



March 27, 2012

Pam Kaus, Director
Henry & Rilla White Foundation
456 Southeast Baya Drive
Lake City, FL 32025
pkaus@hrwyf.org

Re: Retrospective On-Site Review—Medicaid Provider # 055048502

Dear Ms. Kaus:

Enclosed you will find the report findings from the Onsite Review conducted by Magellan Medicaid Administration on **January 10, 2012**. This report contains a narrative summary, as well as a detailed account of the quality of care and claims finding. A copy of this report has been sent to the Agency for Healthcare Administration, Bureau of Medicaid Services, and your local Medicaid Area Office.

Based on the findings, a Performance Improvement Plan is **required**. Your Performance Improvement Plan is due within thirty (30) days of receipt of this report to Magellan Medicaid Administration at:

Magellan Medicaid Administration
Attn: Monica R. Owens, MSW, LMSW, Account Director
MR Owens@magellanhealth.com
Cc: CJordan@magellanhealth.com

A copy of the Performance Improvement Plan must also be sent to the following address:

Michelle Massey, Utilization Management Specialist
AHCA Area #3
2441 W. Silver Springs Blvd.
Ocala FL, 34475

If you disagree with the findings of this report, you may request reconsideration. Reconsideration needs to be submitted in writing along with any additional supporting information/documentation within ten (10) days of receipt of this report to:

Magellan Medicaid Administration
Attn: Monica R. Owens, MSW, LMSW
140 Stoneridge Drive, Suite 200
Columbia, SC 29210

140 Stoneridge Drive Ste. 220
Columbia, SC 29210

803/403-9466 tel
888/656-1238 fax
www.MagellanHealth.com
www.MagellanMedicaid.com

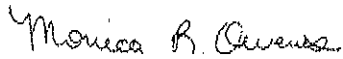
A copy of the reconsideration request must also be sent to the following:

Michelle Massey, Utilization Management Specialist
AHCA Area #3
2441 W. Silver Springs Blvd.
Ocala FL, 34475

Additional information about the reconsideration process may be found within Section 7.1.3 of the *Medicaid Behavioral Health Care Utilization Management Services Manual (MBHCU)*. This manual is available online: <http://florida.fhsc.com>.

The Agency for Healthcare Administration will be sending official notification of any overpayment indicated from this review. Please feel free to contact me if you have any questions about the enclosed report at (803) 403-9468.

Sincerely,



Monica R. Owens, MSW, LMSW
Account Director
Magellan Medicaid Administration

Distribution: Cynthia Berg, AHCA Contract Manager
Michelle Massey, UM Specialist, AHCA Area #3
Monica Owens, Account Director

Magellan Medicaid Administration

ONSITE RETROSPECTIVE REVIEW REPORT

Prepared for the
Agency for Health Care
Administration
State of Florida

Review of: Henry and Rilla White Foundation, Inc
456 Southeast Baya Drive
Lake City, Florida 32025

Provider #: 055048502

Review conducted on: January 10-11, 2012

Review of: Henry and Rilla White Foundation, Inc
Provider #: 055048502
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Purpose

This on-site quality of care review was conducted to determine provider compliance with service guidelines established by the Agency for Health Care Administration for services provided in community behavioral health settings. All review tools and instruments used for evaluation are derived from the *Medicaid Community Behavioral Health Coverage and Limitations Handbook* and approved by the Agency for Health Care Administration prior to use. Recommendations and report findings may include but are not limited to methods to improve the quality of service delivery and reduce billing errors (if any). All recommendations for performance improvement and/or corrective action of specific issues are forwarded to the Agency for Health Care Administration for further action.

Certification

Magellan Medicaid Administration certifies that this report conforms to the onsite quality review process developed by the Agency for Healthcare Administration of the State of Florida.

Magellan Medicaid Administration certifies that the on site review team members are not employed by, and have no financial interest in the facility under review.

Magellan Medicaid Administration certifies that on site review team members have not been employed by any competitor of the organization under review during the past two (2) years.

Magellan Medicaid Administration certifies that no survey team member as an individual, receives any additional payment or benefit based on positive or negative survey results.

