of life functioning;
 - A probability the child will not progress developmentally as individually appropriate; and
 - For full-scope Medi-Cal 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.

CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)

ACBHCS COMMENTS: (If 3 is out, then 4 is also out.)

4. Documentation in the medical record does not establish the expectation that the proposed intervention 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; or
 - d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)

ACBHCS COMMENTS: Indicate if the condition could be treated in a physical health care based setting only.

CLIENT PLAN

5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- a) A planned SMHS Service is provided before the Initial Client Plan due date, and medical service necessity for the planned services is not documented in the completed Mental Health Assessment.
- b) No Initial Client Plan
- c) Initial Client Plan is late

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- d) Initial Client Plan is missing required staff signature(s) for date of service.
- e) There is not a current (not expired) mental health objective in the Initial Client Plan.
- f) Service Modality claimed is not indicated in Initial Client Plan.

6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's Documentation guidelines.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- b) No Annual Client Plan or Plan Update for date of service.
- c) Annual Client Plan is late.
- d) Annual Client Plan is missing required staff signature(s) for date of service.
- e) There is not a current (not expired) mental health objective in the Annual Client Plan
- f) Service modality claimed is not indicated in Annual Client Plan.
- g) Plan is not updated (re-written) when clinical need arises.

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

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- a) No client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.
- b) Late client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5);

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MHP Contract, DMH Letter No. 99-03, Pages 6-7

ACBHCS COMMENTS:

- a) Documentation of TBS Class Certification is not in the chart and is not provided upon request. TBS Class Certification requires M/C beneficiaries be under the age of 21 and meet one of the following criteria: Is placed in RCL 12 or above and/or another locked treatment facility for the treatment of mental health needs; Is being considered for placement in a locked treatment facility; Is at risk of psychiatric hospitalization; Has been psychiatrically hospitalized in the past 24 months; Previously received TBS while a member of the certified class.
- b) No TBS Plan (or not within Client Plan).
- c) The TBS Plan (or Client Plan) does not document:
 - 1) Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions (e.g. temper tantrums, property destruction, and assaultive behavior in school).
 - 2) Specific interventions to resolve behaviors or symptoms, such as anger management techniques.
 - 3) Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors.
 - 4) A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness

PROGRESS NOTES

9. No progress note was found for service claimed.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract

ACBHCS COMMENTS: PN missing (or incorrectly dated).

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10. The time claimed was greater than the time documented.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract

ACBHCS COMMENTS:

- a) Documentation *content* does not support amount of time claimed.
- b) Time documented on PN does not equal time claimed (overbilled).
- c) Written documentation does not support documentation time claimed or documentation time is excessive. (Documentation time > 25% of total time).
- d) Time on PN is not broken down into face-to-face (time based codes—crisis, ind. psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time.

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

CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d

12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).

CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)

13. The progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation; or
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)

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ACBHCS COMMENTS:

- a) Non- billable service - educational related (solely or in part without time apportioned).
- b) Non- billable service - vocational related (solely or in part without time apportioned).
- c) Non- billable service - recreational related (solely or in part without time apportioned).
- d) Non- billable service - social group related (solely or in part without time apportioned).

14. The claim for a group activity was not properly apportioned to all clients present.

CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)

ACBHCS COMMENTS:

- a) Group service note does not include # of clients served (Time claimed calculation may be correct or incorrect).
- b) Group service note does not include # of staff present (Time claimed calculation may be correct or incorrect).
- c) Time claimed is inaccurately calculated (due to reason not listed above).

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

MHP Contract

ACBHCS COMMENTS:

- a) Missing service provider signature.
- b) Missing required LPHA co-signature (Licensed LPHA required for trainees and for others as required by the agency).

16. The progress note indicates the service provided was solely transportation.

CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07

ACBHCS COMMENTS: Non- billable activity - transportation related (solely or in part without time apportioned).

17. The progress note indicates the service provided was solely clerical.

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CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS COMMENTS:

- a) Non- billable electronic-type activity - voicemail/email/text/IM, etc. (solely or in part without time apportioned).
- b) Non- billable activity - scheduling appointment related (solely or in part without time apportioned).
- c) Non- billable activity - Other clerical/administrative related (solely or in part without time apportioned).

