DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SAN LUIS OBISPO MENTAL HEALTH PLAN
NOVEMBER 7 – 8, 2018
CHART REVIEW FINDINGS REPORT-Amended

Chart Review – Non-Hospital Services

The medical records of ten (10) adult and ten (10) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the San Luis Obispo County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS); and for consistency with the MHP's own documentation standards and policies and procedures regarding medical records documentation. The process included a review of 470 claims submitted for the months of January, February, and March of **2018**.

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Assessment

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, shall be provided, in accordance with the State Plan, to beneficiaries who meet medical necessity criteria, based on the beneficiary's need for services established by an Assessment. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) The MHP did not furnish evidence for completing Assessments timely, on an annual basis or at a shorter interval as appropriate, for those beneficiaries receiving targeted case management services, to determine the need for continuation of targeted case management services. (State Plan, Supplement 1 to Attachment 3.1-A);
2) One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards which cover the review period.
   The MHP is required to set a timeliness and frequency standard for assessments; it is unclear how frequently assessments are required to be completed.

   The following are specific findings from the chart sample:

   - **Line number(s) 6, 9 and 16**: The MHP did not submit updated assessments as requested. *During the pre-review and on-site review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
     - **Line number 6:** The medical record contained a Diagnosis Form dated 2/8/16, with very little Assessment information, which is being used as the current assessment for the review period . The beneficiary was last fully assessed for meeting criteria of medical necessity in 1996.
     - **Line number 6:** The MHP did not submit an updated assessment as requested. There was no updated Assessment found for 2016 (Missing assessment information to be linked with the 2/8/16 Diagnosis Form) and

for 2017 (no assessment documentation), and Targeted Case Management continued as a service intervention on the plan.

- **Line number 9:** There was no updated Assessment found for 2017, and Targeted Case Management is a service intervention on the plan.
- **Line number 16:** There was no updated Assessment found for 2017, and Targeted Case Management is a service intervention on the plan.

- **Line number 5, 14, 16, 18 and 20**: The initial assessment was completed late per the MHP documentation standards.
- **Line number 3, 5, 10, 12, 13 and 17**: The updated assessment was completed late by MHP documentation standards and/or because targeted case management is on the plan and requires at minimum, an annual assessment.

PLAN OF CORRECTION 2A:
The MHP shall submit a POC that:

1) Provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department and in keeping with the State Plan.
2) Describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

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Medication Consent

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

FINDING 3A:
The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- **Line number(s) 2, 6 and 10**: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *The MHP did not submit all required medication consent documentation, as requested.*

  - **Line number 2:** On the one consent form, there is no indication the conservator refused to sign the medication consent and there is no reason provided for not obtaining the conservator's signature.

- **Line number 6:** One consent form states, "Your signature constitutes your acknowledgement…" and verbal consent is noted without an explanation for refusal or unavailability to sign consent form. Additionally, consent was not found for one prescribed medication.

- **Line number 10:** Consent forms were not found for two prescribed medications.

PLAN OF CORRECTION 3A:

The MHP shall submit a POC to address actions it will implement to ensure the following:

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

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REQUIREMENTS
Medication consent for psychiatric medications shall include the following required elements: 1) The reasons for taking such medications. 2) Reasonable alternative treatments available, if any. 3) Type of medication. 4) Range of frequency (of administration). 5) Dosage. 6) Method of administration. 7) Duration of taking the medication. 8) Probable side effects. 9) Possible side effects if taken longer than 3 months. 10)Consent once given may be withdrawn at any time. (MHP Contract, Ex. A, Attachment 9)

FINDING 3B:

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- Type of medication: **Line number(s) 6 and 9.**
- Method of administration (oral or injection): **Line number(s) 2, 3, 4, and 13.**
- Duration of taking the medication: **Line Number 7.**
  Medication Consent for Remeron signed 3/27/17 – "Initial length of treatment is: 12 months and may be continued if clinically indicated [***or*** patient desires]."

- Possible side effects if taken longer than 3 months: **Line number(s) 2, 3, 4, 6, 10, 12 and 13.**

  Some of the medication consent forms note, "Tardive Dyskinesia was specifically discussed as a possible long term side effect, when applicable." When applicable implies that this side effect may or may not apply to the medication on the consent form, or to the beneficiary being prescribed the medication. Also, there are other possible side effects, if psychotropic medications taken longer than 3 months.

- Consent once given may be withdrawn at any time: **Line number(s) 1, 2, 3, 4, 5, 6, 7, 9, 11, 12 and 13.**

PLAN OF CORRECTION 3B:
The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

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Client Plans

REQUIREMENTS
Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Attachment 2)
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: a) Prior to the initial Client Plan being in place; or b) During the period where there was a gap or lapse between client plans; or c) When the planned service intervention was not on the current client plan. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4A:
Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s) 3, 6, 16 and 17:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
  - **Line number 3:** Lapse between plans (12/23/17-12/26/17).
  - **Line number 6:** Lapse of one day (10/19/17).
  - **Line number 16:** Per the Initial treatment plan document dated 9/13/16, the current plan was to be completed within 60 days of intake. The plan was signed by the adolescent client 2/1/17 and by qualified staff on 5/24/17.
  - **Line number 17:** Lapse between plans (9/28/17-10/11/17)
- **Line number 4**: The prior client plan was **late** per the MHP's written documentation standards. However, this occurred outside the audit review period.
- **Line number(s) 3, 8, and 11**: The medical record indicated a significant change in the beneficiary's mental health status (e.g. pregnancy,). However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.

