

CORRECTIVE ACTION PLAN RESPONSE

Plan Name: Santa Clara County Behavioral Health Services Department (BHSD)

Review Period: April 23, 2018 – April 26, 2018

Deficiency Number & Finding	Action Taken	Implementation Documentation	Responsible Party	Expected Completion Date
SECTION B: ACCESS				
Finding 9a 2: The Plan is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides information to beneficiaries about how to access SMHS.	BHSD’s program manager, senior manager, and division director have access to monitor calls for quality assurance. BHSD will randomly monitor the calls at least quarterly and provide feedback to the staff for quality improvement.		Call Center Manager and Designee	10/30/2018
Finding 9a 4: The Plan is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.	BHSD’s program manager, senior manager, and division director have access to monitor calls for quality assurance through the new Cisco phone system. BHSD will randomly monitor the calls at least quarterly and provide feedback to the staff for quality improvement.		Call Center Manager and Designee	10/30/2018
SECTION C: COVERAGE AND AUTHORIZATION				
Finding C2c: The Plan is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding SARs for non-hospital SMHS services.	Please see the modified internal Call Center Draft P&P for SARs. These changes will be rolled out on the next staff meeting, and there will be a sign-in sheet and staff will initial the new P&P. The senior manager and program manager will be responsible for rolling this out in the next staff meeting, and will randomly monitor the calls at least quarterly and provide feedback to the staff for quality improvement.		Call Center Manager and Designee	9/30/2018

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SECTION K: CHART REVIEW – NON-HOSPITAL SERVICES				
<p>Finding 1a: The Plan shall submit a POC that describes how the Plan will ensure that only beneficiaries with an included mental health diagnoses have claims submitted for specialty mental services (SMHS) in order to meet the medical necessity criteria contained in CCR, title 9, chapter 11, section 1830.205(b)(1) (A-R) for Media-Cal reimbursement.</p>	<p>The BHSD Quality Improvement Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. The BHSD QA Program works in partnership internal and external departments/agencies to maintain documentation standards and billing practices in accordance with Title 9 Regulations, DHCS, and County requirements.</p> <p>Since the April 2018 Triennial Chart Review, feedback from the DHCS Chart Review has been shared with the system through our Quality Assurance collaborative meetings in order to ensure that appropriate diagnoses and documentation standards are adhered to.</p> <p>In addition, BHSD Quality Assurance Dept. will make available the most updated list of approved diagnoses online for easy access and is one of the topics covered in our in-class Documentation Training that is held every other month. In addition, BHSD will be updating the online training, which will be available to all county and contracted providers through a comprehensive online chart documentation training modules. Successful completion of this training will be tracked via the online certificated issued.</p>	<p>Copy of:</p> <ul style="list-style-type: none"> • Current Practice Standards Manual • Documentation Training Power Point • Current list of included/qualifying diagnoses, and • Sample copy of Documentation Training participant / attendance sheet 	<p>BHSD Quality Assurance Dept.</p>	<p align="center">10/30/2018</p>

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	<p>The BHSD QI Staff will continue to emphasize and highlight the importance of proper Medi-Cal documentation. Clinic managers and leads will randomly review the client charts at least quarterly to ensure the documentation is in compliance with Title 9 requirements. In addition the BHSD Quality Assurance team will conduct yearly clinical record reviews and monitor compliance with this POC.</p> <p>The BHSD standards regarding included diagnoses are outlined in the current Practice Standards Manual on page 21. The Practice Standards Manual also includes general guidelines for documenting each service activity provided to the beneficiary.</p> <p>During the documentation progress note training section provided by the QIC’s, specific emphasis is placed upon ensuring that each service activity has a corresponding progress note, the service activity is completed with the actual beneficiary, and the progress note written links back to the client’s diagnosis and functional impairment. QIC’s also emphasize that the correct service activity and billing codes are used. The Quality Improvement Coordinators will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.</p>	(Sample of what to include after Aug 2018 Doc Training)		<p>10/30/2018 and quarterly</p> <p>On-going and Annually</p>
Finding 1c-1: The BHSD shall submit a POC that describes	Please also refer to responses under Finding 1a.	Reference above inserted links to:	Mental Health Quality	Tentative

