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Section B Access 5d: Do these written materials take into consideration persons with limited reading proficiency (e.g. sixth grade reading level)?	
CORRECTIVE ACTIONS (Milestones)	Following the 2017 Triennial Audit, Behavioral Health and Recovery Services (BHRS) Quality Services (QS) began researching various tools to assess the readability level of beneficiary informing materials. BHRS QS has decided to utilize the SMOG Readability Assessing Tool and the Readability Testing Function included in Microsoft Word. BHRS QS has subsequently developed a Policy and Procedure titled Readability of Beneficiary Informing Materials outlining the use of the SMOG and Microsoft Word tools to ensure that informing materials shall be provided to beneficiaries at or below a 6th grade reading level. BHRS will provide training to committee members assigned to test the readability of informing materials.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	It is anticipated that this policy and procedure will be reviewed and final approved by the Senior Leadership Team (SLT) within the next 3 months. Over the next 6 months, it is anticipated that BHRS will train committee members and will implement the use of the tools to formally test informing materials.
EVIDENCE	**Proposed Evidence:** • Readability of Beneficiary Informing Materials Policy and Procedure • Training Materials • Copies of readability calculations results of the informing materials
MONITORING MECHANISMS	**Proposed Mechanisms:** •Readability Committee
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract providers utilize BHRS forms/materials, therefore will be receiving these items directly from BHRS. Contract language will be reviewed to ensure that it is clear that readability requests for BHRS forms/materials must come to BHRS for approval.

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Section B Access 5e: Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?	
CORRECTIVE ACTIONS (Milestones)	Behavioral Health and Recovery Services (BHRS) Human Resources (HR) is working with other in-county departments to determine how they are currently testing the accuracy of language and culture in translating materials. To date, one in-county department currently provides testing and is willing to test BHRS staff until BHRS can provide internal testers. The HR manager is reaching out to the remaining in-county departments to determine what their processes are for testing translating materials. The HR manager will then draft a proposal of these findings to help determine the best way of developing a mechanism to ensure accuracy of translated materials. In addition to this, the BHRS Quality Services (QS) program is also researching possible contracts with outside sources for testing translated materials. Currently, Straker Translations is the company that BHRS is closely looking into as an efficient translation and back translation service. It's reported that this company is ISO17100 quality certified, meaning they comply to the rigorous testing requirements 'for the core processes, resources, and other aspects necessary for the delivery of a quality translation service that meets applicable specifications', as outlined by the International Organization for Standardization (ISO). QS will draft a proposal on these findings and along with the HR managers findings, the BHRS Senior Leadership Team (SLT) will make a decision on which mechanism will meet the protocol standard and work best for our department.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	Both HR and QS proposals will be due on or before November 30, 2017. SLT will make a decision and a policy & procedure will be developed by December 31, 2017. Contracts with vendors will be developed as necessary. Training on the mechanism chosen for determining accuracy will occur in January 2018.
EVIDENCE	**Proposed Evidence:** •Policy & Procedure •Copy of request form •Contract with Testing Agency •Testing Materials (as applicable) •Certificate of Training for translators and testers
MONITORING MECHANISMS	**Proposed Monitoring Mechanism:** •BHRS will request annual certifications for translators/testers in cultural competency training and/or translation certification •Periodic compliance review of request forms
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract providers utilize BHRS forms/materials, therefore will be receiving these items directly from BHRS. Contract language will be reviewed to ensure that it is clear that translation requests for BHRS forms/materials must come to BHRS for approval and translation.

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Section B Access 9a2: Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?	
