QUALITY ASSURANCE (QA)
COMPLIANCE MANUAL FOR MENTAL HEALTH
(MH) AND SUBSTANCE ABUSE DISORDER (SUD)
PROVIDERS

Please refer to the QI website for additional resources: www.mtyhd.org/QI

Monterey County Clinical Documentation Guide:
http://qi.mtyhd.org/index.php/home/

Monterey County SUD Documentation Guide:
http://qi.mtyhd.org/index.php/contract-providers/alcohol-other-drugs-aod/

Monterey County Behavioral Health

Quality Assurance Compliance Procedure for Providers

Purpose:

Collaboration between Monterey County Behavioral Health Quality Assurance "County QA" and contracted Community Partners "Providers" to comply with State or Federal laws and regulations and in accordance with contractual agreements with the Department of Health Care Services (DHCS) and other entities, for the service provision of specialty mental health services and/or substance use disorder treatment services.

It is the responsibility of each Provider to implement and monitor a quality assurance program to monitor adherence of documentation and service delivery in accordance with State and Federal laws. Each Provider is responsible for monitoring of service delivery monthly. Providers may monitor with more frequency, but no less than monthly. Timeliness of these procedures is necessary to maintain the integrity of the health record as well as avoid disallowances, when applicable.

Quality Assurance

Procedures: Provider QA:

- The Provider QA Manager or designee is responsible for monitoring and reviewing of client records to monitor the integrity of the delivery of services.
- Monthly, using the electronic health record, Avatar, the Provider QA Manager or designee will run and review the compliance reports from the list provided by our QA team. The list for each Provider is dependent on the contractual agreements. Each Provider QA list includes all or a combination of the following reports with instructions:

  - 211- Open clients missing WITHIN by coordinator
  - 506- Open clients missing WITHIN by program
  - 601- CalOMS Anomalies
  - 703- No case coordinator by admitting practitioner
  - 706- Draft notes list
  - 710- Clients without services for 60-days
  - 712- Missing CSI
  - 716- Draft psychosocial assessments
  - 717- Clients without diagnosis
  - 720-Missing UMDAP by case coordinator

- - 722- Possible duplicate services
  - 724- Treatment plan compliance report
  - 859- CalOMS Adherence
  - 7004- List of Draft notes by practitioner
- Review client records adherence to medical necessity criteria standards, State and Federal regulation and/or contractual agreements.
- Review client records to ensure medically necessary services are delivered.
- Comply with all other documentation standards and contractual agreements.
- By the 10th of every month, each Provider QA Manager or designee will complete the "Provider QA Monthly Compliance" form in AVATAR. The Provider will complete this document and include the steps the Provider has taken for errors encountered during the review.
  - Using the appropriate section of this form, the provider will indicate the number of the report reviewed and any necessary actions that have been or will be taken on the part of the Provider to address an identified error. If no error is found for a report, this should also be indicated in this section (i.e. 722- entered error report to County or 717- no errors).
- County QA staff will monitor the adherence of monthly submission of the Provider QA Compliance Report.
  - If the monthly submission of the Provider QA Compliance Report is not submitted within the specified timeframe OR omitted entirely, County QA may issue a Quality Improvement Action Request (QIAR) requesting steps be taken to ameliorate the issues.
- County QA will monitor the Error Report in AVATAR to make any necessary adjustments in accordance with information provided through the Provider QA Monthly Compliance form.

County QA:

- By the 15th of every month, County QA will complete all necessary steps to correct errors submitted by Providers.
- By the 15th of every month, County QA will submit any necessary changes to County billing department in adherence with regulations.

Quality Assurance Monthly Compliance Reports

Report #	Report Name	Report Description	Report Corrections	Who should Run this report?
211	Open Clients missing "Within" by Case Coordinator	Report will give you information when an Authorization for Disclosure "WITHIN" has not been completed (the report is Case Coordinator based)	Immediate action is needed; "WITHIN" authorization shall be completed to comply with 42 CFR Part 2 and HIPAA	MH and SUD
506	Open client missing "Within" by Program	Report will give you information when an Authorization for Disclosure "WITHIN" has not been completed (this will provide information at the program level)	Immediate action is needed; "WITHIN" authorization shall be completed to comply with 42 CFR Part 2 and HIPAA	MH and SUD
601	CalOMS Anomalies	Report will give you information on missing CalOMS items	Make necessary corrections to CalOMS data using applicable forms *use 859 report in conjunction with this report	SUD
703	No Case Coordinator by admit staff	Report will give you a list of clients that have an opened episode and are missing a case coordinator. This report is organized by admitting practitioner.	To make corrections go to How to 703 Report.

It is critical for all practitioners to be aware that they have an essential role to play in ensuring the compliance of our services with all pertinent laws.

Most compliance reports are driven by the case coordinator field. Therefore, it is important | MH and SUD |

Report #	Report Name	Report Description	Report Corrections	Who should Run this report?
706	Draft Notes List	This report is sorted by staff name and displays progress notes, which are left in draft status and need to be finalized.	To make corrections go to How to 706 Report. If a note is ever completed in error complete the Error Reporting form as soon as possible to identify the service needing correction. *For more information go to documentation guide chapter 7.12*	MH
710	Clients without services for 60 days	This report displays information for clients that have not received services in the last 60 days. Grouped by team, admitting practitioner, episode, and program name.	To make corrections go to How to 710 Report. Once the client is opened for services, the Case Coordinator is responsible for completing the required forms*.*	MH and SUD
712	Missing CSI data	This report is used to track clients with missing CSI data by team then sorted by clinician. This report is used for QA monthly audits	To make corrections go to How to 712 Report. The CSI data is a State Requirement and **must** be completed for each client.	MH
716	Draft Psychosocial Assessments	This report shows clients with psychosocial assessments left in draft status organized by case coordinator.	To make corrections go to How to 716 Report. Psychosocial Assessments are not to be left in "draft" status. Psychosocial Assessments must be finalized to fulfill State and Federal	MH

