

**STATE DEPARTMENT OF HEALTH CARE SERVICES
PROGRAM OVERSIGHT AND COMPLIANCE**

**ANNUAL REVIEW PROTOCOL FOR CONSOLIDATED
SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES**

FISCAL YEAR (FY) 2013-2014

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

CRITERIA **INSTRUCTIONS TO REVIEWERS**
Y N

COMMENTS

RE: MEDICAL NECESSITY		
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?	<p>NOTE: Review assessment(s), evaluation(s), and/or other documentation to support 1a-1c.</p> <ul style="list-style-type: none">• Is the beneficiary's diagnosis included in the list of diagnoses in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R).
1a.	The beneficiary has a DSM diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(o)(1)(A-R).	
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): <ol style="list-style-type: none">1) A significant impairment in an important area of life functioning.2) A probability of significant deterioration in an important area of life functioning.3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate.	<p>NOTE: Refer to CCCR, title 9, chapter 11, sections 1830.205 (b)(2)(A-C) and 1830.210.</p> <ul style="list-style-type: none">• Is there documentation that supports that the beneficiary, as a result of a mental disorder listed in CCR, title 9, chapter 1, section 1830.205(b)(1)(A-R) has met, at least, one (1) of the criteria listed in 1b.

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**

Y N

		INSTRUCTIONS TO REVIEWERS	
		COMMENTS	
CRITERIA			
1c.	Must meet each of the intervention criteria listed below:	Does the proposed intervention(s) focus on the condition(s) identified in No. 1b (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that SMHS can correct or ameliorate per No.1b (4)?	<ul style="list-style-type: none"> • Is there a connection between the proposed intervention and one (1) of the following: <p>A. Diminishing the impairment?</p> <p>B. Preventing a significant deterioration?</p> <p>C. Allowing a child to progress developmentally as individually appropriate?</p> <p>D. Correcting or ameliorating the condition?</p>

- 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.

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

- 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)(1-4)
- CCR, title 9, chapter 11, section 1840.314(d)
- CCR, title 22, chapter 3, section 51303(a)

- OUT OF COMPLIANCE:**
- Criteria 1a-c not supported by documentation.
 - No connection is identified between the functional impairment as it relates to the diagnosis and the service(s) provided.
 - No evidence that the intervention(s) provided met the intervention criteria listed in 1c.

Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.

RE: ASSESSMENT

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?
- NOTE:** The MHP shall establish written standards for timeliness and frequency for the required assessment elements identified in 2c. (Refer to the MHP Contract, Exhibit A, Attachment I)

- Review the MHP's written documentation standards guidelines.
- Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.
- Review the prior and current assessment for timeliness and frequency.

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA****INSTRUCTIONS TO REVIEWERS****COMMENTS**

2c.	Does the Assessment include the areas specified in the MHP Contract with the Department?	Y	N	<ul style="list-style-type: none"> Review for the required appropriate elements. These elements may include but not limited to the following: <ol style="list-style-type: none"> Presenting Problem Relevant conditions and psychosocial factors Mental Health History Medical History
	1) <u>Presenting Problem.</u> The beneficiary's chief complaint, history of presenting problem(s), including current level of functioning, relevant family history and current family information; 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;			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;

SECTION K

CHART REVIEW—NON-HOSPITAL SERVICES

INSTRUCTIONS TO REVIEWERS

	<p>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;</p> <p>6) <u>Substance Exposure/Substance Use.</u> Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;</p> <p>7) <u>Client Strengths.</u> 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;</p> <p>8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;</p> <p>9) A mental status examination;</p> <p>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; <u>and</u>,</p> <p>11) Additional clarifying formulation information, as needed.</p>	<ul style="list-style-type: none"> • Review for the required appropriate elements. These elements may include but not limited to the following (continued): <p>e) Medications</p> <p>f) Substance Exposure/Substance Use</p> <p>g) Client Strengths</p> <p>h) Risks</p> <p>i) A mental status examination</p> <p>j) A complete five-axis diagnosis</p> <p>k) Additional clarifying formulation information, as needed</p>
--	--	--

