



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.

Received

JUN 02 2015

By BHS Admin

May 28, 2015

FINAL REPORT

Return Receipt Requested

Uma Zykofsky, LCSW, Deputy Director
Sacramento Dept. of Health & Human Services
7001 A East Parkway, Suite 400
Sacramento, California 95823

Dear Ms. Zykofsky:

The Department of Health Care Services (DHCS) Program Oversight and Compliance Branch (POCB) conducted its triennial onsite review of Sacramento County's Mental Health Plan (MHP) on October 27, through October 30, 2014. The review team utilized the FY2014/2015 Annual Review Protocol for Consolidated Specialty Mental Health Services and other Funded Services (Mental Health & Substance Use Disorder Services Information Notice No.14-027) to conduct the system and chart review. In accordance with oversight authority contained in the California Code of Regulations, title 9, chapter 11, section 1810.380, POCB reviewed the program and fiscal operations of the MHP to verify that medically necessary services were provided in compliance with State and Federal laws and regulations and/or the terms of the contract between DHCS and the MHP.

This report details the findings of the onsite review. Enclosed are the following:

1. The "Onsite Review Findings Checklist" identifies the items found both in compliance and out of compliance during the review.
2. The "Plan of Correction Report" specifies the "out of compliance" findings and required Plan of Correction
3. The "Recoupment Summary" details the disallowed claims and amounts to be recouped. PLEASE NOTE: As a result of the chart review findings, DHCS is disallowing claims and recouping funds in the amount of **\$21,060.12**.

A Plan of Correction for all out-of-compliance will be due 60 days after the final report has been issued. Please do not send a Plan of Correction until after the issuance of the final report. At that time, the Plan of Correction should be submitted to:

Uma Zykofsky, LCSW, Deputy Director
Sacramento Dept. of Health & Humam Services
May 28, 2015
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Autumn Boylan Valerio, MPH
Chief, Compliance Section
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services
P.O. Box 997413, MS 2703
Sacramento, CA 95899-7413

Please also send an electronic version of the POC to Autumn Boylan Valerio by e-mail to Autumn.Valerio@dhcs.ca.gov.

If the MHP wishes to appeal any of the out-of-compliance findings from the final report, the MHP may do so by submitting an appeal, in writing, within 15 working days after receipt of the final report. Please address the appeal to the attention of:

John Lessley
Chief, Quality Assurance Section
Program Policy and Quality Assurance Branch
Mental Health Services Division
Department of Health Care Services
P.O. Box 997413, MS 2702
Sacramento, CA 95899-7413

Please also send an electronic version of the appeal to John Lessley by email to John.Lessley@dhcs.ca.gov with a cc: to Autumn Valerio at Autumn.Valerio@dhcs.ca.gov.

If you have any questions regarding this matter, please contact me at (916) 319-0985 or by e-mail to Autumn.Valerio@dhcs.ca.gov.

Sincerely,



Autumn Boylan Valerio, MPH
Chief, Compliance Section
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services

cc: Dina Kokkos-Gonzales, Chief, Mental Health Services Division
Lanette Castleman, Chief, Program Oversight and Compliance Branch, Mental Health Services Division
John Lessley, Chief, Quality Assurance Section, Program Policy and Quality Assurance Branch, Mental Health Services Division
Shannon Wright, Administrative Support, Quality Assurance Section, Program Policy and Quality Assurance Branch, Mental Health Services Division

FINAL

**STATE OF CALIFORNIA--DEPARTMENT OF HEALTH CARE SERVICES
ANNUAL REVIEW PROTOCOL OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND
OTHER FUNDED SERVICES
ONSITE REVIEW FINDINGS CHECKLIST – FISCAL YEAR 2014-2015
REVIEW OF SACRAMENTO ON OCTOBER 27-30, 2014 FINAL REPORT**

MHP		Compliance*	
		Yes	No
A	ACCESS		
1a.	Does the Mental Health Plan (MHP) provide beneficiaries with a booklet upon request and when first receiving a Specialty Mental Health Service (SMHS)?	X	
1b.	Does the Mental Health Plan (MHP) provide beneficiaries with a current provider list upon request and when first receiving a Specialty Mental Health Service (SMHS)?	X	
2a.	Regarding the provider list, does the provider list contain:		
	1. Names of Provider?	X	
	2. Locations?	X	
	3. Telephone Numbers?	X	
	4. The non-English languages spoken by the current contracted providers?	X	
	5. Does the list show providers by category?	X	
2b.	1. Does the provider list include alternatives and options for cultural/linguistic services?	X	
	2. Does the provider list contain alternatives and options for linguistic services?	X	
2c.	Does the provider list identify a means to inform beneficiaries of providers that are not accepting new beneficiaries?	X	
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?	X	
4a.	Is the beneficiary booklet available in English and in the MHP's identified threshold language(s)?	X	
4b.	Is the provider list available in English and in the MHP's identified threshold language(s)?	X	
5a.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternative formats?	X	
5b.	Do these written materials take into consideration persons with limited vision?	X	
5c.	Do these written materials take into consideration persons with limited reading proficiency?	X	
6a.	Does the MHP inform beneficiaries that the information is available in alternative formats?	X	
6b.	Does the MHP inform beneficiaries how to access those alternative formats?	X	

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MHP County DRAFT Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
7.	Regarding the under-served target populations:		
7a.	Is there evidence of community information and education plans that enable the MHP's beneficiaries' access to SMHS?	X	
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural/linguistic services and programs?	X	
8.	Regarding mental health services available to the persons who are homeless and hard-to-reach individuals:		
8a.	Is there evidence of assertive outreach to persons who are homeless with mental disabilities?	X	
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?	X	
9.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:		
9a.	1. Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?	X	
	2. Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?	P	
	3. Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?	P	
	4. Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?		X
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?	X	
10.	Regarding the MHP maintaining a written log of initial requests that meets Title 9 requirements:		
10a.	Does the written log contain the name of the beneficiary?	P	
10b.	Does the written log contain the date of the request?	P	
10c.	Does the written log contain the initial disposition of the request?	P	

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MHP County DRAFT Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
11.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand?	X	
11a.	LEP individuals have a right to free language assistance services.		
11b.	LEP individuals are informed how to access free language assistance services.	X	
11c.	Is there documented evidence to show that the MHP offered interpreter services?	X	
12.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?	X	
13.	Has the MHP developed a process to provide culturally competent services as evidenced by:		
13a.	1. Is there a plan for cultural competency training for the administrative and management staff of the MHP?	X	
	2. Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?	X	
	3. Is there a plan to provide interpreter or other support services to beneficiaries?	X	
13b.	Implementation of training programs to improve the cultural competence skills of staff and contract providers.	X	
13c.	A process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).	X	
14.	When the MHP is involved in the placement, does the MHP provide the DMH issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances?		
14a.	At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD).	X	
14b.	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.	X	
14c.	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.	X	
B	AUTHORIZATION		
1.	Regarding the Treatment Authorization Requests (TARs):		
1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?	X	
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being	X	

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MHP County DRAFT Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	<p>reviewed and approved in accordance with title 9 regulations by:</p> <p>1) a physician</p> <p>2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice.</p>		
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?	X	
2.	<p>The MHP may require that providers obtain MHP payment authorization of any or all SMHS as a condition of reimbursement.</p> <p>Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?</p>	X	
3.	Does the MHP have a payment authorization system in place that meets the requirements regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?	P	
4.	Regarding authorization timeframes:		
4a.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?	X	
4b.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?	X	
5a.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?	X	
5b.	Is there evidence that action is taken to improve performance if necessary?	X	
5c.	Is there evidence of a review of the consistency in the authorization process?	X	
6.	Regarding Notices of Action (NOAs):		
6a.	NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?	X	
6b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?	X	
6c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered	X	

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MHP County DRAFT Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	to the beneficiary as a result of a retrospective payment determination?		
6d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?	X	
6e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?	X	
7.	Does the MHP provide for a second opinion from a qualified health care professional within the MHP network, or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?	X	
C	BENEFICIARY PROTECTION		
1.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:		
1a.	1. Does the MHP have procedures by which issues identified as a result of the <u>grievance process</u> is transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?	X	
	2. Does the MHP have procedures by which issues identified as a result of the <u>appeal process</u> is transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?	X	
	3. Does the MHP have procedures by which issues identified as a result of the <u>expedited appeal process</u> is transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?	X	
	4. Is there evidence that procedures for the grievance, appeal and expedited appeal processes has been followed?	X	
1b.	When applicable, has there been subsequent implementation of needed system changes?	X	
2.	Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following:		
2a.	A grievance process.	X	
2b.	An appeal process.	X	
2c.	An expedited appeal process.	X	
3.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries?	X	
3a.	The name/identifier of the beneficiary.		
3b.	The date of receipt of the grievance/appeal.	X	
3c.	The nature of the problem.	X	
4a.	Does the MHP provide written acknowledgement of each <u>grievance</u> to the beneficiary in writing?	X	

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MHP County DRAFT Checklist FY 2013-2014

4b.	Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?	X	
4c.	Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?	X	
5a.	Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> and is this being documented?	X	
5b.	Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal</u> disposition and is this being documented?	X	
5c.	Is the MHP notifying beneficiaries, or their representatives, of the <u>expedited appeal</u> disposition and is this being documented?	X	
6.	Does the written notice of the appeal resolution include the following?	X	
6a.	The results of the resolution process and the date it was completed.		
6b.	For appeals, if beneficiary is dissatisfied with the decision, the beneficiary has the right to request a State fair hearing, and how to do so.	X	
7.	Is the MHP notifying those providers cited by the beneficiary or otherwise involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal or expedited appeal?	X	
8.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?	X	
D	FUNDING, REPORTING AND CONTRACTING REQUIREMENTS		
1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b?		
1a.	Is the county depositing its local matching funds per the schedule developed by the Department?	X	
1b.	If the county elects not to apply MOE funds, is the county in compliance with W&IC, section 17608.05(c) that prohibits the county from using the loss of these funds for realignment purposes?		
2.	Is the county in compliance with either 2a or 2b?		
2a.	The requirement to maintain its funding for children's services at a level equal to or more than the proportion expended for children's services in FY 83-84.		
2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased.	X	
3.	Is the county in compliance?		
	The requirement to allocate for services to persons under age 18, 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals	X	