Report #	Report Name	Report Description	Report Corrections	Who should Run this report?
717	Clients without diagnosis	This report shows a list of clients that have not had an admission diagnosis entered. Each new episode of care needs an **Admission Diagnosis**. (Without an admission diagnosis services cannot be claimed).	To make corrections go to How to 717 Report. As a client begins services with Behavioral Health, they must have an <u>Admission Diagnosis</u>. **Do not edit the admission diagnosis ever.**	MH and SUD
720	Missing UMDAP	This form is used to register a Family in the system. For each family, it records one Uniform Methods of Determining Ability to Pay (UMDAP) financial information. All family member information should be collected and entered.	To make corrections go to How to 720 Report. To enter new UMDAP information, a family registration needs to be completed. Must be completed annually	MH
722	Possible Duplicate	This report brings up services that are possible duplicates in AVATAR.	To make corrections go to How to 722 Report.	MH

Report #	Report Name	Report Description	Report Corrections	Who should Run this report?
724	Treatment Plan Compliance Report	This report shows all clients treatment plans. It shows if the Treatment Plans is compliant.	To make corrections go to How to 724 Report. There should only be one Treatment Plan per client, regardless of how many open episodes/programs the client is opened to.	MH
859	CalOMS Adherence	Report will give you detailed about compliance with CalOMS data (admission, annual, etc.) as well as Avatar episode information	Complete missing CalOMS or Avatar data *use start date 1/1/2000 **you may use 601 report in conjunction	SUD
7004	List of Draft Notes	Display notes in "draft" status	Notify your staff on need to review and finalize. Error Report form may be completed, when applicable	SUD

Does my program need to run every one of these reports?

No. Different programs may use different components of the electronic health record, AVATAR. Your program is responsible for completing specific monthly compliance reports, depending on your agreement with Monterey County Behavioral Health. Please refer to the grid below:

Report #	Program Type	Programs with Case Coordination Role	Programs with Non-Case Coordination Role	Programs using Avatar Billing Only
211	MH and SUD	X	x	x
506	MH and SUD	X	x	x
601	SUD	X		
703	MH and SUD	X		
706	MH	X	x	
710	MH and SUD	X	x	x
712	MH	X	x	x
716	MH	x		
717	MH and SUD	X		x
720	MH	X	x	x
722	MH	X	x	x
724	MH	X		
859	SUD	X		
7004	SUD	X		

211 Report

Monterey County Behavioral Health
211 Open Clients Missing WITHIN Authorization

This report will display a list of clients for a given Case Coordinator who are missing a WITHIN Authorization for Disclosure. If the client does not have a Case Coordinator, they will appear under the person who was their admitting practitioner.

							WITHIN prior	WITHIN after	Authorization
		Coordinator's Name						Total Clients:	
PATID	EP	Program	Admission Date	Coordinator		Admitting Practitioner	to 07/01/18	07/01/18	Status
	18		1/16/2015				None	None	Not Found
	1		10/18/1995				None	None	Not Found
	1		11/30/1989				None	None	Not Found

506 Report

Monterey County Behavioral Health
506 Open Clients Missing WITHIN Authorization by Program

This report will display a list of open clients for a given Program who are missing a WITHIN Authorization for Disclosure. If multiple programs are selected, they will be displayed in Alphabetical order.

		Program Name				Total Clients (Program) - ■		
PATID	EP #	Program	Admission Date	Coordinator	Admitting Practitioner	WITHIN prior to 07/01/18	WITHIN after 07/01/18	Authorization Status
	26		9/20/2016			None	None	Not Found
	12		3/7/2018			None	None	Not Found

601 report

703 Report- No Case Coordinator (CC) by Admitting Practitioner

This report will show a list of clients that have an *open* episode but do NOT have a case coordinator assigned. This report is organized by admitting practitioner.

1. Go to Search Forms and enter 703
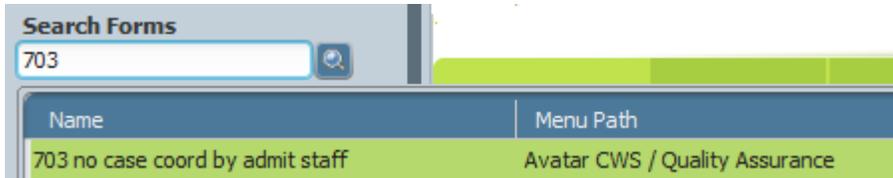
2. Once you are in the 703 form select export from the drop-down box and Process the form
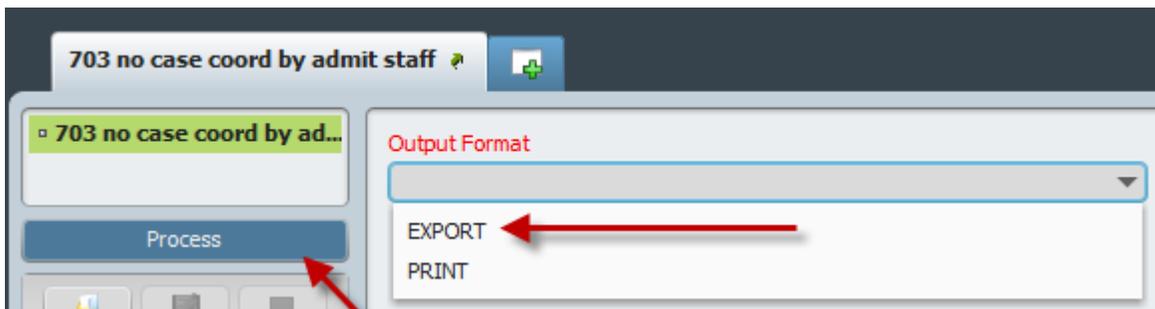
How to add a case coordinator