Monica R. Owens, MSW, LMSW
Florida HCM Account Manager
Magellan Medicaid Administration

Review Participants

Agency for Health Care Administration (AHCA)

Michelle Massey, LMHC, Utilization Management Specialist, Medicaid, Area 3

Magellan Medicaid Reviewer(s)

Dorothy Holley, LCSW, ASQ Certified Quality Auditor, Quality Improvement Specialist

Review of: Henry and Rilla White Foundation, Inc
Provider #: 055048502
Review conducted on: January 10-11, 2012

EXECUTIVE SUMMARY

An audit of the Henry and Rilla White Foundation, Incorporated's Lake City, Florida location was conducted January 10-11, 2012 in order to determine if billing practices are in compliance with agency policy and to identify any concerns related to medical necessity or appropriate use of services.

This provider's Adult Day Services Program has not previously been reviewed.

During the 2012 review, three (3) procedure codes were represented in the claims sample of two thousand four hundred ninety seven (2497) claims for the period July 1, 2010 through June 30, 2011. The claims sample reviewed included the following procedure codes: Psychosocial Rehabilitation Services (H2017)--2438; Treatment Plan Review (H0032TS)--39; Limited Functional Assessment (H0031)--20.

Two thousand four hundred seventy seven (2477) individual claims or 99.20% of the total sample was found to be non-compliant with Medicaid policy.

Identified concerns in the 2012 review include: monthly progress notes for Psychosocial Rehabilitation Services that did not reflect how the services provided were linked to the goals and objectives of the recipient's treatment plan or describe recipient's progress relative to treatment plans. The monthly notes were also repeated verbatim each month in all of the records reviewed.

Other identified concerns included, treatment plan reviews that did not meet the service definition requirement for this service by not describing discussions, findings, conclusions, modifications and recommendations designed to ensure that services/interventions remain appropriate to recipient's needs.

Personnel files of six (6) staff members were reviewed. Several deficiencies were noted. Three (3) of the files evidenced delinquent performance evaluations, one (1) of the files did not have a diploma or transcript, one (1) of the files did not contain a job description.

Interviews were conducted with three (3) staff members. Staff indicated satisfaction with the agency, services provided and opportunities for growth.

Henry and Rilla White Foundation, Incorporated's adult day program provides psychosocial rehabilitation services for severe and persistently mentally ill residents from adult living facilities and the community. Program participants must be eighteen (18) years of age and older. The program has a service capacity of thirty-six (36). There were twenty-two (22) participants in the program at the time of this review.

Review of: Henry and Rilla White Foundation, Inc
Provider #: 055048502
Review conducted on: January 10-11, 2012

A tour of the facility at 456 SE Baya Drive, Lake City, Florida included common area, group therapy rooms and staff offices. The facility is not wheel chair accessible. The building and its content were in need of some cosmetic upgrades, maintenance, upkeep and repair. Wallpaper in the bathroom of female recipients' was peeling off the walls and the flooring was buckled and torn.

Posters describing the rights of clients receiving mental health services were not present. Information regarding where and how to obtain Rights of Person posters was given to the provider. The provider was encouraged to obtain the posters and hang them in common and treatment areas.

PERFORMANCE IMPROVEMENT PLAN

The audit resulted in an overall non-compliance rate of 99.20%. The identified concerns were discussed with the provider during the review process and again during the exit conference. A written Performance Improvement Plan (PIP) is required to address deficiencies identified in this report. Submit the Performance Improvement Plan to Magellan Medicaid Administration, with a copy to the Area 4 Medicaid Program Office, within thirty (30) days of receipt of this report to:

Monica R. Owens, MSW, LMSW
Account Director
Magellan Medicaid Administration
MROwens@magellanhealth.com

All recommendations are subject to the discretion of the Agency for Health Care Administration. If you do not agree with findings within this report, you may request reconsideration by notifying Magellan Medicaid Administration within ten (10) calendar days from the date of this report. Please be mindful that a re-consideration will not change the original report narrative, but will take into consideration any additional documentation provided that was not available at the time of the on-site review and may alter specific findings or recommendations, if applicable.

RECOMMENDATIONS

Procedure Specific Recommendations

Review of: Henry and Rilla White Foundation, Inc
Provider #: 055048502
Review conducted on: January 10-11, 2012

Treatment Plan Review (H0032TS)

Thirty nine (39) claims were reviewed for this procedure code and thirty nine (39) claims were determined to be non-compliant with Medicaid standards.

