



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
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DOCUMENTATION CHANGES BASED ON THE NEW STATE CONTRACT

The State Department of Health Care Services (DHCS) has revised the standard agreement language in the State Contract between Los Angeles County Department of Mental Health (LACDMH), which oversees the provision of Medi-Cal Specialty Mental Health Services (SMHS) in LA County, and the State of California. While this revised State Contract has not yet been signed by LACDMH, the language in the Contract has already been incorporated into the Annual Review Protocol which DHCS uses to audit SMHS. The majority of the State Contract language related to clinical records and documentation remains the same. However, there are two notable exceptions which immediately affect current clinical record and documentation requirements and therefore must be adopted into practice immediately in order to remain in compliance with the State Contract. Below are the State Contract wording changes (in red and underlined), a description of the requirement and how the resulting modification should be implemented.

1. **Client Treatment Plans:** The client treatment plans must “have a proposed frequency and duration of intervention(s).”

Currently, interventions on the client treatment plan (also known as the CCCP) must identify the proposed type/modality of service (e.g. individual therapy, targeted case management, group rehab), the specific interventions that are being proposed to address the behaviors/symptoms/functional impairment, and the duration of service (LA County assumes the duration to be one year unless otherwise noted). The new State Contract language adds a requirement to include the frequency of the intervention on the client treatment plan. It is the Quality Assurance Division’s understanding that this is a *proposed* frequency of service. *Examples of frequency could include: individual therapy 1x/week, group rehab (anger management group) biweekly, medication support every 30 days, targeted case management: linkage and referral 3x/week.*

Staff should begin identifying the frequency of interventions on CCCPs for all new CCCPs and upon review/update for existing CCCPs.

2. **Progress Notes:** The progress notes shall contain “the signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, licensure or job title; and the relevant identification number, if applicable.”

Currently, rendering provider signature requirements on the progress note only require the rendering provider’s degree/discipline or title. The new State Contract language adds the requirement to include the rendering provider’s license, registration, certification, or waiver number, as issued by the licensing Boards or, in the case of waivers, by the State of California when applicable.

For agencies using paper clinical records and handwritten signatures, license/registration/certification/waiver numbers should immediately be included along with the signature and degree/discipline/title when applicable. For agencies using electronic health records and electronic signatures, it is recognized that adding the license/registration/certification/waiver number to the electronic signature may take some time to implement. It is expected that this change is implemented within 6 months of the date of this Bulletin.

The Quality Assurance Division is in the process of updating the Organizational Providers Manual, documentation trainings and other associated documents to reflect the changes identified in this Bulletin.

If you have any questions regarding this Bulletin, please contact your SA QA Liaison.

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