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**

Y N

INSTRUCTIONS TO REVIEWERS**COMMENTS**

2d.	<p>Did the provider obtain and retain a written medication consent form signed by the beneficiary agreeing to the administration of psychiatric medication?</p> <p>2e.</p> <p>Did the documentation include, but not limited to:</p> <ol style="list-style-type: none"> 1) The reasons for taking such medications; 2) Reasonable alternative 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. 	<ul style="list-style-type: none"> • Review the medication orders and medication consents.
2f.	Is the documentation legible?	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I <p>Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.</p>

SECTION K

CHART REVIEW—NON-HOSPITAL SERVICES

**IN COMBINATION
WITH ALL SERVICES**

CRITERIA **Y** **N**

COMMENTS

RE: CLIENT PLAN	
3.	Regarding the client plan, are the following conditions met:
3a.	Has the client plan been completed in accordance with regulatory and contractual requirements?
3b.	Has the client plan been updated at least annually, <u>or</u> when there are significant changes in the beneficiary's condition?
3c.	<p>Does the client plan include the items specified in the MHP Contract with the Department?</p> <p>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.</p> <p>2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.</p> <p>3) The proposed frequency and duration of intervention(s).</p> <p>4) Interventions that focus and address the identified functional impairments as a result of the mental disorder.</p> <p>5) Interventions that are consistent with client plan goal(s)/treatment objective(s).</p> <p>6) Be consistent with the qualifying diagnoses.</p>
<p>NOTE: Coordinate findings with the System Review process.</p> <ul style="list-style-type: none"> • Review the MHP's written documentation standards guidelines. • Review the prior and current client plans for timeliness and frequency. 	

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**

Y N

		<u>COMMENTS</u>
3d.	Is the client plan signed (or electronic equivalent) by 1) The person providing the service(s) or, 2) A person representing a team or program providing the service(s) or, 3) A person representing the MHP providing service(s) or, 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/Registerd/Waivered Social Worker D. A Licensed/Registerd/Waivered Marriage and Family Therapist E. A registered nurse, including but not limited to nurse practitioners, and clinical nurse specialists	<ul style="list-style-type: none"> • MHP shall provide a list of staff, staff signatures (or electronic equivalent), professional degree, licensure or job title, and relevant identification number, if applicable. • Review for the staff signature requirements as indicated in 3d. <p>NOTE: CCR, title 9, chapter 11, section 1810.254: "Waived/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.</p>

INSTRUCTIONS TO REVIEWERS

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE **INSTRUCTIONS TO REVIEWERS**

CRITERIA **Y N**

COMMENTS

3e. Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:	<ul style="list-style-type: none"> 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; or 3) A description of the beneficiary's participation and agreement in the medical record. <p>The beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan when:</p> <ul style="list-style-type: none"> 1) The beneficiary is expected to be in 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. <p>When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan shall include a written explanation of the refusal or unavailability.</p> <p>3f. Does the MHP have a written definition of what constitutes a long-term care beneficiary?</p> <p>3g. Is there documentation that the contractor offered a copy of the client plan to the beneficiary?</p>	<ul style="list-style-type: none"> • Review for the beneficiary's degree of participation and agreement with the plan as follows: <ul style="list-style-type: none"> A. Reference the beneficiary's participation and agreement in the body of the client plan, the beneficiary's signature on the client plan or, a description of the beneficiary's participation and agreement in the medical record. B. Whether or not the beneficiary signature is required: <ul style="list-style-type: none"> • Is the beneficiary expected to be in long-term treatment as determined by the MHP? • Will the beneficiary be receiving more than one type of Specialty Mental Health Services? • Is the beneficiary required to sign the client plan per the MHP's documentation standards guidelines? C. When the beneficiary's signature is required on the client plan and the beneficiary refuses or is unavailable for signature, is there a written explanation of the refusal or unavailability? <ul style="list-style-type: none"> • Review the MHP's written definition of a long-term care beneficiary. • Review the medical record for documentation.
---	--	---