  - **Line number 3:** The 1/9/17 signed plan with qualified staff signature 12/23/16 and the 12/27/17 signed plan are ***identical.*** Any significant change with regard to the beneficiary in response to treatment has not been reflected on the plan (i.e. updating the goals/objectives and interventions). It is unclear that the plan meets the current needs of the beneficiary.

  - **Line number 8:** The Psychiatric Evaluation dated 3/22/18 noted a significant change in the client's health status (i.e. pregnancy). The client had discontinued taking her medications and was working with the Psychiatrist regarding options. These changes necessitate an update to the medication support goal on the treatment plan. These significant changes were also discussed in Individual Therapy session 3/23/18, prior to the program supervisor finalizing the current plan.

  - **Line number 11:** The current plan was not updated to reflect that the client is receiving In Home Based Services and Child and Family Team Services, due to significant factors in the child's life situation. These services are referenced in the client plan under Rehabilitative Services (claimed correctly with the appropriate identifier code for IHBS) and Targeted Case Management services. (Note: TCM should be claimed as ICC/CFT when the service performed is ICC

or CFT meeting). These services should also be reflected on the treatment plan.

PLAN OF CORRECTION 4A:

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.
4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

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REQUIREMENTS
The MHP shall ensure that Client Plans: a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of intervention(s). e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number(s) 6, 7, 8, 12, 14, 17 and 20.**
- One or more of the proposed interventions did not include a detailed description. **Line number(s) 3, 5, 6, 7, 8, 9, 10, 12, 13, 14, 16, 17 and 19.**
    - **Example: Line number 3**
      Intervention: MH MD E&M Office Visit-Compre
      Frequency: Monthly

Duration: 1:00
BH will provide this service.

- One or more of the proposed interventions did not indicate an expected frequency. **Line number(s) 9 and 19.**

- One or more of the proposed interventions did not indicate an expected duration. **Line number(s) 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20.**

  In the charts in the review sample, the Intervention duration has been documented as the time spent in each service session or as the number of service sessions per week/month, and not documented as the duration of the service as a whole.

- One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number(s) 7, 12 and 17.**

  Due to the lack of specificity in the service descriptions, it is unclear how the interventions are being applied, and how they will specifically address the beneficiary's functional impairments. For example, Line number 17- The same interventions and service descriptions are copied under each objective on the client plan.

- One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number(s) 14 and 15.**

  - **Example: Line number 15:** The interventions listed under each of the Objectives are the same and are written exactly the same, without differentiation. Also, the intervention does not appear to be consistent with the first Objective and appears consistent with the second Objective.

    Example: 10/14/17 plan

    1.1 Goal: Improve Independent Living Skills
    1.1.1 Objective: Identify/Use Health Lifestyle Habits to Support Well
    1.1.1.3 Intervention: MH Individual Therapy
    FCNI Therapist will utilize TF-CBT techniques, along with mindfulness and a solution focused approach to process trauma history.

    1.2.1 Objective: Acknowledge Trauma and Impact on Life
    1.2.1.4 Intervention: MH Individual Therapy
    FCNI Therapist will utilize TF-CBT techniques, along with mindfulness and a solution focused approach to process trauma history.

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that:

1) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
2) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
5) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
6) All client plans are consistent with the qualifying diagnosis.

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REQUIREMENTS
The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)
The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when: a) The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. (CCR, title 9, § 1810.440(c)(2)(A).)
When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

FINDING 4E:
There was no documentation of the beneficiary's or legal representative's refusal or unavailability to sign the plan, if signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line number 2**: The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing.

- The treatment plan was signed by qualified clinical staff on 3/28/18; however the beneficiary's legal representative's signature was not found. There is a Plan Development progress note dated 3/28/18, which states, "Writer met again with conservator to review treatment plan, received conservators signature, and provided a copy." *During the pre-review and the on-site, MHP staff were given the opportunity to locate the Conservator signature in question but were unable to locate it in the medical record.*

PLAN OF CORRECTION 4E:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that the beneficiary's / legal representative's signature is obtained on the client plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).

2) Ensure that when the beneficiary's / legal representative's signature is not obtained, there is documentation of the reason for refusal.

