

FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
ALAMEDA COUNTY MENTAL HEALTH PLAN REVIEW
January 23, 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 Alameda 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 **675** claims submitted for the months of **October, November, and December** of 2015.

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Medical Necessity

PROTOCOL REQUIREMENTS	
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?
1a.	The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
1b.	The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): <ol style="list-style-type: none"> 1) A significant impairment in an important area of life functioning. 2) A probability of significant deterioration in an important area of life functioning. 3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).
	<ol style="list-style-type: none"> 2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.
1d.	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.205 (b)(c) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.314(d) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.210 <li style="width: 50%;">• CCR, title 22, chapter 3, section 51303(a) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1810.345(c) <li style="width: 50%;">• Credentialing Boards for MH Disciplines <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.112(b)(1-4)

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 identified functional impairments.
- RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)
- RR4. 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.

FINDING 1c-1:

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

- Line numbers 2, 7, 8, 9, 16. RR3, refer to Recoupment Summary for details

PLAN OF CORRECTION 1c-1:

The MHP shall submit a POC that indicates how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

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

PROTOCOL REQUIREMENTS	
2.	Regarding the Assessment, are the following conditions met:
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
	2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

FINDINGS 2a:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

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

- Line number 17: The updated assessment was completed 2 days late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that:

- 1) Indicates how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

PROTOCOL REQUIREMENTS	
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department?
	1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
	2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma;
	3) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
	4) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
	5) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
	6) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
	7) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
	9) A mental status examination;
	10) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.
<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:

- 1) Medical History: Line number 13.
- 2) Medications: Line numbers 2 and 13.
- 3) Substance Exposure/Substance Use: Line number 13.
- 4) Client Strengths: Line numbers 2 and 13.
- 5) Risks: Line numbers 2 and 7.
- 6) A mental status examination: Line numbers 7, 15, 19, 20.

PLAN OF CORRECTION 2b:

The MHP shall submit a POC that indicates how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Client Plans

PROTOCOL REQUIREMENTS	
4.	Regarding the client plan, are the following conditions met:
4a.	1) Has the initial client plan been completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

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

RR5. 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.

FINDING 4a-1:

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

- **Line number 18:** The initial client plan was not completed according to the MHP's documentation standards. Interventions provided were not documented on the initial client plan. **RR5, refer to Recoupment Summary for details**

The MHP should review all services and claims identified during the audit for which there was no initial client plan in effect and disallow those claims as required.

PLAN OF CORRECTION 4a-1:

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

- 1) Ensure that initial client plans are completed in accordance with the MHP's written documentation standards.
- 2) Ensure that the interventions/modalities on the client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

PROTOCOL REQUIREMENTS	
4a	2) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment 1 • 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

RR6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

FINDING 4a-2:

The client plan was not updated at least annually or when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and as specified in the MHP's documentation standards):

- **Line number 11:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period and for which there was no client plan in effect and disallow those claims as required.
- **Line numbers 11 and 14:** There was **no** updated 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. **RR6, refer to Recoupment Summary for details**
The MHP should review all services and claims identified during the audit for which there was no client plan for the services in question and disallow those claims as required.
- **Line number 6:** The effective dates of the current client plan were September 10, 2015 to September 09, 2016. The medical record indicates that the beneficiary's diagnosis was changed on November 12, 2015; however, the client plan was not updated.

PLAN OF CORRECTION 4a-2:

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

- 1) Ensure that client plans are completed at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 2) Ensure that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current client plan.
- 3) Ensure that all interventions/modalities recorded on client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

- 4) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.
- 5) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.
- 6) Ensure that interventions/modalities on the client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

PROTOCOL REQUIREMENTS	
4b.	Does the client plan include the items specified in the MHP Contract with the Department?
	1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
	3) The proposed frequency of intervention(s).
	4) The proposed duration of intervention(s).
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).
	7) Be consistent with the qualifying diagnoses.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

FINDING 4b:

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 4b-1)** One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line numbers 6, 8, 16, 18.**
- 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 1, 6, 7, 8, 9, 10, 11, 16, 18.**
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line numbers 6, 8, 11, 16, 17, 18.**
- 4b-5)** One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line numbers 11 and 18.**
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line numbers 6, 11, 18.**

4b-7) One or more client plans were not consistent with the qualifying diagnosis. Line numbers 6, 11, 18.

PLAN OF CORRECTION 4b:

The MHP shall submit a POC that indicates 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) 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.
- 5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 6) (4b-7.) All client plans are consistent with the qualifying diagnosis.