1. Go to Search Forms and enter Client Case Coordinator

2. In the Client Case Coordinator form you will enter the start date of coordination and your staff ID or name under the Client Case Coordinator field. Submit form.
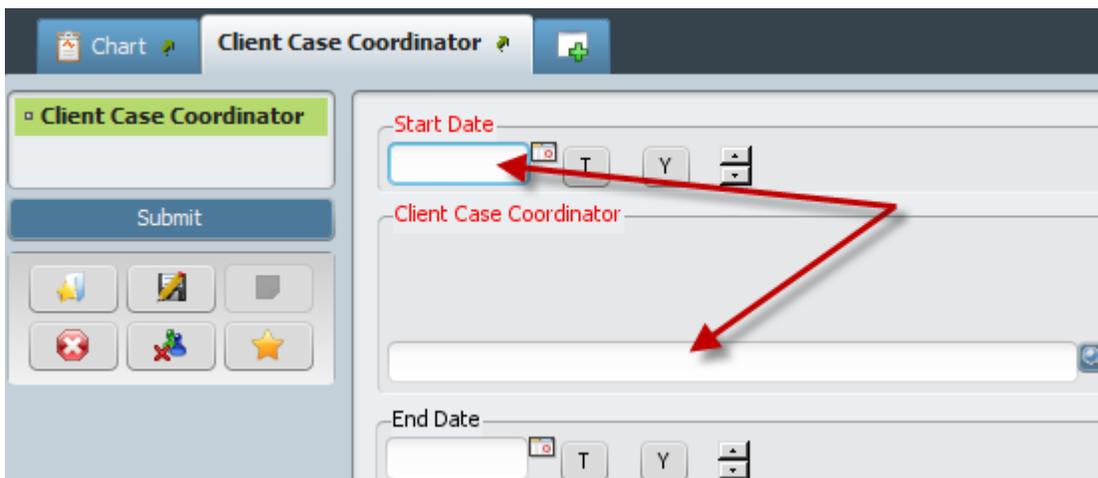
Please note: Once a CC is entered and submitted, the Start Date and CC name will be grayed out. However, the End Date remains active to allow for CC to enter end date when applicable

This form only allows one active case coordinator at a time.

When adding a new CC the previous coordinator must have an end date.

If you attempt to submit a new CC without adding and end date, you will receive the following message:
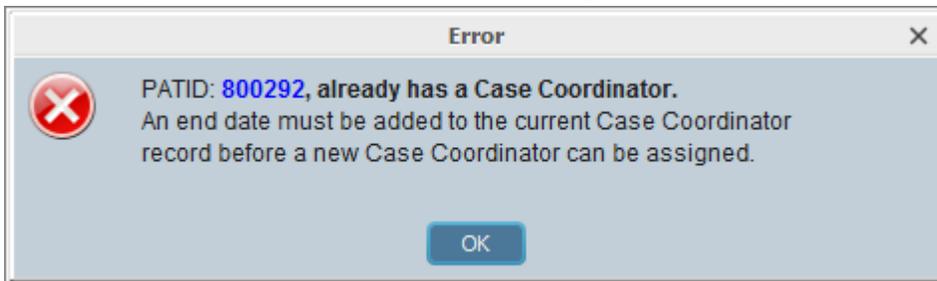
706 Report- Draft Notes List

This report will show progress notes in "draft" status by staff. All notes must be finalized to bill for the service. In the event notes are left in draft and the practitioner is no longer working with you program, the program manager or supervisor should review the progress notes and "finalize" to claim the note.

1. Go to Search Forms and enter 706

2. Once in the 706 form enter Today's Date and Process the form
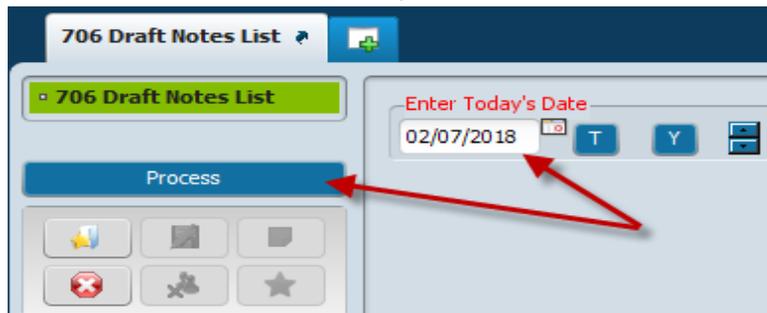
3. Example of what report looks like

How to correct the Report

1. Inform clinician they have a progress note in draft status that needs to be completed and finalized. You can inform them via email or by printing report and handing it to them. If a note is ever completed in error you will need to enter an Error request form (For instructions on how to enter an error request form go to How to Enter an Error Request).

710 Report- Clients Without Services for 60 Days

This report shows information for clients who have not received services in the last 60 days. The intention for this report is to prompt the program/practitioner to consider whether this individual continues to meet criteria for medical necessity or may need to be discharged.

1. Go to Search Forms and enter 710

2. Once in the 710 form enter EXPORT or PRINT for the Output Format and Process Form

3. This is what the Report should look like if you "EXPORT"

And if you "PRINT"

How to correct the Report

1. Notify the clinician by email or hand them the information from the report. Clinician should review client needs for medical necessity and take necessary actions, as applicable. This may include closing services or outreach.

712 Report- Missing CSI Data

This report is used to track clients with missing CSI data. CSI data must be submitted to the state by county contract agreement. CSI data must be complete and accurate.