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**

Y N

INSTRUCTIONS TO REVIEWERS**COMMENTS**

CRITERIA	OUT OF COMPLIANCE:	DOCUMENTATION:
3h. Is the documentation legible?	<ul style="list-style-type: none">• CCR, title 9, chapter 11, section 1810.205.2• CCR, title 9, chapter 11, section 1810.254• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)• CCR, title 9, chapter 11, section 1840.112(b)(2-5)• CCR, title 9, chapter 11, section 1840.112(d)(e)• DMH Letter 02-01, Enclosure A• W&IC, section 5751.2• MHP Contract, Exhibit A, Attachment I	<ul style="list-style-type: none">• Requirements not met in 3a-3c.• Client plan was not completed.• Client plan was not updated at least annually and when there were significant changes in the beneficiary's condition.• Client plan was not signed by staff as indicated in 3d.• No evidence that the contractor offered a copy of the client plan to the beneficiary.• No evidence of the beneficiary agreeing or participating in the client plan.• Client plan was not signed by the beneficiary when required.• No written explanation when the beneficiary refuses to sign or is unavailable.• No written definition of what constitutes a long-term care beneficiary.• Documentation that is illegible.

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

CRITERIA **Y N**

INSTRUCTIONS TO REVIEWERS

COMMENTS

RE: PROGRESS NOTES		
4.	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?	<ul style="list-style-type: none"> • Review the MHP's documentation standards guidelines.
4b.	<p>Do the progress notes document the following?</p> <ol style="list-style-type: none"> 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity; 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; 3) Interventions applied, beneficiary's response to the interventions and the location of the interventions; 4) The date the services were provided; 5) Documentation of referrals to community resources and other agencies, when appropriate; 6) Documentation of follow-up care, or as appropriate, a discharge summary; and 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; and 9) The date the service was documented in the medical record by the person providing the service. 	<ul style="list-style-type: none"> • Review the progress notes for: <ul style="list-style-type: none"> A. How services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. B. Timely documentation C. Medical necessity D. Beneficiary encounters and relevant clinical decisions E. Interventions applied, beneficiary's response to the interventions and the location of the interventions; F. The date the services were provided G. Documentation of referrals to community resources and other agencies, when appropriate; H. Documentation of follow-up care, or as appropriate, a discharge summary; I. Amount of time taken to provide services J. Signature of the person providing the service; the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable. K. The date the service was documented in the medical record by the person providing the service.

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES**
IN COMPLIANCE
CRITERIA
Y N

		COMMENTS	
		INSTRUCTIONS TO REVIEWERS	
4c.	<p>Timeliness/frequency as follows:</p> <p>1) Every service contact for:</p> <ul style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management <p>2) Daily for:</p> <ul style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive <p>3) Weekly for:</p> <ul style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential 	<p>NOTE: Effective September 1, 2003, the day treatment intensive weekly clinical summary note must be reviewed and signed by one of the following:</p> <ul style="list-style-type: none"> - Physician - Licensed/Waiverd Psychologist - Licensed/Registered/Waiverd Social Worker - Licensed/Registered/Waiverd Marriage and Family Therapist - Registered Nurse <p>NOTE: Documentation must support the program requirements, the type of service, date of service and units of time claimed.</p>	
4d.	Is the documentation legible?	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I • DMH Letter No. 03-03 	<ul style="list-style-type: none"> • Progress notes do not describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. • Progress notes that do not indicate the date of service, the amount of time and beneficiary encounters as specified in 4a - 4c. • Documentation that is illegible. • Services not documented timely. • No signature of person providing the services as specified in 4b (8). • Evidence that beneficiaries are not receiving services that were claimed. <p>Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.</p>

