2017 Triennial Audit Plan of Correction: San Francisco

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
PLAN OF CORRECTION 2a: The MHP shall submit a POC that: (1) indicates how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.	PoC 2a refers to the presence/timeliness of the Assessment. To prevent problems and monitor performance: EHR enhancements: (a) functionality changes (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. Training, Technical Assistance, Coaching: (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 assessments are completed in accordance with MHP's timeliness & frequency standards. Structured Internal File Review/QA Reporting Activity (Using DHCS-BHS Protocol): (a) a structured file review process to monitor	EHR Enhancements: In process: Initial specifications submitted for "Report Card" or "Dashboard" monitoring report with timeliness and frequency metrics; By June 30, 2018: Functionality changes (e.g., ScriptLink-based warnings reminding about required contents) Training, TA, Coaching: 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 By December 31, 2017: 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.	EHR Enhancements: For CYF: Use of Avatar "CANS CYF Assessment Due by Clinician Program Report" to track completion of assessments. For A/OA: Use of Avatar "A/OA Initial Assessment Status Report" and "A/OA Annual Assessment Status Report" to track completion of assessments. Training, TA and Coaching: 1. Sign in sheets for trainings 2, Training materials/curriculum: page 3 of CDIP tool Page 1 of BHS audit protocol Page 2 of PPN	Plan of Correction status report will be provided at quarterly Compliance Committee Meeting	BHS Director (Kavoos Ghane Bassiri); Compliance Officer (Chona Peralta); Quality Management (Deborah Sherwood/ Joe Turner) Information Technology (Pablo Munoz)

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-,

By June 30, 2018:

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	Proposed or actual evidence that will be submitted	Mechanisms for monitoring the effectiveness	Responsible Staff
	and System-levels. Monitoring & internal reviews will ensure compliance with established written documentation requirements.	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: 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;	well as through file review forms		

PLAN OF CORRECTION 4a-2:
The MHP shall submit a POC that indicates how the MHP will:
1) Ensure that client plans are completed at least on annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards. 2) Ensure that all types of interventions /service modalities provided and claimed are recorded as proposed interventions on a current client plan. 3) Ensure that non-emergency services are not claimed when: a) A client plan has not been

PoC 4a-2 refers to the presence/timeliness of the Client Plan. To prevent problems and monitor performance:

EHR enhancements: (a) functionality changes (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 same logic applies here as for POC Item 2a (Assessments)—that with prospective reminders and real-time reports regarding the presence/absence of a TPOC as well as TPOCs coming due, we will reduce the non-compliance with timeliness and frequency of the TPOC.

Training, Technical Assistance, Coaching: (a) staff-level documentation

EHR Enhancements: In process:
Beta testing new signature pads to capture client signature on client plan/TPOC—the indicator that the document is fully completed with the date);
Workflow analysis for new signature pads for TPOC
Initial specifications submitted for "Report Card" or "Dashboard" monitoring report with timeliness and frequency metrics;

By June 30, 2018:

Signature pads implemented for TPOC and clinical forms
"Report Card" or "Dashboard" monitoring report implemented

Training, TA, Coaching:

EHR Enhancements:

For CYF:
Use of Avatar "CYF TPOC due by Clinician Report" to track timeliness of client plans.
For A/OA:
Use of "A/OA Initial TPOC Status Report" and "Adult TPOC Due by Program/Staff Report" to track timeliness of client plans.

Training, TA and Coaching

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting.

Compliance Office will report on Disallowed Claims findings to BHS Director

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah Sherwood/ Joe Turner)

Information Technology (Pablo Munoz)

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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.	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 client plans are completed in accordance with MHP's timeliness & frequency standards.	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/curriculum Page 7 of CDIP tool Pages 2 and 3 of BHS audit protocol Pages 37 and 40 of 2017 Documentation Manual Pages 3 and 4 of PPN training		
	Structured Internal File Review/QA Reporting Activity (Using DHCS-BHS Protocol) (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. Monitoring & internal reviews will ensure compliance with established written documentation requirements	By December 31, 2017: 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 (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	Evidence of disallowed claims outside audit period for which there was not treatment plan: BH forms Audit findings memos Structured file review is documented via SOC Summary to BHS Compliance as well as through file		
	Evidence of Disallowed claims: Office of Compliance will review/disallow all services/claims identified in the audit for which there was no Client Plan (or	Matrix			

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

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PLAN OF CORRECTION 5a:
The MHP shall submit a POC that indicates how the MHP will:
1) The MHP shall submit a POC that indicates how the MHP will ensure that progress notes document:
5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

PoC 5a refers to the presence/timeliness of the Progress Notes. To prevent problems and monitor performance:

EHR enhancements: (a) functionality changes (e.g., use of scheduling software to identify universe of services that should be documented); (b) report changes (e.g., notes left in "draft" status; timeliness of staff vs. co-signer finalization; "dashboard" reports that drill down from Program to staff level). In particular, the EHR enhancements will help to match staff who need help (i.e., reports of staff with late notes) to training, TA and coaching activities.