1. Go to Search Forms and enter 712

Search Forms

| 712 | |

Name	Menu Path
712 Missing CSI Data	Avatar CWS / Quality Assurance

1. Once in the 712 form enter EXPORT or PRINT for the Output Format and Process Form

Output Format
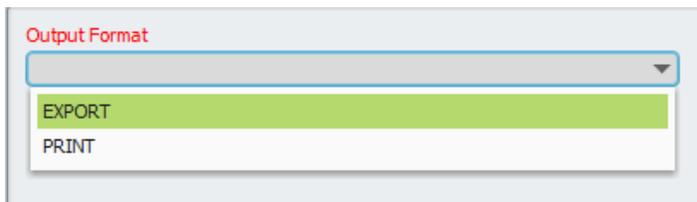
EXPORT
PRINT

2. This is what the Report should look like if you "EXPORT"

ACCESS	000355			3	Access MHSA Clinic The episode shown is missing the CSI Information. Plea:
ACCESS	000355			4	Access MHSA Clinic The episode shown is missing the CSI Information. Plea:
ACCESS	000355			1	Access Promotores The episode shown is missing the CSI Information. Plea:
ACCESS	000119			2	Access to Treatmer The episode shown is missing the CSI Information. Plea:
ACCESS	002106			2	Access to Treatmer The episode shown is missing the CSI Information. Plea:
ACCESS	002106			2	Access to Treatmer The episode shown is missing the CSI Information. Plea:

And if you "PRINT"

Program name will be here

Clinician name will be here

This report shows all of the episode openings that need CSI data
Data shown below in red is required, if missing please go to CWS-->Clinician Menu --> CSI data - then complete fields

Client	Episod	Program	Mother's Name	school	Legal	fiscally responsible co.	Special Population	Ethnicity
	3	Access MHSA Clinic Integ	data missing	data missing	data missing	data missing	data missing	data missing
	4	Access MHSA Clinic Integ	data missing	data missing	data missing	data missing	data missing	data missing
	1	Access Promotores	data missing	data missing	data missing	data missing	data missing	data missing

How to correct the Report

1. Notify corresponding clinician via email or hand them information from the report. To complete the CSI information clinician will 1) Go to Search Forms in the home page; 2) Type in CSI admission in the Search Forms box; 3) Enter client name or client number once the Select Client box comes up; 4) Select corresponding episode and double click to open CSI form for that episode

2. Complete CSI form. Once information is completed be sure to [Submit] the information to update the record. Be sure that all the required fields (Highlighted in red) are completed before form is submitted or form will not let you successfully submit. Example of CSI form:

716 Report- Draft Universal Psychosocial Assessments

This report displays records where the universal psychosocial assessment was left in "draft" status. All universal psychosocial assessments must be "finalized" in compliance with timelines.

1. Go to Search Forms and enter 716

4. Once in the 716 form enter Today's Date and Process the form
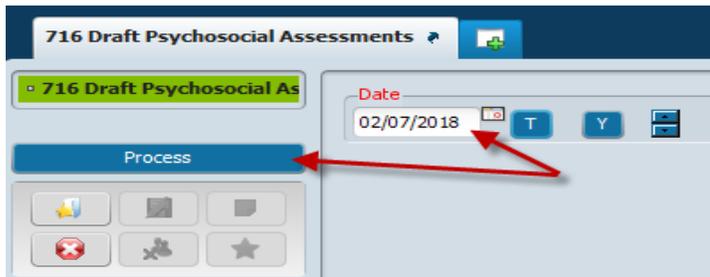
2. Report will show a list of "Draft" and "Compliant" psychosocial assessments, organized by Case Coordinator. To single out a clinician's list double click anywhere on the green line were clinicians name and staff ID is located.

   Example:

How to correct the Report

Notify clinicians of psychosocial assessments in "draft" by email or hand them information from the report. To "finalize" a psychosocial, clinician will 1) Go to Search Forms in the home page; 2) type in Assessment in the Search Forms box; 3) Open form and enter client name/number; 4) select corresponding psychosocial and double click to open form; 5) Complete psychosocial form information and Submit form. Be sure that all required fields (Highlighted in red) are completed before form is submitted or form will not let you successfully submit.

717 Report- Clients without a Diagnosis

This report shows a list of clients that *do not* have an admission diagnosis entered for each episode. Each new episode requires an admission diagnosis and ICD 10 code set. Without an admission diagnosis and ICD 10 code set, services cannot be claimed (billed).

1. Go to Search Forms and enter 717

2. Once in the 717 form enter Today's Date and Process the form


3. Example of what report looks

like

How to correct the Report

Notify clinician of the missing diagnosis via email or hand them information from the report. To enter diagnosis: 1) Search Forms in the home page; Type in Diagnosis; 2) Enter client name/number; 3) Select corresponding episode and double click to open diagnosis form; 4) Complete diagnosis form and Submit. Be sure that all the required fields (Highlighted in red) are completed before form is submitted or form will not let you successfully submit.

1.

2.

Note: When completing the admission diagnosis form for Type of Diagnosis you will select Admission, by doing that the admission start date for that episode will automatically fill in NEVER change the date once it has been filled in. Changing the date will make the admission diagnosis inaccurate. Without an admission diagnosis, billable services will not be able to be submitted.

720 Report- Missing UMDAP by Case Coordinator

This report shows records where UMDAP information is missing or incomplete. The information must be collected on a yearly basis.

