

Plan of Correction Template – Triennial 2018/2019

San Bernardino County Department of Behavioral Health

Chart Review Findings Corrective Action Plan

REQUIREMENT: The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

- One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards.

MHP Response:

- The Department of Behavioral Health (DBH) will address assessments not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH Clinic Supervisors (CS) and Clinical Therapist (CT) IIs are currently being trained on documentation standards by the Quality Management (QM) Division in a "Train the Trainer format." Trainings occurred 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding their chart documentation trainings to include an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The MHP will be implementing an Electronic Health Record (EHR) later this year, that will track the expiration dates of assessments and will ensure that treatment teams are using the same assessment information, by providing real-time access to assessments and diagnostic information completed by others.
- iv. The CS/CT IIs/Program Managers (PM) will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed timely. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the DBH QM Division.

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the DBH online learning management system (LMS), Relias, training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in several group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in several group sessions during the Fall of 2020.

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- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
 - i. Actual: The MHP submitted sections of the Outpatient Chart Documentation Manual (OCM) that addresses the completion of assessments and re-assessments (OCM, Clinical Assessments, pp. 45-46).
 - ii. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by December 2020.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
 - iv. Proposed: The MHP shall submit the training materials and sign in sheets for the Train the Trainer sessions conducted.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

 - i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The MHP's EHR team will run reports quarterly, to identify assessments that have expired and/or require attention. The EHR team will notify the program management that an issue needs correction, as needed.
 - iii. The CSs will utilize individual and group supervision for reviewing documentation standards and monitoring.
 - iv. The MHP's Outpatient Review Team will review and identify assessments that require updating during the program's Triennial Chart and Site Review. A Plan of Correction (POC) will be requested for any deficiencies identified.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
 - i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH Information Notices (IN) are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
 - ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 2B: The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed (MHP Contract, Ex. A, Att. 9):

- a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;

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- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
- d) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports.
- e) Medications. Information about medication the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
- f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over the counter, and illicit drugs;
- g) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
- h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
- i) A mental status examination (MSE);
- j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
- k) Additional clarifying formulation information, as needed.

FINDING 2B:

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract:

- 1) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health.
- 2) History of trauma or exposure to trauma.
- 3) Mental Health History.
- 4) Medications.
- 5) Client Strength.
- 6) Risks.
- 7) Diagnosis(es).

MHP Response:

- DBH will address all appropriate elements are captured on the Clinical Assessment/Psychiatric Evaluation; including (1) relevant conditions and psychosocial factors affecting physical and mental health, (2) history of trauma or exposure to trauma, (3) mental health history, (4) past and current medications, (5) client's strengths, (6) risks, and (7) diagnosis (es) with the following corrective actions:

1. Description of corrective actions, including milestones:

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- i. DBH CSs and CT IIs are currently being trained on chart documentation standards by QM in a “Train the Trainer format.” Trainings occurred 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its chart documentation trainings to include an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The MHP will be implementing an EHR later this year, that will track the expiration dates of assessments and will ensure that treatment teams are using the same assessment information, by providing real-time access to assessments and diagnostic information completed by others.
- iv. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed timely. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The MHP's EHR system will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
- iii. The MHP will implement and train service providers to the Child and Adolescent Needs and Strengths (CANS) assessment version 3.0 manual in the Fall of 2020.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Actual: The MHP submitted sections of the OCM that addresses service providers completing all appropriate elements of the Clinical Assessment and the Psychiatric Evaluation (OCM, Clinical Assessments/Psychiatric Evaluation for Children and for Adults, pp. 46-55).
- ii. Actual: The MHP submitted sections of the Transformational Collaborative Outcomes Management (TCOM) Supervisors Training, highlighting the utilization of the Supervision Square, CANS Audit tool, and Comparison report (PowerPoint - *Transformational Collaborative Outcomes Management (TCOM) Supervisor Training*, pp. 39-44).
- iii. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by December 2020.
- iv. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.

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- v. Proposed: The MHP shall submit the training materials and sign in sheets for the Train the Trainer sessions conducted.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**
If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:
 - i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The MHP's EHR team will run reports quarterly, to identify chart documents that require attention; such as incomplete assessment items. The EHR team will notify the program management that an issue needs correction, as needed.
 - iii. The MHP's Program Management team will run reports quarterly in Objective Arts program (records and tracks CANS data), to ensure all items are addressed on the CANS assessment.
 - iv. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
 - v. The MHP's Outpatient Review Team will review and identify assessments that require updating and correction during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies identified.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
 - i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are relayed to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
 - ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 2C: All entries in the beneficiary record shall include (MHP Contract, Ex. A, Attachment 9):

- The date of service.
- The signature of the person providing the service (or electronic equivalent).
- The type of professional degree, licensure, or job title of the person providing the service.
- The date the documentation was entered in the medical record.

FINDING 2C:

Assessment(s) in the chart sample did not include the date the documentation was entered into the medical record.

