SECTION 10: SITE CERTIFICATION/MEDICAL RECORD REVIEW

10.0 Site Certification/Recertification

In order for a provider to receive Medi-Cal beneficiary referrals and begin billing for services, the provider must first be Medi-Cal certified by the Department of Health Care Services through its local Mental Health Plan (MHP). The Fresno County Mental Health Plan (FCMHP) is required to conduct a Medi-Cal site certification during the credentialing process to ensure compliance with all federal and state guidelines; however, the exact timing will be up to the discretion of the FCMHP. Compliance with site certification standards is monitored by FCMHP staff. (Refer to Certification Survey Checklist, Organizational Provider Facility Site form at the end of this section).

In order for a provider to continue to be reimbursed for services provided to a Medi-Cal beneficiary, the provider must be recertified every year, usually at the same time as the Medical Record review. Additional certification review may be conducted when:

- The provider makes major staffing changes.
- The provider makes organizational and/or corporate structure changes (e.g., conversion from non-profit status).
- The provider adds day treatment or medication support services when medications will be administered or dispensed from the provider site.
- There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
- There is change of ownership or location.
- There are complaints against the provider.
- There are unusual events, accidents or injuries requiring medical treatment for clients, staff or members of the community.

The FCMHP may revisit the site, as necessary to follow-up on any areas requiring compliance correction. The provider is required to correct any deficiency(ies), and demonstrate compliance of site certification requirements to the FCMHP within 30 days of notification.

Failure to provide evidence of correction of or compliance with the deficiencies within the 30 days will result in withholding of payments for current and future claims and/or contract termination.

10.1 Medical Record Review

The FCMHP staff may perform an onsite medical records review annually or when circumstances indicate oversight is needed. If medical record keeping does not meet standards, the FCMHP may potentially withhold payment as stated in the contractual agreement until a satisfactory Plan of Correction is submitted. Subsequent visits will be made as necessary to follow-up on any areas requiring correction. The provider is required to correct any deficiencies and to demonstrate correction of these deficiencies to the FCMHP staff. (Please refer to FCMHP Chart Review Summary Checklist and How to Fill-out the Plan of Correction Form at the end of this section.)

10.2 Reasons for Recoupment or Disallowance During a Medical Record Review

The following list contains some of the reasons that may justify Recoupment or Disallowance during a Medical Record Review. This is not an exhaustive list.

- Documentation in the chart does not establish that the client has an included ICD-10 diagnosis per California Code of Regulations, (CCR) title 9, chapter 11, section 1830.205(b)(1)(A-R).

- Documentation in the chart does not establish that, as a result of a mental disorder, the client 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 that the child will not progress developmentally as individually appropriate
    - For clients under the age of 21, a defect or mental illness that specialty mental health services can correct or ameliorate.

- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental health disorder that specialty mental health services can correct or ameliorate.

- Documentation in the chart does not establish that the focus of the proposed intervention is to address the identified impairment.

- 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

- The Plan of Care was not completed prior to provision of all planned specialty mental health services.

- The initial Plan of Care (a.k.a. client plan, treatment plan) was not completed within 60 days of the intake unless there is documentation supporting the need for more time.

- The Plan of Care was not completed, at least, on an annual basis or as specified in the FCMHP's documentation guidelines.

- No documentation of client or the legal guardian participation in and agreement with the plan or written explanation of the client's refusal or unavailability to sign as required.

- No progress note was found for service claimed. Every claim for service must be supported by a progress note or clinical documentation that must be present in the client record prior to the submission of the claim.

- The time claimed was greater than the time documented.

- The progress note indicates that the service was provided while the client resided in a setting where the client was ineligible for FFP, i.e. IMD, jail, and other similar settings, or in a setting subject to lockouts per Title 9 CCR, Chapter 11.

- The progress note clearly indicates that the service was provided to a client in juvenile hall and when ineligible for Medi-Cal.

- The progress note indicates that the service provided was for academic, educational, vocational service that has work or work training as its actual purpose, recreation, or socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific target behaviors.

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

- The progress note did not contain the signature of the person providing the service.

- The progress note indicates that the service provided was solely transportation.

- The progress note indicates that the service provided was solely clerical.

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

- No service was provided, or the progress note indicates activities not consistent with the type of service contact claimed.

- The service was not provided within the scope of practice of the person delivering the service.

- The progress note was not legible.

- Missed appointments (as no services provided) are not reimbursable.

- Supervision time is not reimbursable. Supervision focuses on the supervisee's clinical/educational growth (as when meeting to monitor his/her caseload or his/her understanding of the therapeutic process) and is not reimbursable time.

- Personal care services performed for the client are not reimbursable. Examples include grooming, personal hygiene,

assisting with medication, child or respite care, housekeeping, and the preparation of meals.

- Travel time between two provider sites (i.e. two billing providers, or the provider's second office) is not reimbursable. Travel time may only be claimed from a provider site to an off-site location (i.e. client's home). Provider sites include satellites and school site operations.

10.3 Site and Medical Record Review Procedure

- The FCMHP staff will contact the provider to arrange a convenient date and time for the review.

- The provider is expected to provide the FCMHP staff with all materials requested for review in a timely manner.

- The FCMHP will send the provider an audit summary within 30 calendar days after the review. The provider will be asked to make corrective actions, if necessary, by completing the Statement of Deficiencies and Plan of Correction Form. (Refer to form at the end of this section).

- The FCMHP will ask providers for a Plan of Correction based on the following deficiencies.

    a. Notes are illegible.
    b. Treatment does not address the primary DSM-V diagnosis, i.e., treatment is not consistent with the presenting mental health symptoms.
    c. Interventions are not consistent with the behavioral goals on the Plan of Care (except during crisis visits).
    d. Notes are not specific and individualized to the client.
    e. Specific strategies or techniques used as interventions are not documented.
    f. Notes are not consistent with the type of service being billed.