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REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

FINDING 4G:
There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number(s) 9 and 10.**

PLAN OF CORRECTION 4G:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

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Progress Notes

REQUIREMENTS
The MHP shall ensure that 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. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;

b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;

c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;

d) The date the services were provided;

e) Documentation of referrals to community resources and other agencies, when appropriate;

f) Documentation of follow-up care, or as appropriate, a discharge summary; and

g) The amount of time taken to provide services; and

h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Attachment 9)

FINDING 5A:
Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line number(s) did not include 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). **Line number(s) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 17 and 19.**
- **Line number 2:** The MHP allows for "bundling" multiple sessions of the same service activity, within a short timeframe (72 hours), to be documented together on one progress note (e.g., Plan Development, Assessment and Targeted Case Management). Plan Development services for 3/21/18, 3/22/18, and 3/28/18 were rolled into one progress note and signed by provider on 3/28/18. However, in doing so, the notes associated with 3/21/18 and 3/22/18 were deemed late, per the MHP standards of completing "bundled" progress notes .
- One progress note did not document the *beneficiary's response to the intervention.* **Line number 14.**

- The progress note provided did not match the claim in terms of date of service. **Line number 10.** The MHP reported a data entry error in the claiming process and that the identified claim should reflect date 2/14/18 and match the progress note dated 2/14/18. *The MHP will submit evidence to support actions taken to correct the claim error.*

- The provider's professional degree, licensure or job title. **Line number(s) 3, 5, 6, 9 and 19.**

    - **Line number(s) 3 and 6:** The credential for the co-facilitator was not found on the progress note and the co-facilitator's time is being claimed.
    - **Line number 5:** TMHA is being used as a credential on progress notes, instead of a credential, degree or job title specific to the service provider.
    - **Line number(s) 9 and 19:** The provider credential is not present on the progress note.

PLAN OF CORRECTION 5A:

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
    - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - The beneficiary's response to the interventions, as specified in the MHP Contract with the Department.
    - Ensure progress note matches the date the services were provided and claimed.
    - The provider's/providers' professional degree, licensure or job title.

2) Speciality Mental Health Services claimed are the services actually provided to the beneficiary.

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REQUIREMENTS
When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)

FINDING 5C:
Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

- **Line number(s) 1, 2, 3, 4, 5, 6, 9, 13 and 16**: Progress note(s) did not document the number of group participants. *The MHP provided additional Electronic Health Record supporting documentation to identify the number of group participations for each progress note reviewed.*

PLAN OF CORRECTION 5C:
The MHP shall submit a POC that describes how the MHP will ensure that:

All group progress notes document the date of service, the type of service, the units of time, the number of clients in the group, and the number of staff, including contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

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REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential; ii. Crisis Stabilization (1x/23hr); iii. Day Treatment Intensive; c) Weekly: i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service; ii. Day Rehabilitation; iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 9)

Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
1) Specialty Mental Health Service claimed.
2) Date of service, and/or
3) Units of time.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5D:

The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement. Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s) 2 and 6**: The type of specialty mental health service (SMHS) (e.g., Rehabilitation, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
    - **Line number 2:** On 2/9/18 the Provider claimed Case Management for linking to a park setting appointment, but then performed Rehabilitation as a service intervention. **RR 8b1, refer to Recoupment Summary for details.**
    - **Line number 6**: On 2/22/18 the provider claimed Case Management for four intervention activities which were primarily Rehabilitative activities. **RR 8b1, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5D:

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

1) Ensure that all SMHS claimed are:
    a) Documented in the medical record.
    b) Actually provided to the beneficiary.
    c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
    d) Claimed for the correct service modality billing code, and units of time.
2) Ensure that all progress notes:
    a) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

b) Are completed within the timeline and frequency specified in the MHP Contract with the Department.

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REQUIREMENTS
Claims for ICC must use the following: 1) Procedure code T1017 2) Procedure modifier "HK" 3) Mode of service 15 4) Service function code 07 Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6C:
One or more claim was submitted for Targeted Case Management (Service Function "01") but the progress note(s) associated with the date(s) and time(s) claimed indicated that the service provided was actually for participation in an ICC "team" meeting, or for providing another ICC-specific service activity, and should have been claimed as an ICC case management service.

- **Line number 11**: On 3/12/18, the provider claimed Case Management without the claim modifier for ICC, for a CFT meeting activity.

PLAN OF CORRECTION 6E:
The MHP shall submit a POC that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

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Documentation of Cultural and Linguistic Services

REQUIREMENTS
The MHP shall make oral interpretation, available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4)-(5).)

Items that shall be contained in the client record (i.e., progress notes) related to the beneficiary's progress in treatment include:

a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;

b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;

(MHP Contract, Ex. A, Attachment 9)

FINDING 7A:

The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Progress notes lacked relevant aspects of beneficiary care. Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s) 12 and 17:** There was no evidence in the that interpretation services were offered or provided to the beneficiary and/or the beneficiary's parent or legal guardian.
    - **Line number 12:** The caretaker language preference is Spanish. There was one medication support service provided (family in session with the client) without supporting documentation for language accommodation.
    - **Line number 17:** The caretaker language preference is Spanish. There were two collateral services performed with the caregiver without supporting documentation for language accommodation.

PLAN OF CORRECTION 7A:

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

1) All beneficiaries and their parents/legal guardians are offered oral interpretation services, when applicable.
2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

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