MHP Response:

- DBH will address the date the documentation was entered into the medical record with the following corrective actions:

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1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a “Train the Trainer format”. Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding their documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The MHP will update the OCM to reflect the requirement that chart documentation includes the date the document was entered into the medical chart. Revision to manual will include the following verbiage: *The date when the progress note was completed must be included next to the provider’s signature to confirm date progress note was entered into the medical record. If using an Electronic Health Record (EHR), this date will automatically be included upon submission of the progress note for electronic signature.*
- iv. The MHP is implementing an EHR later this year, that will ensure that provider signatures are dated and the date of the document being entered into the medical record is recorded.
- v. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff’s charts, to ensure required documentation is completed accurately and timely. Program supervisors will be expected to review 100% of supervised staff’s charts during the first 6 months of the staff’s probation period and then 50% of the staff’s chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

- i. The MHP will complete the necessary changes to the OCMI by November 2020 and an IN will follow.
- ii. The MHP’s EHR system will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by December 2020.
- ii. Proposed: The MHP will submit revision to the Outpatient Chart Manual that reflects the requirement that service providers must include a date next to their signature.
- iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- iv. Proposed: The MHP shall submit the training materials and sign in sheets for the Train the Trainer sessions conducted.

4. Mechanisms for monitoring the effectiveness of corrective actions over time.

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

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- i. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
 - ii. The MHP's Outpatient Review Team will review and identify documentation that require updating/corrections during the program's Triennial Chart and Site Review. A POC will be requested of the reviewed program, as needed, to correct deficiencies.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**

- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT:

Medication consent for psychiatric medications shall include the following required elements (MHP Contract, Ex. A, Attachment 9):

- The reasons for taking such medications.
- Reasonable alternative treatments available, if any.
- Type of medication.
- Range of frequency (of administration).
- Dosage.
- Method of administration.
- Duration of taking the medication.
- Probable side effects.
- Possible side effects if taken longer than 3 months.
- Consent once given may be withdrawn at any time.

FINDING 3B: Written consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary. The medication consent did not contain the following elements: Range of Frequency, Method of administration (oral or injection), Duration of taking each medication, and Possible side effects if taken longer than 3 months.

- **Description of corrective actions, including milestones:** DBH revised its medication consent form at approximately the same time as the Triennial review preparation was being completed. Because it was in draft form, the revised form was not included in the documentation submission. However, the current revised form is comprehensive and includes all the required elements of a medication consent form. Additionally, the form includes the daily minimum and daily maximum dose amount. The dosage range enables the psychiatrists to medically and appropriately change the medication dose within the range without the need for a new medication consent form being signed by the client.

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To ensure the revised medication consent form is utilized by DBH staff and available for DBH contract agencies and Fee for Service (FFS) providers, DBH completed the following actions:

- Placed the revised form on its website, specifically placed on the form repository;
- Began utilizing the revised form May 2019;
- Updated all the links in applicable DBH policies that include the revised medication consent form to ensure only the revised form is utilized:
 - Medication Support Only Case Policy, [MDS2009](#)
 - Consent for Administration of Psychotropic Medication to Minors Policy, [MDS2017](#); and
- Trained the DBH psychiatrists on the revised form at the Medical Services Doctors' Meeting.

Lastly, DBH will also notify its contract agencies and FFS providers via email of the ten (10) required elements of a medication consent and offer a Word version of the DBH Psychotropic Medication Consent so they can edit the name of the provider to their agency or themselves, if an FFS provider.

- **Timelines for implementation and/or completion of corrective actions:** Timelines for the aforementioned completed corrective actions are as follows:
- Effective May 2019, DBH posted its revised Psychotropic Medication Consent form to its website and forms repository;
 - Effective May 2019, began utilizing the revised Psychotropic Medication Consent form; and
 - Effective June 20, 2019, DBH Medical Services trained its DBH Psychiatrists/Physicians on the use of the revised form.

Timelines for implementation and completion of corrective actions are as follows:

- By July 4, 2020, DBH will update all links to the Psychotropic Medication Consent form in applicable DBH policies; and
- By July 4, 2020, DBH will issue an email to its contract agencies and FFS Providers with a Word version of the Psychotropic Medication Consent form so they can change the name of the provider from DBH to their agency or the provider themselves.

- **Proposed (or actual) evidence of correction that will be submitted to DHCS:**

The actual evidence that DBH has regarding the corrective action includes the following:

- Minutes for Medical Services Doctors' Meeting dated June 20, 2019, which includes attendees and discussion summary regarding revised medication consent form;
- Revised Psychotropic Medication Consent form, MDS002, with numbers demonstrated where the ten (10) required elements are located on the form; and
- Screenshot of where the Psychotropic Medication Consent form, in English and Spanish, the threshold languages of San Bernardino County, are posted on DBH's website

DBH will provide the proposed evidence once the action items are completed:

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- Hyperlinks to the following DBH forms demonstrating the revised medication consent form has been corrected:
 - Medication Support Only Case Policy, [MDS2009](#) and
 - Consent for Administration of Psychotropic Medication to Minors Policy, [MDS2017](#); and
 - Evidence of the emails sent to DBH contract agencies and FFS providers with the Word version of the revised medication consent form.
- **Mechanisms for monitoring the effectiveness of corrective actions over time.** *If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS.*
- To monitor the effectiveness of the corrective action regarding the revised medication consent form, DBH will take the following steps:
- 1) DBH Medical Services conducts peer reviews regarding medication monitoring and will provide DBH Quality Management (QM) with outcomes of the reviews to confirm use of the correct medication consent form;
 - 2) DBH QM Outpatient Review Team will report to QM management team any applicable outpatient providers, DBH or its contract agencies or FFS providers, that fail to utilize a medication consent form with the ten (10) required elements when completing chart reviews as required by the DHCS contract; and
 - 3) DBH Compliance unit will report to QM management team any applicable DBH providers and contract agencies that fail to utilize a medication consent form with the ten (10) required elements when completing reviews regarding compliance with contract requirements.
- **Description of corrective actions required of the MHP's contracted providers to address findings:** The following outline the corrective actions that DBH's contracted providers that render medical services must comply with to meet the requirements of this POC:
- Read and adhere to the email that will be issued no later than July 4, 2020, advising of the ten (10) required elements of a medication consent form;
 - Adherence with the requirements may include the following:
 - Use of the correct DBH Psychotropic Medication Consent form with changes to the name of their agency or private practice;
 - Use of their own medication consent form, which can be reviewed by DBH QM, if requested by the contracted provider; and
 - Failure to utilize a compliant medication consent form will result in a corrective action plan for the contracted provider.

REQUIREMENT 3C: All entries in the beneficiary record (i.e. Assessments) include:

- 1) Date of service
- 2) The signature of the person providing the service (or electronic equivalent)
- 3) The person's type of professional degree, licensure, or job title
- 4) Relevant identification number, if applicable
- 5) The date the documentation was entered in the medical record

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FINDING 3C:

Medication Consent(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.

MHP Response:

- DBH will address documentation on Medication Consent forms are signed by the service provider, including the service provider's professional degree, licensure, or job title with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. The MHP is implementing an Electronic Health Record (EHR) later this year, that will ensure all required elements are captured on the Medication Consent, including the service provider's professional degree, licensure, or job title before allowing the provider to save and submit the document into the medical record. The MHP's EHR uses an e-signature format, to ensure provider signature consistency.
- ii. DBH Medical Services conducts peer reviews regarding medication monitoring and will provide DBH Quality Management (QM) with outcomes of the reviews to confirm all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the services.
- iii. The MHP shall issue an email to remind its medical providers, for DBH, contract agencies and FFS providers, of the signature requirements.

2. Timelines for implementation and/or completion of corrective actions:

- i. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
- ii. Medical Services Peer Reviews have already begun and notification will continue through the Quality Management Action Committee (QMAC).
- iii. The email reminder to medical providers for the MHP will be issued by July 4, 2020.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by December 2020.
- ii. Proposed: **MHP shall submit** evidence of the email sent to MHP medical providers.

4. Mechanisms for monitoring the effectiveness of corrective actions over time.

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

- i. The MHP's Outpatient Review Team will review and identify documentation that require updating/corrections during the program's Triennial Chart and Site Review. A POC will be requested of the reviewed program, as needed, to correct deficiencies.
- ii. The MHP shall review the Peer Reviews and/or reports submitted to QM to verify the effectiveness of the corrective actions and take any appropriate action, such as targeted training for specific providers, training for all medical providers, revision to the OCM clarifying the requirements, etc.

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5. Description of corrective actions required of the MHP's contracted providers to address findings:

- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a Plan of Correction POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 4A-2: Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary (MHP Contract, Ex. A, Attachment 2):

FINDING 4A-2:

Services were not provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

MHP Response:

- DBH will address services provided in an amount, duration, and scope as specified in the Client Recovery Plan for each beneficiary with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CS, CT IIs and PMs are currently being trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding their documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The MHP will update the OCM with the following verbiage: *"Only service modalities/interventions that have been agreed upon by the provider, the beneficiary and/or the beneficiary's legal guardian and services that are expected to be provided during the Plan period, should be included on the Client Recovery Plan. If a service modality/intervention is determined to be needed at a later date, then the modality/intervention should be added to the Plan on that later date, with the beneficiary's and/or the beneficiary's legal guardian's agreement."*
- iv. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed accurately. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

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- i. The on-line documentation training will be added the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training
 - ii. The MHP will complete the changes/updates to the OCM by November 2020, with a release of an IN to follow, informing service providers of the changes.
- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
 - i. Actual: The MHP submitted sections of the Chart Documentation training provided in the “Train the Trainer” format specific to documentation of modalities and capturing the client/caregiver/support person’s signature as proof of involvement in the creation of the plan (PowerPoint – *Chart Documentation Training for Specialty Mental Health Services, Client Recovery Plan*, slides 35-36).
 - ii. Actual: The MHP submitted sections of the OCM that reflect the revisions made to the ‘Client Recovery Plan’ section specific to documentation of modalities.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

 - i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
 - iii. The MHP’s Outpatient Review Team will review and identify Client Recovery Plans that do not meet documentation standards during the program’s Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP’s contracted providers to address findings:**
 - i. The MHP’s contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP’s program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP’s programs.
 - ii. The MHP’s Outpatient Review Team will identify chart items out of compliance during the contracted program’s Triennial Chart and Site Review and will request a POC)response on how the program plans to address the identified chart documentation deficiencies.

