	escription, including Timeline for im estones	plementation and/or completion Propo eviden submit	ce that will be monitorin	ig the S	Responsible Staff
PLAN OF CORRECTION 2a: The MHP shall submit a POC that: (1) indicates how the MHP will ensure that assessments are complete in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.	EHR enhancements: (a) functionality changes d (e.g., communicating to users that fields must be completed prior to finalization; electronic signature on forms); (b) report changes (e.g., aggregating client- level reports; exploring "dashboard" reports). The logic here is that if users have reminders (in advance) and real-time monitoring reports, then front line staff, supervisors and managers will be more likely to complete the assessment within the MHP timeline. <u>Training, Technical Assistance, Coaching</u> : (a) staff-level documentation training; (b) supervisor-level training on efficient chart- review process; (c) Director- level training on	Initial specifications submitted for "Report Card" or "Dashboard" monitoring report wi timeliness and frequency metrics; <u>By June 30, 2018</u> : Functionality changes (e.g., ScriptLink-bas warnings reminding about required conten Training, TA, Coaching: <u>In process</u> : Update assessment and client plan docum for private provider network	Enhancements: ith For CYF: Use of Avatar "CANS CYF Assessment Due by Clinician Program sed Report" to track nts) completion of assessments. For A/OA: nents Use of Avatar "A/OA Initial #17- Assessment Status Report" and "A/OA	Meeting	n BHS Director (Kavoos Ghane Bassiri); Compliance Officer (Chona Peralta); Quality Management (Deborah Sherwood/ Joe Turner) Information Technology (Pablo Munoz)
	Utilization Review for inter- rater reliability and consistency and use of Avatar reports for effective monitoring; (d) development of new documentation resources (e.g., manuals). Training will ensure that assessments are completed in accordance with MHP's timeliness & frequency standards. <u>Structured Internal File Review/QA Reporting</u> <u>Activity (Using DHCS-BHS Protocol):</u> (a) a structured file review process to monitor	By December 31, 2017: Updated assessments and client plan documents are published. Drafts of new training curricula are submit Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #1 040 guidance.	w materials/curriculum: page 3 of CDIP tool		

documentation quality assurance elements (e.g., a sample of every staff member's charts, twice a year);
(b) reporting and aggregating QA elements at the program-, agency-, System Section-,

training Page 28 of 2017 Documentation Manual

Structured file review is documented via SOC Summary to BHS Compliance as

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

internal reviews will ensure

documentation requirements.

Comprehensive Training sessions conducted and System-levels. Monitoring & (length=8hrs) compliance with established written Targeted workshops conducted (length=90mins) Materials posted to BHS website Summary of trainings submitted to Compliance and System of Care Implement training on new Service/Billing Privileges Matrix Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

Proposed or actual Mechanisms for Responsible evidence that will monitoring the Staff be submitted effectiveness well as through file review forms

PLAN OF CORRECTION <u>4a-2</u> : The MHP shall submit a POC that indicates how the	PoC 4a-2 refers to the presence/timeliness of the Client Plan. To prevent problems and monitor performance:	EHR Enhancements: <u>In process</u> : Beta testing new signature pads to capture client signature on client plan/TPOC—the indicator that the document is fully completed with the date);	EHR Enhancements For CYF: Use of Avatar "CYF	Plan of Correction status report will be provided at quarterly	BHS Director (Kavoos Ghane Bassiri);
MHP will:		Workflow analysis for new signature pads for TPOC	TPOC due by	Compliance	Compliance
1) Ensure that client plans	EHR enhancements: (a) functionality	Initial specifications submitted for "Report Card" or	Clinician Report" to	Committee	Officer (Chona
•	changes (e.g., communicating to	"Dashboard" monitoring report with timeliness and	track timeliness of	Meeting.	Peralta);
•	users that fields must be completed	frequency metrics;	client plans.		
	prior to finalization; electronic		For A/OA:		Quality
Department, and within the	C <i>(i</i>)	<u>By June 30, 2018</u> :	Use of "A/OA Initial	Compliance Office	5
timelines and frequency	(b) report changes (e.g., aggregating		TPOC Status	will report on	(Deborah
•	client-level reports; exploring	Signature pads implemented for TPOC and clinical	Report" and "Adult	Disallowed Claims	
written documentation	"dashboard" reports). The same logic		TPOC Due by	findings to BHS	Turner)
,	applies here as for POC Item 2a	"Report Card" or "Dashboard" monitoring report	Program/Staff	Director	
types of interventions	(Assessments)—that with prospective	implemented	Report" to track		Information
	reminders and real-time reports		timeliness of client		Technology
	regarding the presence/absence of	Training, TA, Coaching:	plans.		(Pablo Munoz)
as proposed interventions	a TPOC as well as TPOCs coming				
· · · · · ·	due, we will reduce the non-				
	compliance with timeliness and		Training, TA and		
services	frequency of the TPOC.		Coaching		
are not claimed when: a) A	Table in Taskairal Assistance				
client plan has not been	Training, Technical Assistance,				
	<u>Coaching</u> : (a) staff-level				
	documentation				