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MHP County DRAFT Checklist FY 2013-2014

	not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less.		
E	TARGET POPULATIONS AND ARRAY OF SERVICES		
1.	Regarding program principles and the array of treatment options required under W&IC, sections 5600.2 to 5600.9 inclusive:		
1a.	To the extent resources are available, are services encouraged in every geographic area and are the services to the target populations planned and delivered so as to ensure access by members of the target populations, including all ethnic groups in the state?	X	
1b.	To the extent resources are available, is the county organized to provide an array of treatment options in every geographic area to the target population categories as described in W&IC, section 5600.3, including all ethnic groups?	X	
2.	Is the county organized to provide the Specialty Mental Health Services as listed in accordance with CCR, title 9, chapter 11, section 1810.247?	X	
F	INTERFACE WITH PHYSICAL HEALTH CARE		
1.	Regarding coordination with: A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present B. PCPs who do not belong to a Medi-Cal Managed Care Plan C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Clinics Are the following conditions being met?		
1a.	Does the MHP have a process in place to provide clinical consultation and training, including consultation and training on medications?	X	
1b.	Does the MHP have a process in place for the exchange of medical record information that maintains confidentiality in accordance with applicable State and federal laws and regulations?	X	
G	PROVIDER RELATIONS		
1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements as per title 9 regulations?	X	
2.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?	X	
3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:		
3a.	In establishing and maintaining the network, did the MHP consider the anticipated number of Medi-Cal eligible clients?	X	
3b.	The expected utilization of services?	X	
3c.	The number and types of providers in terms of training and experience needed to meet expected utilization?	X	
3d.	The number of network providers who are not accepting new beneficiaries?	X	

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MHP County DRAFT Checklist FY 2013-2014

3e.	The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries?	X	
4.	Regarding the MHP's network providers, does the MHP ensure the following:		
4a.	Providers ensure timely access to care and services, taking into account the urgency of need for services?	X	
4b.	Providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?	X	
4c.	Services are available to beneficiaries 24/7 when medically necessary?	X	
4d.	Mechanisms have been established to ensure that network providers comply with the timely access requirements?	X	
4e.	Providers are regularly monitored to determine compliance with timely access requirements?	X	
4f.	Corrective action is taken if there is a failure to comply with timely access requirements?	X	
H	PROGRAM INTEGRITY		
1.	Regarding Program Integrity Requirements, does the MHP have the following in place?		
1a.	A mandatory compliance plan that is designed to guard against fraud and abuse.	X	
1b.	Written P&Ps and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.	X	
1c.	The designation of a compliance officer and a compliance committee that are accountable to senior management.	X	
1d.	Effective training and education for the compliance officer and the organization's employees.	X	
1e.	Effective lines of communication between the compliance officer and the organization's employees.	X	
1f.	Enforcement of the standards through well publicized disciplinary guidelines.	X	
1g.	Provision for internal monitoring and auditing.	X	
1h.	Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MHP's Contract.	X	
2.	Is the MHP in compliance with the Program Integrity Requirements regarding Service Verification?		
2a.	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?	X	
2b.	What were the findings and what actions were taken by the MHP upon discovery that services reimbursed by Medi-Cal were not received by the beneficiaries?	X	
3.	Does the MHP ensure that it captures the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?	X	

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MHP County DRAFT Checklist FY 2013-2014

4.	Does the MHP ensure the following requirements are met:		
4a.	Is there evidence that the MHP has a process in place to verify new and current providers and contractors are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers?	X	
4b.	When an excluded provider/contractor is identified by the MHP, what action(s) is taken by the MHP?	X	
I QUALITY IMPROVEMENT			
1.	Is the QIC involved in or overseeing the following QI activities:	X	
1a.	Recommending policy decisions?		
1b.	Reviewing and evaluating the results of QI activities?	X	
1c.	Instituting needed QI actions?	X	
1d.	Ensuring follow-up of QI processes?	X	
1e.	Documenting QI committee meeting minutes?	X	
2.	Regarding the annual QI work plan: Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?	X	
3.	Does the QI work plan monitor previously identified issues, including tracking of issues over time?	X	
4.	Does the QI work plan include assessing the service delivery capacity of the MHP as evidenced by:		
4a.	1. Monitoring the current number of mental health services within the MHP's delivery system?	X	
	2. Monitoring the types of mental health services within the MHP's delivery system?	X	
	3. Monitoring the geographic distribution of mental health services within the MHP's delivery system?	X	
4b.	Are goals set for the number of mental health services?	X	
	Are goals set for the type of mental health services?	X	
	Are goals set for the geographic distribution of mental health services?	X	
4c.	Goals have been set and mechanisms have been established to monitor the following: 1) Timeliness of routine mental health appointments.	X	

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	2) Timeliness of services for urgent conditions.	X	
	3) Access to after-hours care.	X	
	4) Responsiveness of the 24/7 toll-free number.	X	
5.	The MHP shall implement mechanisms to assess beneficiary/family satisfaction as evidenced by:		
5a.	Surveying beneficiary/family satisfaction with the contractor's services at least annually.	X	
5b.	Evaluating beneficiary grievances, appeals, and fair hearings at least annually.	X	
5c.	Evaluating requests for changing persons providing services at least annually.	X	
5d.	Informing providers of the results of the beneficiary/family satisfaction activities.	X	
6.	Is the MHP monitoring the safety and effectiveness of medication practices at least annually?	X	
7.	Interventions implemented by MHP when quality of care concerns are identified.	X	
8.	Does the MHP QI program include active participation by the Contractor's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI Program?	X	
9.	Monitoring provider appeals as per title 9 regulations?	X	
J	MENTAL HEALTH SERVICES ACT (MHSA)		
1.	W&IC 5847 requires County mental health programs to prepare and submit a three-year program and expenditure plan. The plan shall be developed through a meaningful stakeholder process which includes a public comment period and public hearing.		
1a.	Is there evidence that the County circulated a draft plan and update for public review and comment for at least 30 calendar days?	X	
1b.	Is there evidence that the mental health board conducts a public hearing at the close of the 30 day public comment period?	X	
1c.	Did the MHP stakeholder process meet the requirements of CCR, title 9, section 3200.270?	X	
2.	County Performance Contracts require that Counties adopt an Issue Resolution Process in order to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services. Counties are required to keep and update an Issue Resolution Log to handle client disputes and complaints. Does the County's Issue Resolution Log contain the following information:	X	

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2a.	Dates the issues were received and brief descriptions of the issues?		
2b.	Final resolution outcomes of those issues and dates they were resolved?		
K	CHART REVIEW—NON-HOSPITAL SERVICES		
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 DSM diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R).	X	
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one (1) of the following criteria (1-4 below): 1) A significant impairment in an important area of life functioning. 2) A probability of significant deterioration in an important area of life functioning. 3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate.	X	
1c.	Must meet each of the intervention criteria listed below: 1) The focus of the proposed intervention 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 that SMHS can correct or ameliorate per No. 1b. (4).		X
	2) The expectation is that the proposed intervention will do, at least, one (1) of the following (A, B, C, or D): A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.		X
2.	Regarding the Assessment, are the following conditions met:		
2a.	Has the Assessment been completed in accordance with regulatory and contractual requirements?		X
2b.	Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness and frequency?		x
2c.	Does the Assessment include one or more of the following areas specified in the MHP Contract with the Department? (areas 1 – 11)		X
2d.	Did the provider obtain and retain a written medication consent form signed by the beneficiary agreeing to the administration of psychiatric medication?		X
2e.	Did the documentation include, but not limited to: 1) The reasons for taking such medications;		X

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	2) Reasonable alternative treatments available, if any;		X
	3) The type, range of frequency and amount, methods (oral or injection), and duration of taking the medication; probable side effects; possible additional side effects which may occur to beneficiaries taking such medication beyond three (3) months; and		X
	4) That the consent, once given, may be withdrawn at any time by the beneficiary.		X
2f.	Is the documentation legible?	X	
3.	Regarding the client plan, are the following conditions met:		
3a.	Has the client plan been completed in accordance with regulatory and contractual requirements?		X
3b.	Has the client plan been updated at least annually, <u>or</u> when there are significant changes in the beneficiary's condition?		X
3c.	Does the client plan include the items specified in the MHP Contract with the Department?		X
	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.		X
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.		X
	3) The proposed frequency and duration of intervention(s).		X
	4) Interventions that focus and address the identified functional impairments as a result of the mental disorder.	X	
	5) Interventions that are consistent with client plan goal(s)/treatment objective(s).	X	
	6) Be consistent with the qualifying diagnoses.	X	
3d.	Is the client plan signed (or electronic equivalent) by	X	
	1) The person providing the service(s) or,	X	
	2) A person representing a team or program providing the service(s) or,	X	
	3) A person representing the MHP providing service(s) or,	X	
	4) By one of the following as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is <u>not</u> of the approved categories, one (1) of the following must sign: A. A Physician B. A Licensed/Waivered Psychologist C. A Licensed/Registered/Waivered Social Worker D. A Licensed/Registered/Waivered Marriage and Family Therapist		

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Each "No" requires a plan of correction

MHP County DRAFT Checklist FY 2013-2014

	E. A registered nurse, including but not limited to nurse practitioners, and clinical nurse specialists	X	
3e.	Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:		X
	1) Reference to the beneficiary's participation in and agreement in the body of the client plan; or		
	2) The beneficiary signature on the client plan; <u>or</u>		X
	3) A description of the beneficiary's participation and agreement in the medical record.		X
	The beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan when:		X
	1) The beneficiary is expected to be in long-term treatment, as determined by the MHP, <u>and</u> ,		
	2) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.		
	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 shall include a written explanation of the refusal or unavailability.		
3f.	Does the MHP have a written definition of what constitutes a long-term care beneficiary?	X	
3g.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?		X
3h.	Is the documentation legible?	X	
4/4a.	Do the progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan?		X
4b.	Do the progress notes document the following?		
	1) Timely documentation of relevant aspects of client care, including documentation of medical necessity;		X
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;		X
	3) Interventions applied, beneficiary's response to the interventions and the location of the interventions;		X
	4) The date the services were provided;		X
	5) Documentation of referrals to community resources and other agencies, when appropriate;		X
	6) Documentation of follow-up care, or as appropriate, a discharge summary; and		X
	7) The amount of time taken to provide services;		X
	8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable;		X

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	and		
	9) The date the service was documented in the medical record by the person providing the service.		X
4c.	<p>Timeliness/frequency as follows:</p> <p>1) Every service contact for:</p> <p>A. Mental health services</p> <p>B. Medication support services</p> <p>C. Crisis intervention</p> <p>D. Targeted Case Management</p> <p>2) Daily for:</p> <p>A. Crisis residential</p> <p>B. Crisis stabilization (one per 23/hour period)</p> <p>C. Day treatment intensive</p> <p>3) Weekly for:</p> <p>A. Day treatment intensive (clinical summary)</p> <p>B. Day rehabilitation</p> <p>C. Adult residential</p>		X
4d.	Is the documentation legible?		X
5.	Have <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services been provided in accordance with regulatory and contractual requirements?		X
5a.	<p>Service Components:</p> <p>1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> programs include all the following required service components:</p> <p>A. Daily Community Meetings;*</p> <p>B. Therapeutic Milieu;</p> <p>C. Process Groups;</p> <p>D. Skill-building Groups; <u>and</u></p> <p>E. Adjunctive Therapies?</p> <p>2) In addition:</p> <p>A. Does <i>Day Treatment Intensive</i> include Psychotherapy?**) </p>		X
			X
			X
			X
			X
		X	
5b.	<p>Attendance:</p> <p>1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?</p> <p>2) If the beneficiary is unavoidably absent:</p>		X
			X