- Failure to submit the Plan of Correction form with 30 days of receipt of the audit summary will result in withholding of payment for current and future claims and/or contract termination.

- Providers who were asked to make corrective actions will receive a follow-up audit summary stating the FCMHP's action on the requested corrections.

- Appeals process following a medical records review:

  - Immediately following the medical records review, the provider will receive a copy of the *FCMHP Missing Documentation and Potential Disallowance Worksheet* that specifies the disallowed claims and the amounts to be recouped.

  - If the provider wishes to appeal any of the recoupment findings, the provider may do so by submitting an appeal, in writing, within ten (10) working days after the receipt of the *FCMHP Missing Documentation and Potential Disallowance Worksheet*. Please address the appeal to the attention of:

    Clinical Supervisor
    Department of Behavioral Health
    Managed Care Division
    P.O. Box 45003
    Fresno, California 93718-9886

  - Please send an electronic version of the appeal to mcare@FresnoCountyCA.gov

  - Any claimed service without supporting documentation noted during the onsite review will be automatically disallowed, unless the provider is able to provide evidence of missing documentation during the day of the review, while the reviewers are on-site. Documentation submitted after the date of the medical records review will not be accepted.

- For Institute(s) of Mental Diseases (IMD) or Out-of-County, non-contracted inpatient psychiatric hospitals that see Fresno County Medi-Cal beneficiaries, the FCMHP may visit the IMD or hospital facility(ies) and perform a medical record review of Fresno County cases, to ensure compliance with FCMHP standards.

Section 10:

Site Certification/Medical Record Review

Forms and Attachments

This page intentionally left blank

FRESNO COUNTY MENTAL HEALTH PLAN

ORGANIZATIONAL PROVIDER CERTIFICATION CHECKLIST

Type of Review: ☐ Initial Certification ☐ Re-Certification ☐ Fire Clearance Date: _____

Provider Name: _____ Provider #: _____

Address: _____ Phone #: _____

City: _____ Fax #: _____

Hours of Service: _____ Percent of Medi-Cal: _____

When you schedule appointments, do you place any restrictions on the times when Medi-Cal consumers can be seen? _____

Average Number of Consumers Served: _____ Ages of Consumers: _____

SERVICES PROVIDED

_____ Mental Health Services	_____ Adult Crisis House	_____ Day Tx Intensive (full day)
_____ Therapeutic Behavioral Services		
_____ Medication Support	_____ Adult Residential	_____ Day Tx Intensive (half day)
_____ Case Management	_____ Crisis Stab. EM/UC	_____ Day Tx Rehab. (full day)
_____ Crisis Intervention	_____ Psych Health Facility	_____ Day Tx. Rehab. (half day)

ETHNICITY OF POPULATION SERVICED

_____ Cauc% _____ Hisp% _____ Afro% _____ Asian% _____ Native% _____ Other

STAFFING PATTERNS

Staff	Number (FTE)	Percent (%) of Time in Field	Language
MD			
Ph.D.			
LCSW			
LMFT			
RN			
LVN/PT			
Unlicensed			
Other			

SITE CERTIFICATION SUMMARY

☐ Certification/Recertification approved effective _____ to _____

☐ Certification/Recertification approved effective _____ to _____
with recommendations below:

_____

_____

_____

_____

_____

☐ Plan of Correction (POC) required (see "Comments" of any item checked "No").
A Plan of Correction (POC) must be submitted on the provided form within 30 days of the date of notification.

OTHER FINDINGS:

FOLLOW-UP:

DISTRIBUTION:

☐ Original to Provider ☐ Managed Care (Copy) ☐ Credentialing Committee (Copy) ☐ Other _____

REVIEWER(S): _____ Title: _____ Date: _____

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

CERTIFICATION SURVEY CHECKLIST
Organizational Provider Facility Site

Organization Name: _____ **Date of review:** _____

Documents Required (Collected prior to completion of on-site visit):				
	Yes	**No**	**N/A**	**Comments**
Head of Service Licensure/Evidence				
Fire Clearance (dated within past 12 months)				
Certificate of Residential Licensure (for PHF only)				

On-Site Review				
Evaluation Criteria	**Yes**	**No**	**N/A**	**Comments**
SECTION I, Site Certification Review **A. FACILITY** The facilities used by the organization reflect the following: **(N/A for TBS)**				
1. Building is maintained in manner to provide for physical safety of consumers, visitors, personnel and meets ADA accessibility standards.				
a. Office/facility is wheelchair accessible.				
b. Handicapped accessible restroom is available.				
c. Designated handicapped parking is available.				
d. Water fountain and telephone are at proper height for consumers in wheelchairs.				
e. There are Braille indicators in elevator of buildings, which have more than one story.				
f. Environment is maintained in a manner to provide for physical safety of patients, visitors, and personnel (no exposed wires, frayed cords or torn carpet; recommend outlet caps).				
g. ***Maintenance policy:*** There is a maintenance policy (the building maintenance policy or the maintenance agreement between the program and owner of the building where services are provided) to ensure the safety and well-being of beneficiaries and staff.				
2. Temperature of refrigerated food for consumer's use is between 36 - 46 degrees F (2-8 degrees C).				
3. Sufficient space is allocated for consumer and office services.				
4. Mental Health Plan Consumer brochures and handbook are available in waiting room in regards to complaint, grievance, and State Fair Hearing. (For Fresno County, Should have Spanish, Hmong translations if it applies to the provider.)				
5. Office has posters that explain the grievance process.				

