ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Memorandum

To: MHP Provider Network

From: Kyree Klimist, MFT, QA Associate Administrator

Date: October 19, 2012

MHP Plan Provider update: **Changes and New Requirements**

ACBHCS recently had a visit from the DHCS Office of Medi-Cal Oversight. The meeting was to communicate the changes to the tri-annual audit protocol and there are a number of changes to regulations as well as changes to how they want to <u>see</u> evidence of the current regulations being carried out. This memo will address these changes and a few other things.

SERVICE LANGUAGE DOCUMENTATION
The DHCS has informed us that it is now required to:
- Put the language that the service is provided in on every progress note.
- If a translator is used, this must be noted and the relationship to the client (if any) must also be documented.

In addition, there was discussion on how the treatment plan is discussed with the client if it is written in English and that is not the primary language of the client. Three (3) options were provided:
- You may write the progress note in the primary language AS WELL as English and give the client the copy of the one in the primary language (and note that it was done that way).
- You can add a line to your signature page next to the client's signature that indicates that the treatment plan was discussed with the client in <u>(their primary language)</u> and the client agrees by evidence of his/her signature. If a translator is used, this must be noted and the relationship to the client (if any) must also be documented.
- If you do a separate note when you discuss the treatment plan with the client, you can note it in the progress note.

ALLERGY DOCUMENTATION
It is a requirement that client allergies or the lack thereof, be documented both in the chart and if you have a physical chart, on the outside of the chart. This has become complicated by EHR's and the lack of a physical chart. We are working with IS to find a way to populate allergies on the face sheet.