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	A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented;		X
	B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day;		X
	<u>and</u>		X
	C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?		X
5c.	Continuous Hours of Operation: 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?		X
	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.		X
	B. For <u>Full-Day</u> : The beneficiary received face-to-face services in a program with services available <u>more than</u> four (4) hours per day.		X
5d.	Staffing Requirements: 1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> meet the following staffing requirements:		
	A. For <i>Day Treatment Intensive</i> : Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.	X	
	B. For all scheduled hours of operation: There is at least one staff person present and available to the group in the therapeutic milieu.	X	
5e.	Documentation Standards: 1) Is the required documentation timeliness/frequency for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> being met?		X
	A. For <i>Day Treatment Intensive</i> services:		
	• Daily progress notes on activities; <u>and</u>		
	• A weekly clinical summary.		
	B. For <i>Day Rehabilitation</i> services:		
	• Weekly progress note.		
	2) Do all entries in the beneficiary's medical record include:		X
	A. The date(s) of service;		X
	B. The signature of the person providing the service (or electronic equivalent);		X
	C. The person's type of professional degree, licensure or job title;		X
	D. The date of signature;		X
	E. The date the documentation was entered in the beneficiary record; <u>and</u>		X
	F. The total number of minutes/hours the beneficiary actually attended the program?		X
5f.	Written Program Description: 1) Is there a <u>Written Program Description</u> for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> ?		X
	A. Does the <u>Written Program Description</u> describe the specific activities of each service and reflect each of the required components of the		X

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	services as described in the MHP Contract.		
	2) Is there a <u>Mental Health Crisis Protocol</u> ?	X	
	3) Is there a <u>Written Weekly Schedule</u> ?		X
	A. Does the <u>Written Weekly Schedule</u> :		
	a) Identify when and where the service components will be provided and by whom; <u>and</u>		
	b) Specify the program staff, their qualifications, and the scope of their services?		
6.	Do all entries in the beneficiary's medical record include:		
	1) The date of service;	X	
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable; AND		X
	3) The date the documentation was entered in the medical record?		X
7.	When applicable, was information provided to beneficiaries in an alternative format?	X	
8.	Regarding cultural/linguistic services:		
8a.	Is there any evidence that mental health interpreter services are offered and provided, when applicable?	X	
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?	X	
8c.	When applicable, is service-related personal correspondence provided in the beneficiary's preferred language?	X	
L	CHART REVIEW—SD/MC HOSPITAL SERVICES		
M	UTILIZATION REVIEW—SD/MC HOSPITAL SERVICES		
N	THERAPEUTIC BEHAVIORAL SERVICES		
	Sections L, M and N were not reviewed as part of this review process. Where applicable, these sections will be reviewed under separate review processes.		

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MHP County DRAFT Checklist FY 2013-2014

**CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
FISCAL YEAR 2014-2015
SACRAMENTO COUNTY MENTAL HEALTH PLAN REVIEW
OCTOBER 27, 2014
FINAL FINDINGS REPORT**

ITEMS OUT OF COMPLIANCE -- PLAN OF CORRECTION

This report details the "out of compliance" findings and required Plan of Correction (POC) for each item on the FY2014/2015 Annual Review Protocol for Consolidated Specialty Mental Health Services and Other Funded Services (MHSUDS Information Notice No. 14-027). The report is organized according to the findings from each section of the review protocol (Sections A-K and the Attestation). The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required POC. Please Note: Only those items found to be out of compliance, or deemed in partial compliance, will be detailed in this report; however, the report may include additional information that may be useful for the MHP. Please refer to the attached "Onsite Review Findings Checklist" for a complete listing of in compliance and out of compliance findings.

RESULTS SUMMARY: SYSTEM REVIEW

SECTION	SECTION CATEGORY	TOTAL NUMBER OF ITEMS REVIEWED	NUMBER OF ITEMS OUT OF COMPLIANCE	COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	MHP ATTESTATION	5	0	100%
SECTION A	ACCESS	43	6	86%
SECTION B	AUTHORIZATION	16	1	94%
SECTION C	BENEFICIARY PROTECTION	21	0	100%
SECTION D	FUNDING, REPORTING AND CONTRACTING REQUIREMENTS	3	0	100%
SECTION E	TARGET POPULATIONS AND ARRAY OF SERVICES	3	0	100%
SECTION F	INTERFACE WITH PHYSICAL HEALTH CARE	2	0	100%
SECTION G	PROVIDER RELATIONS	13	0	100%
SECTION H	PROGRAM INTEGRITY	15	0	100%
SECTION I	QUALITY IMPROVEMENT	25	0	100%
SECTION J	MENTAL HEALTH SERVICES ACT	5	0	100%
TOTAL ITEMS REVIEWED		151	7	95%

RESULTS SUMMARY: CHART REVIEW

The medical records of 10 adult and 10 children/youth Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations for adherence to the terms of the contract between the Sacramento County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS). The charts were also reviewed for consistency with the MHP's own documentation guidelines, policies and procedures regarding medical record documentation. The process included a review of 539 claims submitted for the months of January, February and March of 2014.

ONSITE REVIEW FINDINGS

ATTESTATION ITEMS

FINDING:

DHCS reviewed Attestation Items 1, 5, 15, 18 and 23. All were found to be in compliance with regulations.

PLAN OF CORRECTION:

None required

ONSITE REVIEW PROTOCOL ITEMS

Section A, "Access," Questions 9a-2, 9a-3, 9a-4:

9. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

9a-1. Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?

9a-2. Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?

9a-3. Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?

9a-4. Does the toll-free telephone number provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

CCR, title 9, chapter 11, sections 1810.405(d)

CFR, title 42, section 438.406 (a)(1)

MHP Contract, Exhibit A, Attachment I

FINDING:

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) calls are summarized below.

Test Call #1: Test call #1 was placed on October 9, 2-14 at 9:15pm. The call was initially answered, after one ring, with a recorded message that asked the caller to "please wait while the call was transferred;" the call was subsequently answered by a live operator. The DHCS test caller was given the operator's name and, in return, was asked for their name and contact information. After requesting information about services, the operator instructed the caller that the MHP would call her back during regular business hours, Monday - Friday 8am-5pm. The DHCS test caller asked the operator about other options for receiving services. The operator informed the test caller that he/she could call back during business hours. The DHCS test caller was not provided with information about how to access specialty mental health services for his/her child nor was the caller provided information about services needed to treat an urgent condition. This call was not in compliance with the regulatory requirements for protocol questions 9a-2 or 9a-3.

Test Call #2: Test call #2 was placed on October 17, 2014 at 7:27am. The call was initially answered by an answering service after one ring. After requesting information about services, the operator told the DHCS test caller that the access line opens at 8:00am, the caller could

leave a message, and someone would return the call. The DHCS test caller inquired about obtaining emergency services and the operator advised the caller to dial 911. This call was not in compliance with regulatory requirements for protocol question 9a-2. The operator provided minimal information about services needed to treat an urgent condition. Therefore, the call met the regulatory requirements for question 9a-3.

Test Call #3: Test call #3 was placed on October 20, 2014 at 7:45am. The call was initially answered via a recorded message with phone tree options. Upon choosing an option, a recorded message instructed the caller to wait while being connected. After one ring, the caller was transferred to a live operator. After requesting information about services, the DHCS test caller was asked to provide his/her name, social security number, and Medi-Cal number. The operator also advised the caller that he/she would receive a return call within five days. The DHCS test caller again asked for information about services and provided the requested information (name and SSN), but was not able to be located in the MHP's system. The operator then advised the DHCS test caller that he/she needed to go through a "gatekeeper" in order to be assigned to a clinician. The DHCS test caller was not provided information on how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met nor was he caller provided with information about services needed to treat an urgent condition. This call was not in compliance with regulatory requirements for protocol questions 9a-2 and 9a-3.

Test Call #4: Test call #4 was placed on October 20, 2014 at 1:35pm. The call was initially answered via a recorded message with phone tree options. After four rings, the DHCS test caller was transferred to a live operator. The operator would not provide information to the caller without a Social Security or Medi-Cal number. The DHCS test caller was not provided information on how to access specialty mental health services including SMHS required to assess whether medical necessity criteria are met. This call was not in compliance with 9a-2. The DHCS test caller was advised that he/she could go to the Emergency Room for an emergency. This call was found to be in compliance with regulatory requirements for 9a-3.

Test Call #5: Test call #5 was placed on October 21, 2014 at 7:47am. The call was initially answered via a recorded message with phone tree options, which included an option to obtain information about the problem resolution process and how to file a grievance. After four rings, the call was answered by a second machine that stated the staff person was, "on another call or away from the office," and instructed the caller to "record a message with a phone number after the tone". The caller was not provided information on beneficiary problem resolution and state fair hearings. This call was not in compliance with regulatory requirements for protocol question 9a-4.

Test Call #6: Test call #6 was placed on October 22, 2014 at 1:35pm. The call was answered by a live person after one ring. This operator asked if the DHCS test caller had Medi-Cal in Sacramento County and offered four suggestions: (1) the caller could leave his/her information for a return call after 8am; (2) the caller could contact his /her previous physician for a medication refill; (3) the caller could go to any hospital (location information was provided for two area hospitals near the caller's residence); and, (4) the caller could call back during regular business hours. The DHCS test caller was provided with information about how to access specialty mental health services, as well as information about services needed to treat an urgent condition; though he/she was not provided MHP clinic location and hours. This call was found in compliance with regulatory requirements for protocol questions 9a-2 and 9a-3.

Test Call #7: Test call #7 was placed on October 22, 2014 at 10:10am. The call was initially answered via a recorded message with phone tree options. Upon choosing an option, the caller was transferred to a live operator and subsequently put on hold for 20 seconds. After requesting information about services, the DHCS test caller was informed multiple times by the operator that "this line was for referral for psychiatrists and psychiatric services." The operator was unable to answer the caller's questions. The DHCS test caller was not provided information on how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided with information about services needed to treat an urgent condition. This call was not in compliance with regulatory requirements for protocol questions 9a-2 and 9a-3.

9a-1.: The MHP's phone tree has an option for the caller to request language assistance. All seven test calls were in compliance with this requirement.

9a-2.: Six of seven calls tested the MHP compliance with regulatory requirements for protocol question 9a-2 regarding access to information. One of the six calls was found to be in compliance with regulations (17%); five of six calls were found to be out of compliance with this regulation (83%). DHCS test callers faced multiple barriers to receiving information, including: a stated requirement to provide a valid Medi-Cal or Social Security number, an extended wait time of up to 5 days to receive requested information, phone tree options leading to an answering machine rather than a live person, and staff unable to provide information to beneficiaries about how to access specialty mental health services. The MHP was in partial compliance for this requirement.