CORRECTIVE ACTIONS (Milestones)	In November 2016, Quality Services (QS) reviewed test call data and found that the majority of test calls taken by the after hours access team, which was comprised of our Community Emergency Response Team (CERT) and peer support team (Warmline), were not passing regulation criteria. QS then met with the Senior Leadership and program coordinators from CERT and Warmline to discuss their contract and scope of work. In order to focus solely on crisis and support services, it was decided that CERT and Warmline should be relieved of the responsibility for taking after hours access calls. In March, 2017 BHRS executed a contract with the Professional Exchange Service Corporation (PESC) to provide after hours access call services. In March 2017, BHRS trained PESC senior staff and responders on how to provide information to beneficiaries about accessing specialty mental health services, including assessments. Following the 2017 Triennial Audit, QS and Utilization Management (UM) reviewed the out of compliance test calls and found that 2/3 test calls were responded to by a new staff member who began taking calls late December 2016. This information was reported to the staff member's supervisor at UM who then provided a follow-up training to the access team staff which included direct feedback from test calls. Ongoing trainings to access team staff and PESC staff are scheduled to be offered by UM twice per year and/or as needed beginning November 2017 to ensure compliance with state and BHRS protocol. Due to ongoing compliance issues with the 24/7 access line, QS and UM updated existing training materials to include a more comprehensive review of protocol requirements comprised of examples, techniques and methods for staff to accurately adhere to regulations. Previously, QS reviewed test calls on a quarterly basis however, in April 2017, QS began collecting and reviewing test call data monthly as a means to enhance monitoring and deliver immediate feedback to the UM supervisor. Monthly test call review meetings are scheduled to commence October 2017 between the UM and QS departments in an effort to sustain quality improvement and compliance of access test calls. Currently, UM and QS are working to develop an office protocol regarding training and test call requirements.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• Ongoing training to the Access Team and PESC staff are scheduled to commence November 2017 • Monthly test call meetings between QS and UM are scheduled to commence October 2017 • Within the next 3 months, an office protocol regarding training and test call requirements will be completed
EVIDENCE	**Attachments include:** •Updated training materials and test call score sheets for the Access Team and PESC *(see attachment A)* •Scope of work for PESC *(see attachment B)* **Proposed Evidence:** •Office protocol • Training sign-in sheets •Meeting minutes
MONITORING MECHANISMS	**Current Monitoring Mechanism:** •Monthly QS review of test calls **Proposed Monitoring Mechanism:** •Monthly test call review meetings
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section B Access 9a3: Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?	
CORRECTIVE ACTIONS (Milestones)	In November 2016, Quality Services (QS) reviewed test call data and found that the majority of test calls taken by the after hours access team, which was comprised of our Community Emergency Response Team (CERT) and peer support team (Warmline), were not passing regulation criteria. QS then met with the Senior Leadership and program coordinators from CERT and Warmline to discuss their contract and scope of work. In order to focus solely on crisis and support services, it was decided that CERT and Warmline should be relieved of the responsibility for taking after hours access calls. In March, 2017 BHRS executed a contract with the Professional Exchange Service Corporation (PESC) to provide after hours access call services. In March 2017, BHRS trained PESC senior staff and responders on how to provide information to beneficiaries about services needed to treat a beneficiary's urgent condition. Following the 2017 Triennial Audit, QS and Utilization Management (UM) reviewed the out of compliance test calls and found that 2/3 test calls were responded to by a new staff member who began taking calls late December 2016. This information was reported to the staff member's supervisor at UM who then provided a follow-up training to the access team staff which included direct feedback from test calls. Ongoing trainings to access team staff and PESC staff are scheduled to be offered by UM twice per year and/or as needed beginning November 2017 to ensure compliance with state and BHRS protocol. Due to ongoing compliance issues with the 24/7 access line, QS and UM updated existing training materials to include a more comprehensive review of protocol requirements comprised of examples, techniques and methods for staff to accurately adhere to regulations. Previously, QS reviewed test calls on a quarterly basis however, in April 2017, QS began collecting and reviewing test call data monthly as a means to enhance monitoring and deliver immediate feedback to the UM supervisor. Monthly test call review meetings are scheduled to commence October 2017 between the UM and QS departments in an effort to sustain quality improvement and compliance of access test calls. Currently, UM and QS are working to develop an office protocol regarding training and test call requirements.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• Ongoing training to the Access Team and PESC staff are scheduled to commence November 2017 • Monthly test call meetings between QS and UM are scheduled to commence October 2017 • Within the next 3 months, an office protocol regarding training and test call requirements will be completed
EVIDENCE	**Attachments include:** •Updated training materials and test call score sheets for the Access Team and PESC *(see attachment A)* •Scope of work for PESC *(see attachment B)* **Proposed Evidence:** •Training sign-in sheets •Office protocol •Meeting minutes
MONITORING MECHANISMS	**Current Monitoring Mechanism:** •Monthly QS review of test calls **Proposed Monitoring Mechanism:** •Monthly test call review meetings
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section B Access 10b1-3: Does the written log(s) contain the following required elements: 1. Name of the beneficiary? 2. Date of the request? 3. Initial disposition of the request?	