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<p>how the BHSD will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 1 1, section 1830.205(b)(3)(A).</p>	<p>In addition, BHSD will be updating the online training, which will be available to all county and contract providers through a comprehensive online chart documentation training module accessible through our Learning Partnership website. Successful completion of this training will be tracked via online. The BHSD will be recommending that all county and contract staff complete this annually with one of the focuses being that interventions address the beneficiary’s functional impairment that is directly related to the beneficiary’s mental health condition.</p> <p>The BHSD standards that describe the standards for interventions and their necessity to address/ameliorate functional impairment related to the qualifying mental health condition on the client plan are outlined in the current Practice Standards Manual on pages 31-32.</p> <p>The Practice Standards Manual also includes general guidelines for documenting each service activity provided to the beneficiary. During the documentation progress note training provided by the QIC’s, specific emphasis is placed upon ensuring that each service activity has a corresponding progress note, the service activity is completed with the actual beneficiary, and the interventions in the progress notes written link back to the client’s diagnosis and functional impairment. QIC’s also emphasize that the correct service activity and billing codes are used. The Quality Improvement</p>	<ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Assurance Dept.</p>	<p>12/31/2018</p> <p>On-going and every other month</p>

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	Coordinators will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.			
<p>Finding 1c-2: The BHSD shall submit a POC that describes how the BHSD will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).</p>	Please also refer to responses under Finding 1a and 1c-1.	Reference above inserted links to: <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	Mental Health Quality Assurance Dept.	Tentative 12/31/2018
<p>Finding 2b: The BHSD shall submit a POC that describes how the BHSD will ensure that every assessment contains all of the required elements specified in the BHSD Contract with the Department.</p>	<p>The BHSD Quality Assurance Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. The BHSD’s Documentation Assessment standards are clearly outlined in our BHSD Practice Guidelines Manual, page 15, which lists all the specific categories that should be included in an assessment.</p> <p>The BHSD QA Department will emphasize that all required elements in the assessment is addressed during our every other month trainings. Furthermore, this requirement will also be reviewed and reiterate in our updated online documentation training on Learning Partnership, which will be available to all county and contract providers. Successful</p>	Reference above inserted links to: <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	Mental Health Quality Assurance Dept.	6/30/2018

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	<p>completion of this training will be tracked via the online certificated issued. The BHSD will be recommending that all county and contract staff complete this annually.</p> <p>Should a particular agency fail to adhere to these standards during our yearly audit, the BHSD QA Department will address this issue with the QA manager of the agency during the audit exit interview. Additionally, the BHSD QA Department will complete further mentoring with direct staff providers to address high disallowance and compliance items with specific targeted trainings.</p>			On-going and Annually
<p>Finding 2c: The BHSD shall submit a POC that describes how the BHSD will ensure that all documentation includes:</p> <ol style="list-style-type: none"> 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service. 2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title 	<p>The requirements for proper documentation of signatures (handwritten as well as electronic) and County-recognized credentials are also addressed in our BHSD Practice Guidelines Manual on page 68 and 75.</p> <p>The BHSD also adheres to State standards as well as maintaining our own BHSD standards, policies, and forms regarding electronic signature agreements, along with a current list of the extent to which each agency or clinic is electronically authorized to document services.</p> <p>The BHSD QI Department will continue to emphasize and highlight the importance of proper Medi-Cal documentation. Clinic managers and leads will be required to periodically review the client charts to ensure the documentation is in</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	Mental Health Quality Assurance Dept.	<p>10/30/2018</p> <p>Annually</p> <p>On-going and Annually</p>

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of the person providing the service.	<p>compliance with Title IX requirements. The BHSD will conduct yearly record reviews and monitor compliance with this POC.</p> <p>Should a particular agency fail to adhere to these standards during our yearly audit, the BHSD QA Department will address this issue with the QA manager of the agency during the audit exit interview. Additionally, the BHSD QA Department will complete further mentoring with direct staff providers to address high disallowance and compliance items with specific targeted trainings.</p>			
<p>Finding 3a: The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <ol style="list-style-type: none"> 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the BHSD. 2) Written medication consent forms are completed in accordance with the 	<p>The consent forms now have all the elements required by the state that we distributed widely. We have also recently sent out the Medication Monitoring policy, of which medications consents are required component to all the providers, as reviewed and approved by the BHS Director and County Counsel.</p>		BHSD Medical Director or Designee	Dec. 31, 2018

