



**REASONS FOR RECOUPMENT**  
**IN FY 2007- 2008**  
**NON-HOSPITAL SERVICES**

**MEDICAL NECESSITY:**

1. Documentation in the chart does not establish that the beneficiary has a diagnosis contained in Section 1830.205(b)(1)(A-R).

*CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)*

2. Documentation in the chart does not establish that, as a result of a mental disorder listed in Section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- A significant impairment in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- A probability the child will not progress developmentally as individually appropriate
- For full-scope Medi-Cal (M/C) beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate

*CCR Title 9, Chapter 11, Sections 1830.205(b)(2)(A),(B),(C) and 1830.210(a)(3)*

3. Documentation in the chart does not establish that the focus of the proposed intervention is to address the condition identified in CCR, Title 9, Chapter 11, Sections 1830.205(b)(2)(A),(B),(C)- (see below):

- A significant impairment in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- A probability the child will not progress developmentally as individually appropriate
- For full-scope M/C beneficiaries under the age of 21 years, a condition, as a result of the mental disorder, that specialty mental health services can correct or ameliorate

***NOTE:*** EPSDT services may be directed toward the substance abuse disorders of EPSDT-eligible children who meet the criteria for specialty mental health services under this agreement, if such treatment is consistent with the goals of the mental health treatment and services are not otherwise available.

*CCR, Title 9, Chapter 11, Sections 1830.205(b)(3)(A)*

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4. Documentation in the chart does not establish the expectation that the proposed intervention will do, at least, one of the following:
- Significantly diminish the impairment
  - Prevent significant deterioration in an important area of life functioning
  - Allow the child to progress developmentally as individually appropriate
  - For full-scope M/C beneficiaries under the age of 21 years, correct or ameliorate the condition

*CCR, Title 9, Chapter 11, Sections 1830.205(b)(3)(B)(1),(2), and (3)*

### CLIENT PLAN:

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

*MHP Contract, Exhibit A, Attachment 1, Appendix C*

6. Client plan was not completed, at least, on an annual basis as specified in the MHP's documentation guidelines.

*MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*MHP Contract, Exhibit A, Attachment 1, Appendix C*

8. For beneficiaries receiving TBS, no documentation of a plan for TBS.

*DMH Letter No. 99-03, pages 6-7*

### PROGRESS NOTES:

9. No progress note was found for service claimed.

*CCR, Title 9, Chapter 11, Section 1810.440(c); MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*CCR, Title 9, Chapter 11, Section 1810.440(c); MHP Contract, Exhibit A, Attachment 1, Appendix C*

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11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for FFP, e.g., Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per Title 9, Chapter 11.

*CCR, Title 9, Chapter 11, Sections 1840.312(g)&(h) and 1840.360-374; CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)*

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

*CFR, Title 42, Sections 435.1008 and 435.1009; and CCR, Title 22, Section 50273(1-9)*

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

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

*CCR, Title 9, Chapter 11, Section 1840.312(a),(b),(c), and (d)*

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

*CCR, Title 9, Chapter 11, Section 1840.316(b)(2)*

15. The progress note does not contain the signature (or electronic equivalent) of the person providing the service.

*MHP Contract, Exhibit A, Attachment 1, Appendix C*

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

*CCR, Title 9, Chapter 11, Sections 1810.355(a)(1)(B), 1840.312(f), and 1810.247, and 1840.110(a)*

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

*CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)*

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

*CCR, Title 9, Chapter 11, Sections 1840.312(f), and 1810.247, 1840.110(a), and 1830.205(b)(3)*

# REASONS FOR RECOUPMENT IN FY 2007-2008

19. No service provided: Missed appointment per DMH Letter No. 02-07.

*DMH Letter No. 02-07*

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

- a) For the convenience of the family, caregivers, physician, or teacher
- b) To provide supervision or to ensure compliance with terms and conditions of probation
- c) To ensure the child's/youth's physical safety or the safety of others, e.g., suicide watch
- d) To address conditions that are not a part of the child's/youth's mental health condition

*DMH Letter No. 99-03, page 4*

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

*DMH Letter No. 99-03, page 5*

## HOSPITAL SERVICES

### MEDICAL NECESSITY:

22. Documentation in the chart does not establish that the beneficiary has a diagnosis contained in Section 1820.205(a)(1)(A-R).

*CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)*

23. Documentation in the chart does not establish that, as a result of a mental disorder listed in Section 1820.205(a)(1)(A-R), the beneficiary requires psychiatric inpatient hospital services for, at least, one of the following reasons:

- Presence of symptoms or behaviors that represent a current danger to self or others, or significant property destruction
- Presence of symptoms or behaviors that prevent the beneficiary from providing for, or utilizing food, clothing or shelter

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- Presence of symptoms or behaviors that present a severe risk to the beneficiary's physical health
- Presence of symptoms or behaviors that represent a recent, significant deterioration in ability to function
- Need for psychiatric evaluation, medication treatment, or other treatment that can reasonably be provided only if the beneficiary is in a psychiatric inpatient hospital
- Presence of either a serious adverse reaction to medications or the need for procedures/therapies that require continued psychiatric inpatient hospitalization

*CCR, Title 9, Chapter 11, Sections 1820.205(a)(2)(B) 1 a-d, 1820.205(a)(2)(B) 2 a-c, and 1820.205(b)(1-4)*

## ADMINISTRATIVE DAY:

24. Documentation in the chart does not establish that the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital service during the current hospital stay.

*CCR, Title 9, Chapter 11, Sections 1820.220(j)(5) and 1820.225(d)(2)*

25. Documentation in the chart does not establish that the hospital made the minimum number of contacts with the non-acute residential treatment facilities as evidenced by a lack of the following: a) The status of the placement option(s), b) the dates of the contacts, and c) the signature of the person making each contact.

*CCR, Title 9, Chapter 11, Sections 1820.220(j)(5) and 1820.225(d)(2)*

## CLIENT PLAN:

26. The beneficiary record does not contain a client plan.

*Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210*

27. The client plan was not signed by a physician.

*CFR, Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210*

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## **OTHER:**

28. A claim for a day when the beneficiary was not admitted to the hospital.

*CCR, Title 9, Chapter 11, Sections 1810.238, 1820.205, and 1840.110(a); (b)(2)(A),(B),(C) and 1830.210(a)(3)*