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

Y N

COMMENTS

RE: DAY TREATMENT INTENSIVE / DAY REHABILITATION		INSTRUCTIONS TO REVIEWERS
5	<p>Have <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services been provided in accordance with regulatory and contractual requirements?</p> <p>5a. 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> <ul style="list-style-type: none"> A. Daily Community Meetings;* B. Therapeutic Milieu; C. Process Groups; D. Skill-building Groups; <u>and</u> E. Adjunctive Therapies? <p>2) In addition:</p> <ul style="list-style-type: none"> A. Does <i>Day Treatment Intensive</i> include Psychotherapy?** <p>NOTE**: Psychotherapy does not include physiological interventions, including medication intervention.</p> <p>NOTE: <i>Day Rehabilitation</i> may include psychotherapy instead of process groups, or in addition to process groups.</p>	<p>NOTE: The MHP shall retain the authority to set additional higher or more specific standards than those set forth in the MHP Contract, provided the MHP's standards are consistent with applicable state and federal laws and regulations and do not prevent the delivery of medically necessary <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i>.</p> <ul style="list-style-type: none"> • Review the MHP's written documentation standard guidelines. • Review the Written Weekly Schedule for: <ul style="list-style-type: none"> A. Required service components including requirements for community meetings and <i>Day Treatment Intensive</i> psychotherapy. B. Required and qualified staff C. Documentation of the specific times, location, and assigned staff <p>NOTE*: Community meetings must occur at least once a day and have the following staffing:</p> <ul style="list-style-type: none"> A. For <i>Day Treatment Intensive</i>: Staff whose scope of practice includes psychotherapy B. For <i>Day Rehabilitation</i>: 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

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**

Y N

COMMENTS

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; C. Is there a separate entry in the medical record <u>and</u> documenting the reason for the unavoidable absence?	<ul style="list-style-type: none">Review the progress notes for:<ul style="list-style-type: none">A. Documentation of attendance in the total number of minutes/hours.B. <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services were provided as claimed.C. If the beneficiary is unavoidably absent and does not attend the scheduled hours of operation, there is a separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance.
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? A. For <u>Half Day</u> : The beneficiary received face-to-face services a minimum of three (3) hours each day the program was open. 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.	<p>NOTE: Per the MHP Contract, Exhibit A, Attachment I, in cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary's need for the <i>Day Rehabilitation</i> or <i>Day Treatment Intensive</i> program and takes appropriate action.</p> <ul style="list-style-type: none">Review Written Weekly Schedule and other documentation to ensure this requirement is met. <p>NOTE: Breaks between activities, as well as, lunch and dinner breaks do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.</p>

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE INSTRUCTIONS TO REVIEWERS

CRITERIA **Y N**

		COMMENTS
5d.	Staffing Requirements:	<ul style="list-style-type: none"> 1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> meet the following staffing requirements: <ul style="list-style-type: none"> A. For <i>Day Treatment Intensive</i>: Psychotherapy is provided by licensed, registered, or waivered staff practicing within their scope of practice. B. For all scheduled hours of operation: There is at least one staff person present and available to the group in the therapeutic milieu.
5e.	Documentation Standards:	<ul style="list-style-type: none"> 1) Is the required documentation timeliness/frequency for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> being met? <ul style="list-style-type: none"> A. For <i>Day Treatment Intensive</i> services: <ul style="list-style-type: none"> • Daily progress notes on activities; <u>and</u> • A weekly clinical summary. B. For <i>Day Rehabilitation</i> services: <ul style="list-style-type: none"> • Weekly progress note. 2) Do all entries in the beneficiary's medical record include: <ul style="list-style-type: none"> A. The date(s) of service; B. The signature of the person providing the service (or electronic equivalent); 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; <u>and</u> F. The total number of minutes/hours the beneficiary actually attended the program? <p>NOTE: The <i>Day Treatment Intensive</i> weekly clinical summary must be reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the <i>Day Treatment Intensive</i> program or the person directing the service.</p>

