SECTION J CHART REVIEW—NON-HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
RE: OTHER CHART DOCUMENTATION				
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5.	When applicable, was information provided to beneficiaries in an alternative format?			**NOTE:** When applicable, review evidence that beneficiaries were provided with information in an alternative format. Coordinate findings with the System Review process.
•	*CFR, title 42, section 438.10(d)(2)*	**OUT OF COMPLIANCE:**		
•	*CCR, title 9, chapter 11, section 1810.410 (b)*	• There is no evidence that beneficiaries were provided with information in an alternative format based on the MHP's IP or policy.		
•	*DMH Information Notice No. 97-06, D, 5*			
Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.				
6.	Regarding cultural/linguistic services:			**The following information applies to items 6a-c:**
6a.	Is there any evidence that mental health interpreter services are offered?			**NOTE:** Coordinate findings with the System Review process. Interpreter services mean oral and sign language. • Review CCPR and medical records. • If beneficiary is limited English proficient (LEP), is there documentation that interpreter services were offered and indicates the beneficiary's response? • Is there evidence beneficiaries are made aware that specialty mental health services are available in their primary language?

	CRITERIA	IN COMPLIANCE Y	IN COMPLIANCE N	INSTRUCTIONS TO REVIEWERS COMMENTS
6b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?			
6c.	Is service-related personal correspondence provided in the beneficiary's preferred language?			
• *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*		**OUT OF COMPLIANCE:** • No evidence of 6a-c.		
Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.				

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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.			**NOTE:** Effective September 1, 2003, day treatment intensive weekly note must be signed by one of the following: - Physician - Licensed/Waivered Psychologist - Licensed/Registered/Waivered Social Worker - Licensed/Registered/Waivered Marriage and Family Therapist - Registered Nurse • Documentation must support the program requirements, the type of service, date of service and units of time claimed. *Refer to DMH Letter No. 03-03, Enclosure 1*

- *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*

OUT OF COMPLIANCE:
- NFP, Progress notes that do not indicate the date of service, the amount of time and beneficiary encounters as specified in 4a and 4c.
- Documentation that is illegible.
- Services not documented timely.
- No signature of person providing the services as specified in 4a-(8).
- Evidence that beneficiaries are not receiving services that were claimed.

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
RE: PROGRESS NOTES				
4. 4a.	Do progress notes document the following? 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; 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. 9) The date the service was documented in the medical record by the person providing the service.			**Review the MHP's documentation standards guidelines.** **All progress notes must contain elements 4a-c including but not limited to:.** • Timely documentation • Medical necessity • Client encounters • Interventions applied, beneficiary's response to the interventions and the location of the interventions; • Date the services were provided • Referrals to community resources and other agencies, when appropriate; • Documentation of follow-up care, or as appropriate, a discharge summary; • Amount of time taken to provide services • 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. • The date the service was documented in the medical record by the person providing the service.
4b.	Is the documentation legible?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3e.	Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by one (1) of the following? 1) Reference to the beneficiary's participation in and agreement in the body of the client plan; or 2) The beneficiary's signature on the client plan; or 3) A description of the beneficiary's participation and agreement in the medical record. 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.			**NOTE:** Does the medical record contain documentation of the beneficiary's degree of participation and agreement with the plan? 1) Is there reference to 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? 2) Review the MHP's definition of a "long-term beneficiary." • Is the beneficiary's signature required? • Is the beneficiary a long-term beneficiary? • Is the beneficiary receiving more than one type of service? 3) 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?
3f.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?			**NOTE:** Describe the procedure for how the beneficiary obtains a copy of the client plan.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3g.	Has the client plan been updated at least annually, and when there are significant changes in the beneficiary's condition?			
	• 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*			**OUT OF COMPLIANCE:** • NFP. • Requirements not met in 3a-b. • Client plan has not been completed. • Client plan has not been updated at least annually and when there were significant changes in the beneficiary's condition. • Client plan was not signed by staff. • 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. Documentation that is illegible.

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3d.	Is the client plan signed (or electronic equivalent) by, at least, one (1) of the following (1, 2, or 3): 1. A person providing the services. 2. A person representing a team or program providing the service(s). 3. A person representing the MHP providing services. 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 not 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 E. Licensed/Registered/Waivered Professional Clinical Counselor (pending Centers for Medicare and Medicaid Services (CMS) approval) F. A Registered Nurse			**NOTE:** It is good clinical practice to include the date of the signature and title or licensure with every staff signature. • MHP shall provide a list of staff, staff signatures, and staff licenses. CCR, title 9, chapter 11, section 1810.254: "Waivered/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.

	CRITERIA	IN COMPLIANCE Y	IN COMPLIANCE N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: List documents reviewed that demonstrate compliance and provides specific explanation of reason(s) for in compliance or out of compliance.				
RE: CLIENT PLAN				
3a.	Has the client plan been completed in accordance with regulatory and contractual requirements?			**NOTE:** Coordinate findings with the System Review process. • Review the MHP's written documentation standards guidelines.
3b.	Does the client plan contain the following elements? 1) Specific, observable, and/or specific quantifiable goals/treatment objectives.			**NOTE:** Coordinate findings with the System Review process.
	2) The proposed type(s) of intervention/modality.			
	3) The proposed frequency and duration of intervention(s).			
	4) Interventions that focus and address the identified functional impairments as a result of the mental disorder.			
	5) Interventions that are consistent with client plan goal(s)/treatment objective(s).			
	6) Be consistent with the qualifying diagnoses.			
3c.	Is the documentation legible?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	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; 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.			e) Medications f) Substance Exposure/Substance Use g) Client Strengths h) Risks i) A mental status examination j) A complete five-axis diagnosis k) Additional clarifying formulation information, as needed
2c.	Is the documentation legible?			**NOTE:** Coordinate findings with the System Review process.
• *CCR, title 9, chapter 11, section 1810.204* • *CCR, title 9, chapter 11, section 1840.112(b)(1)*		**OUT OF COMPLIANCE:** • NFP. • No assessment has been completed. • The assessment or other documents in the medical record do not contain the required elements., Documentation that is illegible.		

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
2b.	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: Include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;			• Does the assessment(s) include the appropriate elements? These elements may include but not limited to the following: a) Presenting Problem b) Relevant conditions and psychosocial factors c) Mental Health History d) Medical History

CRITERIA	IN COMPLIANCE Y	IN COMPLIANCE N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CCR, title 9, chapter 11, section 1830.205 (b)(c)* • *CCR, title 9, chapter 11, section1830.210* • *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)*			**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?			**NOTE:** Assessment information need not be in the specific document or section of the chart. • Review the MHP's written documentation standards guidelines. • Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.

	CRITERIA	IN COMPLIANCE Y	IN COMPLIANCE N	INSTRUCTIONS TO REVIEWERS / COMMENTS
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.			Does the proposed intervention(s) focus on the condition(s) identified in 1b (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that SMHS can correct or ameliorate 1b. (4)? • Can a connection be identified between the proposed intervention and one (1) of the following: A. Diminishing the impairment? B. Preventing a significant deterioration? C. Allowing a child to progress developmentally as individually appropriate? D. Correcting or ameliorating the condition?