1. Go to Search Forms and enter 720

2. Once in the 720 form enter Today's Date and Process the form
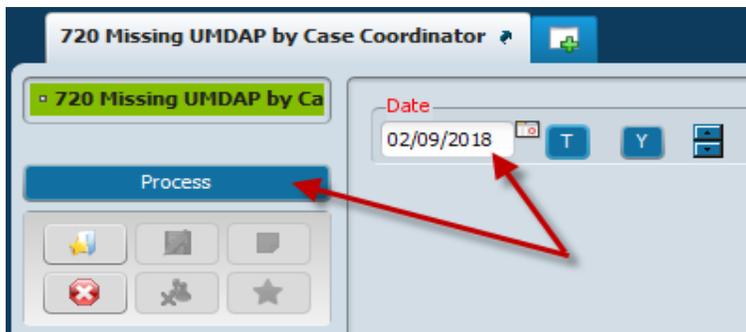
3. Example of what report looks like

Monterey County Behavioral Health
720 Clients with Expired UMDAP
By Case Coordinator

To Complete the UMDAP go to CWS –>Clinician Menu–> Family Registration (UMDAP) to complete the UMDAP.
If Family Registration Incomplete is shown on this report you must complete the Family Registration prior to the UMDAP.
Please see Chapter 6 of the My Avatar User Guide on the Website for information on completing this step

Case Coordinator:					19			
	Client ID	Family ID #	UR Month	Admission Date	UMDAP Start Year	UMDAP End Year	Last Date of Service	Calculated UMDAP Annual Liability
			03/13/13	09/27/2017	03/13/17	03/12/18	01/31/18	37.00
Expired UMDAP			02/25/14	01/04/2016	02/25/15	02/24/16	01/31/18	45.00
Expired UMDAP			08/24/17	08/24/2017	04/29/14	04/28/15	01/22/18	56.00
			05/01/14	11/22/2017	05/01/17	04/30/18	01/25/18	37.00
			07/24/14	09/27/2017	06/01/17	05/31/18	02/05/18	30.00
			10/12/16	09/27/2017	06/30/17	06/29/18	01/29/18	30.00
Expired UMDAP			05/05/17	09/28/2017	12/09/16	12/08/17	01/25/18	33.00
			06/12/17	09/28/2017	06/12/17	06/11/18	01/22/18	37.00
			06/14/17	09/28/2017	06/14/17	06/13/18	01/31/18	37.00
		Family Registration Incomplete	07/14/17	07/14/2017			01/31/18	

How to correct the Report

1. Complete the following steps for each "expired UMDAP".

2. Search forms: Family Registration. If client has an existing Family Number, enter that number under Select Family. Double-click to select the client. If the client does NOT have a Family Number enter the last name + comma+ first name (of head of household), then click New Family at the bottom of the screen. *Note: Family number is not the same as the client number.*
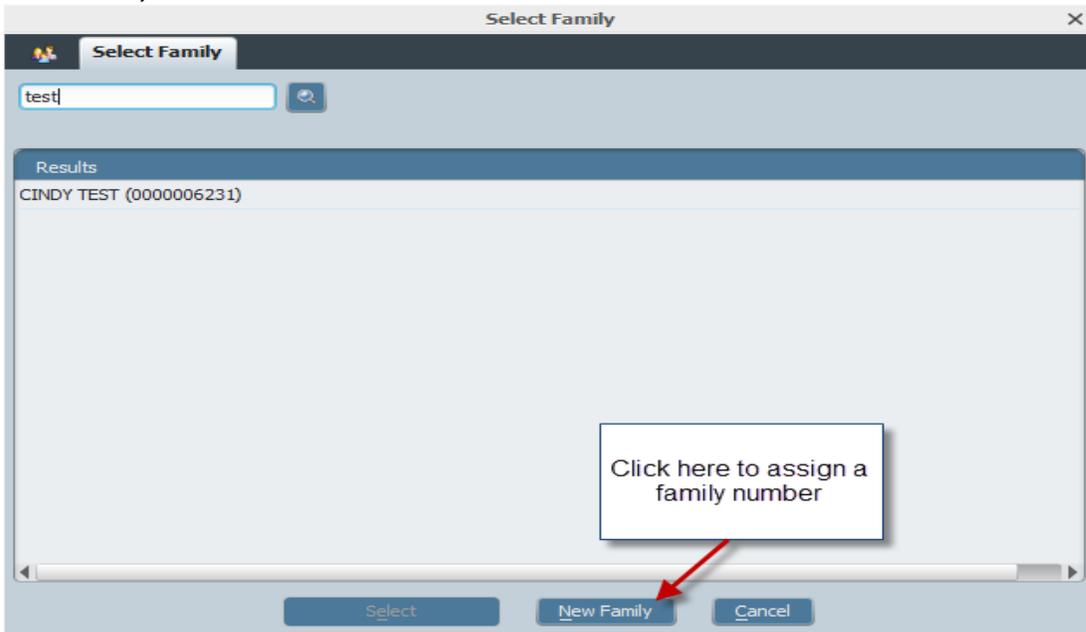
3. The family name should be populated from the search option. For Family Name, and Family Address enter information of the person who is financially responsible for client. Enter a date for the family activation date, which should be the same as the earliest admission date. For a new client enter the admission date. Enter the family's address. The address will be used to send a bill for the client's. Enter the zip code and hit Enter, the city and state will auto-fill. Click Family Members section.