CORRECTIVE ACTIONS (Milestones)	In November 2016, Quality Services (QS) reviewed test call data and found that the majority of test calls taken by the after hours access team, which was comprised of our Community Emergency Response Team (CERT) and peer support team (Warmline), were not passing regulation criteria. QS then met with the Senior Leadership and program coordinators from CERT and Warmline to discuss their contract and scope of work. In order to focus solely on crisis and support services, it was decided that CERT and Warmline should be relieved of the responsibility for taking after hours access calls. In March, 2017 BHRS executed a contract with the Professional Exchange Service Corporation (PESC) to provide after hours access call services. In March 2017, BHRS trained PESC senior staff and responders on how to accurately log access calls. Following the 2017 Triennial Audit, QS and Utilization Management (UM) reviewed the out of compliance test calls and found that 2/3 test calls were responded to by a new staff member who began taking calls late December 2016. This information was reported to the staff member's supervisor at UM who then provided a follow-up training to the access team staff which included direct feedback from test calls. Ongoing trainings to access team staff and PESC staff are scheduled to be offered by UM twice per year and/or as needed beginning November 2017 to ensure compliance with state and BHRS protocol. Due to ongoing compliance issues with the 24/7 access line, QS and UM updated existing training materials to include a more comprehensive review of protocol requirements comprised of examples, techniques and methods for staff to accurately adhere to regulations including logging access calls. Previously, QS reviewed test calls and access call logs on a quarterly basis however, in April 2017, QS began collecting and reviewing test call data and logs monthly as a means to enhance monitoring and deliver immediate feedback to the UM supervisor. Monthly test call review meetings are scheduled to commence October 2017 between the UM and QS departments in an effort to sustain quality improvement and compliance of access test calls and logs. Currently, UM and QS are working to develop an office protocol regarding training and test call requirements.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• Ongoing training to the Access Team and PESC staff are scheduled to commence November 2017 • Monthly test call meetings between QS and UM are scheduled to commence October 2017 • Within the next 3 months, an office protocol regarding training and test call requirements will be completed
EVIDENCE	**Attachments include:** •Updated training materials and test call score sheets for the Access Team and PESC *(see attachment A)* •Scope of work for PESC *(see attachment B)* **Proposed Evidence:** •Training sign-in sheets •Office protocol •Meeting minutes
MONITORING MECHANISMS	**Current Monitoring Mechanism:** •Monthly QS review of test calls **Proposed Monitoring Mechanism:** •Monthly test call review meetings
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section B Access 13b: Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?	
CORRECTIVE ACTIONS (Milestones)	Following the 2016 EQRO and 2017 Triennial Audits, the BHRS Training Program and Ethnic Services Manager have been exploring ways to best improve the cultural competence skills of staff and contractors. In the last month, the BHRS Training department met with the Senior Leadership Team (SLT), the Quality Services (QS) Manager, BHRS Human Resources (HR), Cultural Competency, Equity and Social Justice Committee (CCESJC), BHRS Training Committee and our Data Management Services (DMS) programs to discuss implementing tracking mechanisms and corrective action plans related to cultural competence training. Currently, BHRS DMS and the BHRS Training Department are currently collaborating with the Stanislaus County CEO's office to explore ways of enhancing the existing tracking mechanism and notifications of attendance for supervisors in PeopleSoft. In addition , the current Core Competency Lists for staff are being updated and revised to provide more accurate guidance about expectations and timelines for Cultural Competency Trainings. The annual Training Plan will also be updated to reflect requirements per staff classification for Cultural Competency Training.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• Meetings with DMS and CEO are scheduled to commence October 2017 • Updates to the Core Competency Lists are scheduled to be finalized October 2017 • Training Plan Annual updates are scheduled to be finalized October 2017 • It is anticipated that the BHRS Training Department will develop and propose a policy and procedure that includes a tracking mechanism and a Corrective Action Plan within the next 3-6 months.