Protocol Item # and Name	Description, including milestones	Timeline for implementation and/or completion	Proposed or actual evidence that will be submitted	Mechanisms for monitoring the effectiveness	Responsible Staff
Completed. b) The service provided is not included in the current client plan. 4) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.	for effective monitoring; (d)	In process: Update assessment and client plan documents for private provider network New documentation manual to include IN #17-040 guidance Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed Develop training on new Service/Billing Privileges Matrix published	sign-in sheets; Training materials/curricul um Page 7 of CDIP tool Pages 2 and 3 of BHS audit protocol		
	. ,		Pages 3 and 4 of PPN training		
	aggregating QA elements at the program-, agency-, System Section-, and System- levels. Monitoring &		Evidence of	3	
	of Compliance will review/disallow all	Implement training on new Service/Billing Privileges	Structured file review is documented via SOC Summary to BHS Compliance as well as through file		

lapse Client Plans).

review forms

Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

2017 Triennial Audit Plan of Correction: San Francisco Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion Mechanisms for Responsible Proposed or actual evidence monitoring the Staff that will be effectiveness submitted Implement file review processes in clinics; initial reporting to SOC and Compliance; Evidence of Disallowed Claims: By December 31, 2017, Compliance will have completed the review and disallowance of services/claims identified in audit for which there was no client plan.

PLAN OF CORRECTION 5a: The MHP shall submit a	presence/timeliness of the Progress	EHR Enhancements: In process: Initial test of scheduling software in County-operated clinics	EHR Enhancements Use of Scheduler to	Plan of Correction status report	BHS Director (Kavoos Ghane Bassiri);
POC that indicates how the		Initial specifications submitted for "Report Card" or	track when	will be	Dassiii),
MHP will:	·	"Dashboard" monitoring report with timeliness and	progress notes	provided at	Compliance
,		frequency metrics;	have been	quarterly	Officer (Chona
	changes (e.g., use of scheduling	By June 20, 2018;	completed	Compliance	Peralta);
MHP will ensure that progress notes document:	software to identify universe of services that should be documented);	<u>By June 30, 2018</u> :	Training, TA and	Committee Meeting	Quality
1 0	,,	Reporting on timeliness of progress notes implemented.	Coaching	Meeting	Management
the person providing the	"draft" status; timeliness of staff vs.		sign-in sheets;		(Deborah
service and relevant	•	Training, TA, Coaching: In process:	training		Sherwood/ Joe
aspects of client care, as	•	Update assessment and client plan documents for	materials/curriculum	1	Turner)
specified in the MHP Contract with the	, ,	private provider network New documentation manual to include IN #17-040	Page 10 – CDIP tool Page 45 2017		Information
	•	quidance	Documentation		Technology
written documentation	with late notes) to training, TA and	0	Manual		(Pablo Munoz)
standards.	coaching activities.	Inpatient Desk Reference Tools being developed	Page 5 – PPN		
		Develop training on new Service/Billing Privileges Matrix	5		
	<u>Training, Technical Assistance,</u> <u>Coaching</u> : (a) staff-level	published	Pages 4 and 5 of BHS audit protocol		
		By December 31, 2017:			
	supervisor-level training on efficient	<u></u>	Structured file		
		Updated assessments and client plan documents are	review is		
	level training on Utilization Review for	published.	documented via		
	inter- rater reliability and consistency		SOC Summary to		
	and use of Avatar reports for effective monitoring; (d) development of new		BHS Compliance as well as through file	`	
	documentation resources (e.g.,		review forms		
	manuals). Training will ensure that				
	notes are completed in accordance				
	with MHP's timeliness & frequency				
	standards.				
	Structured Internal File Review/QA				

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

Proposed or
actual evidence
that will be
submittedMechanisms for
monitoring the
effectivenessResponsible
Staff