18. The progress note indicates the service provided was solely payee related.

CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS COMMENTS: Non- billable activity - payee related (solely or in part without time apportioned).

19a. No service was provided.

CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)

ACBHCS COMMENTS:

- 1) SMHS Service claimed does not match type of SMHS Service documented.
- 2) PN does not include:
 - a) Service being addressed the day of M/C claim is associated with an existing (current - not expired) MH Objective in the Client Plan.
 - b) Staff's Mental Health Intervention for the date of service.
 - c) Client's Response to that day's Staff Intervention.
- 3) PN extensive cut & paste activity for: Staff's Intervention, OR Client's Response to Staff Intervention.
- 4) Case closed, cannot bill.
- 5) Client deceased, cannot bill.
- 6) Non SMHS Service Intervention.
 - a) Service is a Non-MH one.

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- b) The completed Brief Screening Tool (Mild-Moderate vs. Moderate-Severe) for a client 18 years and older indicated that they should have been referred to a Mild-Moderate Provider.
- 7) Illegible Progress Note (to degree—no actual content for Intervention/Response component).
- 8) Duplication of Services
 - a) Same service billed twice by same provider.
 - b) Same service by different providers without documentation to support co-staffing.
- 9) Non-billable activity - supervision related (no claiming for speaking with supervisors).
- 10) Day Rehabilitation / Day Treatment Intensive did not include all the required service components.
- 11) The total number of minutes/hours the client actually attended Day Rehabilitation / Day Treatment Intensive were not documented.
- 12) The client did not receive the minimum required hours in order to claim for full or half Day Rehabilitation / Day Treatment Intensive services.
- 13) Day Rehabilitation / Day Treatment Intensive did not include all program requirements (program/group descriptions, weekly calendar, etc.).
- 14) Non-billable activity - housing support related (solely or in part without time apportioned).
- 15) Non-billable activity - No show
- 16) Non-billable activity - Non-therapeutic mandated reporting - written and/or telephone (CPS/APS) (solely or in part without time apportioned).
- 17) Writing reports for non-clinical treatment purposes (SSI, CFS, etc.) (solely or in part without time apportioned).
- 18) Non-billable activity - Interpretation related (solely or in part). If staff is interpreting, no other services may be claimed by that person.
- 19) Review of medical records without clinical justification and documentation of relevant content found.
- 20) Services do not meet requirements for C/M claiming (If any one of a-c are not in the Assessment or Client Plan - they must be documented in every C/M note):

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- a) Area of C/M need is not indicated in Assessment, Client Plan, or Progress Note(s) as required.
- b) Medical need for C/M is not supported in Assessment, Client Plan, or Progress Note(s) as required: Record indicates for clients ≥ 18 years - symptoms/impairments of Included Diagnosis prevent client from utilizing community supports in C/M area of need OR for clients < 18 years, area of need (housing, medical, educational, SUD, etc.) exacerbates client's symptoms/impairments of Included Diagnosis.
- c) Service need for C/M is not supported in Assessment, Client Plan, or Progress Note(s) as required: Record indicates successful result of C/M services (now housed, receiving medical care, etc.) will decrease client's symptoms/impairments of Included Diagnosis).

19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

CFR, title 42, section 438.610; Social Security Act, sections 1128 and 1156; USC, title 42, chapter 7, subchapter XI, part A, sections 1320a-5 and 1320a-7

19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

CCR, title 9, chapter 11, section 1840.314(a); Welfare and Institutions Code, Sections 14043.6, 14043.61 and 14123;

19d. The service was not provided within the scope of practice of the person delivering the service.

CCR, title 9, chapter 11, section 1840.314(d)

20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons:

ACBHCS COMMENTS:

- a) TBS cannot be provided for the convenience of the family, caregivers, physician, or teacher.
- b) TBS cannot be used for purpose of client/youth supervision or to ensure compliance with terms and conditions of probation.

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- c) TBS cannot be provided for the purpose of ensuring the child's/youth's physical safety or the safety of others, e.g., suicide watch.
- d) TBS cannot be provided to address conditions that are not a part of the child's/youth's mental health condition.

DMH Letter No. 99-03

21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.

DMH Letter No. 99-03