EVIDENCE	**Attachments Include:** • Current Core Competency List *(see attachment C)* • 2016-2017 BHRS Trainings Course List: CBMCS Multi-Cultural Training & Principles and Practices of Interpreting *(see attachment D)* • Cultural Competency Training Protocol for trainers *(see attachment E)* **Proposed Evidence:** • Updated Core Competency Lists • Core Competency Training Policy and Procedure
MONITORING MECHANISMS	**Proposed Mechanisms:** • Core Competency Tracking Mechanism and Corrective Action Plan • Employee Performance Evaluations **Current Monitoring Mechanism:** • Annual Performance Evaluations • Training Sign-in sheets • PeopleSoft Training Summary
CONTRACT PROVIDERS CORRECTIVE ACTIONS	**Contract Providers "Provider Agreements" for Cultural Competency were updated in 2017 as follows:** • Contractor shall ensure that cultural competency is integrated into the provision of services. The terms of this section of the Agreement shall be reviewed during contract monitoring meetings. • County will provide the Cultural Competence Plan (CCP) to Contractor when submitted to the California Department of Health Care Services (DHCS) and as updated annually. • Contractor shall adhere to the provisions of the County CCP, as submitted and updated, and provide information as required for submitting and updating the CCP. • Contractor shall document evidence that interpreter services are offered and provided for threshold languages at all points of contact. Contractor shall also document the response to the offer of interpreter services. • Contractor shall regularly have a representative participate in the County Cultural Equity and Social Justice Committee (CESJC). • Contractor staff shall attend the County Clinical and Administrative Cultural Competency Standards training **Contract Providers "Provider Agreements" for reporting Cultural Competency were updated in 2017 as follows:** • Contractor shall submit a year-end program report electronically to the following e-mail address: CBHRS@stanbhrs.org by August 15th of each year. The report shall include a summary of the year's events; an update on the challenges and strategies; evidence of meeting contract outcomes; update of cultural competency activities; staff training, number and percentage of staff that have received HIPAA training; number of complaints regarding breach of confidentiality and disclosures of PHI, number of internal incidents of disclosure discovered, description of incident, action taken to mitigate risk, outcome of incident; evidence of use of the Language Line and interpreters; and inventory list.

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Section C Authorization 2c: Regarding Standard Authorizations Requests for non-hospital SMHS: For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?	
CORRECTIVE ACTIONS (Milestones)	In February, 2017, the Utilization Management (UM) program re-trained staff to incorporate the "received" date to be stamped on all incoming SAR requests in order to monitor the timeliness of response. The training was initiated immediately upon learning that one SAR request was out of compliance. The UM Coordinator will begin monthly audits of new SARs. The results of these SARs audits will be reviewed in the monthly UM staff meeting and training will be incorporated into the UM monthly staff meeting as needed.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• The re-training was completed on Friday, February 3, 2017 • Monthly audits of SARS will begin within the next 3 months • Results of the SARs audits will be reviewed and discussed in the monthly UM staff meetings within the next 3 months
EVIDENCE	**Attachments include:** • The SAR Authorization Training Sign-in Sheet and UM Staff Meeting Agenda *(see attachment F)* **Proposed Evidence:** • Staff Meeting Minutes, Agendas and Training Sign-In Sheets
MONITORING MECHANISMS	**Proposed Monitoring Mechanisms:** • Monthly audits of new SARs • UM staff meeting review
CONTRACT PROVIDERS CORRECTIVE ACTIONS	BHRS does not currently contract with outside providers for SAR authorization services.

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Section I Quality Improvement 6e3: Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: Timeliness of services for urgent conditions?	
CORRECTIVE ACTIONS (Milestones)	Currently, BHRS is developing a standard of timeliness of services for urgent conditions. A sub committee of the Quality Management Team (QMT) will be established to finalize a timeliness standard. This standard will be proposed to the Senior Leadership Team (SLT) for review and approval. Once approved, the standard will be included in the QM Work Plan and a policy and procedure will be developed. Training will be delivered to staff before final implementation.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	BHRS anticipates that the sub committee will gather within the next month. It is expected that a policy/procedure will be developed and approved, and training and implementation will occur within the next 6 months.
EVIDENCE	**Proposed Evidence:** •Medi-Cal Key Indicators Report •Policy and Procedure for timeliness standards •QM Work Plan •QMT Agenda
MONITORING MECHANISMS	**Proposed Monitoring Mechanism:** •Quarterly Review of Medi-Cal Key Indicators Report
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers will adhere to the corrective actions plan as stipulated above.