4. Click "add a new item" to create a row from the table to add additional family members. Create a new row for each family member. Enter the "Client ID/#" field and if the client has other family members who are clients keep adding rows for each family member and enter their client numbers. If the family member is NOT a client enter their name in the "Family Member Name" box. Select the family member type from the list provided. Select from the drop-down box "Relationship to the head of household". Enter the relationship start date. This date is the beginning date when all services rendered to the client will be charged to this family account. Click on the UMDAP information section

5. Click "add a new item" to add a row for the new information. Click "Default UMDAP information from most recent entry" to roll over information previously entered (if you use this option make sure you update any information that has changed. For a new client enter the start date of the UMDAP year. For established clients enter the same dates as previous entries and change the year. Enter the financial information into the corresponding boxes (no commas allowed). For a child, enter the parent's/guardian's income. Enter the number of family members being supported by that income. Scroll down to the Asset Determination section and enter assets in the corresponding fields. Scroll down to the Allowable expenses section to enter expenses in the corresponding fields. Most of the information should already be calculated based on the information you previously entered in the other fields. You are now given the option to enter an Agreed Monthly Payment to Satisfy above Liability. (This box will mostly be used by the PAR's). Enter your name in Approved by and Interviewer (Enter Last name, First initial). Submit the form.

Family Registration (UMDAP)

- Family Registration
- Family Members
- **UMDAP Information**
- Site Specific Family Reg...

Submit

Online Documentation

UMDAP Information

Start Date Of UMDAP Year	End Date Of UMDAP Year	Calculated UMDAP Annual Liability	UMDAP Annual Liability
07/01/2006	06/30/2007	37.00	37.00
07/01/2010	06/30/2011	37.00	37.00
07/01/2013	06/30/2014	37.00	37.00

Add New Item	Edit Selected Item	Delete Selected Item

Default UMDAP Information From Most Recent Entry

Start Date Of UMDAP Year   T   Y

End Date Of UMDAP Year   T   Y

Financial Liability

Gross Monthly Inc Resp Person

Gross Monthly Inc Other

Gross Monthly Inc Spouse

Dependent On Income

Asset Determination

Saving

Bank Balances

Market Value Of Stocks

Market Value Of Bonds

Market Value Of Mutual Savings

Market Value Of Other

Total Of Liquid Assets

Asset Allowance From UMDAP Schedule

Total Net Liquid Assets

Allowable Expenses

Court Ordered Obligations Paid Monthly   Monthly Dependent Support Payments

Monthly Child Care

Amount Of Medical Expenses Excluded

Monthly Medical Expense Payments

Monthly Deductions For Retirement Plans

Allowed Monthly Medical Expenses

Totals

Total (Gross Monthly Income)

Total (Monthly Liquid Assets)

Agreed Monthly Payments To Satisfy Above Liability

Total (Gross Monthly Income and Monthly Liquid Assets)

Adjusted by

Total (Allowable Expenses)

Adjusted Gross Income

Interviewer

Calculated UMDAP Annual Liability

UMDAP Annual Liability

Date Interviewed   T   Y

Approved by

Reason

Date Approved   T   Y

How to check to see if a family number has previously been assigned to a client:

Go to the "Admission" form. Enter the client ID or three data fields, click Search. The result will show the family number if a family has been registered. If the client does NOT have a family number this section will be blank.

722 Possible Duplicates

This report displays services (progress notes) that may be *possible* duplicates. The intention with this report is to help reduce the number of duplicate services prior to billing out the service. The QA Reviewer must review the progress note and decide on whether the note is a duplicate or not. A corresponding *"modifier"* must be entered to resolve this issue.

1. Search forms and enter 722

2. Once in the 720 form
   Enter the start date (should be the first day of the month you are running)
   For example, if running the report for February enter 02/01/18
   Enter the end date (should be the last day of the month you are running)
   For example, if running the report for February enter 02/28/18 and Process Report
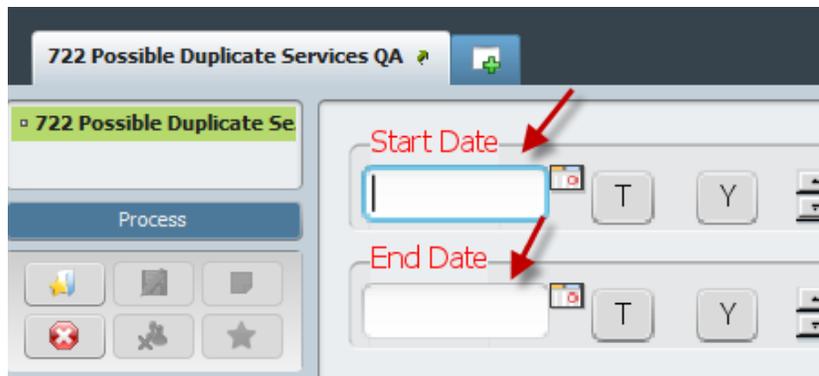
3. Select **your program name** for review

The following will be displayed:
- Client ID and name
- Date the services were provided
- Episode number
- Service code
- Duration
- Program Name
- Provider Name and ID Number
- Guarantor

Over ride Codes:	59 - Distinct Procedural Service	76 - Repeat Procedure by Same Person	77 - Repeat Procedure by Different Person

Client No and Name	EP	Service Code /Modifier	Duration	DOS	Program Name	Provider Name	#	Guarantor
Services Provided by : 2724 on 5/1/2014								
	16	301	17	5/1/14				10

F- Received email correspondence from AB-109 staff (release for Authorization to Use, Exchange, and Disclose Information w/in Monterey County Behavioral Health for AOD and MH providers) requesting returned correspondence to coordinate care.

I- Contacted AB-109 staff via telephone. Received information to assist clinician in coordinating care for Cl including, Hx of Tx.

R- AB-109 staff provided information to assist clinician in coordinating care for Cl.

	16	301	17	5/1/14				10

F- Met w/Access supervisor at the office for consult regarding the appropriate MHS for Cl.

I- Reviewed Cl's case w/supervisor, including contact w/AB 109 staff and clinical documentation from previous episodes at Monterey County Behavioral Health (MOCOBH). Reviewed Cl is requesting medication support and Tx from Adult System of Care (ASOC).