- Treatment plan reviews must include activities, notations of discussions, findings, conclusions, and recommendation, as well as any modifications or additions resulting from the review.
- Treatment plan reviews must include an assessment of each client's progress towards goals and objectives identified on the treatment plan.

Psychosocial Rehabilitation Services (H2017)

Two thousand four hundred thirty eight (2438) claims were reviewed for this procedure code and one thousand one hundred and Two thousand four hundred and thirty eight (2438) claims were determined to be non-compliant with Medicaid standards.

- Documentation must include a monthly progress note that reflects how the services are linked to the goals and objectives of the recipient's treatment plan; and describes the recipient's progress relative to the treatment plan. Notes should be individualized each month and not repeated verbatim from the previous months' note.

GENERAL RECOMMENDATIONS

- It is recommended that the provider facilitates ongoing in-service training for relevant staff regarding *Medicaid's Community Behavioral Health Services Coverage and Limitations Handbook* with an emphasis on including, but not limited to, required criteria for the documentation of each procedure code.

FACILITY

- It is recommended that the rights of clients receiving behavioral health services be posted in all community and treatment areas of the facility.
- It is recommended that the provider develop a plan to address the requirement that the facility be wheelchair accessible.

CREDENTIALING/PERSONNEL FILES

- It is recommended that the provider develop and implement a monitoring system that will address the timely completion and filing of performance evaluations, job descriptions, transcripts and/or diplomas for each employee.

Review of: Henry and Rilla White Foundation, Inc
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Magellan Medicaid Administration
Retrospective Review
Standards of Quality Interpretive Guidelines (SQ)

NoTxPlan	Service is not covered by an active treatment plan.
No Splan	Service is not covered by an active service plan.
SQ1(1)	Documentation does not support that service was rendered on date billed.
SQ1(2)	Documentation is absent in the record for the date billed.
SQ1(3)	The medical record is unavailable.
SQ2(1)	Eligibility requirement not met; Face-to-Face requirement not met.
SQ2(1a)	Service Definition requirement not met (specific to H2000).
SQ2(2)	Face-to-Face requirement not met; Service definition requirement not met.
SQ2(2a)	Documentation does not reflect medication management (specific to T1015)
SQ2(2b)	Treatment plan required (specific to T1015).
SQ2(2c)	Provider or staff requirement not met (specific to H2000).
SQ2(3)	Service definition requirement not met; Provider or staff requirement not met
SQ2(3a)	Documentation does not support the primary functions of day services (specific to H2012, H2012HF).
SQ2(3a-2)	There is no contract with DCF to provide this service (specific to H2030)
SQ2(3b)	Documentation does not meet criteria for day services for 24 months - 5 years of age (specific to H2012, H2012HF).
SQ2(3b-2)	Treatment plan required (specific to H2030).
SQ2(4)	Provider or Staff requirement not met; Time requirement not met; Medical necessity not met
SQ2(4a)	Additional requirements (T1017, T1017HA, T1017HK)
SQ2(4b)	Comprehensive assessment not present
SQ2(4c)	Comprehensive assessment not reviewed every 6 months
SQ2(5)	Time requirement not met; Additional requirements not met
SQ2(5a)	For H0032: ICD-9-CM diagnosis codes including description of bhr/sx to support diagnostic criteria
SQ2(5a-2)	Does not meet the minimum of 2 hrs. per day, at least one of which is individual, family, or group therapy (specific to H2012, H2012HF).
SQ2(5b)	For H0032: Goals are appropriate to recipient's specific needs
SQ2(5b-2)	For children 24 months to 5 years of age does not meet the minimum of 2 to a maximum of 4 hrs. per day and/or documentation does not show that therapeutic activities as defined in the treatment plan are woven through the child's schedule (specific to H2012, H2012HF).
SQ2(6c)	For H0032: Appropriate measurable, achievable, time limited objectives
SQ2(5d)	For H0032: Services and clinical interventions are listed and appropriate to recipient's diagnosis
SQ2(5e)	For H0032: Tx Plan Dev, Tx Plan Rev and Comprehensive Bhral Assessment do not need to be listed
SQ2(5f)	For H0032: Amount/frequency/duration of each service
SQ2(5g)	For H0032: Individualized criteria for discharge
SQ2(5h)	For H0032: Signature of recipient and parent/guardian if under age 18
SQ2(6i)	For H0032: Legible signatures of treatment team members
SQ2(6)	Additional requirements not met; Medical necessity not met
SQ2(6a)	There is no evidence of monthly parent/caretaker contact for children 24 months to 5 years of age (specific to H2012, H2012HF).
SQ2(6b)	There is no written justification if parent/caretaker contact is not occurring for children 24 months to 5 years of age (specific to H2012, H2012HF).
SQ3(1)	Recipient name is not documented.
SQ3(2)	Date of service is not documented.
SQ3(2a)	Daily service note does not contain required components (specific to H2017, H2030):
SQ3(2b)	Date of service is not documented.
SQ3(2c)	Start/End times not present
SQ3(2d)	Specific problem, behavior, skill deficit is not addressed
SQ3(2e)	Specific service and clinical intervention is not identified
SQ3(2f)	Legible signature, credential, title of person rendering service is not documented.
SQ3(3)	Monthly Note does not contain required components (specific to H2017, H2030):
SQ3(3a)	Date of service is not documented.
SQ3(3b)	Services not linked to treatment plan goals and objectives
SQ3(3c)	Progress relative to treatment plan is not documented
SQ3(3d)	Legible signature, credential, title of person rendering service is not documented.
SQ3(3e)	Start and end time of the service is not documented; Specific problem, behavior, or skill deficit being addressed is not identified.
SQ3(4)	Identification of setting; Legible signature, credential, title of person rendering service is not present; Specific problem, behavior or skill deficit is not documented; Specific service and clinical intervention not identified.
SQ3(4a)	Weekly summary (specific to H2012, H2010HF) does not include:
SQ3(4b)	There is no documentation of specific clinical interventions, therapeutic care activities, or life skills training.
SQ3(4c)	There is no documentation of recipient's response.
SQ3(4d)	There is no documentation of progress updates.
SQ3(4e)	There is no documentation of changes required.
SQ3(4f)	Additional requirements not met (specific to H2030):
SQ3(4g)	Current psychiatric evaluation is not present
SQ3(4h)	Referral from required practitioner is not present