Progress Notes

PROTOCOL REQUIREMENTS	
5a.	Do the progress notes document the following:
	1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
	3) Interventions applied, beneficiary’s response to the interventions, and the location of the interventions?
	4) The date the services were provided?
	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?
<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

- 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 identified functional impairments.
- RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)
- RR4. 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.
- RR9. No progress note was found for service claimed.
- RR10. The time claimed was greater than the time documented.
- RR13. The progress note indicates that the service provided was solely for one of the following:
 - a) Academic educational service;
 - b) Vocational service that has work or work training as its actual purpose;
 - c) Recreation; or
 - d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.
- RR15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.
- RR16. The progress note indicates the service provided was solely transportation.
- RR17. The progress note indicates the service provided was solely clerical.
- RR18. The progress note indicates the service provided was solely payee related.
- RR19a. No service was provided.
- RR19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.
- RR19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list
- RR19d. The service was not provided within the scope of practice of the person delivering the service.

FINDING 5a:

Progress notes were not completed in accordance with regulatory and contractual requirements and with the MHP’s own written documentation standards:

- Progress notes did not document the following:

5a-1) Line numbers 1, 4, 6, 7, 10, 11, 12, 13, 15, 17, 18, 19, 4: Timely documentation of relevant aspects of beneficiary care as specified by the MHP’s documentation standards (i.e., progress notes completed late based on the MHP’s written documentation standards in effect during the audit period).

- 5a-2)** Line numbers 7 and 11: Beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions
- 5a-3)** Line number 7: The interventions applied, beneficiary's response to the interventions and the location of the interventions.
- 5a-4)** Line numbers 6, 12, 13, 19: Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined.
- Appointment was missed or cancelled: **Line number 4. RR19a, refer to Recoupment Summary for details.**

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 11 and 18.**

PLAN OF CORRECTION:

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

- 1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
- 2) Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
- 3) The MHP shall submit a POC that indicates how the MHP will ensure that progress notes document:
 - 5a-1)** Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.
 - 5a-2)** Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP Contract with the Department.
 - 5a-3)** Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
 - 5a-4)** The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
- 4) Progress notes clearly and accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department.
- 5) The documentation is individualized for each service provided.

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

FINDING 5b:

- The following Line numbers had claims for which the time claimed was greater than the time documented on the corresponding progress notes: **Line numbers 3 and 14. RR10, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5b:

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

- 1) The MHP shall submit a POC that indicates how the MHP will ensure that the type of service, units of time and dates of service (DOS) claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

PROTOCOL REQUIREMENTS	
5c.	Timeliness/frequency as follows: <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: <ol style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

FINDING 5c:

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

- **Line numbers 1, 8, 9, 16:** There was no progress note in the medical record for the services claimed. **RR9, refer to Recoupment Summary for details.**

During the review, the MHP staff was given the opportunity to locate the documents in question but could not find written evidence of them in the medical record.

- **Line numbers 9 and 17:** The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. RR9, refer to Recoupment Summary for details.

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality and billing code.
- 2) Ensure that all progress notes are:
 - a) Accurate and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Indicate the type of service, the date the service was provided and the amount of time taken to provide the service as specified in the MHP Contract with the Department.
 - c) Completed within the timeline and frequency specified in the MHP Contract with the Department.

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?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

FINDING 5d:

The Progress notes did not include:

- The signature of the person providing the service (or electronic equivalent) as specified in the MHP Contract with the Department: **Line number 20. RR15, refer to Recoupment Summary for details.**
- The following Line number had progress notes indicating that the documented and claimed services provided were not within the scope of practice of the person delivering the service: **Line number 8. RR19d, refer to Recoupment Summary for details.**

- Date the documentation was entered into the medical record: **Line numbers 6, 12, 13, 19.**

PLAN OF CORRECTION 5d:

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

- 1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.
- 3) Ensure all services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.
- 4) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.
- 5) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications.
- 6) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

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?
•	CFR, title 42, section 438.10(c)(4),(5)
•	CCR, title 9, chapter 11, section 1810.405(d)
•	CCR, title 9, chapter 11, section 1810.410

FINDING 6a:

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following Line number: **Line number 11.**

PLAN OF CORRECTION 6a:

The MHP shall submit a POC that indicates 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.