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA****INSTRUCTIONS TO REVIEWERS****COMMENTS**

<p>5f. Written Program Description: 1) Is there a <u>Written Program Description</u> for <u>Day Treatment Intensive</u> and <u>Day Rehabilitation</u>?</p> <p>A. Does the <u>Written Program Description</u> describe the specific activities of each service and reflect each of the required components of the services as described in the MHPC Contract.</p> <p>2) Is there a <u>Mental Health Crisis Protocol</u>?</p> <p>3) Is there a <u>Written Weekly Schedule</u>?</p> <p>A. Does the <u>Written Weekly Schedule</u>:</p> <p>a) Identify when and where the service components will be provided and by whom; and</p> <p>b) Specify the program staff, their qualifications, and the scope of their services?</p>	<ul style="list-style-type: none"> • Review the <u>Written Program Description</u> and <u>Written Weekly Schedule</u> to determine if: <ul style="list-style-type: none"> A. There are specific activities described for each service component. B. All required service components are reflected in the <u>Written Program Description</u>, as well as, indicated on the <u>Written Weekly Schedule</u>. C. Required and qualified staff was available for all scheduled hours of operation. <p>NOTE: If the MHP uses <u>Day Treatment Intensive</u> and/or <u>Day Rehabilitation</u> staff who are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program), there must be documentation of the scope of responsibilities for these staff and the specific times in which <u>Day Treatment Intensive</u> or <u>Day Rehabilitation</u> activities are being performed exclusive of other activities.</p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.212 • CCR, title 9, chapter 11, section 1810.213 • CCR, title 9, chapter 11, section 1840.112(b) • CCR, title 9, chapter 11, section 1840.314(d)(e) • CCR, title 9, chapter 11, section 1840.318 • CCR, title 9, chapter 11, section 1840.360 • MHP Contract, Exhibit A, Attachment I • DMH Letter No. 03-03
--	--	---

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA**

Y N

COMMENTS

RE: OTHER MEDICAL RECORD DOCUMENTATION	
6. Do all entries in the beneficiary's medical record include:	<p>1) The date of service;</p> <p>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</p> <p>3) The date the documentation was entered in the medical record?</p>
<i>MHP Contract, Exhibit A, Attachment I</i>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • Requirements not met in 6 (1-3)
7. When applicable, was information provided to beneficiaries in an alternative format?	<p>NOTE: When applicable, review evidence beneficiaries were provided with information in an alternative format. Coordinate findings with the System Review process.</p> <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • There is no evidence that beneficiaries were provided with information in an alternative format.
Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.	

SECTION K**CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****CRITERIA**Y
N**INSTRUCTIONS TO REVIEWERS****COMMENTS**

		The following information applies to items 8a-c:	
8.	Regarding cultural/linguistic services:		
8a.	Is there any evidence that mental health interpreter services are offered and provided, when applicable?		<ul style="list-style-type: none">• Review CCPR, MHP's policies and procedures and medical records for:<ol style="list-style-type: none">A. If beneficiary is limited English proficient (LEP), there is documentation interpreter services were offered and provided and an indication of the beneficiary's response.B. There is evidence beneficiaries are made aware that specialty mental health services are available in their preferred language.
			NOTE: Interpreter services mean oral and sign language.
			NOTE: Coordinate findings with the System Review process.
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?		
8c.	When applicable, is service-related personal correspondence provided in the beneficiary's preferred language?		
		OUT OF COMPLIANCE: <ul style="list-style-type: none">• CFR, title 42, section 438.10(c)(4),(5)• CCR, title 9, chapter 11, section 1810.405(d)• CCR, title 9, section 1810.410• DMH Information Notice No. 10-02, Enclosures, Pages 22-23 and DMH Information Notice No. 10-17, Enclosures, Pages 17-18	
Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.			