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BHSD's written documentation standards.				
Finding 3b: The BHSD shall submit a POC that describes how the BHSD will ensure that every medication consent process addresses all of the required elements specified in the BHSD Contract with the Department.	Please refer to above response under Finding 3a.	See above response to Finding 3a.	BHSD Medical Director or Designee	Dec. 31, 2018, within 4 months
Finding 3c: The BHSD shall submit a POC that describes how the BHSD will ensure that all documentation Includes the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.	Please also refer to responses under Finding 2b above. The MH Department standards regarding progress notes are outlined in the Practice Standards Manual, which includes general guidelines for timeliness (written within 5 business days) as well as guidelines for handwritten or electronic signature, plus credential, and now will include the date of signature. The Quality Improvement Coordinators will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.			6/30/2018
Finding 4a: The BHSD shall submit a POC that describes how the BHSD will:	The BHSD Quality Assurance Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. Since the release of the Info Notice 17-040, the BHSD QA Department has informed	Reference above inserted links to:	Mental Health Quality	6/30/2018

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<p>1) Ensure that client plans are completed prior to planned services being provided.</p> <p>2) Ensure that client plans are updated at least on an annual basis as required in the BHSD Contract with the Department, and within the timelines and frequency specified in the BHSD's written documentation standards.</p> <p>3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.</p>	<p>all county and contract providers during all our quarterly QA Collaborative meetings of billable services (e.g. assessment, plan development, crisis intervention, crisis stabilization, urgent medication support services, and targeted case management for proper linkage and/or referral to needed services) and non-billable services (e.g. rehabilitation, therapy, intensive home based services, monitoring and follow-up activities, therapeutic behavioral services, day treatment intensive, day rehabilitation, adult residential treatment, crisis residential treatment, non-emergency medication support) in the absence of a treatment plan.</p> <p>The BHSD’s Documentation Treatment Plan standards for timelines and content are clearly outlined in our BHSD Practice Guidelines Manual, page 28-37. The BHSD QA Program will emphasize all billable services, all non-billable services, treatment plan content, and treatment plan timelines (including when the initial plan is due and when a plan must be updated) during our every other month trainings. Furthermore, this requirement will also be reviewed and reiterate in our updated online documentation training on Learning Partnership, which will be available to all county and contract providers. Successful completion of this training will be tracked via online. The BHSD will be recommending that all county and contract staff complete this annually.</p>	<ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Assurance Dept.</p>	<p>On-going and Annually</p>

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	<p>Should a particular agency fail to adhere to these standards during our yearly audit, the BHSD QA Department will address this issue with the QA manager of the agency during the audit exit interview. Additionally, the BHSD QA Department will complete further mentoring with direct staff providers to address high disallowance and compliance items with specific targeted trainings.</p>			
<p>Finding 4b: The BHSD shall submit a POC that describes how the BHSD will ensure that: 1) (4b-1.) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. 2) (4b-2.) All mental health</p>	<p>The BHSD standards regarding client plans are outlined in the current Practice Standards Manual on pages 28-37.</p> <p>All required elements for the client plan are covered in our in-class Documentation Training that is held every other month by the Mental Health Quality Assurance Department. Specifically addressed in the training are:</p> <ol style="list-style-type: none"> 1) An outline of goal requirements and how they must be linked to the beneficiary's mental health needs, Functional impairment, and mental health diagnosis. Emphasis is placed on using SMART goals and how to formulate a SMART goal. 2) Instructions on how to clearly describe an intervention. 3) The need to include the frequency and duration for each intervention. 4) How mental health interventions must address the mental health needs and functional impairment of the beneficiary as a result of their diagnosis. 	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>6/30/2018 and ongoing</p>

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<p>interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality Of Service (e.g. "therapy", "medication", "Case management", etc.).</p> <p>3) (4b-4.) All mental health interventions proposed on client plans indicate an expected duration for each intervention.</p> <p>4) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the</p>	<p>5) How all proposed interventions shall be consistent and linked to the client goals and objectives.</p> <p>The Mental Health Quality Assurance Department presented a Mode of Service Handout to be used as a tool to assist providers when writing their interventions. The Mode of Service Handout was distributed to all county and contract providers.</p> <p>The BHSD will be updating the online training, which will be available to all county and contract providers through a comprehensive online chart documentation training module accessible through our Learning Partnership. Successful completion of this training will be tracked via the online. The BHSD will be recommending that all county and contract staff complete this annually.</p> <p>The BHSD QI Staff will continue to emphasize and highlight of client plans. Clinic managers and leads will be required to periodically review the client charts to ensure the documentation is in compliance with Title 9 requirements. The BHSD will conduct yearly record reviews and monitor compliance with this POC.</p>			<p>12/31/2018</p> <p>Annually</p>