Reporting Activity (Using DHCS-BHS Drafts of new training curricula are submitted to Protocol): (a) a structured file review Compliance and System of Care for review Documentation manual is published and reviewed in process to monitor documentation quality assurance elements (e.g., a monthly workshops, with IN #17-040 guidance. sample of every staff member's charts, twice a year); By June 30, 2018: (b) reporting and aggregating QA elements at the program-, agency-, Comprehensive Training sessions conducted System Section-, and System-levels. (length=8hrs) Monitoring & internal reviews will Targeted workshops conducted (length=90mins) Materials posted to BHS website ensure compliance with established written documentation requirements. Summary of trainings submitted to Compliance and System of Care

> Implement training on new Service/Billing Privileges Matrix

Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

PLAN OF CORRECTION	PoC 5c refers to the	EHR Enhancements: In process:	EHR	Plan of Correction	BHS Director
<u>5c</u> :	presence/timeliness of the Progress	Initial specifications submitted for "Report Card" or	Enhancements	status report will	(Kavoos Ghane
The MHP shall submit a	Notes. To prevent problems and	"Dashboard" monitoring report for presence and	are documented	be provided at	Bassiri);
POC that indicates how the	monitor performance:	timeliness.	via "Avatar	quarterly	
MHP will:			Bulletins";	Compliance	Compliance
1) Ensure that all SMHS	EHR enhancements: (a) functionality	<u>By June 30, 2018</u> :		Committee	Officer (Chona
claimed are: a) Documente	d changes (e.g., communicating to			Meeting	Peralta);
in the medical record. b)	users that fields must be completed	Service reports (drill downs from the "Report Card" or	Training, TA and		
Actually provided to the	prior to finalization; electronic	"Dashboard") implemented for timeliness of staff and co-	Coaching		Quality
beneficiary. c) Claimed for	signature on forms);	signer.	sign-in sheets;		Management
the correct service modality	(b) report changes (e.g., timeliness of		Training		(Deborah
and billing code. 2) Ensure	staff vs. co-signer finalization;		materials: Page 5	5	
that all progress notes are:	"dashboard" reports that drill down		of BHS audit		
a) Accurate and meet the	from Program to staff level). While a		protocol		
documentation	reminders system (e.g.,		-		
requirements described in	notes that are not finalized) helps staf	f			
the MHP Contract	to				

Protocol Item # and Name	Description, including milestones	Timeline for implementation and/or completion	actual evidence	Mechanisms for monitoring the effectiveness	Responsible Staff
with the Department. b) Completed within the timeline and frequency specified in the MHP Contract with the Department.	prevent tardiness, service-level reports can be used to support the structured file review process (e.g., ensuring therapy services are correctly coded). <u>Training, Technical Assistance,</u> <u>Coaching</u> : (a) staff-level documentation training; (b) supervisor-level training on efficient chart-review process; (c) Director- level training on Utilization Review for inter- rater reliability and consistency		Page 5 of PPN training Page 126 of 2017 Documentation Manual Billing Privileges Matrix Structured file review is documented via		Sherwood/ Joe Turner) Information Technology (Pablo Munoz)
	and use of Avatar reports for effective monitoring; (d) development of new documentation resources (e.g., manuals). Training will ensure that service claims are supported by a progress note and that the correct billing code is used.	Updated assessments and client plan documents are published. Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance. By June 30, 2018:	SOC Summary to BHS Compliance as well as through file review forms		
	Structured Internal File Review/QA Reporting Activity (Using DHCS-BHS Protocol): (a) a structured file review process to monitor documentation quality assurance elements (e.g., a sample of every staff member's charts, twice a year); (b) reporting and aggregating QA elements at the program-, agency-, System Section-, and System-levels.	Comprehensive Training sessions conducted (length=8hrs) Targeted workshops conducted (length=90mins) Materials posted to BHS website Summary of trainings submitted to Compliance and System of Care Implement training on new Service/Billing Privileges Matrix			

Monitoring & internal reviews will ensure compliance with established written documentation requirements.