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REQUIREMENT 4B: The Client Plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition (MHP Contract, Ex. A, Attachment 9).

FINDING 4B:

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards).

MHP Response:

- DBH will address Client Recovery Plans (CRPs) are completed prior to the delivery of planned services, and are updated at least annually or reviewed and updated when there is a significant change in the beneficiary's condition with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
- iii. The MHP will reference the OCM guidelines, to remind service providers of the frequency with which the CRP must be updated.
 - The following verbiage will be updated in the OCM specific to documentation of service provider signatures on the CRP ('Client Recovery Plan' (Service Coordinator/Provider Actions) Step 6 'Signatures', p. 67). "*Signatures of all service providers must include professional degree, licensure, or job title of person providing the service; and date next to signature.*"
 - The OCM will be updated to reflect language to support the need to add modalities at a later date, when that particular service is relevant to the course of treatment ('Client Recovery Plan' (Service Coordinator/Provider Actions) Step 8 'Client/Caregiver Involvement in the Recovery Plan,' p. 68) "*Any time services are added/amended to a CRP, the client's and/or caregiver's signature must be obtained, as evidence of their agreement and participation in the updated treatment plan.*"
- iv. The MHP is implementing an EHR later this year, that will track the expiration date of CRPs and will ensure plans are updated timely. The EHR's design does not allow a planned service to be submitted/billed, unless there is an active Plan and the provided service is listed on the Plan.
- v. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed accurately. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

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- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
 - ii. The MHP will complete the draft changes/updates to the OCM by November 2020, with a release of an Information Notice informing service providers of the changes.
 - iii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
 - i. Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific to completion of CRPs and updating the Plan in a timely manner (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Client Recovery Plan, pp. 34-36) (attached).
 - ii. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by December 2020.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

 - i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The MHP's EHR team will run reports quarterly, to identify chart documents that require attention; such as services billed without an active CRP and/or a corresponding service modality listed on the Plan. The EHR team will notify the program management that an issue needs correction, as needed.
 - iii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring. The MHP's Outpatient Review Team will review and identify CRPs that do not meet chart documentation standards during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
 - i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance

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reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.

- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 4C: The MHP shall ensure that CRPs (MHP Contract, Ex. A, Attachment 9):

- Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- Identify the proposed type(s) of intervention/modality, including a detailed description of the intervention to be provided.
- Have a proposed frequency of intervention(s).
- Have a proposed duration of intervention(s).
- Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b)).
- Have interventions that are consistent with the Client Plan goals.
- Be consistent with the qualifying diagnosis.

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the proposed interventions did not include a detailed description, including how the interventions focus on the functional impairments as a result of the mental health condition.

MHP Response:

- DBH will address required elements are captured on the CRP; including, (1) detailed descriptions for proposed interventions and (2) how the proposed interventions focus on the beneficiary's functional impairments as a result of a mental health condition, with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs are currently being trained on documentation standards by the Quality Management Division in a "Train the Trainer format." Trainings occurred 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
- iii. The MHP will update the OCM specific to the need for interventions to be individualized and specific to the client. The following verbiage will be included in the manual: ('Client Recovery Plan,' (Service Coordinator/Provider Actions) Step 3 'Focus/Purpose of Treatment,' p.66) *"The 'Focus/Purpose' section of the Client Recovery Plan for each modality must be individualized to the beneficiary, address the beneficiary's assessed needs, and the proposed interventions are clearly written/defined as they relate to the beneficiary."*
- iv. Once the MHP's OCM is updated with the information covered above, an Information Notice will be released, informing service providers of the change (by November 2020).

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- v. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed appropriately and treatment interventions are clearly defined. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.
- 2. Timelines for implementation and/or completion of corrective actions:**
- i. The on-line documentation training will be added the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
 - ii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR in group sessions during the Fall of 2020.
 - iii. The MHP will complete the changes/updates to the OCM by November 2020, with a release of an Information Notice to follow, informing service providers of the changes.
- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
- i. Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific to completion of CRPs (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Client Recovery Plan, slide 35) (attached).
 - ii. Proposed: The MHP will submit the training schedule for the EHR for clinical staff by December 2020.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**
If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:
- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
 - iii. The MHP's Outpatient Review Team will review and identify CRPs that require updating and/or corrections during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation

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standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.

- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 4E: The MHP shall ensure that the Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2)).

The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when (CCR, title 9, § 1810.440 (c)(2)(A)):

- The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,
- The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.