	Evaluation Criteria	Yes	No	N/A	Comments
6.	Hours of operation are followed as stated on RFP.				
B.	**Fire Safety (N/A for TBS)**				
1.	Provider has an acceptable fire clearance dated within past 12 months. Building is fire safe as evidenced by certificate of Fire Department inspection and clearance.				
2.	Fire extinguisher is easily accessible and inspected annually.				
3.	Smoke detector is installed and in working order.				
C.	**DISASTER PREPAREDNESS (N/A for TBS)**				
1.	A written policy describing crisis/emergency situations (clinical/medical/disaster) exists.				
2.	There is a site specific disaster plan.				
3.	There are specific responsibilities assigned to staff in the event of a disaster.				
4.	The site-specific plan includes the seven digit telephone numbers of emergency personnel.				
5.	The staff members have been adequately trained to typical disaster scenarios.				
D.	**LICENSE TO OPERATE**				
1.	The organizational provider has the necessary business license to operate.				
2.	For Psychiatric Health Facilities (PHF), facility possesses current residential license.				
E.	**PROGRAM REQUIREMENTS** The treatment program has/ meets the following requirements:				
1.	A written description of the program's philosophy and mission statement.				
2.	A written policy and procedure on timely and appropriate access. **(N/A for TBS)**				
3.	Written policy and procedures on: types of service; intake process; admission; referrals and linkage; length of services; discharge and/or discontinuation of services.				
4.	A written policy and procedure on service coordination with other agencies (i.e., physical health care, Regional Center).				
5.	A written policy and procedure on referrals to other agencies when client does not meet medical necessity criteria. **(N/A for TBS)**				
6.	A written policy and procedure on case reviews.				
7.	A written policy and procedure for the unusual occurrence reporting relating to health and safety issues.				Also see items K 1 and 2 for same information.

	Evaluation Criteria	Yes	No	N/A	Comments
F.	**PERSONNEL**				
1.	The Head of Service meets CCR, Title 9, and Section 622-630 requirements.				
2.	All licensed and unlicensed clinical staff is appropriately credentialed. Proof of professional licensure, waiver or registration.				
3	Evidence that organization conducts screening of licensed personnel/providers and is checking excluded provider lists.				
4.	Evidence that organization meets minimum educational requirements for non-licensed staff (i.e., TBS coach, case managers) as stated on submitted RFP and Agreement.				
5.	Evidence of background check, criminal record check of employees encompassing both the Dept. of Justice and Federal Bureau of Investigation.				
6.	Documentation of Dept. of Motor Vehicles record *for those employees transporting clients.*				
7	Documentation of employees being bonded if handling client's cash resources.				
8.	The personnel manual contains accurate, up to date descriptions of each employee's job responsibilities, duties and privileges.				
9.	Evidence that organization meets staffing as stated on submitted RFP and Agreement.				
10.	Evidence of employee training of abuse reporting requirements for children and older adults.				
11.	Evidence of staff training as it relates to specific mental health needs of population served as stated on submitted RFP.(For TBS-Training on behavioral analysis & field safety)				
12.	**Personnel Policies and Procedures on the following:**				
a.	Clinical supervision of waivered/registered staff.				
b.	Clinical supervision of non-licensed staff (i.e. case managers).				
c.	Non discrimination in employment practices.				
d.	Oversight of non-licensed staff when supervising licensed/registered/waivered staff is ill or on vacation.				
e.	Drug testing of employees.				
f.	Credentialing/re-credentialing of licensed/waivered/ registered staff.				
g.	Eligibility screening, confirmation of required licensure that is valid and current and checking excluded provider lists for all licensed/registered/waivered staff.				

	Evaluation Criteria	Yes	No	N/A	Comments
G.	**ACCESS TO CARE** Provider demonstrates accountability for the following practices: **(N/A for TBS)**				
1.	Written information about emergency mental health care are available to consumers at intake and in waiting areas.				
2.	Documentation that appointments are scheduled in a timely manner and priority in scheduling of crisis situations is available.				
3.	Provider distributes copies of the Consumer Handbook and Brochures to all consumers upon admission.				
4.	**Fresno County only**: The provider maintains access logs, which are faxed or mailed to Managed Care on a monthly basis (by the 10th of each month)				
H.	**PHYSICIAN AVAILABILITY** Provider demonstrates accountability for the following practice: **(N/A for TBS)**				
1.	A written procedure for referring consumers to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.				
2.	If providing medication support services to minors, organization employs a Board Certified Pediatric Psychiatrist as stated in RFP.				
I.	**MEDICATION SUPPORT SERVICES** The facility meets the following guidelines related to storage, labeling, dispensing and disposal of medication: **(N/A for TBS)**				
1.	Prescription pads are inaccessible to consumers.				
2.	All drugs are stored in a secure manner with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.				*If no prescription/sample drugs stored on-site, provider has a written policy.*
3.	A policy and procedure is in place to check the expiration date of drugs.				
4.	All drugs in office are within expiration date.				
5.	All drugs obtained by prescription are labeled and altered only by persons legally authorized to do so.				
6.	Drugs intended for external use are stored separately.				
7 a.	Drugs stored at proper temperatures: Room temperature drugs at 59 to 89 degrees Fahrenheit (15 to 30 degrees centigrade).				
b.	Refrigerated drugs are stored at 36 to 46 degrees Fahrenheit.				
8.	IM multi-dose vials are dated and initialed when opened.				
9.	A drug log is maintained to ensure that provider disposal of expired, contaminated, deteriorated, and abandoned drugs.				
10.	Policies and procedures are in place for dispensing, administering and storing medications.				
11.	Drugs are dispensed only by persons legally authorized to do so.				

