# Summary of 2020 DHCS Triennial Chart Review Findings Sonoma County

A summary of the findings from the 2020 DHCS Triennial Chart Review of the Sonoma County Mental Health Plan is below. For full documentation requirements, please refer to

- Sonoma County employees: MHP-16 "Clinical Documentation Standards for Specialty Mental Health Services"
- Contracted agencies: The Sonoma County Provider Manual & DHCS MHSUDS Information Notice 17-040

### **FINDINGS**

# **Medical Necessity**

- Collateral and Family Services: Specialty mental health services must always
  be for the benefit of the client. When Collateral, Family Therapy, IHBS, or other
  services are provided that include family members or other significant support
  people, those services must be provided and documented in ways that show how
  they will reduce the client's functional impairments.
- **Correct Clients:** Services must be documented and claimed for the client for whom they were actually provided.

## Assessment

- Timeliness: Assessments and reassessments must be completed
  - At least annually for the ANSA
  - At least every six months for the CANS
- **Required Elements:** Assessments and reassessments must contain all required elements, including medications and a mental status examination.
- **Signatures:** Assessments and reassessments must be signed (or the electronic equivalent) by the person providing the service and must include the person's professional degree, licensure, or job title.

#### **Medication Consent**

- **Timeliness:** Providers must obtain an updated medication consent form **at least every two years**.
- **Completeness:** There must be written medication consent for each medication prescribed.
- **Signatures and Dates:** The medication consent must include the **signature of the provider** (or the electronic equivalent) that includes the provider's professional degree, licensure, or job title, and the date the provider completed and entered the document into the medical record.

#### **Client Plans**

- **Timeliness:** Client Plans must be completed prior to the delivery of planned services.
- **Frequency:** Client Plans must be updated at least annually or when there is a significant change in the client's condition.
- **Signatures:** Client Plans must contain all required signatures (or the electronic equivalents) in order to be in effect. Those signatures must include the providers' professional degree, licensure, or job title.
- Intervention Descriptions: Proposed interventions must include a detailed description, not just a "type" or "category" (e.g., simply saying "TBS" or "therapy" is not sufficient).
- Intervention Frequency and Duration: Proposed interventions must include a frequency ("How often?") and duration ("For how long?"). Interventions cannot be proposed "as needed."

# **Progress Notes**

- **Timeliness:** Progress notes must be completed in accordance with the County's or agency's written documentation standards.
- **Completeness:** Progress notes must be completed for every service activity.
- **Dates:** Progress notes must include the date of service and the date the note was entered into the medical record.
- **Time Claimed:** The duration of service must be documented on the progress note, and that documentation must match the time claimed.
- **Follow-Up Care:** Progress notes must document a plan for follow-up care. Especially in instances where the client is in potential risk, the actual follow-up care should be provided and documented.
- Multiple Providers: Documentation of services with multiple providers must clearly document the amount of time each provider spent on the service, including direct service, travel, and documentation times. The documentation must clearly detail the specific involvement of each provider in order to provide a clinical rationale for the involvement of multiple providers.

#### Provision of ICC Services and IHBS for Children and Youth

• ICC and IHBS Services: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) must be provided and documented for all eligible clients under age 22.