When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature (CCR, title 9, § 1810.440 (c)(2)(B)).

The MHP shall have a written definition of what constitutes a long-term care beneficiary (MHP Contract, Ex. A, Att. 9).

FINDING 4E:

There was no documentation of the beneficiary's or legal representative's refusal or unavailability to sign the Client Plan.

MHP Response:

- DBH will address CRPs documenting the beneficiary's refusal/unavailability to sign the Client Plan with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed appropriately and the beneficiary's participation is documented. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random

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sample of the charts in their assigned programs and report the findings to the QM Division.

- The MHP will update the OCM, to clearly communicate the requirement to obtain the beneficiary's and/or the beneficiary's legal guardian's signature on the Client Recovery Plan or document the reason for the lack of the signature(s). The manual will also reflect the updated requirement to obtain the beneficiary's and/or the beneficiary's legal guardian's signature on updated CRP(s) for added/amended services/interventions ('Client Recovery Plan' (Service Coordinator/Provider Actions) Step 7, p. 68) "*Any time services are added/amended to a CRP, the client's and/or caregiver's signature must be obtained, as evidence of their agreement and participation in the updated treatment plan.*"
- ('Client Recovery Plan' (Service Coordinator/Provider Actions) Step 8 'Client/Caregiver Involvement in the Recovery Plan,' p. 68) "*Any time services are added/amended to a CRP, the client's and/or caregiver's signature must be obtained, as evidence of their agreement and participation in the updated treatment plan.*"

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The MHP will complete the changes/updates to the OCM by November 2020, with a release of an Information Notice to follow, informing service providers of the changes.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Actual: The MHP submitted sections of the OCM that addresses documenting beneficiary's refusal/unavailability to sign the CRP (Outpatient Chart Manual, Client Recovery Plan, Service Coordinator/Provider Actions, p. 69) (attached).
- ii. Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific documenting the beneficiary's participation in the creation of the CRP (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Client Recovery Plan, slide 39) (attached).
- iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.

4. Mechanisms for monitoring the effectiveness of corrective actions over time.

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
- ii. The CS will utilize staff supervision for reviewing documentation standards and monitoring.

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- iii. The MHP's Outpatient Review Team will review and identify CRPs that require updating and/or corrections during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
 - ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 4G: There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

FINDING 4G:

There was no documentation that the beneficiary or legal guardian was offered a copy of the Client Plan for the following:

MHP Response:

- DBH will address that a copy of the CRP was offered to the beneficiary with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
- iii. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure the CRP indicates a copy of the Plan was offered to the beneficiary. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.
- iv. The MHP will update the OCM to reflect the following change specific to the client being offered a copy of the CRP ('Client Recovery Plan' (Service Coordinator/Provider Actions) Step 8, 'Client/Caregiver Involvement in the Recovery Plan,' p. 68) "*Client/caregiver must be offered a copy of the Client Recovery Plan. The Plan should indicate the date when client/caregiver was given or declined a copy of the Client Recovery Plan. The plan should indicate the date the client/caregiver accepted/refused a copy of the plan.*"

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2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The MHP will complete the changes/updates to the OCM by November 2020, with a release of an Information Notice to follow, informing service providers of the changes.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Actual: The MHP submitted sections of the Chart Documentation training provided in the “Train the Trainer” format specific to the offering the beneficiary a copy of their CRP and documenting the receiving or refusal of the Plan by the beneficiary (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Client Recovery Plan, slides 36, 38-39) (attached).
- ii. Proposed: The MHP will submit sections of the OCM that addresses offering a copy of the Client Plan to the beneficiary and documenting the beneficiary’s response.
- iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.

4. Mechanisms for monitoring the effectiveness of corrective actions over time.

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
- ii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
- iii. The MHP’s Outpatient Review Team will review and identify CRPs that do not meet documentation standards during the program’s Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.

5. Description of corrective actions required of the MHP’s contracted providers to address findings:

- i. The MHP’s contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP’s program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP’s programs.
- ii. The MHP’s Outpatient Review Team will identify chart items out of compliance during the contracted program’s Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

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REQUIREMENT 4H: All entries in the beneficiary record (i.e., Client Plans) include (MHP Contract Ex. A, Att. 9):

- 1) Date of service.
- 2) The signature of the person providing the service (or electronic equivalent).
- 3) The person's type of professional degree, licensure or job title.
- 4) Relevant identification number (e.g., NPI number), if applicable.
- 5) The date the documentation was entered in the medical record.

FINDING 4H:

Client Plan(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.

MHP Response:

- DBH will address that CRPs include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.
- iii. The MHP will be implementing an EHR later this year, that will utilize an e-signature for the service provider that includes their professional degree, license, and title. The EHR's design does not allow a document that requires the provider's signature to be saved/submitted into the medical record, unless it is electronically signed by the provider.
- iv. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is signed by the provider with the provider's professional credentials. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

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- i. Actual: The MHP submitted sections of the Chart Documentation training provided in the “Train the Trainer” format specific to CRP signatures (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, What constitutes good documentation, slide 6) (attached).
 - ii. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by Fall 2020.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**
If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:
- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring. The MHP’s Outpatient Review Team will review and identify CRPs that do not meet documentation standards during the program’s Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP’s contracted providers to address findings:**
- i. The MHP’s contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP’s program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP’s programs.
 - ii. The MHP’s Outpatient Review Team will identify chart items out of compliance during the contracted program’s Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 5: The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan (MHP Contract, Ex. A, Attachment 9).

