



## California Council of Community Behavioral Health Agencies

October 30, 2017

**TO:** Karen Baylor, Deputy Director, Mental Health & Substance Use Disorder Services, Department of Health Care Services  
Dina Kokkos-Gonzales, Chief, Mental Health Services, Department of Health Care Services  
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**FROM:** Paul Curtis, CCCBHA, Executive Director  
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The California Council of Community Behavioral Health Agencies (CCCBHA) welcomes the opportunity to work with the Department of Health Care Services (DHCS) on the issue of what has been called “paperwork reduction” but is tied more directly to the various requirements for chart notes and related practices which has resulted in an average of 20 minutes per therapy or treatment session in California, when the national average is five minutes.

As you may be aware CCCBHA engaged MTM Services (MTM) to conduct a comparative review of California Department of Health Care standards (DHCS) progress note documentation requirements issued in 2014, a sample of six counties (Alameda, Contra Costa, Marin, Monterey, Orange, and Sonoma) and compare it to the New York and Massachusetts statewide standardized progress note documentation requirements respectively in an effort to identify redundancies and methods that could be made more efficient.

CCCBHA is in agreement with the findings of MTM consultants that there are excellent opportunities to reduce the direct care staffs’ post service documentation time for each service encounter currently required in California simultaneously strengthening documentation of the “golden thread” of medical necessity. While there has been no ill intent in the interpretation of progress note standards we believe that it is the combination of lack of specific DHCS guidance on minimum standards in combination with years of DHCS audits, with resulting interpretations in a preventative manner by individual counties, which went well beyond the minimum standards. The result is the creation of a system that we have today where counties are over interpreting the requirements in an effort to protect themselves from the DHCS audits. Over focus in some areas has naturally lead to gaps in other areas.

### **CCCBHA Recommendations:**

- 1. Language of Session-** Information notice #XXX was issued requiring that every progress note include the language of the session. We understand that this was in response to a federal audit in which there was a concern that consumers were not receiving services in their primary language. While we understand the concern raised in the audit, we believe that the Information Notice created redundancy that can now be addressed.

**Recommendation:** As noted in the recommendation above the assessment, treatment plan and progress note should be audited as a group and not a single progress note alone. We recommend that

**DHCS issue a clarification of Information Notice #XXX to clarify that the language of the services provided must be explicitly stated on either the treatment plan or the progress note. With this clarification if all services by a clinician will be provided in Spanish to a client, this can be noted in either the treatment plan or repeated in every progress note. If services are provided that are different than planned in the treatment plan, the changes can be explained. This amendment to the Information notice will decrease unnecessary repetition.**

2. **Structured Formats & Checkboxes for Progress Notes**-Throughout the MTM report there are recommendations that structured formats be used as a shorter way to record the existence or non-existence of information. California counties believe that DHCS does not approve of check-lists for the documentation of data in a progress note. This is a widely held perception that requires DHCS clarification.

**Recommendation: DHCS issue an Information Notice clarifying that DHCS allows check-lists on progress notes to capture information. In this information notice examples can be provided for which the MTM report has many such as the risk assessment (Figure 3 Page 9). Other examples include noting no changes in MSE, since last visit, etc. It is our understanding that this will allow counties to adopt some checklist formats without fear that these will not pass the DHCS audits.**

3. **Individual's Report of Progress toward Goals & Summary of Findings for New Issues/ Stressors/ Extraordinary Events Presented Today & Summary of Findings for Frequent Assessment of a Person's Current Condition-**
  - A) **Individual's Report of Progress toward Goals** The state of California does not require the Individual's Report of Progress toward Goals be noted in the progress note. Five of the six California counties reviewed have a specific data element related to an Individual's Report of Progress towards Goals. There is a lack of specificity regarding if this information is a required element of the progress note. It is not clearly defined as a data element in California standards however general parameters could be interpreted to include information regarding the Individual's Report of Progress toward Goals.
  - B) **Summary of Findings for New Issues/ Stressors/ Extraordinary Events Presented Today:** The state of California does not require this specific data element to be noted in the progress note. Three of the six counties require a Summary of Findings for New Issues/Stressors/ Extraordinary Event Presented Today. There is a lack of specificity regarding if this information is a required element of the progress note. It is not clearly defined as a data element, however general parameters could be interpreted to include information regarding the Individual's New Issues/Stressors/ Extraordinary events.
  - C) **Summary of Findings for Frequent Assessment of a Person's Current Condition:** The state of California does not require this specific data element to be noted in the progress note. Two of the six counties reviewed have a specific data element related to an Individual's Current Condition of Functioning as it relates to mood, thoughts, behaviors, medical conditions, and substance use. There is a lack of specificity regarding if this information is a required element in a progress note. It is not clearly defined as a data element however the general requirements could be interpreted to include information regarding the person's current condition.

**Recommendation: DHCS issue an Information Notice to clearly state that these two elements are not required elements of a progress note and progress notes will not be audited to these two elements. We understand that counties may select to require these elements but it is important that counties understand that these are not required by DHCS. It is important that we focus on the minimum**

**standards, not the ideal or most comprehensive options so as to focus clinician time on treating the client, not the chart.**

**4. Developmental Milestones-** County QA departments have requested minimum requirements from DHCS QA regarding developmental milestones for children's assessments. The response has included words like 'comprehensive' but no specific data elements have been released. It appears that DHCS leaves this to counties to determine what standards they issue in their own policies. Given that counties are held to the federal and DHCS audit standards, the failure to issue specific minimum standards leaves counties in a position to guess what data elements the DHCS auditors might be seeking. As a result county plans over guesstimate what data elements might be required.

**Recommendation: DHCS issue an Information Notice that specifically lists the data elements that are required by DHCS to adequately meet the audit standards for the developmental history section of assessments of youth. Clearly counties can require additional elements but it is critical that DHCS issue written minimum standards.**

**5. Development of a Task Force to Further Address the Problem of Chart Note Time in California.**

**Recommendation: CCCBHA recommends the formation of a task force to further address the issue with the goal of reducing the overall amount of time the average chart note takes in California. It should include representatives from DHCS, the County Behavioral Health Directors Association, CCCBHA and other parties as needed.**

We appreciate the opportunity to work with DHCS to reduce redundant and unnecessary paperwork and chart note requirements so that we can refocus on minimum standards, meet audit requirements and spend more time treating consumers and families and spend less time treating charts. As noted in our public testimony, excessive paperwork is one of the primary reasons that clinicians are leaving the public mental health sector. This is a problem that we can solve together by committing to work to clarify minimum standards and decrease repetition which is of no benefit to our system of care and those we serve.