9a-3.: Six of seven calls tested the MHP's compliance with regulatory requirements for protocol question 9a-3 regarding the provision of information about services needed to treat an urgent condition. Three of six callers (50%) were provided with information about services needed to treat a beneficiary's urgent condition (i.e., callers were advised to call 911 or go to the emergency room). The MHP was in partial compliance with this requirement.

9a-4.: One call tested for the MHP's compliance with regulatory requirements for protocol question 9a-4 regarding use of the problem resolution and state fair hearing processes. This call was out of compliance with this requirement.

PLAN OF CORRECTION:

The MHP will submit a Plan of Correction to address the findings of the review and submit evidence that the POC resulted in compliance with regulatory requirements. Specifically, the MHP will demonstrate how it will ensure: a statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number that will provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and, how to use the beneficiary problem resolution and fair hearing processes.

Please note: In the previous triennial review on October 24-27, 2011, this protocol item was found out of compliance. This is the second triennial review in which this regulatory requirement has not been met.

Section A, "Access" Question 10a-10b-10c:

10. Regarding the MHP maintaining a written log of initial requests that meets Title 9 requirements:

10a. Does the written log contain the name of the beneficiary?

10b. Does the written log contain the date of the request?

10c. Does the written log contain the initial disposition of the request?

CCR, title 9, chapter 11, section 1810.405(f)

FINDING:

The MHP did not provide evidence or documentation that its written log(s) of initial requests for SMHS were in compliance with Title 9 regulations. Specifically, DHCS found only 3 of 7 test calls documented on the written log (with all required elements). The MHP was found in partial compliance (43%) with regulatory requirements for protocol questions 10a, 10b and 10c.

PLAN OF CORRECTION:

The MHP will submit a Plan of Correction indicating how it will address the out-of-compliance findings for these requirements. The MHP must also provide evidence that the POC resulted in compliance with Title 9 requirements. Specifically, the MHP will demonstrate how it will ensure that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

Please Note: In the previous triennial review on October 24-27, 2011, this protocol item was found out of compliance. This is the second triennial review in which this regulatory requirement has not been met.

Section B, "Authorization," Questions 3:

Does the MHP have a payment authorization system in place that meets the requirements regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?

*CCR, title 9, chapter 11, sections 1830.215(e) and 1840.318
DMH Information Notice 02-06, Enclosures, Pages 1-5
DMH Letter No. 03-03*

FINDING

The MHP did not provide evidence or documentation that ensures its payment authorization system regarding Day Treatment Intensive and Day Rehabilitation is in compliance with Title 9 regulations. Specifically, the MHP does not have a mechanism to ensure payment authorizations are made prior to beneficiaries receiving services from Day Treatment Intensive and Day Rehabilitation programs.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the Plan of Correction indicating how it will address the out-of-compliance finding for this requirement. The MHP must provide evidence that the POC resulted in compliance with Title 9 regulations regarding payment authorization for Day Treatment Intensive and Day Rehabilitation programs.

Section K, "Chart Review – Non-Hospital Services"

Section K, "Chart Review – Non-Hospital Services," Questions 1c-1, 1c-2:

1c. Must meet each of the intervention criteria listed below:

- 1) The focus of the proposed intervention 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 that SMHS can correct or ameliorate per No. 1b. (4).
- 2) The expectation is that the proposed intervention will do, at least, one (1) of the following (A, B, C, or D):
 - A. Significantly diminish the impairment.
 - B. Prevent significant deterioration in an important area of life functioning.
 - C. Allow the child to progress developmentally as individually appropriate.
 - D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

- CCR, title 9, chapter 11, section 1830.205 (b)(c)
- CCR, title 9, chapter 11, section 1830.210
- CCR, title 9, chapter 11, section 1810.345(c)
- CCR, title 9, chapter 11, section 1840.112(b)(1) and (4)
- CCR, title 9, chapter 11, section 1840.314(d)
- CCR, title 22, chapter 3, section 51303(a)

FINDING:

1c-1. Reason for Recoupment #3 - One or more claims associated with the following Line #s did not meet the medical necessity criteria since the intervention(s) documented on the progress note did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A): Line #6, Line #11, Line #15, Line #17 and Line #20.

Refer to the enclosed Recoupment Summary for additional details concerning the disallowances indicated above.

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).

FINDING:

1c-2. Reason for Recoupment #4 - One or more claims associated with the following Line #s did not meet the medical necessity criteria since there was no expectation that the documented intervention would meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4): Line #15, Line #17 and Line #20.

Refer to the enclosed Recoupment Summary for additional details concerning the disallowances indicated above.

PLAN OF CORRECTION:

1c-2. The MHP shall submit a POC that indicates how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

Section K, "Chart Review – Non-Hospital Services," Questions 2a-2f:

2. Regarding the Assessment, are the following conditions met:

2a. Has the Assessment been completed in accordance with regulatory and contractual requirements?

2b. Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness and frequency?

2c. Does the Assessment 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 shall 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 five-axis diagnosis** from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
- 11) **Additional clarifying formulation information,** as needed.

2d. Did the provider obtain and retain a written medication consent form signed by the beneficiary agreeing to the administration of psychiatric medication?

2e. Did the documentation include, but not limited to:

- 1) **The reasons for taking such medications;**
- 2) **Reasonable alternatives treatments available, if any**
- 3) **The type, range of frequency and amount, methods (oral or injection), and duration of taking the medication; probable side effects; possible additional side effects which may occur to beneficiaries taking such medication beyond three (3) months; and;**
- 4) **That the consent, once given, may be withdrawn at any time by the beneficiary.**

- CCR, title 9, chapter 11, section 1810.204
- CCR, title 9, chapter 11, section 1840.112(b)(1)
- CCR, title 9, chapter 11, section 1840.314(d)(e)
- CCR, title 9, chapter 4, section 851 – Lanterman Petris Act
- MHP Contract, Exhibit A Attachment I

FINDING:

2a-c Assessments were not completed in accordance with regulatory and contractual requirements: Assessments were not always completed within the timeliness and frequency requirements specified in the MHP's written documentation standards. Some assessments did not include all of the required elements specified in the MHP Contract with the Department.

PLAN OF CORRECTION:

2a-b The MHP shall submit a POC that indicates how the MHP will ensure that Assessments:

2a) Include the required elements and are completed in accordance with regulatory and contractual requirements.

2b) Are completed in accordance with the timeliness and frequency standards specified in the MHP's written documentation guidelines.

FINDING:

2b. One or more assessment was not completed in accordance with the MHP's written documentation guidelines for timeliness and frequency:

- Line #1: There was no initial assessment found in the medical record for the current episode of care. During the review, MHP staff was given the opportunity to locate the missing assessment but could not locate it in the medical record.
- Line #14: The initial assessment was completed late (i.e., more than 60 days after episode opening date).
- Line #19: The updated assessment was completed late (*note – update assessment completed on 12/20/2013 was late for provider #34CX*).

PLAN OF CORRECTION:

2b. The MHP shall submit a POC that indicates how the MHP will ensure that assessments are completed in accordance with the MHP's written documentation standards for timeliness and frequency.

FINDING:

2c. One or more of the assessments reviewed did not include all of the items specified in the MHP Contract with the Department.

The following required elements were missing:

2c4 - Medical History: Line #15 and Line #18.

2c5 - Medications: Line #2 and Line #15.

2c7 - Client Strengths: Line #10 and Line #15.

2c8 - Risks: Line #10.

PLAN OF CORRECTION:

2c. 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.

FINDING:

2d. The provider did not obtain and retain a written medication consent signed by the beneficiary agreeing to the administration of psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- Line #9: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the medication consent form in question but was unable to locate it in the medical record (note – For Line #9, a JVS-220 medication authorization was present but a separate medication consent is also required).*

PLAN OF CORRECTION:

2d. The MHP shall submit a POC that indicates how the MHP will ensure that a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

FINDING:

2e. Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department:

- For Line #1, Line #2, Line #6, Line #7, Line #10, Line #11, Line #12, Line #14, Line #15, Line #16, Line #17 and Line #18, the following required elements were not documented on the medication consent forms found in the beneficiary's medical record:

Reasonable alternative treatment available, if any; range of frequency and amount, method of administration (oral or injection); duration of taking each medication; possible side effects; additional side effects which may occur when taking the medication beyond three (3) months.

- For Line #5, the following required elements were not documented on the medication consent forms found in the beneficiary's medical record:

Reasonable alternative treatment available, if any; duration of taking each medication; possible side effects.

- For Line #12, Line #13 and Line #20, the following required elements were not documented on the medication consent forms found in the beneficiary's medical record:

Reasonable alternative treatment available, if any; range of frequency, method of administration (oral or injection); duration of taking each medication; possible side effects; additional side effects which may occur when taking the medication beyond three (3) months.

PLAN OF CORRECTION

2e. The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

.....

Section K, "Chart Review – Non-Hospital Services," Questions 3a-c, e, g:

- 3a. Has the client plan been completed in accordance with regulatory and contractual requirements?
- 3b. Has the client plan been updated at least annually, or when there are significant changes in the beneficiary's condition?
- 3c. Does the client plan contain the following 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 and duration of intervention(s).
- 3e. Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:
 - 1) Reference to the beneficiary's participation in and agreement in the body of the client plan (N/A)
 - 2) The beneficiary's signature on the client plan; or
 - 3) A description of the beneficiary's participation and agreement in the medical record. (N/A)

The beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan when:

 - 1) The beneficiary is expected to be in a long-term treatment, as determined by the MHP, and,
 - 2) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.

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 shall include a written explanation of the refusal or unavailability.
- 3g. Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
 - CCR, title 9, chapter 11, section 1810.205.2
 - CCR, title 9, chapter 11, section 1810.254
 - CCR, title 9, chapter 11, section 1840.314
 - CCR, title 9, chapter 11, section 1810.440(c)
 - CCR, title 9, chapter 11, section 1840.112(b)(5)
 - DMH Letter 02-01, Enclosure A
 - W&IC, section 5751.2

FINDING:

- 3a. Client plans were not completed in accordance with regulatory and contractual requirements.
 - 1) The MHP was not following contractual requirements and/or its own written documentation standards for timeliness and frequency of updated client plans, goal and intervention requirements and staff and beneficiary signature requirements.

PLAN OF CORRECTION:

- 3a. The MHP shall submit a POC that indicates how the MHP will ensure that client plans:
 - 1) Are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards and are in accordance with regulatory and contractual requirements.
 - 2) Contain goals, proposed interventions and staff and beneficiary signatures in accordance with regulatory and contractual requirements.
 - 3) Are updated at least annually or when there are significant changes in the beneficiary's condition in accordance with regulatory and contractual requirements.