	Evaluation Criteria	Yes	No	N/A	Comments
J.	**BENEFICIARY PROBLEM RESOLUTION/ PATIENT RIGHTS (N/A for TBS)**				
1.	There is written evidence that verbal and written information regarding problem resolution is provided at the time of admission and periodically thereafter.				
2.	Complaint/ grievance information forms and self-addressed envelopes are posted in a prominent location.				
3.	**Fresno County:** Provider maintains a log of all complaints and submits log to Managed Care on a weekly basis.				
4.	Patient's Rights information/ phone number is displayed in a prominent location.				
5.	In the event of a consumer's dissatisfaction with his/her clinician, change of provider information is made available.				
K.	**QUALITY IMPROVEMENT**				
1.	Policy and procedure on reporting unusual occurrences related to health and safety issues.				See item E.7 for same information listed here.
2.	Unusual events, accidents, or injuries requiring medical treatment for clients, staff, or members of the community, are logged and available to the MHP for review.				
L.	**MEDICAL RECORD/CONFIDENTIALITY**				
1.	Policy and procedure that describes organization's medical record keeping (security and access).				
2.	Evidence organization follows medical record keeping as stated on the RFP.				
3.	Policy and procedure that describes organization's confidentiality and protected health information (release of information) process.				
4.	Evidence organization follows confidentiality and release of information process as stated on the RFP.				
M.	**CULTURAL ISSUES**				
1.	Staffing patterns reflect the needs of the different cultures represented in the population.				
2.	Consumer information and consent forms are available in the consumer's primary language if need be, or a translator can be made available.				
3.	The provider follows a process of determining linguistic proficiency for staff that performs translation services as stated in the RFP.				
4.	Staff receives training on cultural issues of consumers served as stated on RFP.				

	Evaluation Criteria	Yes	No	N/A	Comments
N	**CRISIS STABILIZATION SERVICES** The facility meets the following guidelines for related as a CSU: **(N/A for all other modes of services)**				
1.	A physician on call at all times for the provision of those Crisis Stabilization Services that may be provided by a licensed physician (Identify physicians; review physician's work schedules and "on call" schedule to determine coverage.)				
2.	The provider has qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided? (Review staff schedules and working hours; compare with census)				
3.	The provider has at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services as part of the 4:1 client/staff ratio				
4.	The provider have medical backup services available either on site or by written contract or agreement with a hospital				
5.	Medication is available on an as needed basis and the staffing is available to prescribe and/or administer at all times, according to State and Federal criteria.				
6.	Evidence beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment. (This may be accomplished using protocol approved by a physician.)				
7.	Evidence beneficiaries receive referrals to outside services as needed that correspond with the beneficiary's needs as identified in the physical and mental health assessment.				
8.	If a beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, the provider makes such persons available.				
9.	If Crisis Stabilization services are co-located with other specialty mental health services, the provider use staff to provide Crisis Stabilization that is separate and distinct from persons providing other services.				
10.	Evidence that beneficiaries currently in the Crisis Stabilization Unit (CSU) receive Crisis Stabilization services no longer than 23 hours and 59 minutes.				
11.	**CSU Facilities Environment Surveyed for:**				
a.	Is the CSU a LPS-designated facility?				
b.	Does it accept both adults and children/adolescents?				
c.	If the answer to #2 above is "Yes", are the adults physically segregated from the children and adolescents? Are the minors under 1:1 supervision at all times?				
d.	Do the police transport patients to the CSU?				
e	What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?				
e.	Are there any types of patients which the CSU will not accept from the police?				
f.	Is there suitable furniture in the CSU on which the beneficiaries can sit or recline?				
12	**CSU, PHF and other LPS-Designated Facilities (fewer than 16 bed) Environment Surveyed for:**				
	Are there any types of patients which the PHF will not accept?				

	Evaluating Criteria	Yes	No	N/A	Comments
g.	Does the CSU/PHF have seclusion and restraint (S&R) capability?				
	Written procedure regarding use of S&R.				
h.	Are the S&R rooms clean and free from hazards that might pose a danger to a beneficiary confined in them (e.g., sharp edges, breakable glass, pointed corners)				
i.	Are the beds in the S&R rooms securely bolted to the floor?				
j.	Are there sheets or similar materials (e.g., blankets, bedspreads) present in the seclusion rooms? (The presence of sheets or blankets in a seclusion room where beneficiaries are NOT restrained poses a potential risk to patient safety.)				
k.	How are patients monitored while in seclusion and restraints? (i.e., Direct line-of-sight observation, via television monitor?) How does the facility ensure that staff is actually monitoring the patients if this is done via television monitor?				
l.	Are there "quiet rooms" which patients can use when they wish to have a reduced level of stimulation?				
m.	Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?				
n.	What procedures are in place when a patient experiences a medical emergency? How is medical emergency defined? Are there procedures which describe how a distinction is made between an emergency requiring attention by the on-call physician and an emergency requiring a call to "911"? Who is authorized to make this determination?				
o.	What procedures are in place to handle a psychiatric emergency which is beyond the scope/capability of the CSU/PHF or its staff? For example, what would be done with a patient who became seriously assaultive when all of the seclusion/restraint rooms were in use?				
p.	What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?				
q.	What arrangements or options are available for family members who wish to visit patients?				
r.	Which staff performs crisis intervention services?				
s.	Which staff perform risk assessments (e.g., for DTO, DTS, GD)?				
t.	During the tour, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station?				
v.	What dietary facilities are available for preparation/dispensing of patient meals and snacks?				
w.	Is the Fresno County Patients' Rights information clearly posted in patient areas, and in all 3 threshold languages?				
O	**Psychiatric Health Facility** In addition to environment survey above, the facility meets the following guidelines for related as a PHF or other designated LPS facility with fewer than 16 beds: **(N/A for all other modes of services)**				
1.	PHF has 16 beds or less (List number of beds)				
2.	There is a program description of services, rules, and program schedule for each inpatient psychiatric program/unit; patient handbooks; contraband policy				
3.	There is a Hospital Plan for Patient Care				
4.	Complaint and Grievance Forms, with policies & procedures, including Medi-Cal Beneficiary Handbooks (All threshold languages) are available				
5.	Evidence of current roster of LPS Authorized Staff and Attending Staff list (psychiatry)				