Magellan Medicaid Administration
Retrospective Review
Standards of Quality Interpretive Guidelines (SQ)

- SQ3(5) No identification of specific problem being addressed by the service/Specific Service and intervention is not documented/Legible signature, credential, title of person rendering service is not documented.
- SQ3(6) Specific service and intervention is not documented; Legible signature, credential, title of person rendering service is not documented
- SQ3(6a) Case notes do not link efforts to services and/or recipient's goals (specific to T1017HA, T1017, T1017HK).
- SQ3(6b) Case notes do not clearly link service to reimbursable activity (specific to T1017HA, T1017, T1017HK).
- SQ3(6c) Case notes do not describe progress (specific to T1017HA, T1017, T1017HK).
- SQ3(6d) Case notes do not justify time spent (specific to T1017HA, T1017, T1017HK).
- SQ3(6e) Case notes do not explain services provided by substitute Case Manager (specific to T1017HA, T1017, T1017HK).
- SQ3(7) Recipient's response to treatment is not documented; Legible signature, credential, title of person rendering service is not documented; Progress towards goals and objectives in treatment plan not documented.
- SQ3(8) Recipient progress is not updated in the treatment plan; Legible signature, credential, title of person rendering service is not documented
- SQ3(9) Legible signature and credential or functional title of person rendering service is not documented.
- SQ4(1a) Certification documentation not found in record.
- SQ4(1b) Recipient certification form is not completed within 30 days (specific to T1017HA, T1017, T1017HK).
- SQ4(1c) A completed Authorization Comprehensive Behavioral Health Assessment form with required signatures is not present (specific to H0031HA)
- SQ4(2) Certification is incomplete and/or does not meet policy requirements.
- SQ4(2a) Agency Certification form is not completed (specific to T1017HA, T1017, T1017HK).
- SQ4(3) Case Manager Certification form is not completed and signed (specific to T1017HA, T1017, T1017HK).
- SQ4(4) CM documentation of training completed prior to or within 6 months is not present (specific to T1017HA, T1017, T1017HK).