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Section I Quality Improvement 6e4: Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: Access to after-hours care?	
CORRECTIVE ACTIONS (Milestones)	Following the 2017 Triennial Audit, a work group was formed to create a goal for establishing timeliness of services for access to after hours care. Since inception the work group has accomplished the following: • **February 2017:** Work group commenced and began collecting data from progress note documentation as a means to measure the current timeliness trends for after-hours care. • **March 2017 – April 2017:** The work group analyzed the documentation data and found a significant number of staff were inaccurately documenting the after hours service code on progress notes . • **May 2017 - June 2017:** Work group developed a new data report to explore the use of the after hours service code in the Full Service Partnership (FSP) programs. • **July 2017 - August 2017:** Work group queried the Electronic Health Record (EHR) using the new data report to measure the use of the after hours code. Data from the new report indicated continued low usage of the after hours service code. •**September 2017:** Due to the low usage and documentation errors, the work group will continue to meet and gather data to properly establish a timeliness standard and process for assessing access to after hours care. The work group is currently working towards completing the following: 1) establishing a timeliness standard/goal for access to after hours care to be included on the QM work plan; 2) develop a progress note service type indicator for after hours services; 3) develop an after hours documentation protocol; 4) staff training 5) develop monitoring mechanisms (i.e. Medi-Cal Key Indicator) for ongoing assessment of timeliness for access to after hours care to ensure compliance with the established standard.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	• After-hours protocol and inclusion into training material to be complete by end of year 2017 • After-hours report to be adjusted and finalized by end of year 2017 with monthly distribution to FSP coordinators/managers • Timeliness standards and Medi-Cal Key Indicators to be determined and added to the QM work plan within 3 to 6 months of protocol development and training
EVIDENCE	**Proposed Evidence:** • QM work plan • Medi-Cal Key Indicator Report
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Work group reviews newly developed report **Proposed Monitoring Mechanisms:** •Monthly after hours data report •Quarterly review at QMT of the Medi-Cal Key Indicator Report
CONTRACT PROVIDERS CORRECTIVE ACTIONS	• Once the protocol and training material is developed, Contract Providers will be expected to attend the training and adhere to the protocol • Once the Medi-Cal Key Indicator is developed, the Contract Providers will have access to data specific to their treatment team

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Section K Chart Review Non-Hospital Services 1c-1: Do the proposed and actual intervention(s) meet the intervention criteria listed below: 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure that interventions address the condition identified and are focused on functional impairments related to the mental health condition, Stanislaus County Behavioral Health & Recovery Services (BHRS) created and implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to: 1) medical necessity; 2) functional impairments; 3) intervention criteria 4) interventions to address identified conditions 5) progress note documentation; 6) treatment plans and 7) assessments. At this training, staff are provided opportunities to learn and practice documenting medical necessity and identifying interventions and functional impairments related to a mental health diagnosis. Materials and resources from this training are available to staff on demand in an electronic printable format. In addition, staff documentation is reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found (i.e. interventions do not address the condition identified), program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Plan of Correction when their overall compliance score falls below the BHRS standard of 90%.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)* • Mental Health Peer Review POC *(see attachment L)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** •Reviewing and grading training assignments for comprehension and competency •Monthly Mental Health Peer Review
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 1c-2: Do the proposed and actual intervention(s) meet the intervention criteria listed below: 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure that interventions provided meet the intervention criteria, Stanislaus County Behavioral Health & Recovery Services (BHRS) created and implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to: 1) medical necessity; 2) functional impairments; 3) intervention criteria 4) interventions to address identified conditions 5) progress note documentation; 6) treatment plans and 7) assessments. At this training, staff are provided opportunities to learn and practice documenting medical necessity and identifying interventions and functional impairments related to a mental health diagnosis. Materials and resources from this training are available to staff on demand in an electronic printable format. In addition, staff documentation is reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found (i.e. interventions do not meet specified intervention criteria), program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Plan of Correction when their overall compliance score falls below the BHRS standard of 90%.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)* • Mental Health Peer Review POC *(see attachment L)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** •MH Peer Review and Compliance Audits •Reviewing and grading training assignments for comprehension and competency
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 2a 1-2: Regarding the Assessment, are the following conditions met: 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness? 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure assessments have been completed in accordance with BHRS's established written documentation standards for timeliness and frequency, BHRS has implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to timeliness and frequency of assessments. Out of compliance programs identified in the 2017 Triennial Audit have since been audited to ensure that assessments are completed in accordance with timeliness and frequency requirements. Following these audits, POC's were developed and implemented.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly. Audits to ensure timeliness have been ongoing and will continue as a quality assurance activity.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)* • Mental Health Peer Review POC *(see attachment L)* • Compliance Plan *(see attachment M)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Mental Health Peer Review • Compliance Audits • EHR Reports of Timeliness & Frequency of Assessments