	Evaluation Criteria	Yes	No	N/A	Comments
6.	Evidence of Professional staff applications; Privilege form(s) for LPS Involuntary Detention (5150)				
7.	There are Employee and Medical Staff Compliance Policies and Agreement Forms regarding compensation for referrals (e.g. Standards of Conduct; section of Bylaws, etc.)				
8.	There are facility bylaws, and Rules and Regulations for Medical Staff (Psychiatry)				
9.	There are Code of Ethics, Conflict of Interest Policies or Handbook				
10.	Evidence of Staffing Plan and Acuity Classification System for each inpatient psychiatry program as appropriate.				
11.	There is a Registry Orientation Checklist (to orient consumers to Patients' Rights, etc.)				
12.	There is a current list of interpreters in facility with languages spoken				
13.	**PHF Policies and Procedures regarding:**				
	Non-Admitting LPS Authorized Staff (Access to Psychiatric MD consultation when evaluating patients for involuntary detention, and level/type of responsibility for detained patient's care and treatment after admission)				
	Involuntary Detention (72-hour; 1st; 2nd 14, 30 and 180-Day Certifications; LPS Conservatorship; Temporary Conservatorship; Probable Cause Hearings; Writs)				
	Admission criteria and admission policies for psychiatric inpatients (voluntary and involuntary)				
	Intake and initial assessment policies and forms (including accepting Out-of-County transfers)				
	Staffing Plan and acuity classification system for each inpatient psychiatric program; Registry Orientation Checklist form (oriented to Patients' Rights, etc.)				
	Personal Searches; Room Searches				
	Patient belongings (Safeguarding during admission, transfer and discharge)				
	Patients' Rights Notification and Denial of Rights				
	Child Abuse and Elder Abuse Reporting				
	Notification of Next of Kin Consent and form; (Voluntary) Consent for Treatment and form				
	Discharge (Regular; AMA; AWOL) and forms				
	Discharge Plan and Aftercare Plan – policies and forms				
	Seclusion and Restraint Policies, procedures and forms; Time Out Policy				
	Medication Consent Policy and Procedure (Voluntary & Involuntary) and Forms; Emergency Medications; Medication Capacity (Riese)				
	Confidentiality Policy; Storage and Security of Medical Records; Authorization to Release Information form				

	Firearms Prohibition Notification Policy, procedure and forms (including power of attorney)				
	Electroconvulsive Therapy Policy and forms, if applicable				
	Other policies: Advanced Directive; Tarasoff (Duty to Warn); Sentinel Events				

This page intentionally left blank

FRESNO COUNTY MENTAL HEALTH PLAN

CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE				Class
		Y	N	NA	%	
CONSENT FOR TREATMENT						
1	Consent for treatment is present and appropriately executed (i.e., by client 18 and older, legal guardian, court order, Deputy Conservator) and in the record for each voluntary episode of inpatient hospitalization, voluntary crisis stabilization services and prior to starting outpatient services.					R
ASSESSMENT						
2	Client was offered a choice of provider.					Q
3	Client was offered Advance Directive information (Adults only).					Q
4	The assessment was completed in accordance with FCMHP's established standards for timeliness and frequency.					Q
5	**The assessment includes ALL of the following:**					Q
	a) **Presenting problem**; chief complaint, history of presenting problem(s), including current level of functioning, relevant family history and current family information.					
	b) **Relevant conditions and psychosocial factors** affecting the client'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.					
	c) **Mental Health History**; previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and impatient admissions. Other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports.					
	d) **Medical History**; relevant physical health conditions reported by the client or significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal events and relevant/significant developmental history.					
	e) **Medications**; information about medications the client has received, or is receiving, to treat MH and medical conditions, including duration of treatment. Should include the absence or presence of allergies or adverse reactions.					
	f) **Client strengths** in achieving goals related to their MH needs and functional impairments as a result of the MH diagnosis.					
	g) **Risks**; situations that present a risk to the client and/or others, including past or current trauma (e.g. suicidal/homicidal risks and grave disability are noted and updated).					
	h) **Substance exposure/substance Use**; past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs.					
	i) **A mental status examination**					
	j) **A complete diagnosis;** a diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, MSE and/or other clinical data; including any current medical diagnosis.					
6	The assessment includes the date of service, signature of person providing the service (or electronic equivalent), employee ID number, type of professional degree, licensure or job title, and the date the documentation was entered into the medical record.					R
7	Cultural issues (including language, gender identity, and sexual orientation) are noted in the assessment.					Q

FRESNO COUNTY MENTAL HEALTH PLAN

CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE				Class
		Y	N	NA	%	
8	Duration times (service duration, doc/travel, total), date, language, location match what was billed in Avatar. (When assessment activity is within audit timeframe.)					R
9	Staff completed the appropriate outcomes measurement (Does not apply to individual/group providers)**.**					Q
CLIENT PLAN (a.k.a Treatment Plan; Plan of Care)						
10	The client plan is completed within 60 days of the assessment unless there is documentation supporting the need for more time.					R5
11	The client plan is completed on an annual basis or as specified in the MHP's documentation guidelines and is reviewed and/or updated as appropriate in response to a crisis event resulting in emergency services or whenever there is a significant change in the client's condition.					R6
12	Plan includes specific, observable, and/or specific quantifiable goals/treatment objectives related to the client's mental health needs and functional impairments as a result of the MH diagnosis.					Q
13	Plan identifies the proposed type type(s) of intervention/modality including a detailed description of the intervention to be provided.					Q
14	Plan includes the proposed frequency and duration of the intervention(s).					Q
15	Includes interventions that focus and address the identified functional impairments as a result of the MH disorder.					Q
16	Interventions are consistent with client plan goal(s)/treatment objective(s).					Q
17	Plan is consistent with the qualifying diagnosis.					R3
18	Plan of care is signed by one of the following: The person providing the service or; The person representing a team providing the service or; The person representing a team or program providing the service **OR**					R
	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 Physician; A Licensed/Registered/Waivered Psychologist, SW, or MFT; NP or RN.					
19	Plan of care includes the client's signature or the signature of the client's legal representative when: the client is expected to be in long-term treatment, as determined by the MHP, and, the client provides that the client will be receiving more than one type of SMHS; **OR**					R7
	In absence of a client signature, documentation of the client's participation in an agreement with the plan (e.g. Court ordered treatment; reference of participation and agreement in the body of plan; or a description of the client's participation and agreement in the medical record) and there is a written explanation if it is absent and documents ongoing attempts to obtain the appropriate signature(s).					
20	Documentation that the contractor/provider offered a copy of the treatment plan to the client. Documentation includes acceptance/decline.					Q
21	Cultural issues (e.g. language, culture/ethnicity) are noted in the client plan.					Q
22	For a non-English speaker, the client plan documents how the client plan was developed.					Q
23	The duration, date, location on client plan match what has been billed in Avatar					R