FINDING:

3a. Reason for Recoupment #5 – Initial client plans were not completed within the time period specified in the MHP's documentation standards (i.e., within 60 days of the intake) with no evidence supporting the need for more time:

- Line #10: There was **no** initial client plan in the medical record. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. *The MHP should review all services and claims for which there was no initial client plan in effect and disallow claims as required.*
- Line #2: There was **no** initial client plan for the type of service being claimed. During the review, MHP staff was given the opportunity to locate the missing documentation but could not find written evidence of it in the medical record. *The MHP should review all claims during which there was no initial client plan in effect proposing the services claimed and disallow those claims as required.*

Refer to the enclosed Recoupment Summary for additional details concerning any disallowance indicated above

PLAN OF CORRECTION:

3a. 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 services are not claimed:
 - a) When an initial client plan has not been completed.
 - b) When not indicated on the initial client plan.
- 3) Provide evidence that those services claimed outside of the audit review period for which there were no client plans in effect are disallowed.

FINDING:

3a, 3b. Reason for Recoupment #6 – Client plans were not updated, at least, annually as required in the MHP Contract with the Department and as specified in the MHP's documentation standards:

- Line #1: There was **no** client plan in the medical record for Medication Support services from 9/20/2013 through 3/30/2014 and no plan was found for any service other than Medication Support. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. *The MHP should review all claims with service dates from 9/20/2013 through 12/31/2013 during which there was no client plan in effect and disallow those claims as required.*
- Line #2: There was **no** updated client plan in the medical record for any Specialty Mental Health Service other than for Medication Support from 1/25/2013 until 6/11/2014. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. *The MHP should review all claims for Targeted Case Management and any Mental Health Service during which there was no client plan in effect and disallow those claims as required.*

- Line #10, Line #15 and Line #18: 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 services in question on a client plan but could not find written evidence of it. *The MHP should review all services and claims during which there was no client plan in effect and disallow those claims as required.*
- Line #6: 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 outside of the audit review period during which there was no client plan in effect and disallow those claims as required.*

Refer to the enclosed Recoupment Summary for additional details concerning any disallowance indicated above.

PLAN OF CORRECTION:

3a, 3b. 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) Ensure that non-emergency services are not claimed when:
 - a) A client plan has not been completed.
 - b) The service provided is not included on the current client plan.
- 5) Provide evidence that all services claimed outside of the audit review period for which no client plan was in effect are disallowed.

FINDING:

3a, 3b. The client plan was not updated when there was a significant change in the beneficiary's condition as specified in the MHP Contract with the Department:

- Line #15: The effective dates of the current client plan were from 9/11/2013 to 9/10/2014. The medical record indicates that the beneficiary was hospitalized via a 5150 on 1/26/2014 "for an overdose on Valium" and discharged on 1/29/2014. However, the reviewer was unable to find an updated client plan in the medical record covering the remainder of the review period.

PLAN OF CORRECTION:

3a, 3b. The MHP shall submit a POC that indicates how the MHP will ensure that:

- 1) Client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

FINDING:

3a, 3c-1-3. The following Line #s had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 1) **3c-1.** Line #1, Line #2, Line #3, Line #9: 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.
- 2) **3c-2.** Line #1, Line #2, Line #9, Line #10, Line #18, Line #19: 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.).
- 3) **3c-3.** Line #1, Line #4, Line #6, Line #9, Line #11, Line #17, Line #18: One or more of the proposed interventions did not indicate an expected frequency.

PLAN OF CORRECTION:

3a, 3c-1-3. The MHP shall submit a POC that indicates how the MHP will ensure that all:

- 1) 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) 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) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

FINDING:

3a, 3e. Reason for Recoupment #7 –There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, as required in the MHP Contract with the Department.

- Line #13: The beneficiary or legal representative was required to sign the client plan per the MHP's written documentation standards. However, the signature was missing with no explanation.
(note – beneficiary/legal guardian signature was missing on the initial "Annual Medication Service Plan" completed 3/6/2014 for provider #8446; however, provider #8499 completed a separate client plan on 3/14/2014 which did contain the beneficiary's signature and included "medication management" as a proposed intervention – therefore, Medication Support services claimed under provider #8446 were not disallowed in this review)

PLAN OF CORRECTION:

3a, 3e. The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that each beneficiary's participation and agreement is obtained and documented in a timely manner as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2).

- 2) Ensure that the beneficiary's signature is obtained in a timely manner on the client plan as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).
- 3) Ensure that the beneficiary's signature is obtained in a timely manner on the client plan as specified in the MHP's written documentation standards.
- 4) Ensure that services are not claimed when the beneficiary's:
 - a) Signature is not obtained when required or not obtained in a timely manner and the reason for refusal is not documented.
- 5) Provide evidence that services claimed outside of the audit review period for which there was no documentation of the beneficiary's participation in and agreement with the client plan, as evidenced by the beneficiary's signature, were disallowed.

FINDING:

3g. There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following Line #s: Line #2, Line #5, Line #6, Line #10, Line #11, Line #12, Line #13, Line #14, Line #15, Line #16, Line #17 and Line #20 (*note – for Line #13, only the "Annual Medication Service Plan" completed on 3/6/2014 lacked evidence that the beneficiary or legal guardian was offered a copy of the Plan*).

PLAN OF CORRECTION:

3g. The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that, for all client plans, the beneficiary is offered a copy of the client plan and there is documentation of whether or not he/she received a copy of that document.

Section K, "Chart Review – Non-Hospital Services," Questions 4a-4d:

4. Do the progress notes describe how services provided reduced impairment,
 - 4a. restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan?
 - 4b.
 - 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity;
 - 2) Documentation of client 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;
 - 5) Referrals to community resources and other agencies, when appropriate;
 - 6) Documentation of follow-up care, or as appropriate, a discharge summary;
 - 7) The amount of time taken to provide services;
 - 8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable.
 - 9) The date the service was documented in the medical record by the person providing the service.
 - 4c. Timeliness/frequency as follows:
 - 1) Every service contact for:
 - A) Mental health services.
 - B) Medication support services.
 - C) Crisis intervention.
 - D) Targeted Case Management
 - 2) Daily for:
 - A) Crisis residential.
 - B) Crisis stabilization (one per 23-hour period).
 - C) Day treatment intensive.
 - 3) Weekly for:
 - A) Day treatment intensive.
 - B) Day rehabilitation.
 - C) Adult residential.
 - 4d. Is the documentation legible?
 - CCR, title 9, chapter 11, section 1810.254
 - CCR, title 9, chapter 11, section 1810.440(c)
 - CCR, title 9, chapter 11, section 1840.314
 - CCR, title 9, chapter 11, sections 1840.316 - 1840.322
 - CCR, title 9, chapter 11, section 1840.112(b)(3)(6)
 - CCR, title 22, chapter 3, section 51458.1
 - CCR, title 22, chapter 3, section 51470

NOTE:

4a-d: Multiple progress notes used for the purpose of claiming Federal Financial Participation (FFP) Specialty Mental Health Services (SMHS) were disallowed.

Refer to the enclosed Recoupment Summary for additional details concerning any disallowance indicated below.

FINDING:

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

- 1) The MHP did not have written documentation standards for provider hand-written signatures on progress notes.
- 2) The MHP was not following its own written progress note documentation standards for timeliness of staff signatures.

PLAN OF CORRECTION:

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

- 1) Meet timeliness and staff signature requirements in accordance with regulatory and contractual requirements.
- 2) Are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

FINDING

4, 4a. Reason for Recoupment #19a - Progress notes for the following Line #s indicated that no service was provided:

- Appointment was missed or cancelled: Line #2 and Line #4.
- Progress notes did not describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the beneficiaries' client plans and therefore, no service was provided: Line #2, Line #6 and Line#20.

PLAN OF CORRECTION:

4, 4a. The MHP shall submit a POC that indicates how the MHP will ensure that:

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 2) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

FINDING:

4a, 4b. Reason for Recoupment #9:

- **4a, 4b. Line #2:** There was no progress note in the medical record for one or more services claimed.
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.
- **4b. Line #6:** The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed.

Refer to the enclosed Recoupment Summary for additional details concerning the disallowances indicated above.

PLAN OF CORRECTION:

4a, 4b. The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that all specialty mental health services (SMHS) claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

- d) Claimed for the correct service modality and billing code.
- 2) Ensure that all progress notes:
 - a) Are accurate and meet the documentation requirements described in the MHP Contract with the Department.

FINDING:**4b-1, 4b-2, 4b-3, 4b-8, 4b-9.** Multiple progress notes did not document the following:

- 1) **4b-1.** Line #2, Line #10, Line #13, Line#15, Line #17, Line #18 and Line #20: 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 (*note - for Line #13, late notes were identified only for Medication Support services*).
- 2) **4b-1, 4b-9.** Line #9, Line #13 and Line #19: Progress notes were signed but not dated by the person providing the service. Therefore, the date entered into the medical record and the timeliness of the progress notes could not be determined (*note - for Line #9, only non-Day Rehabilitation progress notes had hand-written signatures with missing signature dates; for Line #13, only Day Treatment Intensive program progress notes had hand-written signatures without signature dates*).
- 3) **4b-2.** Line #17: Beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions
- 4) **4b-3.** Line #2, Line #6, Line #17: The interventions applied, beneficiary's response to the interventions and the location of the interventions.
- 5) **4b-8.** Line #4, Line #6, Line #11: The provider's professional degree, licensure or job title (*note - for Line #11, the provider's degree was missing only for medication progress notes*).

PLAN OF CORRECTION:**4b-1, 4b-2, 4b-3, 4b-8, 4b-9.** The MHP shall submit a POC that indicates how the MHP will ensure that progress notes document:

- 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.
- 2) Relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP Contract with the Department.
- 3) Interventions applied, the beneficiary's response to the intervention(s) and the location of the interventions, as specified in the MHP Contract with the Department.
- 4) The provider's professional degree, licensure or job title.
- 5) The date the progress note was completed and entered into the medical record by the person providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.

FINDING:

Reason for Recoupment #11 - The following Line # had documentation indicating another Specialty Mental Health Service may have been provided while the beneficiary attended a Day Program which is subject to lockout for all other Specialty Mental Health Services except for Medication Support : Line #9.

PLAN OF CORRECTION:

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

- 1) No other Specialty Mental Health Services (except for Medication Support) is claimed during the same time period that the beneficiary is attending a Day Rehabilitation or Day Treatment Intensive Program.
- 2) The progress note for any Specialty Mental Health Service provided on the same day as the beneficiary attends a Day Rehabilitation or Day Treatment Intensive program contains clear and specific documentation of the location and time of day the service was provided.

FINDING:

The progress notes for the following Line #s indicate that the service provided was solely for:

- 1) **Reason for Recoupment #16** - Transportation: Line #15.
- 2) **Reason for Recoupment #17** - Clerical: Line #6, Line #10, Line #11 and Line #20.