Structured File Review:

By December, 31, 2017:

Protocol Item # and Name Description, including milestones

Timeline for implementation and/or completion

Proposed or actual Mechanisms for evidence that will monitoring the be submitted effectiveness Staff

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

PLAN OF CORRECTION	PoC 7e refers to the	EHR Enhancements: In process:	EHR	Plan of Correction	BHS Director
<u>7e</u> :	presence/timeliness of the Day	Initial specifications submitted for "Report Card" or	Enhancements are	status report will	(Kavoos Ghane
1) The MHP shall submit a	Treatment Rehabilitation	"Dashboard" monitoring report with timeliness and	documented via	be provided at	Bassiri);
POC that indicates how the	documentation. To prevent problems	frequency metrics (e.g., timeliness/frequency of Day	"Avatar Bulletins";	quarterly	
MHP will ensure that the	and monitor performance:	Treatment assessments and client plans)		Compliance	Compliance
required documentation			Training, TA and	Committee	Officer (Chona
		<u>By June 30, 2018</u> :	Coaching	Meeting	Peralta);
Rehabilitation programs are	changes (e.g., communicating to		sign-in sheets;		
met in accordance with	users that fields must be completed	Functionality changes (e.g., ScriptLink-based	Training materials:		Quality
regulatory and contractual	prior to finalization; electronic	warnings reminding about required contents)	Page 10 of CDIP		Management
requirements.	signature on forms);	Reports implemented to monitor the presence of	tool Page 9 of BHS	5	(Deborah
	(b) report changes (e.g., timeliness of	services not billed in minutes.	audit protocol		Sherwood/ Joe
	staff vs. co-signer finalization;				Turner)
	"dashboard" reports that drill down	Training, TA, Coaching: <u>In process</u> :			
	from Program to staff level). With	Update assessment and client plan documents for	Structured file		Information
	respect to the timeliness/frequency,	private provider network	review is		Technology
	reminders and warnings can help	New documentation manual to include IN #17-040	documented via		(Pablo Munoz)
	• •	guidance	SOC Summary to		
	and Treatment Plans particularly.	Develop new Crisis Stabilization-Emergency (PES)	BHS Compliance		
	Additional reports that focus on	and Inpatient Desk Reference Tools being developed	as well as through		
	services not billed in minutes (i.e.,	Develop training on new Service/Billing Privileges	file review forms		
	hours, days) will help monitor the	Matrix published			
	presence and timeliness—again,				
	•	By December 31, 2017:			
	be aggregated to programs.				
	Training Tracksing! Assistance				
	Training, Technical Assistance,				
	<u>Coaching</u> : (a) staff-level				
	documentation training; (b)				
	supervisor-level training on efficient				
	chart-review process; (c) Director-				
	level training on Utilization Review for				
	inter- rater reliability and consistency				
	and use of Avatar reports for effective				

monitoring; (d) development of new documentation

resources (e.g., manuals). Training will ensure that Weekly Summary is present

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

Proposed or actual evidence that will be submitted

Mechanisms for Responsible monitoring the Staff effectiveness

and accurately reflects services provided.	Updated assessments and client plan documents are published.
Structured Internal File Review/QA Reporting Activity (Using DHCS-BHS Protocol): (a) a structured file review	Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance.
process to monitor documentation quality assurance elements (e.g., a sample of every staff member's	<u>By June 30, 2018</u> :
charts, twice a year); (b) reporting and aggregating QA	Comprehensive Training sessions conducted (length=8hrs)
elements at the program-, agency-, System Section-, and System-levels.	Targeted workshops conducted (length=90mins) Materials posted to BHS website
Monitoring & internal reviews will ensure compliance with established	Summary of trainings submitted to Compliance and System of Care
written documentation requirements.	Implement training on new Service/Billing Privileges Matrix
	Structured File Review:
	By December, 31, 2017:
	Initial plan for County- and contracted providers and system level to implement file review
	<u>By June 30, 2018</u> :
	Implement file review processes in clinics; initial

reporting to SOC and Compliance;

EHR Plan of Correction BHS Director PLAN OF CORRECTION PoC 2b refers to the EHR Enhancements: In process: Initial specifications submitted for "Report Card" or presence/completeness of the Enhancements are status report will be(Kavoos Ghane 2b: Assessment. To prevent problems "Dashboard" monitoring report The MHP shall submit a documented via provided at Bassiri); and monitor performance: "Avatar Bulletins": quarterly POC that indicates how those MHP will ensure that By June 30, 2018: Compliance Compliance every assessment contains EHR enhancements: (a) functionality New PPN Committee Officer (Chona all of the required elements changes (e.g., communicating to Assessment Forms Meeting Peralta); specified in the MHP users that fields must be completed Contract with the prior to finalization; electronic Training, TA and Department. signature on forms)-- this should ensure that all 11 required Coaching