FRESNO COUNTY MENTAL HEALTH PLAN
CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE Y	N	NA	%	Class
24	For a non-English speaker, the client was offered a copy of the client plan in their preferred language					Q
MEDICAL NECESSITY						
25	As established by a clinical assessment, the client meets **all three** (25a, b, and c) of the following medical necessity criteria below.					R
	a) A current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?					
	b) The client, as a result of a mental health disorder or emotional disturbance (listed in 25a), must have at least ONE of the following criteria (1-4 below):					
	1. Significant impairment in an important area of life functioning; OR					
	2. Probability of significant deterioration in an important area of life functioning; OR					
	3. Probability that the child will not progress developmentally as individually appropriate; OR					
	4. For full scope Medi-cal beneficiaries under the age of 21 yrs., a condition as a result of the mental health disorder or emotional disturbance that SMHS can correct or ameliorate. (EPSDT standard)					
	c) The proposed and actual intervention(s) meet the intervention criteria listed below:					
	1. The focus of the proposed and actual intervention(s) is to address the condition identified in 25b, or for full scope Medi-cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per 26b4.					
	2. The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (a-d) below:					
	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 Medi-cal beneficiaries under the age of 21 years, correct or ameliorate the condition.					
26	If the client did not meet medical necessity, a Notice of Action A was provided to the client/family and a copy is in the chart.					Q
PROGRESS NOTES						
27	Progress notes document the following:					R
	a) Interventions applied and the client's response to the interventions.					
	b) The date the services were provided.					
	c) The location where services were provided.					
	d) The amount of time taken to provide services is documented on the progress note and matches claim for service.					
	e) The signature of the person providing the service, employee ID number, type of professional degree, and licensure or job title.					
	f) The progress note is completed in accordance with the timeliness and frequency requirements specific to the Fresno County MHP documentation standards.					

FRESNO COUNTY MENTAL HEALTH PLAN

CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE				Class
		Y	N	NA	%	
28	Services billed to the FCMHP are consistent with the documentation in the client's record and include the following:					R
	a) The date of service					
	b) The correct purpose of visit/service code					
	c) The name of the provider on the claim matches the name of the provider that facilitated the service.					
29	There is a progress note for every service claimed by the provider.					R9
30	Progress note indicates service is provided in an eligible setting (not an IMD, jail, during day treatment program hours, or other lockout setting).					R11
31	Progress or lack of progress toward treatment goals are documented and refer to the most recent treatment plan goals.					Q
32	Notes indicate service(s) **do not include** time spent for transportation, clerical, payee related, or for a missed appointment.					R16-18
33	Service not solely for substance use disorder.					R1; R19c
34	Service provided was **not** solely for one of the following:					R13
	a) academic educational services					
	b) vocational services 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.					
35	Medical necessity for continued treatment is documented for each claimed service. Medical necessity is demonstrated by continued symptoms and impairment which impacts daily social and community functioning.					R2
36	Documentation of interventions clearly describes what was done to reduce symptoms/impairments and match the POC for each claimed service.					R4
37	Evidence-based practice used and appropriately documented in text of progress note (i.e. Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, Structural Family Therapy, Motivational Interviewing etc.)					Q
38	Staff interventions and client response to life-threatening conditions, i.e.; suicidal/homicidal ideation and grave disability are documented.					S
39	Progress or lack of progress toward treatment goals are documented and refer to the most recent treatment plan goals.					Q
40	Evidence of collaboration and referrals to community resources or other agencies when appropriate.					Q
41	Discharge summary or plan for follow-up care, when appropriate, must include the reason for discharge and referral. If no referrals are provided, the reason for no referrals is documented.					Q
42	If the client has ceased services, there is documentation to explain follow up referrals, attempts to contact or reasons for termination.					Q
43	If the diagnosis has changed for any reason, and a clinical assessment was not completed, appropriate documentation with clinical justification is noted in a progress note. The clinical documentation must provide the current DSM and/or ICD-based reasoning for the diagnostic change.					R
44	If multiple providers are concurrently treating the client, documented evidence of communication between the providers is noted in the chart.					Q

