

**Mid Ohio Psychological Services Medicaid Audit FY 2006**  
**9/25/06**

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34 Individual Client Records were audited  
92 claim lines  
288.1 units  
0 ineligible billing

**FINDINGS:**

**1. Ineligible Billings:**

No Ineligible billings- congratulations!

**2. General Compliments:**

See individual worksheets for more detail.

ISPs are clear and easy to follow.

Forms and documentation were easy to find in charts.

One DA had a section entitled "Clinical Formulation" which was very helpful in connecting the DA to the ISP.

Counseling notes clear and thorough.

CPST services delivered to clients in community and are responsive to client's needs.

**2. General Problems or issues identified:**

See individual worksheets for more detail.

Diagnostic Assessments: There is a dis-connect between the DA and the ISP and rest of documentation in general (there was one exception noted above). The DA seems cut off or lacking because there is no summary with a diagnosis and treatment recommendations. The Diagnosis is found on the ISP but this creates a lack of connection between the two; so it is difficult to see how the DA leads to the ISP which leads to the treatment delivered.

DA Updates- New information used to change treatment is not found in a DA update- just progress notes and ISP. Again- the DA and updates should be used to document and justify treatment.

There is no evidence that the ODMH outcomes are shared with consumers and used in developing treatment goals.

CPST are billing services that are questionable and look like transportation only. The documentation is not sufficient to support that other therapeutic services were occurring.

Some CPST notes are too vague and start to sound the same.

Client response section is vague- not really documenting if the client feels the intervention was helpful and moving them closer to their goal.

#### **4. Summary**

In general, the records continue to be in good shape and notes are very descriptive. No plan of correction needed. But please look at DA and ISP linkages as a QA issue in your organization. This has been an issue for two audits now. Also continue work on CPST notes to more specifically document billable therapeutic services being delivered.