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<p>beneficiary as a result of the mental disorder.</p> <p>5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.</p>				
<p>Finding 4c: The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <ol style="list-style-type: none"> 1) The appropriate staff signs the client plan. 2) The signature and co-signature of an approved category of staff is obtained when required as specified in the BHSD Contract or BHSDs own policy. 3) The signature/co-signature of the 	<p>The BHSD QI Staff will continue to emphasize and highlight the importance of proper Medi-Cal documentation in accordance with the Practice Standard Manual. Clinic managers and leads will be required to periodically review the client charts to ensure the documentation is in compliance with Title 9 requirements. The BHSD will conduct yearly record reviews and monitor compliance with this POC.</p> <p>The BHSD Quality Improvement Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. The BHSD QA Program works in partnership with the Behavioral Health Service Department (BHSD) to maintain documentation standards and billing practices that are current with Title 9 Regulations, Medi-Cal reimbursement, and Santa Clara County’s (SCC) own documentation requirements.</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>On-going and Annually</p>

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appropriate staff is timely.				
<p>Finding 4e: The BHSD shall submit a POC that describes how the BHSD will:</p> <ol style="list-style-type: none"> 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan. 2) Submit evidence that the BHSD has an established process to ensure that the beneficiary is offered a copy of the client plan. 	<p>Please refer to responses under 4c.</p> <p>In addition, there is a dedicated section of the treatment plan to address how the beneficiary will be offered a copy of the treatment plan. In accordance with the Practice Guidelines Manual page 36. This is a mandatory section for staff to complete. The Quality Improvement Coordinators will continue to emphasize and highlight this important section of the treatment plan in all trainings in order to maintain compliance. Additionally, the MH department has a Department Directive 2005-01 (See Attachment 5), which describes the procedure whereby clients (and/or parents/legal guardians of a minor) are informed that a copy of their treatment plan is available/offered and how to document this on the treatment plan.</p>	<p>Copy of Clinical Practice Guidelines Manual, Documentation Training Power-Point, and Online Documentation Training https://hhsconnect.scc.gov.org/</p>	<p>Mental Health Quality Assurance Dept.</p>	<p>On-going and Annually</p>
<p>Finding 4f: The BHSD shall submit a POC that describes how the BHSD will ensure that all documentation includes:</p> <ol style="list-style-type: none"> 1) The date of service. 	<p>The BHSD will be rolling out online training, which will be available to all county and contract providers through a comprehensive online chart documentation training module accessible through our Learning Partnership. Successful completion of these trainings will be tracked online. The BHSD will be recommending that all county and contract staff complete this annually.</p>	<p>Copy of Clinical Practice Guidelines Manual, Documentation Training</p>	<p>Mental Health Quality Assurance Dept.</p>	<p>12/31/2018</p>

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<p>2) The date the signature was completed and the document was entered into the medical record.</p>	<p>The BHSD QIC's will continue to emphasize and highlight the importance of proper Medi-Cal documentation. Clinic managers and leads will be required to periodically review the client charts to ensure the documentation is in compliance with Title IX requirements. The BHSD will conduct yearly record reviews and monitor compliance with this POC.</p> <p>The MH Department Clinical Practice Guidelines Manual outlines the requirements for progress notes to include date of service, date of signature, and date document was entered into the electronic health record on page 68. The QIC's will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.</p> <p>The BHSD's documentation standards regarding client plan signatures is outlined in Clinical Practice Guidelines Manual on page 75 for Credentials and Signature Guidelines. Additionally, our department follows DMH Letter 08-10 for electronic signatures and electronically signed records. Timely client, family, staff signatures, and staff co-signatures (if needed) are required on every treatment plan. The QIC's will continue to emphasize and highlight this important standard in all trainings in order to maintain compliance.</p>			<p>6/30/2018 on going</p>
<p>Finding 5a: 1) The BHSD shall submit a POC that describes how the</p>	<p>The BHSD shall ensure that all specialty mental health services (SMHS) claimed are.</p> <p>a) Documented in the medical record.</p>	<p>Copy of Clinical Practice Guidelines Manual,</p>	<p>Mental Health Quality</p>	<p>6/30/2018 and on going</p>