FRESNO COUNTY MENTAL HEALTH PLAN
CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE Y	N	NA	%	Class
45	If a client had a recent 5150 episode or inpatient psychiatric hospitalization, appropriate follow up was documented and provided (e.g. Treatment plan was reviewed and updated when appropriate).					**Q**
46	The "Primary Diagnosis" selected at the time of the service is an included Medi-cal diagnosis (for billable services only).					**R1**
47	Effort to contact the client after missed appointments is documented.					**Q**
TYPE OF SERVICE CONTACT (Purpose of Visit)						
48	**103** (Assessment) notes focus on information gathering activities and determination of medical necessity.					**R19a**
49	**126** (Individual psychotherapy), **156** (family psychotherapy), and **83** (individual or family psychotherapy) notes show a service that focuses primarily on symptom reduction for the client even if it is a family session.					**R19a**
50	**82 and 85 Notes** (Group therapy and Rehabilitation) demonstrate a service that focuses on symptom reduction and is provided to multiple clients in one session. The progress note includes:					**R19a; R14**
	a) The group note must be individualized to speak to the specific progress of the individual client.					
	b) Demonstrates medical necessity justifying more than one facilitator, and specific contributions of each.					
	c) Time is properly apportioned to all clients present and, if applicable, to multiple providers. Group formula components included on progress note.					
	d) The number of clients, number of staff, and units of time is documented					
51	When services are being provided to, or on behalf of, a client by two or more persons at one point in time, the progress notes include:					**R**
	a) Medical necessity for having more than one provider.					
	b) Documentation of each person's involvement in the context of the mental health needs of the client.					
	c) The exact number of minutes used by persons providing the service.					
	d) Signature(s) of all person(s) providing the services.					
52	**150 Notes** (Collateral) show contact with the client's significant support person(s) including consultation and training to assist in better utilization of services and understanding of the client's mental illness per POC.					**R19a**
53	**153 Notes** (group collateral) show a service that focuses on symptom reduction and is provided to multiple significant support persons in one session. The notes must be individualized to speak to the specific progress of each client represented. Group formula is applied to number of clients represented. group service meets criteria of Item # (a-c) above. **Only provided as permitted per FCMHP contract.**					**R19; R14**
54	**158 Notes** (Individual rehab) or 85 (Group rehab) show client was offered assistance, training, counseling, support, or encouragement with mental health stated symptoms, and impairments per POC.					**R19**
55	**159 Notes** (Plan Development) show a service activity which consists of development and approval of the client's plan, and/or monitoring of the client's progress.					**R19a**
56	**205 Notes** (Case management linkage and consultation) show client was linked, assisted, monitored, or advocated for by staff per POC (i.e., services were not for providing transportation or completing a task for the client)					**R19**

FRESNO COUNTY MENTAL HEALTH PLAN
CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE Y	N	NA	%	Class
57	**205 Notes** (Case management linkage and consultation) show appropriate follow up when a referral has been made.					**R19**
58	**206 Notes** (Case management placement) show client was offered assistance in locating and securing an appropriate living environment or funding per POC.					**R19**
59	**31 Notes** (Crisis Intervention - Other) or **181 Notes** (Crisis Intervention - Therapy) show client's condition required (and received) a more timely response than a regularly scheduled visit and provided interventions to attempt to de-escalate the client's urgent mental health condition. **Only provided per FCMHP contract.**					**R19**
60	**180 Notes** (Crisis Intervention Assessment) show appropriate risk assessments and safety assessments to correspond with the crisis episode. Risk and safety assessments must include documentation of both risk and protective factors, collateral supports with contact information, homicidal and suicidal risk and contingency plans. **Only provided per FCMHP contract.**					**R19**
61	Timeliness/frequency as follows:					**R**
	a) Every service contact for: mental health services, medication support services, crisis intervention, and targeted case management.					
	b) Daily for crisis residential, crisis stabilization (one per 23 hour period), day treatment intensive.					
	c) Weekly for day treatment intensive (clinical summary), day rehabilitation, adult residential.					
CULTURAL COMPETENCE						
62	Regarding cultural/linguistic services and availability in alternative formats and there is evidence the client is made aware that SMHS are available in their preferred language as documented by one or more of the following:					**Q**
	a) Documentation that mental health interpreter services are offered and provided, when applicable.					
	b) When the need for language assistance is identified in the assessment, there is documentation of linking clients to culture-specific and/or linguistic services as described in the MHP's CCPR.					
	c) When applicable, service-related personal correspondence is provided in the client's preferred language.					
	d) When applicable, treatment specific information is provided to the client in an alternative format (e.g., braille, audio, large print, etc.).					
OVERALL QUESTIONS						
63	Non-electronic client records are legible.					**R3; R19a**
64	Release(s) of information present in the medical record when appropriate.					**H**
65	Mandated reporting to CPS, APS completed if necessary and documented.					**S**
66	Mandated Tarasoff notification made to law enforcement and intended victim.					**S**
67	Provider is working within scope of practice, documented throughout chart.					**R19d**
68	Client signature of authorization for payment and release of information for claiming purposes located in the client record and is dated prior to services claimed (Found on CMS 1500 form lines 12 and 13 or elsewhere in chart)					**R**

FRESNO COUNTY MENTAL HEALTH PLAN

CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE Y	N	NA	%	Class
EPSDT INTENSIVE SERVICES (ICC and IHBS)						
	I. Intensive Care Coordination Plan:					
69	The ICC Coordinator (facilitator) is a mental halth provider able to claim for Medi-Cal services through the FCMHP.					**R**
70	**Intensive Care Coordination Plan (ICC Plan)** identifies the mental health ICC Coordinator and members of the Child and Family Team (CPT).					**R**
71	The ICC Plan is developed by the CFT and updated by the CFT at least every 90 days.					**Q**
72	The ICC Plan documents specific needs/concerns consistent with the Client Plan.					**Q**
73	The ICC Plan douments presents/input by the minor client and caregiver or family.					**Q**
74	The ICC Plan is signed by the ICC Coordinator (facilitator).					**Q**
	II. Progress Notes:					
75	IHBS and ICC are authorized interventions per the Client Plan prior to the provision of these services.					**R**
76	For 127 notes (IHBS), there is a CFT and ICC Plan established prior to the provision of intensive services.					**R**
77	is targeted to a minor client (or their significant support person) with significant intensity to address the intensive mental health needs of the child/youth consistent with the POC. The IHBS activity contains					**R**
	a) Shows a service focused on development of functional skills to improve self-care, self-regulation, or other functional impairments; or					
	b) Shows a service focused on improvement of self-management of symptoms (including self-administration of medications as appropriate), or					
	c) Shows a service focused on education of child and/or caregivers about, and how to manage MH symptoms, or					
	d) Shows a service that supports the development, maintenance and use of support networks, or					
	Shows a service to address behaviors that interfere with a stable/permanent family life, or					
	Shows a service to address behaviors that interfere with a child/youth's success in achieving educational objectives in an academic program in the community, or					
	Shows a service to address behaviors that interfere with seeking and maintaining a job, or					
	Shows a service to address behaviors that interfere with transitional independent living objectives.					
78	**207 Notes** (Intensive Care Coordination - ICC) show a service that facilitates development and implementation of cross-system/multi-agency collaboration as described by the *Child and Family Team (CFT)* **to support the client's mental health needs per POC, and contains on <u>at least one</u> of the following**:					**R**
	ICC assessing activities , to identify client/family's needs and strengths; reviewing information from family and other sources; evaluating effectiveness of previous interventions; or					
	ICC service planning and implementation activities , including developing goals of ICC Plan; ensuring active participation of CFT members; identifying interventions/course of action; or					
	ICC monitoring and adapting activities to ensure identified services and activities are progressing appropriately; or					
	ICC transition activities to foster long-term stability with effective use of natural supports and community resources.					

