

MENTAL HEALTH MIS PRE-INTAKE



Live Well San Diego

**County of San Diego
Behavioral Health Services**



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This handout contains screen shots of confidential and proprietary information for view only. It shall not be copied or shared for anything other than its intended purpose as a training device for the County of San Diego, Mental Health management Information System.



CONFIDENTIALITY

HIPAA regulations mandate that all client information be treated confidentially.

Access to CCBH is based on your position and your job classification. You will have the access you need to complete your job duties. This can include access to clients in your Unit/SubUnit or may include full client look up. Remember – with more access comes greater responsibility regarding confidentiality!

You are not to share passwords with other staff. The Summary of Policy you signed before receiving your access to CCBH included your agreement to this directive. You are still responsible if someone with whom you have shared your password violates confidentiality!

The MIS unit investigates any suspicions regarding sharing of passwords. Consequences are up to, and may include termination.

Do not open any active client charts unless instructed to do so, or if it is required to complete your job duties. “Surfing” clients is a blatant breach of confidentiality.

Remember you are personally and legally responsible for maintaining confidentiality. Take it seriously.

Do not leave your computer unlocked with client data on the screen for others to access or view while you are away from your desk. Lock your CCBH session before leaving your computer.

When printing, make sure you are printing to a confidential printer, and pick up your paperwork quickly. Leaving printed Protected Health Information (PHI) out is also a confidentiality violation.

Play it safe – keep in mind how you would want your own PHI handled!





CLONED DOCUMENTATION

From the Compliance Bulletin # 30, October 17, 2011

“When documentation is worded exactly like or similar to previous entries, the documentation is referred to as cloned documentation.

“Whether the cloned documentation is handwritten, the result of pre-printed template, or use of Electronic Health Records, cloning of documentation will be considered misrepresentation of the medical necessity requirement for coverage of services. Identification of this type of documentation will lead to denial of services for lack of medical necessity and recoupment of all overpayments made.

“It would not be expected that every patient had the same exact problem, symptoms, and required the exact same treatment. Cloned documentation does not meet medical necessity requirements for coverage of services rendered due to the lack of specific, individual information for each unique patient.

“Documentation exactly the same from patient to patient is considered cloned and often occurs when services have a specific set of limited or select criteria. Cloned documentation lacks the patient specific information necessary to support services rendered to each individual patient.”

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PRE-INTAKE

Pre-Intake is intended for the purpose of allowing brief access by a clinician to a Client's Electronic Health Record for the process of screening before the client is assigned to a Unit/SubUnit. This access will allow the clinician to view or add appropriate assessments in the Client's Electronic Health Record during the process of determination of medical and service necessity. When client is determined as not meeting criteria for ongoing services – pre-intake must be closed directly after clinician completes and final approves any appropriate documentation in the MIS. When a client is determined as meeting criteria for ongoing services – an assignment must be opened, and pre-intake must be closed. **Use of the pre-intake function by a program requires approval by the MH MIS Core team and requires a completed/updated ARF for each staff to obtain access to this function.**

The first step in the pre-intake process is to complete a thorough client search to determine if the client is already present in the system or if the client needs to be added. Please refer to **Client Lookup** tip sheet for specific directions. This process is essential to prevent duplicate clients.

Important!!

These training materials are being provided to you in place of class training and are meant to be comprehensive. Although this product is fairly straight forward the details are important so please do the following **before** you use Pre-Intake in the LIVE environment:

1. Read through the entire instruction packet before attempting to use the product. These are your resources moving forward.
2. Practice using Pre-Intake with fake clients in Train. This will help in case you get stuck and will prevent potential disruption in your screening process. Contact the Optum Support Desk if you need to obtain your Train password.
3. Have the Optum Support Desk information handy – they can help if you have *any* questions.

sdhelpdesk@optum.com
1-800-834-3792 (6AM-6PM M-F)



OPENING A CLIENT TO PRE-INTAKE

- Staff with Pre-Intake access will have full client lookup. Perform an exhaustive client search to access the desired client.
- The “Client” tab will open with additional buttons listed within the ribbon.
- The Client Panel will launch on the bottom portion of your screen. The name of the client will display in the client name box.



Note: A client name must be displayed in the “Client Panel” to have the “Client” tab accessible.

Pre-Intake Button:

- The Pre-Intake button will be displayed in the “Client” tab ribbon.



- After clicking on the “Pre-Intake” button a new window will be displayed.

- Complete the “Client Pre-Intake Detail” and click “Save and Close”.