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7b.	Regarding Attendance:
	1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?
	2) If the beneficiary is unavoidably absent:
	A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented;
	B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; AND ,
	C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.212 • CCR, title 9, chapter 11, section 1810.213 • CCR, title 9, chapter 11, section 1840.112(b) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1840.318 • CCR, title 9, chapter 11, section 1840.360 • MHP Contract, Exhibit A, Attachment I • DMH Letter No. 03-03

FINDING 7b:

Documentation for the following Line numbers indicated that essential requirements for a Day Rehabilitation/Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department:

- **Line numbers 3 and 14:** Day Rehabilitation/Day Treatment Intensive services claimed when the beneficiary was absent or was not present for the minimum amount of time to be claimed. The MHP should review all beneficiaries' past services and claims for this provider to determine if billing was appropriate and disallow those claims that were not correctly billed. **RR10, refer to Recoupment Summary for details.**
- **Line number 16:** The beneficiary was absent and there was not a separate entry in the medical record documenting the reason for the unavoidable absence. **RR19a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

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

- 1) Ensure that the total number of minutes/hours each beneficiary actually attends a *Day Rehabilitation or Day Treatment Intensive* program are documented for each day attended.
- 2) Ensure that when the beneficiary is unavoidably absent, that the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented; and that the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day and there is a separate entry in the medical record documenting the reason for the unavoidable absence and provided in order to claim for *Day Rehabilitation/Day Treatment Intensive*.
- 3) Ensure that all *Day Rehabilitation/Day Treatment Intensive* services claimed were actually provided to the beneficiary as specified in the MHP Contract.

PROTOCOL REQUIREMENTS	
7c.	<p>Regarding Continuous Hours of Operation:</p> <p>Did the provider apply the following when claiming for the continuous hours of operation of <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services?</p> <p>A. For <u>Half Day</u>: The beneficiary received face-to-face services a <u>minimum</u> of three (3) hours each day the program was open.</p> <p>B. For <u>Full-Day</u>: The beneficiary received face-to-face services in a program with services available <u>more than four (4) hours per day</u>.</p>
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.212 • CCR, title 9, chapter 11, section 1810.213 • CCR, title 9, chapter 11, section 1840.112(b) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1840.318 • CCR, title 9, chapter 11, section 1840.360 • MHP Contract, Exhibit A, Attachment I • DMH Letter No. 03-03

FINDING 7c:

Documentation for the following Line numbers indicated that essential requirements for a Day Rehabilitation /Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department:

- **Line numbers 3 and 14:** The beneficiaries did not receive the minimum required hours in order to claim for full day of *Day Treatment Intensive/Day Rehabilitation*. RR10, refer to Recoupment Summary for details.

PLAN OF CORRECTION:

The MHP shall submit a POC that indicates how the MHP will ensure that the provider provides the required hours each day when claiming for the continuous hours of operation of *Day Treatment Intensive/Day Rehabilitation*

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LINE#	CIN	DOB	CLAIMID	PROV #	DATE OF SERVICE	MODE	SF	UNITS OF TIME	AMOUNT APPROVED	FFP	FMAP	APPROVED AIDCODE	RR #	REASON FOR RECOUPMENT
1					20151125	18	70	150	\$595.50	\$297.75	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
1					20151125	18	70	30	\$119.10	\$59.55	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
2					20151007	18	30	180	\$664.20	\$332.10	50	60	3	Progress note does not establish that the focus of the intervention is to address the mental health condition.
2					20151029	18	1	10	\$35.60	\$17.80	50	60	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
3					20151105	18	85	1	\$212.55	\$106.27	50	42	10	The time claimed was greater than the time documented. Documentation showed that the beneficiary did not attend the required number of hours for a full Day Treatment Intensive.
3					20151106	18	85	1	\$212.55	\$106.27	50	42	10	The time claimed was greater than the time documented. Documentation showed that the beneficiary did not attend the required number of hours for a full Day Treatment Intensive.
4					20151222	18	30	50	\$248.50	\$124.25	50	60	19a	No service was provided.
7					20151001	18	30	142	\$389.08	\$194.54	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151001	18	30	186	\$509.64	\$254.82	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151012	18	30	20	\$54.80	\$27.40	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151014	18	1	53	\$112.36	\$56.18	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.