Items that shall be contained in the client record related to the beneficiary’s progress in treatment include:

- Timely documentation of the relevant aspects of the beneficiary care, including documentation of medical necessity.
- Documentation of the beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- Interventions applied, beneficiary’s response to the interventions and the location of the interventions.
- The date the services were provided.

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- Documentation of referrals to community resources and other agencies, when appropriate.
- Documentation of follow-up care, or as appropriate, a discharge summary.
- The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.

Reasons for Recoupment (RR) (MHSUDS IN No. 17-050, Enclosure 4):

- RR5. The MHP did not submit documentation substantiating the focus of the intervention is to address the beneficiary's included mental health condition.
 - A significant impairment in an important area of functioning.
 - A probability of significant deterioration in an important area of life functioning.
 - A probability the child will not progress developmentally as individually appropriate.
 - For full-scope Medi-Cal beneficiaries under the age 21 years, a condition as a result of the mental health disorder that specialty mental health services can correct or ameliorate.
- RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:
 - No progress note submitted.
 - The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - Specialty Mental Health Services claimed.
 - Date of service.
 - Unit of time.
- RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:
 - No show / appointment cancelled, and no eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show")
 - Service provided did not meet the applicable definition of SMHS.

FINDING 5A:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).
- Timeliness of the progress notes could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note

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was entered into the medical record could not be determined, and the note was considered to be late.

- Progress notes did not document the location of the interventions.
- The amount of time taken to provide services. The unit of time documented on the progress note was less than the time claimed, or was missing.
- The provider's professional degree, licensure or job title was missing.
- The service appointment was refused, missed or cancelled.
- The service did not meet the definition of an applicable SMHS.
- The progress notes did not appear to be accurately documenting the beneficiary's response.
- The focus of the intervention did not address the functional impairment related to the mental health condition.

MHP Response:

- DBH will address progress notes including:
 - Documentation of medical necessity,
 - Timely submission into the medical record,
 - Documentation where services were provided,
 - Documentation to support the amount of time it takes to provide a service,
 - Includes the provider's signature with professional credentials,
 - Documentation to support an appointment that was refused/missed/cancelled,
 - Documentation supports the service definition of an applicable SMHS,
 - Accurately documents the beneficiary's response and,
 - Documentation of interventions related to beneficiary's mental health condition with the following corrective actions.

1. Description of corrective actions, including milestones:

- DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format". Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
 - The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
 - The MHP will be implementing an EHR later this year. The EHR system is designed to not allow interdisciplinary progress notes to be saved/submitted into the medical records without completing required elements; including:
 - ◊ Service claims require a corresponding progress note, that matches in date, time, and service modality.
 - The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure claimed services are medically necessary, interdisciplinary progress note are completed accurately, and interventions are appropriately documented and focus on the beneficiary's functional impairments as it relates to the beneficiary's mental health diagnosis. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.
- **Timelines for implementation and/or completion of corrective actions:**

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- The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- The MHP's EHR system will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
- **Proposed (or actual) evidence of correction that will be submitted to DHCS:**
 - Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific to the completion of interdisciplinary progress notes (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Progress Notes, slides 43-45) (attached).
 - Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by Fall 2020.
 - Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- **Mechanisms for monitoring the effectiveness of corrective actions over time. *If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:***
 - The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - The MHP's EHR team will run reports quarterly, to identify chart documents that require attention; such as a service claim without a corresponding interdisciplinary progress note and missing required elements of the progress note. The EHR team will notify the program management that an issue needs correction, as needed.
 - The CSs will utilize staff supervision for reviewing documentation standards and monitoring. The MHP's Outpatient Review Team will review and identify interdisciplinary progress note that do not meet documentation standards during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- **Description of corrective actions required of the MHP's contracted providers to address findings:**
 - The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
 - The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

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REQUIREMENT 5C: When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include (CCR, title 9, § 1840.314(c)):

- Documentation of each person’s involvement in the context of the mental health needs of the beneficiary.
- The exact number of minutes used by persons providing the service.
- Signature(s) of person(s) providing the services.

Reasons for Recoupment (RR) (MHSUDS IN No. 17-050, Enclosure 4)

- RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:
 - a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; or
 - b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; or
 - c) The total number of beneficiaries participating in the service activity.

FINDING 5C:

Documentation of services being provided to, or on behalf of, a beneficiary by one or more providers did not include all required components; specifically:

- The progress note did not document the specific involvement of each provider in the context of mental health needs of the beneficiary (RR13a).
- The progress notes did not document the exact number of minutes used by each provider in providing the service, including travel and documentation time, if applicable (RR13b).