Training, Technical Assistance, Coaching: (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 notes are completed in accordance with MHP's timeliness & frequency standards.

Structured Internal File Review/QA

EHR Enhancements: In process:
Initial test of scheduling software in County-operated clinics
Initial specifications submitted for "Report Card" or "Dashboard" monitoring report with timeliness and frequency metrics;

By June 30, 2018:

Reporting on timeliness of progress notes implemented.

Training, TA, Coaching: 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

By December 31, 2017:

Updated assessments and client plan documents are published.

EHR Enhancements Use of Scheduler to track when progress notes have been completed

Training, TA and Coaching sign-in sheets; training materials/curriculum Page 10 – CDIP tool Page 45 2017 Documentation Manual Page 5 – PPN training materials Pages 4 and 5 of BHS audit protocol

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

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah Sherwood/ Joe Turner)

Information Technology (Pablo Munoz)

2017 Triennial Audit Plan of Correction: San Francisco

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
	<u>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 with established written documentation requirements.	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. <u>By June 30, 2018</u>: 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: <u>By December, 31, 2017</u>: 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;			

2017 Triennial Audit Plan of Correction: San Francisco

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that indicates how the MHP will:
1) Ensure that all SMHS claimed are: a) Documented in the medical record. b) Actually provided to the beneficiary. c) Claimed for the correct service modality and billing code. 2) Ensure that all progress notes are: a) Accurate and meet the documentation requirements described in the MHP Contract

PoC 5c refers to the presence/timeliness of the Progress Notes. To prevent problems and monitor performance:

EHR enhancements: (a) functionality changes (e.g., communicating to users that fields must be completed prior to finalization; electronic signature on forms); (b) report changes (e.g., timeliness of staff vs. co-signer finalization; "dashboard" reports that drill down from Program to staff level). While a reminders system (e.g., notes that are not finalized) helps staff to

EHR Enhancements: In process:
Initial specifications submitted for "Report Card" or "Dashboard" monitoring report for presence and timeliness.

By June 30, 2018:

Service reports (drill downs from the "Report Card" or "Dashboard") implemented for timeliness of staff and co-signer.

EHR Enhancements are documented via "Avatar Bulletins";

Training, TA and Coaching sign-in sheets; Training materials: Page 5 of BHS audit protocol

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah

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
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). Training, Technical Assistance, Coaching: (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 service claims are supported by a progress note and that the correct billing code is used. 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.	Training, TA, Coaching: 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 By December 31, 2017: 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 (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	Page 5 of PPN training Page 126 of 2017 Documentation Manual Billing Privileges Matrix	Structured file review is documented via SOC Summary to BHS Compliance as well as through file review forms	Sherwood/ Joe Turner) Information Technology (Pablo Munoz)

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

Structured File Review:

By December, 31, 2017:

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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
		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 7e:
1) The MHP shall submit a POC that indicates how the MHP will ensure that the required documentation timeliness/frequency for Day Rehabilitation programs are met in accordance with regulatory and contractual requirements.

PoC 7e refers to the presence/timeliness of the Day Treatment Rehabilitation documentation. To prevent problems and monitor performance:

EHR enhancements: (a) functionality changes (e.g., communicating to users that fields must be completed prior to finalization; electronic signature on forms);
(b) report changes (e.g., timeliness of staff vs. co-signer finalization; "dashboard" reports that drill down from Program to staff level). With respect to the timeliness/frequency, reminders and warnings can help prevent problems with Assessments and Treatment Plans particularly. Additional reports that focus on services not billed in minutes (i.e., hours, days) will help monitor the presence and timeliness—again, these are staff-level reports that can be aggregated to programs.

Training, Technical Assistance, Coaching: (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

EHR Enhancements: In process:
Initial specifications submitted for "Report Card" or "Dashboard" monitoring report with timeliness and frequency metrics (e.g., timeliness/frequency of Day Treatment assessments and client plans)

By June 30, 2018:

Functionality changes (e.g., ScriptLink-based warnings reminding about required contents)
Reports implemented to monitor the presence of services not billed in minutes.