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7					20151014	18	30	53	\$145.22	\$72.61	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151112	18	1	46	\$97.52	\$48.76	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151112	18	30	56	\$153.44	\$76.72	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151116	18	1	57	\$120.84	\$60.42	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151120	18	1	324	\$686.88	\$343.44	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151120	18	1	67	\$142.04	\$71.02	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151120	18	30	150	\$411.00	\$205.50	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151124	18	1	42	\$89.04	\$44.52	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151201	18	1	43	\$91.16	\$45.58	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151217	18	30	129	\$353.46	\$176.73	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151218	18	1	188	\$398.56	\$199.28	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.
7					20151221	18	1	155	\$328.60	\$164.30	50	K1	3,4	Progress note does not establish that the focus of the intervention is to address the mental health condition.

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8					20151005	18	1	47	\$99.64	\$49.82	50	K1	19d	The service was not provided within the scope of practice of the person delivering the service.
9					20151009	18	1	76	\$161.12	\$80.56	50	K1	9	No progress note was found for service claimed.
8					20151123	18	30	57	\$156.18	\$78.09	50	K1	3	Progress note does not establish that the focus of the intervention is to address the mental health condition.
9					20151009	18	30	45	\$139.05	\$69.52	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
9					20151016	18	30	55	\$169.95	\$84.97	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
9					20151113	18	30	95	\$293.55	\$146.77	50	60	3	Progress note does not establish that the focus of the intervention is to address the mental health condition.
9					20151118	18	30	75	\$231.75	\$115.87	50	60	9	No progress note was found for service claimed.
9					20151119	18	30	50	\$154.50	\$77.25	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
9					20151218	18	30	55	\$169.95	\$84.97	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
9					20151230	18	30	40	\$123.60	\$61.80	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
9					20151231	18	30	30	\$92.70	\$46.35	50	60	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
11					20151006	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.

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11					20151013	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151022	18	30	135	\$498.15	\$249.07	50	6V	6,9	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151023	18	30	90	\$332.10	\$166.05	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151106	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151113	18	30	40	\$147.60	\$73.80	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151120	18	30	75	\$276.75	\$138.37	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151124	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.

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11					20151201	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151215	18	30	70	\$258.30	\$129.15	50	6V	6	The client plan was not completed, at least on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
11					20151222	18	30	80	\$295.20	\$147.60	50	6V	6	The client plan was not completed, at least on an annual basis or as specified in the MHP's documentation guidelines. The completed CP did not contain the intervention documented.
14					20151028	18	60	80	\$404.80	\$202.40	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151029	18	30	65	\$178.10	\$89.05	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151029	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151030	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151102	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151103	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151104	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.

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14					20151105	18	30	72	\$197.28	\$98.64	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151105	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151109	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151110	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151111	18	60	80	\$404.80	\$202.40	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151112	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151113	18	30	71	\$194.54	\$97.27	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151113	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151116	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151117	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151118	18	30	69	\$189.06	\$94.53	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151118	18	60	80	\$404.80	\$202.40	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.

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14					20151118	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151119	18	30	60	\$164.40	\$82.20	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151120	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151123	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151124	18	95	1	\$137.80	\$68.90	50	3N	10,6	The time claimed was greater than the time documented. Documentation showed that the beneficiary did not attend the required number of hours for a full Day Treatment Intensive.
14					20151130	18	95	1	\$137.80	\$68.90	50	3N	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151201	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151202	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151203	18	30	65	\$178.10	\$89.05	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151203	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151204	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.

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14					20151207	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151208	18	30	67	\$183.58	\$91.79	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151208	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151209	18	60	80	\$404.80	\$202.40	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151209	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151210	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151211	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151214	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151215	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151216	18	30	75	\$205.50	\$102.75	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151216	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151217	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.

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14					20151218	18	95	1	\$137.80	\$68.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151221	18	30	70	\$191.80	\$95.90	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
14					20151230	18	30	68	\$186.32	\$93.16	50	7A	6	The client plan was not completed as specified in the MHP's documentation guidelines.
16					20151006	18	60	45	\$227.70	\$113.85	50	3	9	No progress note was found for service claimed.
16					20151006	18	60	30	\$151.80	\$75.90	50	3	9	No progress note was found for service claimed.
16					20151012	18	1	60	\$213.60	\$106.80	50	3	3	Progress note does not establish that the focus of the intervention is to address the mental health condition.
16					20151012	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151013	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151014	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151015	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151016	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151019	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151020	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151021	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151022	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151023	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151026	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
16					20151027	18	85	1	\$212.55	\$106.27	50	3	19a	No service was provided.
17					20151214	18	30	105	\$387.45	\$193.72	50	34	9	No progress note was found for service claimed. The SF claimed did not match the SF documented on PN.
18					20151007	18	30	140	\$516.60	\$258.30	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.