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<p>BHSD will ensure that progress notes document:</p> <ul style="list-style-type: none"> • 5a-l) Timely completion by the person providing the service and relevant aspects of client care, as specified in the BHSD Contract with the Department and by the BHSD's written documentation standards. • 5a-4) Ensure progress note matches the date the services were provided. • 5a-8) The provider's/providers' professional degree, licensure or job title. <p>2) Documentation is individualized for each service provided.</p>	<ul style="list-style-type: none"> b) The appropriate staff signs the client plan. c) The signature or co-signature of an approved category of staff is obtained when required as specified in the BHSD Contract. d) Actually provided to the beneficiary. e) The signature of the appropriate staff is timely. f) Appropriate, related to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in CCR, title 9, chapter 11, sections 1830.205(a)(b). g) Claimed for the correct service modality and billing code. <p>Since the April 2018 Review, feedback from the DHCS Chart Review and subsequent exit interview and report has been incorporated into our Documentation Training efforts.</p> <p>The MH Department standards regarding progress notes are outlined in the Policy 177 Documentation Time line for Outpatient SMHS, Section 177, which includes general guidelines for timeliness (written within 5 business days). In addition, the BHSD standards regarding progress notes are outlined in the Clinical Practice Guidelines Manual on page 67-68, which includes general guidelines for documenting each service activity provided to the beneficiary. During the documentation progress note training provided by the QIC's, specific emphasis is placed upon ensuring that each service</p>	<p>Documentation Training Power-Point, Online Documentation Training https://hhsconnect.scc.gov.org/ and copy of Policy 177 Documentation Timeline For Outpatient SMHS.</p>	<p>Assurance Dept.</p>	

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<p>3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.</p>	<p>activity has a corresponding progress note, the service activity is completed with the actual beneficiary, and the progress note written links back to the client’s diagnosis and functional impairment. QIC’s also emphasize that the correct service activity and billing codes are used. The QIC’s will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.</p>			
<p>Finding 5b: The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <ol style="list-style-type: none"> 1) Group progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary. 2) A clinical rationale for the use of more than one staff in the 	<p>The BHSD Behavioral Health Services Quality Assurance (QA) Department has a revised Clinical Practice Guidelines Manual (page 50) has incorporated the most recent updates from DHCS Info Notice (IN 17-040). The QA Department’s live classroom Documentation Training power point presentation also incorporates the most recent standards around billing for group time.</p> <p>The BHSD Quality Improvement Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. The BHSD QA Program works in partnership with the Behavioral Health Service Department (BHSD) to maintain documentation standards and billing practices that are current with Title 9 Regulations, Medi-Cal reimbursement, and Santa Clara County’s (SCC) own documentation requirements.</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>6/30/2018 and on-going</p>

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group setting is documented.				
<p>Finding 5c: The BHSD shall submit a POC that describes how the BHSD will</p> <ol style="list-style-type: none"> 1) Ensure that all SMHS claimed are: <ol style="list-style-type: none"> a) Documented in the medical record. b) Claimed for the correct service modality billing code, and units of time 2) Ensure that all progress notes: <ol style="list-style-type: none"> a) Are accurate, complete and meet the documentation requirements 	<p>Refer to Finding 5a.</p> <p>The BHSD standards regarding progress notes are outlined in the Documentation Manual on pages 67-68, which includes general guidelines for documenting each service activity provided to the beneficiary. During the documentation progress note training provided by the QIC's, specific emphasis is placed upon ensuring that each service activity has a corresponding progress note, the service activity is completed with the actual beneficiary, and the progress note written links back to the client's diagnosis and functional impairment. QIC's also emphasize that the correct service activity and billing codes are used. The Quality Improvement Coordinators will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance.</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>6/30/2018 and on-going</p>

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<p>described in the</p> <p>1) BHSD Contract with the Department.</p> <p>b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the BHSD Contract with the Department.</p>				
<p>Finding 5d:</p> <p>The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <p>1) All documentation includes the</p>	<p>Reference Finding 2c, 4c, 4f.</p> <p>The BHSD’s Clinical Practice Guidelines pages 73-75 provides specific guidelines for Scope of Practice and credential and signature guidelines. All recorded services, assessments, and plans must include: the signature of the person providing the</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> Practice Standards Manual 	<p>Mental Health Quality Assurance Dept.</p>	<p>On-going and annually</p>