R- Access supervisor reported that Cl does not qualify for ASOC based on information provided by clinician and encouraged clinician to review MH resources that

What to look for:
Duplicate services or notes that have been entered twice. Sometimes notes will be slightly re-worded, but it is clear the note is a duplicate. Then, the duplicate note will need to be **DELETED**.

If the note is NOT a duplicate, meaning each note is a distinct service, you will need to enter the following "Override codes ("modifiers") in AVATAR.

Use the following "modifiers" to address the note:

59 - Distinct Procedure Service: The service codes are different. This is not a duplicate.

76 - Repeat procedure code by Same Person: The same clinician is billing for two distinct and separate services, even though the name, duration, date, and service code are the same. This is not a duplicate.
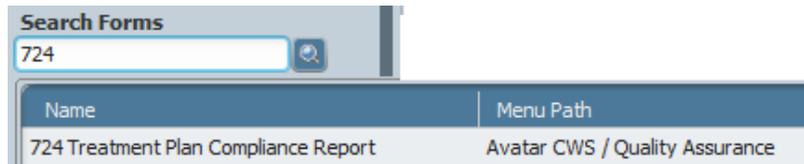
77- Repeat procedure code by different person: Two or more distinct clinicians are billing for distinct services, even though the service code and duration are the same. This is not a duplicate.

Submit errors to QA staff thru an Error Report

724 Report- Treatment Plan Compliance

This report displays information on the status of treatment plans. The intention of this report is to ensure all treatment plans are compliant to claim services. There must always be a "finalized" treatment plan for the treatment year, according to the date of coordination. No claiming may occur when treatment plans are out-of-compliance.
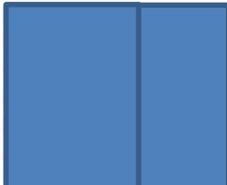
1. Go to search forms and enter 724

2. Once in the 724 form enter Today's Date and Process the form

3. This is what the Report looks like

How to correct the Report

1. Notify the corresponding clinicians
2. Report Errors will include:
    - This Client ID DOES NOT Have a Treatment Plan
    - Overdue New Treatment Plan – New Plan Date Should Have Been: (Date)
    - Treatment Plan End Date – Should be: (Date)
    - Incorrect Plan Date – Plan Date Should Be: (Date)
    - Final Treatment Plan Required, Plan Status is: Pending Approval
    - Final Treatment Plan Required, Plan Status is: Draft
    - Final Treatment Plan Required, Plan Status is: Unknown
3. Go to the corresponding clients Treatment Plan and correct the error accordingly.

Treatment Plan—At a Glance

The Original Date of Coordination is the date that drives treatment. This date tells us the treatment cycle for this individual. This month is what drives treatment plans, regardless of the number of programs that may be opened.

In this example, the original date of coordination is July 23, 2009, because this was the first coordinated/outpatient episode opened AND there have been no gaps greater than 365 days between outpatient services. When adjunct services are added, the adjunct service cycle follows that of the original date of coordination.

Challenge or Barrier:

Date Opened: 7/23/2009   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

Test has difficulty with getting out of the house and talking with others; he has experienced some difficulty with making friends. Test has had friends in the past, but want to more friends.
TEST TIENE ALGUNA DIFICULTAD EN SALIR DE LA CASA Y PLATICAR CON OTROS, ULTIMAMENTE A TENIDO DIFICULTAD EN HACER NUEVAS AMISTADES EN EL PASADO, TEST HABIA TENIDO AMIGOS, PERO LE GUSTARIA TENER MAS AMIGOS

My Hope/Goal:

Date Opened: 7/23/2009   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

I want to be able to make friends without being afraid and worried.
ME GUSTARIA TENER AMIGOS SIN SENTIR MIEDO O PERCUPACION .

Objective

Date Opened 7/23/2009   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

Test will attend skills building group 1 day a week for the next month to learn 1 new way to communicate with others people.
TEST PARTICIPARA A UN GRUPO DEL DESAROLLO DE COMUNICACION UN DIA POR SEMANA DURANTE UN MES PARA APRENDER UNA NUEVA HABILIDAD DE COMMUNICACION

Intervention

Date Opened: 7/23/2009   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: staff name here

Ben will teach and practice 2 communication skills in a group setting to improve Test's communication. Ben will encourage the use of communication skills in a variety of settings during the next month.
BEN ENSEÑARA Y PRACTICA 2 HABILIDADES NUEVAS EN UN GROUPO PARA QUE TEST MEJORE SU ABILIDAD DE COMUNICACION. DURANTE EL SIGIENTE MES, BEN APOLLARA A TEST EN EL USO DE ESTAS HABILIDADES EN DIFFERENTES SITUACIONES.

Challenge or Barrier:

Date Opened: 8/27/2012   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

The client lacks appropriate social skills

My Hope/Goal:

Date Opened: 8/27/2012   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

I want to be happy

Objective

Date Opened: 8/27/2012   *Status:* Open   *Date Due:*   *Date Closed:*
                                                  Responsible Staff: Unknown