MHP Response:

- DBH will address documentation of services provided to a beneficiary by one or more providers includes (1) includes the involvement of each provider in the context of the mental health needs of the beneficiary and (2) exact number of minutes used by each provider in providing the service with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a “Train the Trainer format”. Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
- iii. The MHP now requires each service provider in a Group session to complete their own progress note, to document their participation in the service and their individual service time. The Outpatient Chart Manual (OCM) will be updated to reflect this change. Additionally, the OCM will be updated to reflect that the *“clinical need for additional provider must be indicated in order to avoid recoupment.”*
- iv. The MHP will be implementing an EHR later this year, that will address the requirement of documenting the exact service time.

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- The EHR is designed to ensure that the number of beneficiaries in a group and the number of service providers utilized are accurately recorded on the 'Group' progress note, before allowing the note to be saved/submitted into the medical record.
- v. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed accurately. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.
- 2. Timelines for implementation and/or completion of corrective actions:**
- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
 - ii. The MHP will complete an IN formally notifying service providers of the need for each service provider in a group to document their service on separate progress notes by July 2020.
 - iii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
- i. Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific to documentation of 'Group' progress notes (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, 'Group Therapy,' slides 47-48) (attached).
 - ii. Proposed: The MHP will submit revisions to the Outpatient Chart specific to documentation of the provision of 'Group' services by December 2020.
 - iii. Proposed: The MHP will submit the training schedule for the EHR system for clinical staff by Fall 2020.
 - iv. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**
If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:
- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The MHP's EHR team will run reports quarterly, to identify chart documents that require attention; such as a service times overlapping with other

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- services for the same client and/or service provider. The EHR team will notify the program management that an issue needs correction, as needed.
- iii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring. The MHP's Outpatient Review Team will review and identify interdisciplinary group progress notes that do not meet documentation standards during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs, and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.
- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 5d: Progress notes shall be documented at the frequency by type of service indicated below (MHP Contract, Ex. A, Attachment 9):

- Every Service Contact:
 - Mental Health Services
 - Medication Support Services
 - Crisis Intervention
 - Targeted Case Management
- Daily:
 - Crisis Residential
 - Crisis Stabilization (1x/23hr)
 - Day Treatment Intensive
- Weekly:
 - Day Treatment Intensive: a clinical summary reviewed and signed by the physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service
 - Day Rehabilitation
 - Adult Residential

Reasons for Recoupment (RR) (MHSUDS IN No. 17-050, Enclosure 4)

- RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:
 - a) No progress note submitted
 - b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - Specialty Mental Health Services claimed.

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- Date of service, and/or
- Units of time.

FINDING 5D:

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are specific findings pertaining to the charts in the review sample:

- There was no match for the progress note in the medical record for the services.
- The type of specialty mental health service (SMHS) (e.g., Mental Health Services, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed (RR8b1).
- The date the service was provided, as specified in the MHP Contract with the Department (RR8b2).
- The units of time were not recorded on the documentation for the services claimed, as specified in the MHP Contract with the Department (RR8b3).

MHP Response:

- DBH will address interdisciplinary progress notes are documented according to the frequency requirements specified in the MHP Contract with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a “Train the Trainer format”. Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards.
- iii. The MHP is re-reviewing all its procedure codes to ensure they crosswalk to the appropriate Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System(HCPCS) codes to ensure proper claiming.
- iv. The MHP is implementing an EHR later this year, that will address the items listed in the findings.
 - The EHR system is designed to only allow claims that have a corresponding interdisciplinary progress note that matches in date, time, and service modality.
- v. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure required documentation is completed accurately. Program supervisors will be expected to review 100% of supervised staff's charts during the first 6 months of the staff's probation period and then 50% of the staff's chart until the end of their probation period. The program supervisor/manager will be expected to complete annual quality assurance reviews on a random sample of the charts in their assigned programs and report the findings to the QM Division.

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.

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- ii. The MHP's EHR will go live for clinical practices/documentation in November/December of 2020. Claims and Intake staff will be trained on the EHR system in group sessions throughout the Summer of 2020. Clinical staff will be trained on the EHR system in group sessions during the Fall of 2020.
 - iii. Review and any necessary adjustments to the procedure codes, CPT and/or HCPCS code will be complete by July 2020 due to Phase I implementation of the EHR. However, this will be an ongoing review post conversion to ensure ongoing compliance.
- 3. Proposed (or actual) evidence of correction that will be submitted to DHCS:**
 - i. Actual: The MHP will submit sections of the Chart Documentation training provided in the "Train the Trainer" format specific to completion of interdisciplinary progress notes (PowerPoint – Chart Documentation Training for Specialty Mental Health Services, Progress Notes, slides 42-56) (attached).
 - ii. Proposed: The MHP will submit the training schedule for the EHR for clinical staff by Fall 2020.
 - iii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
 - iv. Proposed: The MHP shall submit a copy of its crosswalks and any applicable documentation after claims are submitted with the new EHR to document evidence of accuracy.
- 4. Mechanisms for monitoring the effectiveness of corrective actions over time.**

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

 - i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
 - ii. The MHP's EHR team will run reports quarterly, to identify chart documents and service claims that require attention; such as incorrect service codes, incorrect staff role access, and submitted claims without a corresponding progress note. The EHR team will notify the program management that an issue needs correction, as needed.
 - iii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
 - iv. The MHP's Outpatient Review Team will review and identify interdisciplinary progress notes that do not meet documentation standards during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
 - v. As previously stated, review of the codes will be an ongoing review for the MHP and it will make corrections as needed.
- 5. Description of corrective actions required of the MHP's contracted providers to address findings:**
 - i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's

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program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.

- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.

REQUIREMENT 7A: The MHP shall make oral interpretation, available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4) – (5).)

Items that shall be contained in the chart record (i.e., progress notes) related to the beneficiary's progress in treatment include (MHP Contract, Ex. A, Attachment 9):

- Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity.
- Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.

FINDING 7A:

The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Progress notes lacked relevant aspects of beneficiary care.

MHP Response:

- DBH shall address documentation that oral interpretation is made available to beneficiaries with the following corrective actions:

1. Description of corrective actions, including milestones:

- i. DBH CSs and CT IIs were recently trained on documentation standards by QM in a "Train the Trainer format" which includes a section that addresses the requirement to document cultural and linguistic services on interdisciplinary progress notes. Trainings occurred on 6/9/20, 6/10/20, 6/16/20, and 6/18/20.
- ii. The MHP is expanding its documentation trainings to an on-line version, to increase the availability of the documentation training and to increase the amount of staff that will be trained in documentation standards, including offering linguistic services .
- iii. The CSs/CT IIs/PMs will perform quality assurance reviews on supervised staff's charts, to ensure that documentation for services are completed appropriately and cultural/linguistic factors are documented as needed.
- iv. Interpreters are currently offered for all monolingual as well as bilingual clients as they may be more comfortable speaking in their first language. If a client has an appointment, an in-house staff member is utilized or an interpreter from a contracted language services agency if there is no available interpreter in the clinic. For walk-ins, in-house staff are utilized or the use of the language line or video interpretation, that are available at designated locations. Interpreter services are offered but the MHP recognizes that providers may be remiss in documenting the offer of interpretation services. Therefore, a reminder will be issued by QM and the Office of Cultural Competency and Ethic Services to all providers

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reminding them to respect clients' linguistic needs by offering interpretation services and the need to document the offer and utilize the taglines.

2. Timelines for implementation and/or completion of corrective actions:

- i. The on-line documentation training will be added to the Relias training website by December 2020 and new hire direct service staff will be required to complete the on-line training within 60 days of starting their position. All other direct service staff will be required to complete the on-line documentation training every 2 years as a refresher. The MHP will also offer a bi-annual in person chart documentation training.
- ii. The reminder will be issued no later than August 31, 2020.

3. Proposed (or actual) evidence of correction that will be submitted to DHCS:

- i. Actual: The MHP submitted sections of the Chart Documentation training provided in the "Train the Trainer" format specific to the requirement to documenting cultural and linguistic services in on interdisciplinary progress notes (PowerPoint – Chart Documentation for Specialty Mental Health Services, slide 43) (attached).
- ii. Proposed: The MHP will submit a draft of the policy and procedure regarding programs completing an annual quality assurance review and chart review standards for staff on probation.
- iii. Proposed: The MHP shall submit a copy of the reminder issued to MHP providers regarding linguistic needs/preferences, interpretation services and the need to document the request and accommodation.

4. Mechanisms for monitoring the effectiveness of corrective actions over time.

If at any time the POC is determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS:

- i. The MHP will utilize an on-line post-test in conjunction with the on-line documentation training, to gauge subject material retention and understanding.
- ii. The CSs will utilize staff supervision for reviewing documentation standards and monitoring.
- iii. The MHP's Outpatient Review Team will review and identify chart documentation that does not meet cultural/linguistic reporting standards during the program's Triennial Chart and Site Review. A POC will be requested for any deficiencies discovered.
- iv. The MHP can monitor the effectiveness of this corrective action by reviewing the number of requests for contracted interpreter services, and monitor the indirect billing codes for interpretation services and services rendered by a bilingual staff to compare utilization year to year.

5. Description of corrective actions required of the MHP's contracted providers to address findings:

- i. The MHP's contracted service providers are expected to follow the same documentation standards as the MHP providers. The DBH contract/program monitoring teams will ensure that documentation standards are communicated to the contracted programs and DHCS/DBH INs are shared with the contracted programs, as needed. The MHP's program monitoring teams will ensure that annual quality assurance reviews are being completed by the programs, once the standard becomes a requirement for all MHP's programs.

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- ii. The MHP's Outpatient Review Team will identify chart items out of compliance during the contracted program's Triennial Chart and Site Review and will request a POC response on how the program plans to address the identified chart documentation deficiencies.