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

submitted elements are captured; (b) report Functionality changes (e.g., ScriptLink-based sign-in sheets; changes (e.g., reports that only pull warnings reminding about required contents); Training materials fields containing the 11 items-that Monitoring reports for assessment elements Page 2 of PPN type of excerpted information would implemented training inform utilization review, supervision, Page 2 of BHS etc.); Training, TA, Coaching: In process: audit protocol Update assessment and client plan documents for Pages 26 and 27 private provider network Training, Technical Assistance, of Coaching: (a) staff-level New documentation manual to include IN #17-040 2017 documentation training; (b) quidance Documentation supervisor-level training on efficient Develop new Crisis Stabilization-Emergency (PES) Manaul chart-review process: (c) Directorand Inpatient Desk Reference Tools being developed level training on Utilization Review for Develop training on new Service/Billing Privileges Structured file inter- rater reliability and consistency Matrix published review is and use of Avatar reports for effective documented via monitoring; (d) development of new By December 31, 2017: SOC Summary to documentation resources (e.g., **BHS** Compliance manuals). This training, technical as well as through assistance and coaching should will file review forms ensure compliance with established written documentation requirements.

Proposed or

actual evidence that will be

Quality Management (Deborah Sherwood/ Joe Turner)

Responsible

Staff

Mechanisms for monitoring the

effectiveness

Information Technology (Pablo Munoz)

Structured Internal File Review/QA Updated assessments and client plan documents are Reporting Activity (Using DHCS-BHS published.

Protocol): (a) a structured file review process to monitor documentation quality assurance elements (e.g., a sample of every staff member's charts, twice a year);

(b) reporting and aggregating QA

Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance.

By June 30, 2018:

elements at the program-, agency-, Monitoring & internal reviews will ensure compliance with established written documentation requirements.

System Section-, and System-levels. Comprehensive Training sessions conducted (length=8hrs) Targeted workshops conducted (length=90mins) Materials posted to BHS website Summary of trainings submitted to Compliance and System of Care Implement training on new Service/Billing Privileges Matrix

Structured File Review:

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

Proposed or Me actual evidence mo that will be eff submitted

Mechanisms for Responsible monitoring the Staff effectiveness

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

PLAN OF CORRECTION <u>4b</u> : The MHP shall submit a POC that indicates how the MHP will ensure that: 1) (4b-1) All client plan	Plan. To prevent problems and monitor performance:	EHR Enhancements: <u>By June 30, 2018</u> : Prompts on screen include all of the requirement elements (for objectives; for interventions) Training, TA, Coaching: <u>In process</u> : Update assessment and client plan documents for	EHR Enhancements are documented via "Avatar Bulletins"; Training, TA and	be provided at quarterly Compliance	BHS Director (Kavoos Ghane Bassiri); Compliance Officer (Chona
goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health	guiding prompts that appear on the data entry screens (i.e., the written prompts that provide directions to users on the required elements);;	private provider network New documentation manual to include IN #17-040 guidance Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed	Coaching sign-in sheets; Training materials Page 3 of BHS audit protocol	Meeting	Peralta); Quality Management (Deborah
needs and functional impairments as a result of the mental health diagnosis. 2) (4b-2) All mental health	documentation training; (b)	Develop training on new Service/Billing Privileges Matrix published By December 31, 2017:	Pages 3, 4 of PPN training Page 37 of 2017 Documentation		Sherwood/ Joe Turner) Information
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.). 3) (4b- 3) All mental health interventions proposed on client plans indicate both an	chart-review process; (c) Director- level training on Utilization Review for inter- rater reliability and consistency and use of Avatar reports for effective monitoring; (d) development of new documentation resources (e.g., manuals)taken together, these interventions should ensure that detailed interventions are included on the client plan and that proposed interventions are consistent impairment and the objectives criteria.	Updated assessments and client plan documents are published. Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance.	Manual Structured file review is documented via SOC Summary to BHS Compliance as well as through file review forms		Technology (Pablo Munoz)
expected frequency and duration for each intervention. 4) (4b-5) All mental health interventions/modalities proposed on client plans address the mental health needs and identified	<u>Structured Internal File Review/QA</u> <u>Reporting Activity (Using DHCS-BHS</u> <u>Protocol):</u> (a) a structured file review process to monitor documentation quality assurance elements (e.g., a sample of				

functional impairments of the beneficiary

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion

Proposed or Mechanisms for Responsible Staff actual monitoring the evidence effectiveness that will be submitted

as a result of the mental disorder. 5) (4b-6) All consistent with client plan consistent with the qualifying diagnosis.

every staff member's charts, twice a year); mental health interventions (b) reporting and aggregating QA proposed on client plans are elements at the program-, agency-, goals/treatment objectives. Monitoring & internal reviews will 6) (4b-7) All client plans are ensure compliance with established written documentation requirements.