Training, TA, Coaching: 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

By December 31, 2017:

EHR Enhancements are documented via "Avatar Bulletins";

Training, TA and Coaching sign-in sheets;
Training materials: Page 10 of CDIP tool Page 9 of BHS audit protocol

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

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah Sherwood/ Joe Turner)

Information Technology (Pablo Munoz)

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 monitoring the effectiveness	Responsible Staff
	and accurately reflects services provided. 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. 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. By June 30, 2018: 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: 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;			

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PLAN OF CORRECTION 2b:
The MHP shall submit a POC that indicates how those MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

PoC 2b refers to the presence/completeness of the Assessment. To prevent problems and monitor performance:

EHR enhancements: (a) functionality changes (e.g., communicating to users that fields must be completed prior to finalization; electronic signature on forms)-- this should ensure that all 11 required

EHR Enhancements: In process:
Initial specifications submitted for "Report Card" or "Dashboard" monitoring report

By June 30, 2018:

EHR Enhancements are documented via "Avatar Bulletins";

New PPN Assessment Forms

Training, TA and Coaching

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

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
	elements are captured; (b) report changes (e.g., reports that only pull fields containing the 11 items—that type of excerpted information would inform utilization review, supervision, etc.); Training, Technical Assistance, Coaching: (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). This training, technical assistance and coaching should will ensure compliance with established written documentation requirements.	Functionality changes (e.g., ScriptLink-based warnings reminding about required contents); Monitoring reports for assessment elements implemented Training, TA, Coaching: 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 By December 31, 2017:	sign-in sheets; Training materials Page 2 of PPN training Page 2 of BHS audit protocol Pages 26 and 27 of 2017 Documentation Manaul Structured file review is documented via SOC Summary to BHS Compliance as well as through file review forms		Quality Management (Deborah Sherwood/ Joe Turner) Information Technology (Pablo Munoz)

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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. 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.

By June 30, 2018:

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:

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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
		<u>By December, 31, 2017</u>: 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;			

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PLAN OF CORRECTION 4b:
The MHP shall submit a POC that indicates how the MHP 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 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 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

PoC 4b refers to the presence/completeness of the Client Plan. To prevent problems and monitor performance:

EHR enhancements: (a) updating guiding prompts that appear on the data entry screens (i.e., the written prompts that provide directions to users on the required elements);;

Training, Technical Assistance, Coaching: (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)--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.

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

EHR Enhancements: By June 30, 2018:
Prompts on screen include all of the requirement elements (for objectives; for interventions)

Training, TA, Coaching: 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

By December 31, 2017:

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.

EHR Enhancements are documented via "Avatar Bulletins";

Training, TA and Coaching sign-in sheets; Training materials Page 3 of BHS audit protocol Pages 3, 4 of PPN training Page 37 of 2017 Documentation Manual

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

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah Sherwood/ Joe Turner)

Information Technology (Pablo Munoz)

functional
impairments of the
beneficiary

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
as a result of the mental disorder. 5) (4b-6) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives. 6) (4b-7) All client plans are consistent with the qualifying diagnosis.	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.	By June 30, 2018: 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: 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;			

2017 Triennial Audit Plan of Correction: San Francisco

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

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
	resources (e.g., manuals); (e) collaboration with Cultural Competency Unit to ensure consistent understanding and implementation of the interpreter standards. 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. Monitoring & internal reviews will ensure compliance with established written documentation requirements.	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 By December 31, 2017: 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 (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: By December, 31, 2017:			(Pablo Munoz)

2017 Triennial Audit Plan of Correction: San Francisco

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

<u>By June 30, 2018</u>:

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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
PLAN OF CORRECTION 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.	PoC 4e refers to the presence/completeness of the Client Plan. To prevent problems and monitor performance: EHR enhancements: (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 client plan; aggregating those client-level reports and exploring inclusion to a "dashboard" report); Training, Technical Assistance, Coaching: (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)	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 checkbox items "Report Card" or "Dashboard" monitoring report implemented (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:	EHR Enhancements are documented via "Avatar Bulletins"; Training, TA and Coaching Sign in sheets Training materials Page 4 of BHS audit protocol Structured file review is documented via SOC Summary to BHS Compliance as well as through file review forms	Plan of Correction status report will be provided at quarterly Compliance Committee Meeting	BHS Director (Kavoos Ghane Bassiri); Compliance Officer (Chona Peralta); Quality Management (Deborah Sherwood/ Joe Turner) Information Technology (Pablo Munoz)