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18					20151015	18	30	45	\$166.05	\$83.02	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151021	18	30	80	\$295.20	\$147.60	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151028	18	30	80	\$295.20	\$147.60	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151104	18	30	80	\$295.20	\$147.60	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151117	18	30	105	\$387.45	\$193.72	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151201	18	30	90	\$332.10	\$166.05	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151208	18	30	90	\$332.10	\$166.05	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151210	18	60	140	\$781.20	\$390.60	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.
18					20151215	18	30	80	\$295.20	\$147.60	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.

Short-Doyle/Medi-Cal Approved Claims
RECOUPMENT SUMMARY

Confidential Patient Information See California Welfare and Institutions Code Section 5328 and HIPAA Privacy and Security Rules
October 2015 through December 2015
ALAMEDA COUNTY

Total # of Claims 675 #Claims Disallowed 119
%age of Disallowance 17.6%

LINE#	CIN	DOB	CLAIMID	PROV #	DATE OF SERVICE	MODE	SF	UNITS OF TIME	AMOUNT APPROVED	FFP	FMAP	APPROVED AIDCODE	RR #	REASON FOR RECOUPMENT	
18					20151222	18	30	140	\$516.60	\$258.30	50	34	5	Initial client plan was not completed as specified in the MHP's documentation guidelines, the intervention was not documented on the initial CP.	
20					20151105	18	30	130	\$401.70	\$200.85	50	60	15	The progress note was not signed (or electronic equivalent) by the person(s) providing the service.	
20					20151124	18	30	150	\$463.50	\$231.75	50	60	15	The progress note was not signed (or electronic equivalent) by the person(s) providing the service.	
									\$27,432.16	\$13,715.96					

SUMMARY METRICS - COMPLIANCE RATINGS BY PERCENTAGE

NAME OF MHP: **ALAMEDA**
 PERIOD REVIEWED: **Oct, Nov, Dec, 2015**

	% In Compliance	% Out of Compliance
OVERALL COMPLIANCE		
Total Number of Claims Reviewed	675	82.4%
Total Number of Claims <u>ALLOWED</u>	556	
Total Number of Claims <u>DISALLOWED</u>	119	
17.6%		
MEDICAL NECESSITY		
Total Number of Records Reviewed for Medical Necessity	20	75.0%
Number of Records that <u>MET</u> medical necessity criteria	15	
Number of Records that <u>DID NOT MEET</u> Medical Necessity	5	
25.0%		
<i>For diagnosis, Impairment and Interventions proposed</i>		
ASSESSMENT		
24 Assessments reviewed each for 10 required elements	94.6%	5.4%
227 of 240 required elements were <u>present</u> in the sample		
13 of 240 elements were <u>missing</u>		
<i>Reviewed for <u>ALL</u> the Required Elements of an Assessment</i>		
MEDICATION CONSENT		
15 med consents reviewed for 12 required elements	100.0%	0.0%
180 of 180 required elements were <u>present</u> in the sample		
0 of 180 elements were <u>missing</u>		
<i>Reviewed for <u>ALL</u> of the Required Elements of a Medication Consent</i>		
CLIENT PLAN		
24 Client Plans reviewed each for 10 required elements	90.0%	10.0%
216 of 240 required elements were <u>present</u> in the sample		
24 of 240 elements were <u>missing</u>		
<i>Reviewed for <u>ALL</u> the Required Elements of a Client Plan</i>		
PROGRESS NOTES		
675 progress notes reviewed for 7 required elements	96.1%	3.9%
4541 of 4725 required elements were <u>present</u> in the sample		
184 of 4725 elements were <u>missing</u>		
<i>Reviewed for <u>ALL</u> the Required Elements of a Progress Note i.e date, time, title, response etc.</i>		
CULTURAL COMPETENCY/ALTERNATIVE FORMAT		
Total Number of medical records with Cultural/Alternative Format Needs	6	83.3%
Number of medical records that <u>MET</u> requirements	5	
Number of medical records that <u>DID NOT MEET</u> requirements	1	
16.7%		
<i>Reviewed for <u>ALL</u> the elements of Cultural Competency and Alternative Format</i>		
DAY TREATMENT INTENSIVE/REHAB		
Number of Claims involving Day Programs	103	85.4%
Number of Day Program Claims that <u>MET</u> requirements	88	
Number of Day Program Claims that <u>DID NOT MEET</u> requirements	15	
14.6%		
<i>Reviewed for <u>ALL</u> Required Elements of Day program i.e components, hours, ratios etc.</i>		