FRESNO COUNTY MENTAL HEALTH PLAN

CHART REVIEW SUMMARY CHECKLIST - OUTPATIENT SERVICES

	CRITERIA Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	COMPLIANCE Y	N	NA	%	Class
MEDICATION REVIEW						
79	**170 or 190 notes** (Meds mgmt. assessment) is used by MD, PA, or NP for in-depth assessment (psychiatric evaluation) of client who is managed primarily with psychotropic meds.					**R19**
80	**172 or 192 notes** (Meds mgmt. brief) is used by a Physician, PA or NP, when the client is stable but requires drug regimen oversight. Services may include evaluating the safety and effectiveness of the medication and/or providing a simple dosage adjustment to a long-term medication. Prescription may or may not change.					**R19**
81	**173 or 193** (Meds evaluation follow-up) Medication adjustment for stabilization used by the Physician, PA or NP.					**R19**
82	**40 notes** (Med refills/injection) used for meds administered by RN/LVN. Also used for nursing interventions related to medication refill needs.					**R19**
83	**41 notes** (Meds education/administration) focus on informing client and significant support persons about the psych meds being prescribed. May also be used for general nursing interventions such as MD consultation, MD consent (completion of the JV 220), and other nursing services which do not fall under the category of med refill/injection.					**R19**
84	The Medical Progress notes document the following and match claims for billing:					**R**
	a) The date the services were provided.					
	b) The amount of time/units to provide services is documented on the progress note and matches the claim for service.					
	c) The signature of the person providing the service, employee ID number, type of professional degree, and licensure or job title.					
	d) The diagnosis on the medical progress note matches the diagnosis claimed.					
85	The provider obtained and retained a current written medication consent form signed by the client 18 and older, legal guardian, court order or conservator for each medication prescribed and inaccordance with timeliness and frequency standards specified in the MHP's documentation standards.					**Q**
86	Medication consent for psychiatric medications include the following required elements: Reason, alternative treatments available, if any; type of medication; dosage; frequency; method of administration; duration; probable side effects; possible side effects if taken longer than 3 months; consent may be withdrawn at any time.					**Q**
87	The medical consent includes: The date of service; The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title; and The date the documentation was entered in the medical record					**Q**
88	Medication is appropriate for diagnosis or treatment of symptoms.					**Q**
89	Medication orders: dosage, frequency, duration, route, are present in documentation					**Q**
90	Lab work ordered as required to monitor for safety concerns.					**Q/S**
91	AIMS survey or similar is current or discussed in progress notes.					**Q**
92	Adherence and response to target symptoms of medication is documented.					**Q**
93	Unusual concomitant prescribing not present.					
94	Drug allergy is prominently documented as an alert.					**S**
95	Referral to PCP or other community resources or other agencies when appropriate.					**Q**

FCMHP Missing Documentation and Potential Disallowances Worksheet

Audit Date

Provider/Organization

Consumer Name

				Reason for Disallowance/Recoupment											
Service Date	Service	Units	Cost	Not MH or billable serv or lockout	No DOC	Incorr SVC Code	POC Issues	Dup Claim	Dur Issue	No-Show	No Med Nec/ Excl Dx	Incorr Dx, time	SVC not auth	Other	Comments

X

**Provider/Organization Representative Signature

Date

X

Utilization Review Specialist Signature

Date

Total Potential Disallowances

$

If the provider wishes to appeal any of the recoupment findings, the provider may do so by submitting a written appeal within ten (10) working days following the receipt of this worksheet. Disallowances for missing documentation not presented to reviewers while on-site may not be appealed. Please address the appeal to the attention of: Katherine M Rexroat LMFT, Clinical Supervisor, DBH Managed Care P.O. Box 45003 Fresno CA, 93718-9886; or send to mcare@co.fresno.ca.us.

**Representative signature certifies that all items listed above were discussed prior to the conclusion to the audit review.

This page intentionally left blank

FRESNO COUNTY MENTAL HEALTH PLAN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Provider		Street Address, City, State, Zip Code	
Category	Summary Statement of Deficiencies	Provider's Plan of Correction	Completion Date
(The Managed Care team will enter information into this box.) This box will list the documentation standard that Medi-Cal and/or the FCMHP requires (which was found to be missing or weak in the chart review). This information is quoted from the Audit Tool Summary.	(The Managed Care team will enter information into this box.) This is box where Managed Care identifies the specific document and/or documents in the chart review that did not meet the Medi-Cal and/or FCMHP standards. If the problem is a recoupment issue, Managed Care will identify that in this box also. This information is also quoted from the Audit Tool Summary.	(The Provider will enter information into this box.) This is where the agency identifies what the agency will do or what the agency has done to make certain that in all future audits the standard(s) identified under "Category" will be in compliance with Medi-Cal and/or the FCMHP.	(The Provider will enter information into this box.) This is where the agency will document the completion date of the "Provider's Plan of Correction"
Provider's Signature*		Title	Date
*			

How to Fill-out the Plan Of Correction Form

If deficiencies are cited, an approved plan of correction is required to continue program participation.

This page intentionally left blank