PLAN OF CORRECTION:

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

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
- 2) Services provided and claimed are not solely academic/education services, vocational services, recreation or socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors,
- 3) Services provided and claimed are not solely transportation, clerical or payee related.
- 4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

Section K, "Chart Review – Non-Hospital Services," Questions 5a-c, 5e-f:

5. Have Day Treatment Intensive and Day Rehabilitation services been provided in accordance with regulatory and contractual requirements?

5a. Service Components:

1) Do Day Treatment Intensive and Day Rehabilitation programs include all the following required service components:

- A. Daily Community Meetings;*
- B. Therapeutic Milieu;

- C. Process Groups;
- D. Skill-building Groups; and
- E. Adjunctive Therapies?

2) In addition:

A. Does Day Treatment Intensive include Psychotherapy?

* Community meetings must occur at least once a day and have the following staffing:

- A. For Day Treatment Intensive: Staff whose scope of practice includes psychotherapy
- B. For Day Rehabilitation: Staff who is a physician, a licensed/waivered/ registered psychologist, clinical social worker, or marriage and family therapist; a registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist.

5b. 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?

5c. Continuous Hours of Operation:

Did the provider apply the following when claiming for the continuous hours of operation of Day Treatment Intensive and Day Rehabilitation services?

- A. For Half Day: The beneficiary received face-to-face services a minimum of three (3) hours each day the program was open. (N/A)
- B. For Full-Day: The beneficiary received face-to-face services in a program with services available more than four (4) hours per day.

5e. Documentation Standards:

2) Do all entries in the beneficiary's medical record include:

- C. The person's type of professional degree, licensure or job title;
- D. The date of signature;
- E. The date the documentation was entered in the beneficiary record; and
- F. The total number of minutes/hours the beneficiary actually attended the program?

5f. Written Program Description:

1) Is there a Written Program Description for Day Treatment Intensive and Day Rehabilitation?

a. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.

3) Is there a Written Weekly Schedule?

A. Does the Written Weekly Schedule:

- a) Identify when and where the service components will be provided and by whom; and
- b) Specify the program staff, their qualifications, and the scope of their services?

FINDING:

5a-c, 5e. Reason for Recoupment #19a – Documentation for the following Line #s indicated that essential requirements for Day Rehabilitation and Day Treatment Intensive programs were not met, as specified in the MHP Contract with the Department:

- 1) **5a.** Line #9, Line #13 and Line #19: *Day Treatment Intensive* and *Day Rehabilitation* programs did not include documentation of all required service components. Process groups were missing from all weekly schedules and were not documented on any progress notes reviewed in the current chart audit.
- 2) **5b.** Line #9: *Day Rehabilitation* was claimed on 2/10/2014 when the beneficiary was not present for the minimum amount of time to be claimed for a full day. The MHP should review all beneficiaries' past services and claims for this provider (#34BL) to determine if billing was appropriate and disallow those claims that were not correctly billed.
- 3) **5b.** Line #13: *Day Treatment Intensive* service on 3/18/2014 was claimed when the beneficiary was not present for the minimum amount of time to be claimed for a full day. The MHP should review all beneficiaries' past services and claims for this provider (#8499) to determine if billing was appropriate and disallow those claims that were not correctly billed.
- 4) **5b-1.** Line #19: The total number of minutes/hours the beneficiary actually attended the *Day Treatment Intensive* program was not documented.
- 5) **5b-2.** Line #9: The beneficiary was not present for at least 50 percent of the scheduled hours of operation for that day although a full day was claimed.
- 6) **5b-2.** Line #9: The beneficiary was not present for the entire, scheduled hours of operation for that day and there was not a separate entry in the medical record documenting the reason for the unavoidable absence.
- 7) **5c.** Line #9: The beneficiary did not attend the minimum required hours in order to claim for a full day of *Day Rehabilitation services* .
- 8) **5c.** Line #19: *Day Treatment Intensive* services were scheduled and available four (4.0) hours or less per day although full day claims were submitted (*note – the schedule for Line #19 lists "Meal time Supervision" for 15 minutes as part of the full day program; however, meal and break times are not eligible to be counted as part of a Day Treatment Intensive or Day Rehabilitation program*) .
- 9) **5e-2.** Line #19: Entries in the beneficiary's medical record did not include the total number of minutes/hours the beneficiary actually attended the program (*note – actual time attended was not documented for service dates of 1/6/2014, 1/7/2014, 1/8/2014, 1/9/2014, 1/13/2014, 1/17/2014*).

Refer to the enclosed Recoupment Summary for additional details concerning any disallowance indicated above.

PLAN OF CORRECTION:

5a-c, 5e. The MHP shall submit a POC that indicates how the MHP will ensure that all program requirements for *Day Rehabilitation* and *Day Treatment Intensive* were provided in accordance with regulatory and contractual requirements. For example:

- 1) Ensure that all the required service components are met.

- 2) Ensure that the beneficiary receives the minimum required minutes/hours in order to claim for a full day of *Day Treatment Intensive or Day Rehabilitation* services.
- 3) Ensure that the total number of minutes/hours each beneficiary actually attended a *Day Treatment Intensive or Day Rehabilitation* program are documented.
- 4) 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, that the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day and that there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for full-day.
- 5) Ensure the provider provides the required hours each day when claiming for a full day of continuous hours of operation for *Day Treatment Intensive and Day Rehabilitation*.
- 6) Ensure that all entries in the medical record include the provider's type of professional degree, licensure or job title, date of signature, date the documentation was entered in the beneficiary record, and total number of minutes/hours the beneficiary actually attended the program.
- 7) 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 the *Day Treatment Intensive or Day Rehabilitation* program criteria are not met.
- 8) Provide evidence that all *Day Treatment Intensive and Day Rehabilitation* claims outside the audit review period are recouped when the required service components are not met, when no services were provided to the beneficiary but were claimed, and when required minimum attendance is not met.
- 9) Provide evidence of the MHP's authorization process that ensures *Day Rehabilitation and Day Treatment Intensive* programs are reviewed for the required service components, required hours of attendance, required staffing requirements and required documentation requirements.

FINDING:

5e-2C, 5e-2D, 5e2E. Several entries in the beneficiary's medical record for *Day Treatment Intensive and Day Rehabilitation* did not include:

- 1) **5e-2C.** Line #9: The provider's type of professional degree, licensure or job title (i.e., on the client plan for this beneficiary).
- 2) **5e-2D, E.** Line #13: The date the provider's signature was completed on the progress notes for this beneficiary (i.e., date the documentation was entered in the beneficiary medical record).

PLAN OF CORRECTION:

5e-2C, 5e-2D, 5e-2E. The MHP shall submit a POC that indicates how the MHP will ensure that all entries in the beneficiary's medical record include:

- 1) The provider's type of professional degree, licensure, or job title.
- 2) The date of the provider's signature.
- 3) The date the documentation was entered in the beneficiary record.

FINDING:

5f-1. The Written Program Description for one (1) *Day Treatment Intensive* program did not describe the specific activities of each service and reflect all required service components - as described in the MHP Contract - for the following Line #: Line #13.
(note – the program description materials provided during the chart review lacked a description of all required service components).

PLAN OF CORRECTION:

5f-1. The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that the Written Program Descriptions for the MHP's contracted *Day Treatment Intensive* and *Day Rehabilitation* programs describe the specific activities of each service and reflect each of the required service components, as described in the MHP Contract.
- 2) Provide evidence that there is a full and complete Written Program Description for all *Day Treatment Intensive* and *Day Rehabilitation* programs under contract with the MHP.

FINDING:

5f-3. The Written Weekly Schedule for *Day Treatment Intensive* did not identify:

- 1) **5f-3Aa, 5f-3Ab.** Line #13: All staff qualifications, and the scope of their services.
- 2) Line #13: Any lunch or breaks.

PLAN OF CORRECTION:

5f-3. The MHP shall submit a POC that indicates how the MHP will ensure that:

- 1) There is a Written Weekly Schedule for *Day Treatment Intensive* with all required components.
- 2) The Written Weekly Schedule for *Day Treatment Intensive* identifies when and where the service components will be provided and by whom;
- 3) The Written Weekly Schedule for *Day Treatment Intensive* specifies program staff qualifications and the scope of their services.

Section K, "Chart Review – Non-Hospital Services," Questions 6ii-iii:

6. Do all entries in the beneficiary's medical record include:

- ii. The signature of the person providing the service or (electronic equivalent) with the person's professional degree, licensure or job title AND
- iii. The date the documentation was entered in the medical record?

FINDING:

6-ii, 6-iii. The entries in the beneficiary's medical record did not include the following:

- 1) **6-ii.** The signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
 - Assessment: Line #2, Line #5, Line #9, Line #14, Line #16, Line #17 and Line #20.

- Client plan: Line #2, Line #3, Line #4, Line #5, Line #9, Line #10, Line #14, Line #15, Line #16.
- Progress note: Line #4, Line #6, Line #11
(note - missing on medication notes only for Line #11)

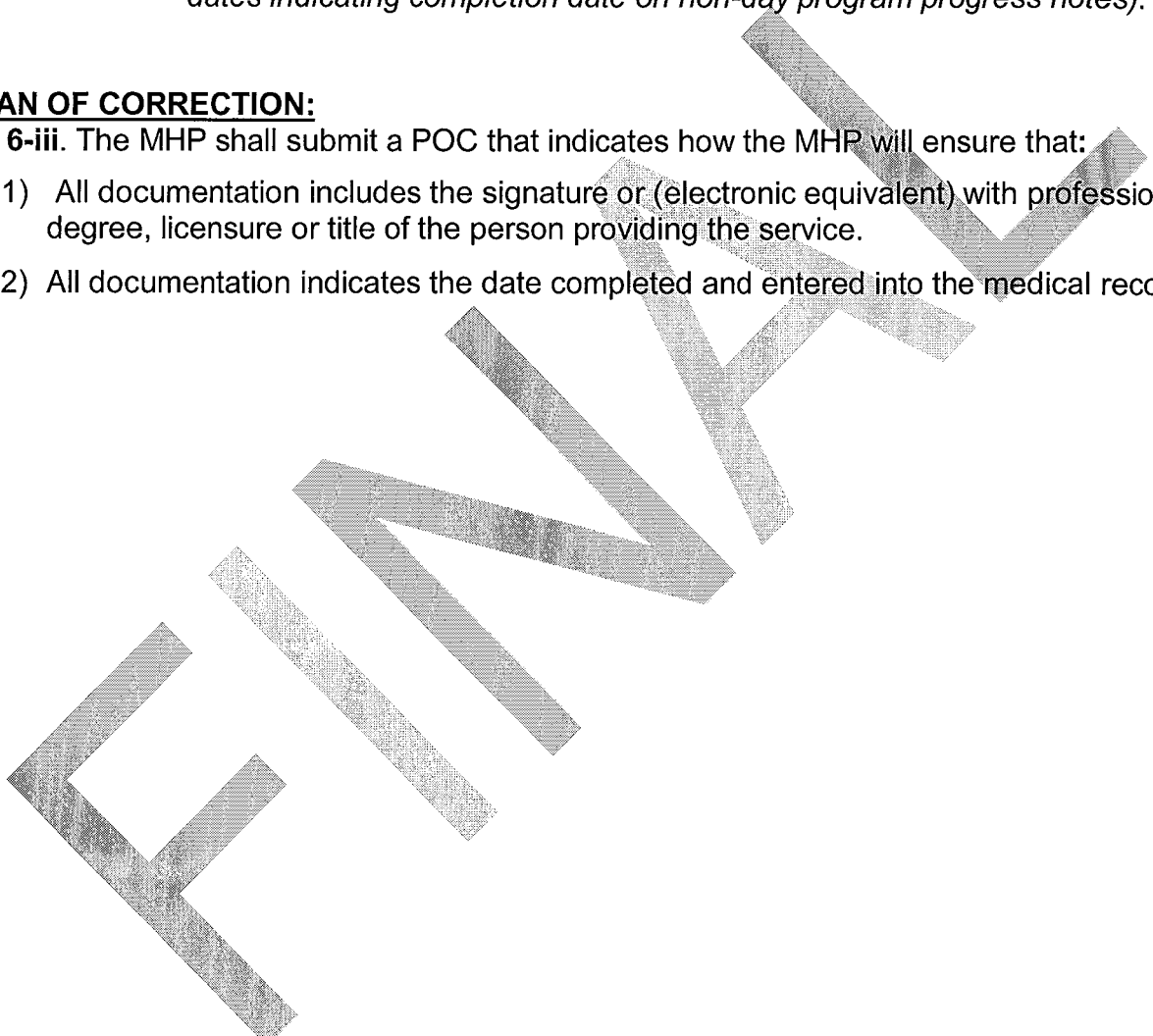
2) **6-iii.** The date the documentation was entered into the medical record:

- Client Plan: Line #14, Line #15, Line #16 and Line #18 (note - no “date stamp” / completion date / date of signature was indicated on the documents the MHP provided during the chart audit).
- Progress note: Line #9 (note – for Line #9, hand-written signatures had no dates indicating completion date on non-day program progress notes).

PLAN OF CORRECTION:

6ii, 6-iii. The MHP shall submit a POC that indicates how the MHP will ensure that:

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



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1	34CZ	20140109	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate them the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140109	18	60	12	\$81.60	\$40.80	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140121	18	60	12	\$81.60	\$40.80	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140128	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140131	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140131	18	60	18	\$122.40	\$61.20	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140203	18	01	30	\$85.50	\$42.75	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140204	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140204	18	60	12	\$81.60	\$40.80	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>

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1	34CZ	20140305	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140305	18	60	12	\$81.60	\$40.80	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140328	18	60	30	\$204.00	\$102.00	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
1	34CZ	20140328	18	60	12	\$81.60	\$40.80	50.0	60	6	Missing initial & updated Client Plans and MHP staff unable to locate in the medical record: <i>only Client Plan found completed & signed on 3/31/14</i>
2	8468	20140102	18	30	71	\$136.32	\$68.16	50.0	30	5, 7, 4	Intervention claimed not on initial Client Plan; No beneficiary participation in and agreement with intervention
2	8468	20140106	18	01	14	\$20.86	\$10.43	50.0	30	19a	Missed or cancelled appointment
2	8468	20140108	18	30	38	\$72.96	\$36.48	50.0	30	19a, 4	Progress note did not describe how services reduced impairment, restored functioning or prevented deterioration - no intervention documented
2	8468	20140115	18	30	73	\$140.16	\$70.08	50.0	30	5, 7	Intervention claimed (psychotherapy) not on initial Client Plan; No beneficiary participation in and agreement with intervention
2	8468	20140122	18	30	69	\$132.48	\$66.24	50.0	30	5, 7, 4	Intervention claimed (psychotherapy) not on initial Client Plan; No beneficiary participation in and agreement with intervention
2	8468	20140205	18	30	147	\$282.24	\$141.12	50.0	30	9, 6	No matching progress note and MHP staff unable to locate it in the medical record; Lapse of coverage between Client Plans

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2	8468	20140206	18	30	59	\$113.28	\$56.64	50.0	30	6, 4	Lapse of coverage between Client Plans; Note does not describe how intervention would reduce impairment or prevent deteriorath
2	8468	20140206	18	30	147	\$282.24	\$141.12	50.0	30	6, 3, 4	Lapse of coverage between Client Plans; Intervention does not address mental health condition
2	8468	20140212	18	30	68	\$130.56	\$65.28	50.0	30	6	Lapse of coverage between Client Plans
2	8468	20140226	18	30	69	\$132.48	\$66.24	50.0	30	6	Lapse of coverage between Client Plans
2	8468	20140228	18	01	223	\$332.27	\$166.13	50.0	30	6, 3, 4, 17	Lapse of coverage between Client Plans; Intervention does not address mental health condition; Clerical (filled out SSI forms)
2	8468	20140304	18	30	78	\$149.76	\$74.88	50.0	30	6	Lapse of coverage between Client Plans
2	8468	20140311	18	30	68	\$130.56	\$65.28	50.0	30	6	Lapse of coverage between Client Plans
2	8468	20140319	18	30	71	\$136.32	\$68.16	50.0	30	6	Lapse of coverage between Client Plans
2	8468	20140326	18	30	70	\$134.40	\$67.20	50.0	30	6	Lapse of coverage between Client Plans
4	3486	20140303	18	30	12	\$24.36	\$12.18	50.0	30	19a, 3, 4	Missed or cancelled appointment; intervention does not address mental health condition
6	8406	20140113	18	01	24	\$35.52	\$17.76	50.0	60	19a, 4	Progress note did not describe how services reduced impairment, restored functioning or prevented deterioration: no case mgt. intervention documented on Progress Note
6	8406	20140117	18	30	72	\$137.52	\$68.76	50.0	60	9	Service claimed does not match service documented on progress note: coded as individual therapy but no therapy intervention documented on Progress Note
6	8406	20140121	18	01	11	\$16.28	\$8.14	50.0	60	17	Solely clerical and does not meet medical necessity: client called to confirm appointment

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6	8406	20140123	18	01	19	\$28.12	\$14.06	50.0	60	19a, 17	Progress note did not describe how services reduced impairment, restored functioning or prevented deterioration - no case mgt. intervention documented: <i>client called about a pharmacy error - provider asked client to contact another case manager about this issue</i>
6	8406	20140130	18	01	10	\$14.80	\$7.40	50.0	60	3, 19a	Intervention does not address mental health condition: <i>client called about a non-psychiatric medication not prescribed via the MHP</i>
6	8406	20140207	18	01	6	\$8.88	\$4.44	50.0	60	17	Solely clerical and does not meet medical necessity: <i>phoned another provider to inform that client had called</i>
6	8406	20140305	18	01	8	\$11.84	\$5.92	50.0	60	3, 4, 19a	Intervention does not address mental health condition; Missed or cancelled appointment: <i>client called to ask for copy of blood work and to reschedule appointment</i>
6	8406	20140310	18	01	35	\$51.80	\$25.90	50.0	60	9	No matching progress note and MHP staff unable to locate it in the medical record
6	8406	20140317	18	01	38	\$56.24	\$28.12	50.0	60	9	No matching progress note and MHP staff unable to locate it in the medical record
9	34BL	20140102	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140103	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140106	18	30	64	\$147.20	\$73.60	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>

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9	34BL	20140106	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140107	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140109	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140113	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140114	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140115	18	30	66	\$151.80	\$75.90	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140115	18	30	71	\$163.30	\$81.65	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140115	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140116	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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9	34BL	20140117	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140120	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140121	18	30	72	\$165.60	\$82.80	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140121	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140122	18	30	71	\$163.30	\$81.65	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140122	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140123	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140124	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140127	18	30	90	\$207.00	\$103.50	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>

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9	34BL	20140127	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140128	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140129	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140130	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140131	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140203	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140204	18	30	73	\$167.90	\$83.95	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140204	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140205	18	30	76	\$174.80	\$87.40	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours

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9	34BL	20140205	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140206	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140207	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140210	18	95	1	\$131.24	\$65.62	50.0	42	19a	1). Beneficiary attended only 60 minutes out of the 255 minute full program, making the claim invalid; 2). Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140211	18	30	65	\$149.50	\$74.75	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140211	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140212	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140213	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140214	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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9	34BL	20140217	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140218	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140219	18	30	65	\$149.50	\$74.75	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140219	18	30	50	\$115.00	\$57.50	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140219	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on any schedule and not documented on any Progress Note
9	34BL	20140220	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140221	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140224	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140225	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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9	34BL	20140226	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140227	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140303	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140304	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140305	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140306	18	30	73	\$167.90	\$83.95	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140306	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140307	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140310	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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9	34BL	20140311	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140312	18	30	73	\$167.90	\$83.95	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140312	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140313	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140314	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140317	18	30	68	\$156.40	\$78.20	50.0	42	11	Beneficiary served in setting subject to Lockout: <i>therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours</i>
9	34BL	20140317	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140318	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140319	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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9	34BL	20140320	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140321	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140324	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140325	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140326	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140327	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
9	34BL	20140328	18	30	72	\$165.60	\$82.80	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140328	18	30	65	\$149.50	\$74.75	50.0	42	11	Beneficiary served in setting subject to Lockout: therapy session claimed with no documentation that service was provided outside of Day Rehabilitation Program hours
9	34BL	20140328	18	95	1	\$131.24	\$65.62	50.0	42	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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10	34BB	20140225	18	30	91	\$334.88	\$167.44	50.0	3A	5	No initial Client Plan and MHP staff unable to locate in the medical record: <i>only updated Plan found completed & signed on 2/26/14</i>
10	34BB	20140225	18	30	59	\$217.12	\$108.56	50.0	3A	5	No initial Client Plan and MHP staff unable to locate in the medical record: <i>only updated Plan found completed & signed on 2/26/14</i>
10	34BB	20140305	18	1	51	\$145.35	\$72.67	50.0	3A	6, 7, 3	Intervention claimed (case mgt.) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented; Does not address mental health condition: <i>filled out form for school</i>
10	34BB	20140312	18	1	44	\$125.40	\$62.70	50.0	3A	6, 7	Intervention claimed (case mgt.) not on updated Client plan; No beneficiary participation in and agreement with intervention documented
10	34BB	20140320	18	60	49	\$333.20	\$166.60	50.0	3A	17 4, 3	Solely clerical activity and des not meet medical necessity: <i>blended note for beneficiary & sister, provider gave pharmacy # to father</i>
10	34BB	20140320	18	1	49	\$139.65	\$69.82	50.0	3A	6, 7, 4	Intervention claimed (case mgt.) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented; Does not address mental health condition
11	34CN	20140127	18	60	20	\$61.60	\$30.80	50.0	60	3, 4	Intervention does not address mental health condition and does not meet medical necessity: <i>review of lab tests, only documented medical levels with no relation to MH status recorded</i>
11	34CN	20140228	18	1	25	\$32.25	\$16.12	50.0	60	17, 4	Solely clerical and Progress Note does not describe how intervention would reduce impairment or prevent deterioration: <i>completed "Quarterly Performance Report"</i>