By June 30, 2018:

Comprehensive Training sessions conducted (length=8hrs) System Section-, and System-levels. Targeted workshops conducted (length=90mins) Materials posted to BHS website Summary of trainings submitted to Compliance and System of Care Implement training on new Service/Billing Privileges

Matrix

Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance:

PLAN OF CORRECTION	PoC 6a refers to the		EHR	Plan of Correction	BHS Director
<u>6a</u> :	presence/completeness of the Client	Building forms within the EHR (consent, release of	Enhancement	status report will be	(Kavoos Ghane
The MHP shall submit a	Plan. To prevent problems and	information);	s are	provided at	Bassiri);
POC that indicates how the	monitor performance:		documented	quarterly	
MHP will ensure that: 1) All			via "Avatar	Compliance	Compliance
beneficiaries and their	EHR enhancements: (a) functionality	<u>By June 30, 2018</u> :	Bulletins";	Committee Meeting	Officer (Chona
	changes (e.g., building electronic				Peralta);
offered mental health	forms within the EHR to capture offer	Forms are built in the EHR to support monitoring of offer	Training, TA		
interpreter services, when	to client for interpreter service);	of interpreter services.	and Coaching	l	Quality
applicable. 2) There is			are		Management
documentation	Training, Technical Assistance,	• • • •	sign-in		(Deborah
substantiating that	Coaching: (a) staff-level		sheets;		Sherwood/ Joe
beneficiaries and their	documentation training; (b)		Training		Turner)
	supervisor-level training on efficient		materials		
offered mental health	chart-review process; (c) Director-		Page 5 of		Information
interpreter services, when	level training on Utilization Review for		BHS audit		Technology
applicable.	inter- rater reliability and consistency		protocol		
	and use of Avatar reports for effective		Pages 45and		
	monitoring; (d)		54 of 2017		
	development of new documentation		Documentatio		
			n Manual		
			Structured file		
			review is		
			documented		
			via SOC		
			Summary to		
			BHS		
			Compliance		
			Compliance		

Protocol Item # and Name Description, including milestones	Timeline for implementation and/or completion	Proposed or actual evidence that will be submitted	Mechanisms for monitoring the effectiveness	Responsible Staff
understanding and implementation of the interpreter standards. Structured Internal File Review/QA	 Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed Develop training on new Service/Billing Privileges Matrix published By December 31, 2017: Updated assessments and client plan documents are published. Drafts of new training curricula are submitted to 			(Pablo Munoz)

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Protocol Item # and Name	Description, including milestones		Proposed or actual evidence that will be submitted		Responsible Staff
4e: The MHP shall submit a POC that indicates how the MHP will: (1) ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan; (2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the treatment plan.	Plan. To prevent problems and monitor performance: <u>EHR enhancements:</u> (a) for BHS, the evidence of offering a copy of the client is a checkbox located on the client plan; now that the electronic signature pad is being deployed, staff will electronically "check" the box; (b) because the information is captured electronically, report changes (e.g., reporting on cases who have accepted vs. refused copy of the	 Implement file review processes in clinics; initial reporting to SOC and Compliance; EHR Enhancements: In process: Beta testing new signature pads to capture client signature on TPOC, including the electronic checkbox regarding the offer to the client for TPOC copy. Workflow analysis for new signature pads for TPOC Initial specifications submitted for "Report Card" or "Dashboard" monitoring report By June 30, 2018: Signature pads are implemented for client plan/TPOC, including the drill-down to staff level to monitor) By December 31, 2018: Signature pads implemented for fiscal forms (e.g., UMDAP) Training, TA, Coaching: In process: 	submitted EHR Enhancements are documented via "Avatar Bulletins"; Training, TA and Coaching Sign in sheets Training materials Page 4 of BHS audit protocol Structured file	Plan of Correction status report will be provided at quarterly Compliance Committee Meeting	Bassiri); Compliance