Audit Findings Summary

Review Date(s)	January 10-11, 2012
Provider Name	Henry and Rilla White Foundation, Inc.
Provider ID	55048502
Total Payments in Population:	\$920,718.50
Number of Claims in Population:	5,253
Total Claims in Sample	2,497
Total Payments in Sample	\$154,668.50
Non-Compliant Claims	2,477
Non-Compliant Amount	\$152,522.50
% Claims	99.70%
Number of Recipients in Population:	34
Number of Recipients in Sample:	10
PIP Required (Y/N)	YES
Review Type (On-Site / Off-Site)	OnSite
Reviewer Name / Credential	Dorothy Holley, LCSW, CQA
Reviewer Name / Credential	
Additional Participant Name / Credential	Michelle Massey, LMHC, AHCA, Area 3
Additional Participant Name / Credential	
Additional Participant Name / Credential	

Version 01172011

Community Behavioral Health Quality and Compliance Audit

SAMPLE ANALYSIS

Meagan Medicaid Administration
 On Site/Off Site Review Roll-Up
 Florida Agency for Healthcare Administration

#REF!

Service	Description	# of Claims in Sample	# of Denials in Sample	% of Denials in Sample	Total Claims in Population	% of Population Sampled
H0001	Limited Functional Assessment (SA)			0.00%		0.00%
H0001HN	Bio-psychosocial Evaluation (MH)			0.00%		0.00%
H0001HO	In-Depth Assessment (new pt) SA			0.00%		0.00%
H0001TS	In-Depth Assessment (old pt) SA	20		0.00%	55	37.50%
H0020	Methadone / Buprenorphine Admin			0.00%		0.00%
H0031	Limited Functional Assessment (MH)			0.00%		0.00%
H0031HA	Comprehensive Assessment			0.00%		0.00%
H0031HN	Bio-psychosocial Evaluation (MH)			0.00%		0.00%
H0031HO	In-Depth Assessment (new pt) MH			0.00%	13	0.00%
H0031HS	In-Depth Assessment (old pt) MH			0.00%		0.00%
H0032	Developmental Ind. Tx Plan (new pt) MH			0.00%		0.00%
H0032TS	Treatment Plan Review	35		100.00%	9	0.00%
H0046	Behavioral health service-verbal interaction (MH)			0.00%	89	43.82%
H0047	Behavioral health service-verbal interaction (SA)			0.00%		0.00%
H2000	Psych Review of Hosp. Records			0.00%		0.00%
H2000HP	Psychiatric Evaluation by physician			0.00%		0.00%
H2000HO	Psychiatric Evaluation by non-MD			0.00%		0.00%
H2003HE	Brief medical psychotherapy (MH)			0.00%		0.00%
H2010HF	Brief medical psychotherapy (SA)			0.00%		0.00%
H2010HQ	Brief Behavioral Health Status Exam			0.00%		0.00%
H2010HQ	Group medical therapy			0.00%		0.00%
H2012	Behavioral Health Day Treatment (MH)			0.00%		0.00%
H2012HF	Behavioral Health Day Treatment (SA)			0.00%		0.00%
H2017	Psychosocial rehabilitation services	2438	2438	100.00%	5083	100.00%
H2019	Psych Testing			0.00%		0.00%
H2019HM	TBOS- (Behavioral Mtg) Less than BA.			0.00%		0.00%
H2019HN	TBOS- (Therapeutic support)			0.00%		0.00%
H2019HO	TBOS- (Therapy) Master level			0.00%		0.00%
H2019HQ	Group Therapy			0.00%		0.00%
H2019HR	Individual and Family Therapy			0.00%		0.00%
H2020	Clubhouse Services			0.00%		0.00%
T1007	Developmental Ind. Tx Plan (new pt) SA			0.00%		0.00%
T1007TS	Treatment Plan Review (SA)			0.00%		0.00%
T1015	Medication Management			0.00%		0.00%
T1015HE	Behavioral health services: specimen (MH)			0.00%		0.00%
T1015HF	Behavioral health services: specimen (SA)			0.00%		0.00%
T1017	Case Management for Adults			0.00%		0.00%
T1017HA	Case Management for Children			0.00%		0.00%
T1017HK	Int. Case Management for Adults			0.00%		0.00%
T1023HE	Behavioral health screening (MH)			0.00%		0.00%
T1023HF	Behavioral health screening (SA)			0.00%		0.00%
TOTALS		2497	2477	99.20%	5263	47.53%