

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Singleton</i>	DATE <i>12/28/07</i>
------------------------	-------------------------


<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <b>000304</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR  <i>C: Mr. Stevenson</i>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Singleton</i>	DATE <i>12/28/07</i>
------------------------	-------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  000304	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>E: Mr. Stevens</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



South Carolina  
Department of  
Mental Health

2414 Bull Street/P.O. Box 485  
Columbia, S.C. 29202  
Information: (803) 898-8581

**John H. Magill**  
State Director of Mental Health

**MISSION STATEMENT**

To support the recovery of people with mental illnesses.

December 17, 2007

**RECEIVED**

DEC 28 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Emma Forkner, Executive Director,  
Nancy Pittman, R.N., Division of Program Integrity,  
S.C. Department of Health and Human Services  
P.O. Box 100210  
Columbia, SC 29202-3210

In response to your letter of November 5, 2007 regarding allegations of irregularities in the documentation of services at a Columbia Area Mental Health Center PRS program, we conducted a review that included interviews with clinical and senior management staff, including the Center Director, Program Coordinator, Supervisor, case managers, and the Compliance Officer from the Center. We reviewed documents that included the daily activity sheets and logs, which the clinicians use to document the clients' participation in the groups. Based on the information obtained through this process, we did not find it necessary to review the service notes in the charts.

Our findings indicate that there was no evidence of intentional or unintentional actions leading to abuse, waste, or fraud, and that services were legitimately provided. On the other hand, while we found that clinicians had completed daily activity notes that clearly accounted for the start and end times of the activities, client's participation, interventions and client's responses, this information was not always written in the formal notes that go in the charts within the period indicated in Section 2. This situation occurred because of the following factors:

1. The Center was one of the pilot sites for the new PRS notes. In response to the audit conducted by your office of some of our PRS documentation, the Community Mental Health Center Directors decided to move from a weekly note to a narrative daily note. This type of note was in place effective May 1. However, within the very first week of its implementation we began to receive complaints from the pilot sites regarding the staff's difficulty in completing the notes without staying long hours after work and coming during the weekend to complete the notes. At that time, we considered that the difficulties were due to the newness of the situation, and that the problem would subside with practice. However, the issue did not get better, and we decided to move to a daily note that included check boxes and narrative documentation.

**MENTAL HEALTH COMMISSION:**

Allison Y. Evans, PsyD, Chair, Hartsville  
Joan Moore, Vice Chair, Goose Creek

Jane B. Jones, Easley  
Harold E. Cheatham, Ph.D., Clemson

J. Buxton Terry, Columbia  
H. Lloyd Howard, Landrum

However, staff continued to have problems with timely completion on a daily basis, as some of the clinicians involved in direct service had between 14 and 17 notes to complete daily, and they were spending an average of 30 minutes per note.

After the visits from Ms. Kathy Snyder, Director of DHHS Program Integrity and Ms. Sherry Ward, Coordinator Medical Services Review to a couple of our PRS programs in July 2007 (one of them Brighton Hill), it was clear to us that the challenge was to have a process to accurately account for the time the client participated in the treatment activities vs. their duration, to ensure the documentation substantiated the services billed, and yet also enabled staff to complete this documentation in a timely manner. This led us to work on a third attempt, one that included a daily log and a weekly summary of the activities. This format has proven to be effective for the timely completion of documentation of the PRS services.

2. The Brighton Hill PRS program faced a reduction in force effective in the middle of August and then the program was relocated to Independence House, immediately after the reduction in force occurred. This process caused much unrest among staff, which affected the completion of the weekly summaries, although the daily documentation was available.

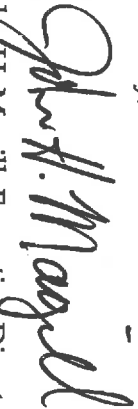
The review of the documentation and the interviews with staff were conducted by members of our SC DMH Compliance Office – Albert Patrick, Compliance Coordinator for the CMHCs, Avis Buchanan, RN, Compliance Coordinator for Inpatient Services and the undersigned. Our findings were as follows:

- The staff of the Brighton Hill and Independence House PRS programs delivered appropriate clinical services and documented these on a daily basis on the "Activity Sheet".
- The staff of these programs had an accurate process to account for the activities of the program and the participation of the clients in the programs and groups.
- The documentation of the services in the Activity Sheets included the focus and nature of the activity as well as clients' responses and the start and end times.
- The records of 162 clients needed to be brought into compliance, by transferring the information from the Activity Sheets into formal notes that go in the charts. Understanding the magnitude of the problem, aggravated by the reduction in force and move of the program, the Senior Management of the Columbia Area MHC decided to bring the medical documentation up-to-date in an organized manner. They devoted the month of October to have the staff that had delivered the services complete the approved PRS weekly notes from the daily activity notes they had completed on a regular basis, while bringing staff from other sites to deliver services.

- o The period for these services was from May to the middle of August 2007.
- o The Center reimbursed DHHS for the services for which there was no evidence of documentation for a total of \$5,520.50.

Copies of all documents used in the update of the medical documentation are available for your review at your convenience, as well as logs substantiating the client's participation in the treatment activities.

Sincerely,



John H. Magill, Executive Director  
SC Department of Mental Health



Lagia Ladit-Bolet, Ph.D.  
Director, Quality Management  
SC DMH Compliance Officer