Structured Internal File Review/QA Update assessment and client plan documents for Reporting Activity (Using DHCS-BHS private provider network Protocol): (a) a structured file review New documentation manual to include IN #17-040 process to monitor documentation quidance quality assurance elements (e.g., a Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed sample of every staff member's Develop training on new Service/Billing Privileges charts, twice a year); (b) reporting and aggregating QA Matrix published elements at the program-, agency-, System Section-, and System-levels. By December 31, 2017: Monitoring & internal reviews will ensure compliance

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion Proposed or Mechanisms for Responsible actual evidence monitoring the Staff that will be effectiveness submitted with established written documentation requirements. Updated assessments and client plan documents are published. Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance. By June 30, 2018: Comprehensive Training sessions conducted (lenath=8hrs) Targeted workshops conducted (length=90mins) Materials posted to BHS website Summary of trainings submitted to Compliance and System of Care Implement training on new Service/Billing Privileges Matrix Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

PLAN OF CORRECTION	PoC 2c refers to the	EHR Enhancements: In process:	EHR	This is a one-time	IT (Pablo Munoz
<u>2c</u> :	presence/completeness of the staff's	Analyzing the problems associated with electronic	Enhancements	fix for the EHR as	and Kellee
The MHP shall submit a	signature with professional degree,	signatures (printing name, degree, license/job title)	Implementation in	with other Plan of	Hom);
POC that indicates how the	licensure or job title. To prevent		Avatar of electronic	Correction items,	
MHP will ensure that all	problems and monitor performance:	By June 30, 2018	signatures which	will be provided at	Compliance
documentation includes: (a)			will include	quarterly	Officer (Chona
The signature or (electronic	EHR enhancements: (a) electronic		provider's degree,	Compliance	Peralta);
equivalent) with the	signature line will be updated to		licensure or job title	Committee	
professional degree,	include the staff member's degree,			Meeting	
licensure or title of the	licensure/job title;				
person providing					
the service.					

Protocol Item # and Name Description, including milestones		Proposed or Mechanisms for Responsible actual evidencemonitoring the that will be effectiveness submitted
<u>Verification of Credentials</u> : (a) Office of Compliance will continue to very	Electronic signature corrections are fully implemented	Training, TA and coaching
credentials through use of Morrissey software.	Verification of Credentials: <u>Completed, ongoing</u> : Verification of Credentials is continuous and ongoing.	Sign in sheets Training Materials - 2017 Documentation Manaul page 43 Evidence of ongoing credentialing is the Morrissey database.
 <u>PLAN OF CORRECTION 4f</u>: PoC 2c refers to the presence/completeness of the staff's signature with professional degree, licensure or job title. To prevent problems and monitor performance: 1)The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service. 	 EHR Enhancements: <u>In process</u>: Analyzing the problems associated with electronic signatures (printing name, degree, license/job title) By June 30, 2018 Electronic signature corrections are fully implemented Verification of Credentials: <u>Completed, ongoing</u>: Verification of Credentials is continuous and 	EHR Enhancements Implementation in Avatar of electronic signatures which will include provider's degree, licensure or job title This is a one-time IT (Pablo fix for the EHR as Munoz and with other Plan of Kellee Hom); Correction items, will be provided at Compliance quarterly Compliance Compliance Committee Peralta); Meeting
<u>Verification of Credentials</u> : (a) Office of Compliance will continue to very credentials through use of Morrissey software.	ongoing.	Page 43 of 2017 Doc Manual Evidence of ongoing credentialing is the Morrissey database.

PLAN OF CORRECTION	PoC 1c-2 refers to the correctness of	EHR Enhancements:	EHR Enhancements are Plan of Correction BHS Dire		
<u>1c-2</u> :	the Progress Note interventions. To		documented via "Avatar	status report will	(Kavoos
The MHP shall submit a	prevent problems and monitor		Bulletins";	be provided at	Ghane
POC that indicates how the	performance:	<u>By June 30, 2018</u> :		quarterly	Bassiri);
MHP will ensure that the			Training, TA and	Compliance	
interventions provided meet	EHR enhancements: (a) improving	Updates to progress note templates with	Coaching	Committee	Compliance
the intervention criteria	the progress note templates available	intervention criteria;	sign-in sheets;	Meeting	Officer
specified in CCR, title 9,	within the EHR to include the	Reporting to support utilization review, structured	Training materials		(Chona
chapter 11, section	intervention criteria;	file review implemented.			Peralta);
1830.205(b)(3)(B)(1-4).	(b) developing reports and analytic				
	strategies to subset notes, by	Training, TA, Coaching:			
	intervention				