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13	8499	20140207	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140210	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140211	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140212	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140213	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140214	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140217	18	85	1	\$202.43	\$101.22	50.0	60	19a	1). Minimum required # of hours for full day of Day Treatment Intensive not met (<i>sign-in sheet for 2/17/14 adds up to 4.0 hrs</i>); 2). Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140218	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140219	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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13	8499	20140220	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140221	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140224	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140225	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140226	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140227	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140228	18	85	1	\$202.43	\$101.22	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140303	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140304	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140305	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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13	8499	20140306	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140307	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140310	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140311	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140312	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140313	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140314	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140317	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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13	8499	20140318	18	85	1	\$202.43	\$101.21	50.0	60	19a	1) Sign-in sheet records client "unavailable for signature" with no explanation. Sheet only documents 12:30 to 2:15 - therefore does not meet minimum time to claim a full day; 2) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140319	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140320	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8446	20140320	18	60	46	\$221.72	\$110.86	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8446	20140320	18	60	5	\$24.10	\$12.05	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140321	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140324	18	85	1	\$202.43	\$101.21	50.0	60	19a	1) Sign-in sheet records client "unavailable for signature" with no explanation; 2) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140325	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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13	8499	20140326	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140327	18	85	1	\$202.43	\$101.21	50.0	60	19a	Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140328	18	85	1	\$202.43	\$101.21	50.0	60	19a	1) Sign-in sheet records client "unavailable for signature" with no explanation; 2) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
13	8499	20140331	18	85	1	\$202.43	\$101.21	50.0	60	19a	1) Sign-in sheet records client "unavailable for signature" with no explanation; 2) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
15	34EU	20140109	18	30	30	\$53.40	\$26.70	50.0	60	6, 19a, 3, 4	Intervention claimed (MH rehab) not on updated Client Plan: <i>client called to reschedule appointment</i>
15	34EU	20140114	18	1	30	\$41.40	\$20.70	50.0	60	3, 4	Intervention does not address mental health condition (<i>discussed housing</i>) and does not meet medical necessity
15	34EU	20140122	18	30	239	\$425.42	\$212.71	50.0	60	6, 16, 3, 4	Intervention claimed (MH rehab) not on updated Client Plan; Solely Transportation: (took client to Dr. appointment)
15	34EU	20140129	18	30	39	\$69.42	\$34.71	50.0	60	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
15	34EU	20140131	18	30	139	\$247.42	\$123.71	50.0	60	6, 16, 3	Intervention claimed (MH rehab) not on updated Client Plan; Solely Transportation (drove to Dr. appointment)

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15	34EU	20140203	18	30	29	\$51.52	\$25.81	50.0	60	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
15	34EU	20140204	18	1	30	\$148.05	\$74.02	50.0	60	3, 4	Intervention does not address mental health condition and does not meet medical necessity (phone call about client not attending group)
15	34EU	20140205	18	30	59	\$105.02	\$52.51	50.0	60	4, 19a	Progress note did not describe how intervention would reduce impairment or prevent deterioration
15	34EU	20140210	18	30	31	\$55.18	\$27.59	50.0	60	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
15	34EU	20140211	18	30	36	\$64.08	\$32.04	50.0	60	6, 7, 4	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented; Progress note did not describe how intervention would reduce impairment or prevent deterioration: <i>client called to complain of bedbugs</i>
15	34EU	20140211	18	1	33	\$45.54	\$22.77	50.0	60	3, 4	Intervention does not address mental health condition and does not meet medical necessity (provider contacted landlord re. bedbug issue)
15	34EU	20140305	18	30	37	\$65.86	\$32.93	50.0	60	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
15	34EU	20140319	18	30	56	\$99.68	\$49.84	50.0	60	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
15	34EU	20140319	18	30	98	\$174.44	\$87.22	50.0	60	16, 6	Solely transportation documented on note and does not meet medical necessity; Intervention claimed (MH rehab) not on updated Client Plan

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15	34EU	20140320	18	30	23	\$40.94	\$20.47	50.0	60	3, 4, 6	Intervention does not address mental health condition and does not meet medical necessity (<i>discussed money issue</i>); Intervention claimed (MH rehab) not on updated Client Plan
17	34BY	20140304	18	1	134	\$202.34	\$101.17	50.0	60	4, 3, 5, 7	Progress note did not describe how intervention would reduce impairment or prevent deterioration and does not meet medical necessity (completed paperwork; Initial Client Plan not completed until 6/24/2014 - <i>all MHS & case mgt. services are disallowed.</i>)
17	34BY	20140304	18	1	48	\$72.48	\$36.24	50.0	60	5, 7	Initial Client Plan not completed within timelines (until 6/24/2014); Documentation of beneficiary's participation in and agreement with Client Plan was late; Initial Client Plan not completed until 6/24/2014
17	34BY	20140311	18	60	63	\$227.43	\$113.71	50.0	60	3, 4	Intervention does not address mental health condition and does not meet medical necessity: <i>non-MH medical issue</i>
17	34BY	20140312	18	60	31	\$111.91	\$55.95	50.0	60	3, 4	Intervention does not address mental health condition and does not meet medical necessity
17	34BY	20140312	18	30	47	\$92.12	\$46.06	50.0	60	3, 4, 5, 7	Intervention does not address mental health condition and does not meet medical necessity: <i>ETOH & drug screen assessment; Initial Client Plan not completed until 6/24/2014</i>
17	34BY	20140312	18	1	77	\$116.27	\$58.13	50.0	60	3, 4, 5, 7	Intervention does not meet medical necessity (non-billable supervision documented); Initial Client Plan not completed until 6/24/2014

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17	34BY	20140312	18	1	37	\$55.87	\$27.93	50.0	60	3, 4, 5, 7	Intervention does not address mental health condition and does not meet medical necessity: <i>drug & ETOH use issue, no MH intervention; Initial Client Plan not completed until 6/24/2014</i>
17	34BY	20140324	18	30	130	\$254.80	\$127.40	50.0	60	3, 4, 5, 7	Intervention does not address mental health condition and does not meet medical necessity: <i>diabetes medical issue, no MH intervention; Initial Client Plan not completed until 6/24/2014</i>
18	8437	20140106	18	30	85	\$146.20	\$73.10	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140114	18	30	80	\$137.60	\$68.80	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140116	18	30	105	\$180.60	\$90.30	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140116	18	30	45	\$77.40	\$38.70	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140117	18	30	25	\$43.00	\$21.50	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140117	18	30	45	\$77.40	\$38.70	50.0	6H	6, 3, 4	Intervention claimed (MH rehab) not on updated Client Plan; Intervention does not address mental health condition and does not meet medical necessity

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18	8437	20140121	18	30	28	\$48.16	\$24.08	50.0	6H	6, 3, 4	Intervention claimed (MH rehab) not on updated Client Plan; Intervention does not address mental health condition and does not meet medical necessity
18	8437	20140123	18	30	95	\$163.40	\$81.70	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140128	18	30	70	\$120.40	\$60.20	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140129	18	30	30	\$51.60	\$25.80	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140206	18	30	32	\$55.04	\$27.52	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140210	18	30	24	\$41.28	\$20.64	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140218	18	30	31	\$53.32	\$26.66	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140220	18	30	63	\$108.36	\$54.18	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140221	18	30	51	\$87.72	\$43.86	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented

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18	8437	20140224	18	30	67	\$115.24	\$57.62	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140305	18	30	33	\$56.76	\$28.38	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140305	18	30	37	\$63.64	\$31.82	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140320	18	30	19	\$32.68	\$16.34	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140321	18	30	27	\$46.44	\$23.22	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140325	18	30	61	\$104.92	\$52.46	50.0	6H	6, 7	Intervention claimed (MH rehab) not on updated Client Plan; No beneficiary participation in and agreement with intervention documented
18	8437	20140326	18	30	37	\$63.64	\$31.82	50.0	6H	6, 3, 4	Intervention claimed (MH rehab) not on updated Client Plan; Intervention does not address mental health condition and does not meet medical necessity
19	34EB	20140106	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140106	18	30	76	\$198.36	\$99.18	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140107	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140108	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140109	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140113	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time); ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140114	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time is not part of program time); ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140115	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time); ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140116	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time); ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140117	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140121	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140122	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140123	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140124	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140127	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140129	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140130	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140131	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140203	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140204	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140205	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140206	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140211	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140212	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140213	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140214	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140218	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140219	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140220	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140221	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140222	18	30	118	\$307.98	\$153.99	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140224	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140225	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140226	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140227	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140228	18	85	1	\$202.43	\$101.22	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140303	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140304	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140305	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140306	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140307	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140310	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140311	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140312	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140313	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140314	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140317	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140318	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140319	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time ; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140320	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140321	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140324	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140325	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes

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19	34EB	20140326	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140327	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140328	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
19	34EB	20140331	18	85	1	\$202.43	\$101.21	50.0	42	19a	i) Required # of hours not scheduled or documented (only 4.0 hrs on daily schedules provided - meal-time should not be part of program time; ii) Required service (Process Groups) not recorded on schedules provided & not documented on Progress Notes
20	34BB	20140127	18	1	43	\$122.55	\$61.28	50.0	35	3, 4	Intervention does not address mental health condition and does not meet medical necessity: non-billable activity - supervision on how to score assessment

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20	34BB	20140131	18	30	112	\$412.16	\$206.08	50.0	35	19a, 4	No active service: Progress note did not describe how service would reduce impairment or prevent deterioration
20	34BB	20140221	18	30	86	\$316.48	\$158.24	50.0	3N	4, 3	Progress note did not describe how service would reduce impairment or prevent deterioration and does not meet medical necessity
20	34BB	20140228	18	30	73	\$268.64	\$134.32	50.0	3N	4, 3	Progress note did not describe how intervention would reduce impairment or prevent deterioration and does not meet medical necessity (no active intervention)
20	34BB	20140303	18	1	16	\$45.60	\$22.80	50.0	35	4, 3	Progress note did not describe how intervention would reduce impairment or prevent deterioration and does not meet medical necessity: phone call concerning school I.E.P meeting (not on client plan)
20	34BB	20140307	18	30	79	\$290.72	\$145.36	50.0	35	17	Solely clerical: called mother to reschedule appointment because Dr. unavailable
20	34BB	20140307	18	30	94	\$345.92	\$172.96	50.0	35	4, 3	Progress note did not describe how service would reduce impairment or prevent deterioration and does not meet medical necessity: reviewed paperwork - non-billable service
						\$42,120.14	\$21,060.12				