



May 2015

## **Documentation of Interpretive Services**

**Interpretive services** must be available, provided and **documented** in our treatment plans now known as the client care plans (CP), and also in our progress notes.

Feedback from our **last DHCS audit** reminds us that we need to indicate in our progress notes each time we explain or provide service to the client or caregiver in their primary language.

## Note: Family members should never be expected to act as interpreters for the client.

When we ask the clients and/or caregivers who are not English speaking to sign the plan, CYBH clinicians must demonstrate that they provided interpretation and that the client and legal guardian **understood what they were signing**. It must also be **documented** this on the plan to **whom** interpretive services were provided to (i.e., client and/or caregiver) and **who provided the interpretive services** (i.e., clinician, support staff, language line) Please note that there is a location to document this information. (See examples below for the paper versions and County EHR version and where interpretation information is documented.)

If the **care plan** is translated into the **client/caregiver's** primary language, please indicate so with the checkbox and fields above the "Legal Guardian" signature line. **Also, please include in the progress note (referenced on your CP) whether or not the care plan was explained to the caregiver in their primary language <u>if they</u> <u>signed/co-signed</u> the CP. On the form for your progress notes, this is easily accomplished by typing or using the drop down box for "Language Used" and checking the box for "Interpreter Utilized."** 

	relaxation techniques to anger and flashbacks¶	Collateral-therapy-to-prepare-support-caregivers-to-respond use-relaxation-techniques-at-home-(1a-d)¤	· as oppose to react to client's reactivity and remind client to	1x/ <u>wk</u> ¤	60-min¤			
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## **Paper Care Plan**

## **County EHR Care Plan**

# **County Electronic Progress Note**

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## **PDF Progress note**

form. If you are a form author, chi	oose Distribute from th	e Forms panel in the Tosis P	ine on the right 1	o send it to your rec	ipients.			_		
Encounter Type				Site Locations Host Clinic Locations Select one Select one			Date ED entered OT Initials			
	100000	100000000		Custody Status		Face to Face		Ц	Date ED CorrectedOT Initials	
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(Treated today)	(Treated today) (Other) # of Clients			erapists C	o-Therapi	ist Na	me		M61 Age-Specific Service Strategy	
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**For clinics still not converted to the County EHR:** On the **Master Treatment Plan** there are checkboxes under Treatment Recommendations to indicate if the services were provided in the primary language of both the client and parent/guardian. The Master Treatment Plan **will no longer be in use** once clinics go-live with the County EHR.

	Referrals· (outside·of·CYS):·       None·       Substance·Abuse··¶         Physical Health·       Dental····       Social Services···¶         Probation···       Educational···       Vocational ØOther Rehab <sup>a</sup>										
1 1	Il     IS:+Treatment Recommendations → ¶     Medi-Cal·Month/Year·of·Intake: <u>May·2013</u> ¤     Services provided in: <u>Client:</u> ⊠English: Spanish: Vietnamese: Other <u>Parent/Guardian:</u> ⊠English: Spanish: Vietnamese: Other ¶										
	TYPE·OF·SERVICE·PROVIDED <sup>II</sup> FROM <sup>II</sup> TO <sup>II</sup> PROVIDER/AGENCY <sup>II</sup> CONTACT· PERSON <sup>II</sup>										
	Mental Health Services	5/21/13¤	4/30/14¤	Providence-Costa-Mesa¤	I.M. Therapist¤	Ħ					
	Medication Support Services	5/21/13¤	4/30/14¤	Providence-Costa-Mesa¤	I.M.·Doc¤	д					
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Note: During the last state audit a documentation deficiency was that correspondence was not provided in the client's or legal guardian's preferred language. Copies of such correspondence must always be filed in the client's chart record. A progress note describing the interpretation procedure should be completed.