Protocol Item # and Name	milestones criteria, that can inform utilization review, structured file reviews; <u>Training, Technical Assistance,</u> <u>Coaching</u> : (a) staff-level documentation training; (b) supervisor-level training on efficien chart-review process; (c) Director- level training on Utilization Review for inter- rater reliability and consistency and use of Avatar reports for effective monitoring; (d) development of new documentation resources (e.g., manuals). This will help ensure that the interventions meet the required criteria. <u>Structured Internal File Review/QA Reporting Activity (Using DHCS- BHS Protocol):</u> (a) a structured file review process to monitor documentation quality assurance elements (e.g., a sample of every staff member's charts, twice a year); (b) reporting and aggregating QA elements at the program-, agency- System Section-, and System- levels. Monitoring & internal reviews will ensure compliance	Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed Develop training on new Service/Billing Privileges Matrix published <u>By December 31, 2017</u> : t 	evidence that will be submitted Pages 37 and 44 of 2017 Documentation Manual Pages 3 and 4 of PPN training materials Page 3 of BHS audit protocol Structured file review is documented via SOC Summary to BHS Compliance as well as through file review forms	effectiveness	Responsible Staff Quality Management (Deborah Sherwood/ Joe Turner) Information Technology (Pablo Munoz)
	levels. Monitoring & internal	(length=8hrs)			

Matrix

Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion Proposed or

Proposed or actual evidence that will be submitted Responsible Staff

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

of practice, if professional licensure is required for the service. 2) Ensure that staff adheres to the MHP's	Training, Technical Assistance, Coaching: (a) staff-level documentation training, including training on BHS' Scope of Practice and Service/Billing Privileges Policies and matierals; (b) supervisor-level training on efficient chart-review process; (c) Director-level training on Utilization	In process: Update assessment and client plan documents for private provider network New documentation manual to include IN #17-040 guidance Develop new Crisis Stabilization-Emergency (PES) and Inpatient Desk Reference Tools being developed Develop training on new Service/Billing Privileges Matrix published	Training, TA and Coaching sign-in sheets; Training materials Privileging matrix Morrisey Credentialing Structured file review is documented via SOC Summary to	Plan of Correction status report will be provided at quarterly Compliance Committee Meeting	Bassiri);
that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications. 4) Provide evidence that all claims in which the staff was not	Review for inter-rater reliability and consistency and use of Avatar reports for effective monitoring; (d) development of new documentation eresources (e.g., manuals; Scope of Practice references) <u>Structured Internal File Review/QA Reporting Activity (Using DHCS-BHS</u> <u>Protocol):</u> (a) a structured file review process to monitor documentation quality assurance elements (e.g., a sample of every staff member's charts, twice a year); (b) reporting and aggregating QA elements at the program-, agency-, System Section-, and System-levels. Monitoring & internal reviews will ensure compliance with established written documentation requirements.	Updated assessments and client plan documents are published. Drafts of new training curricula are submitted to Compliance and System of Care for review Documentation manual is published and reviewed in monthly workshops, with IN #17-040 guidance.			Information Technology (Pablo Munoz)

Protocol Item # and Name Description, including milestones Timeline for implementation and/or completion Proposed or Mechanisms for Responsible Staff actual evidencemonitoring the that will be effectiveness submitted

Structured File Review:

By December, 31, 2017:

Initial plan for County- and contracted providers and system level to implement file review

By June 30, 2018:

Implement file review processes in clinics; initial reporting to SOC and Compliance;

PLAN OF CORRECTION
<u>7f2</u>:MHP will institute a policy requiring
both Day Treatment Rehabilitation
and Intensive programs to have a
POC that provides evidence mental health crisis protocol
that there is Mental Health
Crisis Protocol for Day
Rehabilitation.MHP will institute a policy requiring
both Day Treatment Rehabilitation
and Intensive programs to have a

In process:

The Day Treatment contracted provider has crisis protoco created and submitted a Crisis Protocol for review; and the BHS

By December 31, 2017:

BHS will issue guidance to ensure providers understand both Day Treatment Rehabilitation and Intensive require a Crisis Protocol

Evidence is the contractor's crisis protocol and the BHS guidance. Plan of Correction status report will be provided at quarterly Bassiri); Compliance Committee Meeting Compliance Officer (Chona Peralta);