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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. Monitoring & internal reviews will ensure compliance

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

By December 31, 2017:

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
	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 (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: 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;			

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PLAN OF CORRECTION 2c:
The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes: (a) The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

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:

EHR enhancements: (a) electronic signature line will be updated to include the staff member's degree, licensure/job title;

EHR Enhancements: In process:
Analyzing the problems associated with electronic signatures (printing name, degree, license/job title)

By June 30, 2018

EHR Enhancements Implementation in Avatar of electronic signatures which will include provider's degree, licensure or job title

This is a one-time fix for the EHR as with other Plan of Correction items, will be provided at quarterly Compliance Committee Meeting

IT (Pablo Munoz and Kellee Hom);

Compliance Officer (Chona Peralta);

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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
	Verification of Credentials: (a) Office of Compliance will continue to very credentials through use of Morrissey software.	Electronic signature corrections are fully implemented Verification of Credentials: Completed, ongoing: Verification of Credentials is continuous and ongoing.	Training, TA and coaching Sign in sheets Training Materials – 2017 Documentation Manaul page 43 Evidence of ongoing credentialing is the Morrissey database.		
PLAN OF CORRECTION 4f: The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes: 1)The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.	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: EHR enhancements: (a) electronic signature line will be updated to include the staff member's degree, licensure/job title; Verification of Credentials: (a) Office of Compliance will continue to very credentials through use of Morrissey software.	EHR Enhancements: In process: 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: Completed, ongoing: Verification of Credentials is continuous and ongoing.	EHR Enhancements Implementation in Avatar of electronic signatures which will include provider's degree, licensure or job title Page 43 of 2017 Doc Manual Evidence of ongoing credentialing is the Morrissey database.	This is a one-time fix for the EHR as with other Plan of Correction items, will be provided at quarterly Compliance Committee Meeting	IT (Pablo Munoz and Kellee Hom); Compliance Officer (Chona Peralta);

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PLAN OF CORRECTION 1c-2:
The MHP shall submit a POC that indicates how the MHP 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).

PoC 1c-2 refers to the correctness of the Progress Note interventions. To prevent problems and monitor performance:

EHR enhancements: (a) improving the progress note templates available within the EHR to include the intervention criteria;
(b) developing reports and analytic strategies to subset notes, by intervention

EHR Enhancements:

By June 30, 2018:

Updates to progress note templates with intervention criteria;
Reporting to support utilization review, structured file review implemented.

Training, TA, Coaching:

EHR Enhancements are documented via "Avatar Bulletins";

Training, TA and Coaching sign-in sheets;
Training materials

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

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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
	criteria, that can inform utilization review, structured file reviews;	In process:	Pages 37 and 44 of 2017 Documentation Manual		Quality Management (Deborah Sherwood/ Joe Turner)
	Training, Technical Assistance, Coaching: (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). This will help ensure that the interventions meet the required criteria.	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 By December 31, 2017:	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		Information Technology (Pablo Munoz)
	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. 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. By June 30, 2018: 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			

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Matrix

Structured File Review:

<u>By December, 31, 2017</u>:

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

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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
		<u>By June 30, 2018</u>: Implement file review processes in clinics; initial reporting to SOC and Compliance;			

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PLAN OF CORRECTION 5d:
The MHP shall submit a POC that indicates how the MHP will:
1) Ensure 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. 2) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice. 3) Ensure 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 qualified to provide services were disallowed.

PoC 5d refers to the correct Scope of Practice . To prevent problems and monitor performance:

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 Review for inter-rater reliability and consistency and use of Avatar reports for effective monitoring; (d) development of new documentation resources (e.g., manuals; Scope of Practice references)

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

Training, TA, Coaching: In process:
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

By December 31, 2017:

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 (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

Training, TA and Coaching sign-in sheets;
Training materials
Privileging matrix

Morrisey
Credentialing

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

Plan of Correction status report will be provided at quarterly Compliance Committee Meeting

BHS Director (Kavoos Ghane Bassiri);

Compliance Officer (Chona Peralta);

Quality Management (Deborah Sherwood/ Joe Turner)

Information Technology (Pablo Munoz)

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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
		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 7f2: The MHP shall submit a POC that provides evidence 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 mental health crisis protocol	In process: The Day Treatment contracted provider has created and submitted a Crisis Protocol for review; 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 Compliance Committee Meeting	BHS Director (Kavoos Ghane Bassiri); Compliance Officer (Chona Peralta);