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 2b: Do the Assessments include the areas specified in the MHP Contract with the Department? 4) Medical History 5) Medication 9) MSE	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure assessments contain all of the required elements specified in the MHP Contract with the Department, BHRS has implemented an Electronic Health Record (EHR). The electronic comprehensive assessment requires that specific fields, including medical history, medications and the MSE, are completed in order to finalize the form. BHRS has implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to comprehensive assessments. At this training, staff are provided opportunities to learn and practice completing a comprehensive assessment that meets DHCS and BHRS standards. Materials and resources from this training are available to staff on demand in an electronic printable format.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	As of 2015, assessments are completed electronically in the EHR. The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly. Audits to ensure assessments have been appropriately completed are ongoing and will continue as a quality assurance activity.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Mental Health Peer Review
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 4a2: Regarding the client plan, are the following conditions met: Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition? To include services disallowed when there was no client plan in effect.	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure that client plans have been completed annually and/or when there are significant changes in the beneficiary's condition, as well as to ensure non-emergency services are not claimed when a current client plan has not been completed, BHRS has implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to timeliness and frequency of client plans. Since the 2017 Triennial Audit, Quality Services (QS) and BHRS Business Office (BO) has reviewed services and claims identified during the audit that were claimed outside of the audit review period for which there was no client plan in effect. Upon review, it was found that line number 19 had two services that were determined to be out of compliance. However, the service dated 03/11/2015 was a plan development service which is allowable when there is no client plan in effect. The service dated 03/13/2015 was an individual therapy service caught by the 3rd Party Billing Suspense Report and was disallowed and not claimed. Line number 20 had one service that was determined to be out of compliance. However the service dated 10/01/2015 was a plan development service which is allowable when there is no client plan in effect.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly. Audits to ensure that client plans are completed timely, and that services are not provided when a client plan is not in effect, are ongoing and will continue as a quality assurance activity.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)* • Mental Health Peer Review POC *(see attachment L)* • Compliance Plan *(see attachment M)* • 3rd Party Billing Suspense Report (Line number 19) *(see attachment N)* • Claimed Services Performance Report (Line number 19 & 20) *(see attachment 0)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Mental Health Peer Review • 3rd Party Billing Suspense Report
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 5a-1: Do the progress notes document the following: 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure that progress notes are completed in accordance with the timeliness, frequency, and staff signature requirements specified in regulations and BHRS standards, Stanislaus County Behavioral Health & Recovery Services (BHRS) created and implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to progress note documentation, including: 1) documenting collateral servers; 2) documenting no shows 3) documenting how the service provided reduced impairment, restored functioning and prevented deterioration. At this training, staff are provided opportunities to learn and practice writing progress notes that satisfy these requirements. Materials and resources from this training are available to staff on demand in an electronic printable format. In addition, a series of progress note training videos were developed and are now available to staff online. Staff progress notes are reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found, program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Plan of Correction when their overall compliance score falls below the BHRS standard of 90%.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly. Audits to ensure that progress notes are completed to regulation and BHRS standards are ongoing and will continue as a quality assurance activity.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)* • Mental Health Peer Review Worksheet *(see attachment K)* • Mental Health Peer Review POC *(see attachment L)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Mental Health Peer Review • Compliance Audits • EHR Reports of Timeliness & Frequency of Progress Notes
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 5a-3: Do the progress notes document the following: 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions? (Service was provided and claimed while the beneficiary resided in an Institution for Mental Disease)	
CORRECTIVE ACTIONS (Milestones)	During the 2017 Triennial Audit, BHRS was informed that line number 6 had 2 services that were provided and claimed while the beneficiary resided in an Institution for Mental Disease (IMD) resulting in 2 missing progress notes. Upon further investigation, BHRS found that the services provided to line number 6 were Fee For Service and were provided in an inpatient psychiatric hospital and not an IMD, therefore, BHRS progress notes were not entered. However, BHRS did discover that the service function code was being reported as a 60 instead of a 69 for these services. As a result, BHRS updated the service function code to 69 for all Fee For Service services.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	Following the 2017 Triennial Audit, BHRS corrected the service function code.