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<p>signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.</p> <p>2) All documentation includes the date of service, the date the signature was completed and the document was entered into the medical record.</p> <p>2) All services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.</p> <p>3) Services are not claimed when they are provided by staff</p>	<p>service, the person’s type of degree, licensure or job title, and the relevant identification number, if applicable.</p> <p>Documentation standards frequency and timing is highlighted throughout the Manual. Additionally, our department follows DMH Letter 08-10 for electronic signatures and electronically signed records. Please see the BHSD eSignature directive (Mental Health Directive No. 2010-02).</p> <p>The BHSD also adheres to State standards as well as maintaining our own BHSD standards, policies, and forms regarding electronic signature agreements, along with a current list of the extent to which each agency or clinic is electronically authorized to document services.</p>	<ul style="list-style-type: none"> Documentation Training Power Point 		

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<p>whose scope of practice or qualifications do not include those services.</p> <p>4) All claims for services delivered by any person who was not qualified to provide are disallowed.</p>				
<p>Finding 5e: The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <p>1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.</p>	<p>The BHSD standards regarding progress notes are outlined in the Documentation Manual on page 67, which includes general guidelines for documenting each service activity provided to the beneficiary. Pages 61-62 of the Manual references and lists specific non-reimbursable services, activities and lock-outs.</p> <p>During the Documentation training provided by the QIC's, specific emphasis is placed upon ensuring that each service activity has a corresponding progress note, the service activity is completed with the actual beneficiary, and the progress note written links back to the client's diagnosis and functional impairment. QIC's also emphasize that the correct service activity and billing codes are used. The Quality Improvement Coordinators will continue to emphasize and highlight these important progress note guidelines in all trainings in order to maintain compliance. One slide and specific emphasis is also given to non-reimbursable services and lock-outs.</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>6/30/2018 and on-going</p>

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<p>2) Services provided and claimed are not solely transportation, clerical or payee related.</p> <p>3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 1 '1 , sections 1830.205(a)(b).</p>	<p>Since the April 2018 Triennial Chart Review, feedback from the DHCS Chart Review and subsequent exit interview has been shared with our system through our Quality Assurance collaborative meetings in order ensure that documentation standards are adhered to.</p> <p>Should a particular agency fail to adhere to the documentation standards during our yearly audit, the BHSD QA Department will address this issue with the QA manager of the agency during the audit exit interview. Furthermore, the BHSD QA Department will complete further mentoring with direct staff providers to address the concerns by visiting agencies with a high disallowance rates. The BHSD QA Department will also make itself available to answer documentation questions via the new QA e-mail as well as in person.</p>			
<p>Finding 6a: The BHSD shall submit a POC that describes how the BHSD will ensure that:</p> <p>1) All beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.</p>	<p>The Santa Clara County Behavioral Health Services Department Call Center refers clients to services provided in their preferred languages. The volume of language and ethnic specific services we refer to can be seen in the weekly capacity report. This report details how many language-designated and ethnic-specific capacity slots we receive, and how many referrals we send to those programs. In addition, the County contracts with agencies who provide ethnic-specific services. These programs are specifically aimed at providing services to culture-specific services to beneficiaries who live in Santa Clara County. The</p>	<p>Reference above inserted links to:</p> <ul style="list-style-type: none"> • Practice Standards Manual • Documentation Training Power Point 	<p>Mental Health Quality Assurance Dept.</p>	<p>6/30/2018 and on-going</p>

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<p>2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.</p>	<p>Call Center also receives weekly reports from every agency we contract with indicating how many language and ethnic-specific referrals they are able to receive.</p> <p>The BHSD Quality Improvement Department has oversight of documentation standards, documentation training, clinical record reviews, and audit exit interviews. Since the April 2018 Review, feedback from the DHCS Chart Review and subsequent exit interview has been incorporated into our Documentation Training efforts.</p> <p>When entering any portal to our BHSD clinics or CBO's, there is signage in all of our county's threshold languages stating that interpreter services are offered at no cost to the client. Call Center screens all consumers to determine level of care need in addition to any preferred language, which is included on the referral form to the clinic. The <i>Client Cost Center Open and Discharge</i> form has a section at the bottom of the form whereby beneficiaries are provided with <i>The Guide to Medi-Cal Mental Health Services</i> in their preferred language as well as the <i>Provider List</i> in their preferred language. This form was provided to DHCS as part of our 2018 Triennial Review. The date these materials were provided are indicated on this form. The intake clinical staff verifies with the client their preferred language. BHSD has revised our policy entitled <i>Providing Language Services</i>, #11300, which shows the documentation standard on page 6 item #8. This revised policy states that</p>			

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	client's specified language will be offered and documented at each service. The Quality Improvement Coordinators will continue to emphasize and highlight this important standard in all trainings in order to maintain culturally competent compliance standards.			