not be mean to people
meet 1 new peer pere week

Intervention

Date Opened: 8/27/2012   *Status:* Open   *Date Due:*   *Date Closed:*
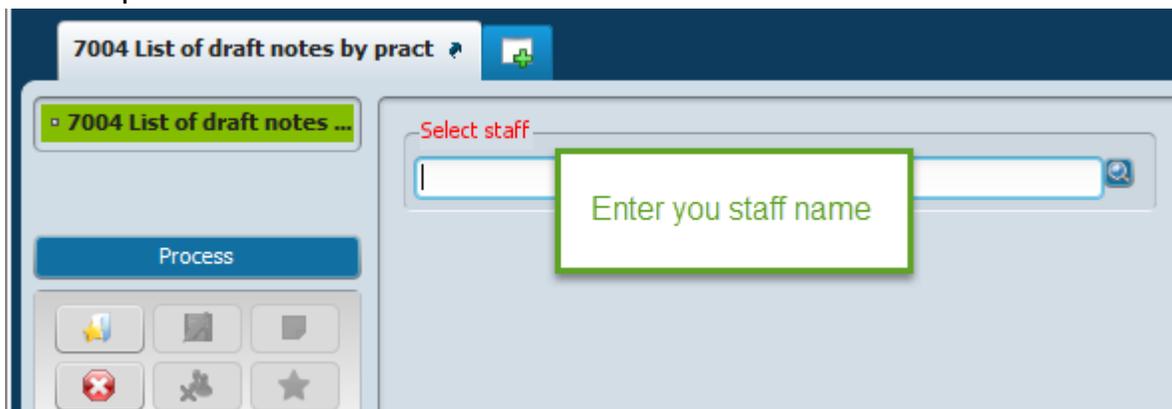   *Responsible Staff:*

859 report

Monterey County - Behavioral Health Bureau
859 CalOMS Monthly Admission Data Entry Report
Episode Admission Dates From 1/1/2000 to 12/20/2018
Program: Program Name

CalOMS Admission forms and Discharge forms data entry are due by the 5th of the following reporting month

Client ID	Epis	Admit Date	CalOMS Admit Date	Deadline Date	Days between CalOMS Admit and Deadline Date	CalOMS Annual Update	Program Discharge Date	CalOMS Discharge Date	Days between Discharge and CalOMS Discharge
					Missing				
▇	37	07/02/18	*Missing*	08/05/18	0				
▇	11	09/18/18	*Missing*	10/05/18	0				
					Annual Update				
▇	14	08/31/18	10/02/18	09/05/18	(27)				

7004 report

Enter you staff name

Monterey County Behavioral Health
7004 SUD List of DRAFT notes by Practitioner
Practitioner: Staff's name

Notes should be "finalized"

PATID	EP#	Date of Service	Service Description	Written on	Total Duration	Number of Days in draft status
	7	7/14/2018	Residential Weekly Summary Note	7/20/2018	90	153

Quick Reference

Please refer to the corresponding Documentation Guide for full details.

1. The Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information "WITHIN" Monterey County Behavioral Health Systems must be completed at initiation of treatment to ensure compliance with confidentiality laws.

2. We have an integrated treatment plan—there is only one treatment plan that reflects all treatment the client is receiving. This means that there is always ONLY one "final" plan and one "draft" plan for any given treatment year.

3. The treatment plan is developed WITH the client (or their caregiver for very young children).

4. The "draft" plan is considered a living document and may be updated throughout the year to reflect treatment. At any time, you may update, close, or add new treatment goals to reflect treatment.

5. Treatment plan participation consent form must be completed with the client every time the treatment plan goals are updated. This will help to support client participation in treatment planning.

6. Services on a treatment plan are approved by the Case Coordinator. Case Coordinators are licensed, licensed –eligible, or licensed-waivered individuals.

7. Initial Plan —must be finalized before claiming for treatment services.

8. Progress notes must be "finalized" in order to claim for reimbursement.

9. Adding other programs (often referred to as program referrals)—the receiving program must enter the goals for their program. The Case Coordinator is responsible to coordinating care and approval of goals.

10.   Transfer —the receiving program must enter goals for their program prior to claiming for services.

11.   NEVER edit/change another program's goals.

How to Enter an Error Request

This report is used to report any errors that have been discovered and need correction by County QA staff.

1. Go to your Home screen and in your Search Form box enter Error Reporting
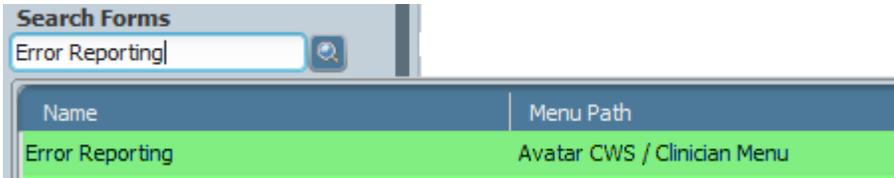
2. Once the Select User ID/User Description you will enter your last name first all in CAPS once you name come up double click on your name this will open the Error Reporting form

3. You will need to complete the Error Request information once the form opens you are only required to complete the first section of this form which is the Error Reporting section and not the Error Completion. Be sure that all the required fields (Highlighted in red) are completed so that your request can be properly corrected. You can check to see if your request has been completed by going into the Error Completion part of the Error. If the request says unable to resolve you will need to go back into your error request and go to the Error Completion section and view the notes.

Provider QA Monthly Compliance

The intention of this form is to document the monthly quality assurance compliance reviews conducted by Community Partners "Providers." Each program is expected to comply with Title 9 regulations for the delivery of mental health services. County QA will monitor Provider compliance with monthly reviews.

1. Search forms and enter Provider QA Monthly Compliance

2. Enter your user name and click select

3. Enter date, select the month of items reviewed and the year
4. Enter information about actions that have been taken or will be taken for each of the reports reviewed
5. Click Submit when complete

We look forward to our partnership. You may contact us with any questions.

Email Avatar Questions and Quality Assurance: 415-QA@co.monterey.ca.us

Email for Clinical Questions: 415QI@co.monterey.ca.us

Telephone: (831) 755-4545

Please refer to the QI website for additional resources: www.mtyhd.org/QI

The Clinical Documentation Guide is found here:
http://qi.mtyhd.org/index.php/home/

The SUD Documentation Guide is found here:
http://qi.mtyhd.org/index.php/contract-providers/alcohol-other-drugs-aod/