EVIDENCE	• Monthly electronic Client and Service Information (CSI) submission to DHCS
MONITORING MECHANISMS	**Current Mechanism:** • Data Management Services (DMS) • Monthly electronic Client and Service Information (CSI) submission to DHCS
CONTRACT PROVIDERS CORRECTIVE ACTIONS	BHRS does not currently contract for processing Fee for Service entries.

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Section K Chart Review Non-Hospital Services 5b: When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary?	
CORRECTIVE ACTIONS (Milestones)	In an effort to ensure that documentation accurately reflects the contribution and involvement of staff members providing services at one point in time, Stanislaus County Behavioral Health & Recovery Services (BHRS) created and implemented the Integrated Documentation and Electronic Health Record (EHR) Navigation Training in September 2016. This 4 day live training is offered monthly for all BHRS staff including contract providers. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to: 1) medical necessity; 2) collateral servers. At this training, staff are provided opportunities to learn and practice documenting medical necessity and providing services with one or more service providers. Materials and resources from this training are available to staff on demand in an electronic printable format. In addition, a series of progress note training videos were developed and are now available to staff online. In addition, staff documentation is reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found (i.e. lack of documented collateral server participation), program coordinators and staff are notified to correct errors.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	The Integrated Documentation and Electronic Health Record (EHR) Navigation Training was implemented in September 2016. Since inception, this training has been offered monthly.
EVIDENCE	**Attachments Include:** • EHR Documentation and Navigation Training *(see attachments G-J)*
MONITORING MECHANISMS	**Current Monitoring Mechanisms:** • Mental Health Peer Review
CONTRACT PROVIDERS CORRECTIVE ACTIONS	Contract Providers adhere to the corrective actions plan as stipulated above.

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Section K Chart Review Non-Hospital Services 5c: Documentation in the medical record did not meet the following requirements: There was not progress note in the medical record for two (2) of the services claimed.	
CORRECTIVE ACTIONS (Milestones)	During the 2017 Triennial Audit, BHRS was informed that line number 6 had 2 services that were provided and claimed while the beneficiary resided in an Institution for Mental Disease (IMD) resulting in 2 missing progress notes. Upon further investigation, BHRS found that the services provided to line number 6 were Fee For Service and were provided in an inpatient psychiatric hospital and not an IMD, therefore, BHRS progress notes were not entered. However, BHRS did discover that the service function code was being reported as a 60 instead of a 69 for these services. As a result, BHRS updated the service function code to 69 for all Fee For Service services.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	Following the 2017 Triennial Audit, BHRS corrected the service function code.
EVIDENCE	• Monthly electronic Client and Service Information (CSI) submission to DHCS
MONITORING MECHANISMS	**Current Mechanism:** • Data Management Services (DMS) • Monthly electronic Client and Service Information (CSI) submission to DHCS
CONTRACT PROVIDERS CORRECTIVE ACTIONS	BHRS does not currently contract for processing Fee for Service entries.

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Section K Chart Review Non-Hospital Services 7e: Regarding Documentation Standards: 1) Is the required documentation timeliness/frequency for Day Treatment Intensive or Day Rehabilitation being met? A. For Day Treatment Intensive services: • Daily progress notes on activities; and • A weekly clinical summary. • Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.	
CORRECTIVE ACTIONS (Milestones)	As of FY 2017-2018, BHRS no longer contracts with an in-county day treatment or day rehabilitation service provider. In the event that BHRS contracts for these services, BHRS would utilize peer review audits and site certifications to ensure compliance with State and BHRS documentation standards and regulations. Contract Providers would be expected to adhere to corrective action plans stipulated by BHRS.
TIMELINE COMPLETION OF CORRECTIVE ACTIONS	n/a
EVIDENCE	n/a
MONITORING MECHANISMS	n/a
CONTRACT PROVIDERS CORRECTIVE ACTIONS	n/a