Pre-Intake for FAKE TEST

Pre-Intake

Save and Close Delete Client Assignments Maintenance Close Panel Close

Client Pre-Intake Detail

1 Initial Contact Date: 02/17/2015 Time: 01:30 PM 2

3 Refer to Unit: TRAINING UNIT 9900

4 Refer to SubUnit: TRAINING SUBUNIT 9901

5 Refer to Staff: CLINICAL, STAFF

Close Date: / / Time:

Comments: 6

2/17/15 1:30 PM (Admin Staff #*****) CLIENT PRESENTED DURING WALK IN HOURS FOR ASSESSMENT.]

1. **Initial Contact Date:** this will pre-populate to today's date. This date cannot be in the future and should reflect the date the client is opened to a Pre-Intake session at your program. Update as appropriate.
2. **Time:** this will auto-populate with the current time. This time cannot be in the future and should reflect the time the client is opened to a Pre-Intake session at your program. Update as appropriate.
3. **Refer to Unit:** enter in your program's Unit number. This field is required if you want all pre-intake designated staff in this Unit to have access to this client. It is not required if you only want to designate one specific pre-intake staff at your program to have access to this client.
4. **Refer to SubUnit:** enter in your program's SubUnit number. This field is required if you have entered in a Unit in the previous field. Since Pre-Intake is not the opening of an assignment, the SubUnit selected does not matter. What is essential is that the staff with access to the selected SubUnit have Pre-Intake access.
5. **Refer to Staff:** enter in one staff ID number for the desired pre-intake designated clinical staff. **NOTE:** if you only want this specified staff to have access to the client, only enter the staff ID here and do not enter in a Unit/SubUnit. If you want this staff and all other pre-intake designated staff at your program to see this client, you must enter in the staff ID, and both Unit and SubUnit.



Pre-Intake

6. **Comments:** this field is required – the reason for opening a client to a Pre-Intake session is necessary to track client access to the system and any possible barriers as reported by the program or the client. These comments remain in the history section and can be viewed as needed. When entering a comment make sure to add the date, time, name, and CCBH staff ID number for tracking purposes.

7. **Save and Close**



NOTE: By assigning the **Refer to Unit**, **Refer to SubUnit**, and **Refer to Staff**, all pre-intake designated clinical staff at that Unit and SubUnit will have access to the client. If the program's process is to assign the client to the identified pre-intake staff only, then **Refer to Unit** and **Refer to SubUnit** should be left blank. Remember that doing so will only allow the designated staff access to the client chart.

NOTES PAGE



CLAIMING SERVICES FOR PRE-INTAKE

Since services are tied to Assignments (an Assignment must be opened to enter in multiple or ongoing services), and Pre-Intake clients do not have an open assignment to your Unit/SubUnit, claiming time for completion of a screening to determine medical and service necessity is completed using the Single Contact function through Individual Service Entry. Currently the only service codes set up for use as Single Contact are service code 5 (Screening Non MAA) and service code 65 (Community Services). This will allow for the capture of time spent on screening and other appropriate Pre-Intake functions.

Example:

The screenshot shows a software interface for entering service data. Key elements include:
- Form #: [Empty]
- Date: 02/17/2015
- Client: TEST, FAKE
- Unit: TRAINING UNIT (9900)
- SubUnit: TRAINING SUBUNIT (9901)
- Single Contact: Single Contact
- Treatment Team: [Empty]
- Supervisor: [Empty]
- Server: CLINICAL, STAFF
- Service: SCREENING 5 (5)
- Lab: [Empty]
- S. Time: 0:20
- T. Time: [Empty]
- D. Time: 0:05
- Days/Part: [Empty]
- Quantity: [Empty]
- Fee: [Empty]
- Person: C
- Place: D
- O. Fac: [Empty]
- C. Type: F
- A. Type: 2
- B. Type: X
- I. Type: N
- EBP/SS: [Empty]
- Buttons: Payment, Save (highlighted), Clear, Delete, Exit

1. Complete service entry by utilizing the Individual Service Entry screen in CCBH.
2. The single contact box is checked (this allows service entry without having an open assignment).
3. The service code for this example is service code 5 (Screening Non MAA).
4. Complete the other data fields as required and check for accuracy of the data entry.
5. Select **“Save”**.

Reminder: Single Contact may only be used for service code 5 (Screening Non MAA) and service code 65 (Community Services). Additionally, when a client is screened and ongoing services will be offered through your Unit/SubUnit, an assignment must be opened in order to claim for those ongoing services.

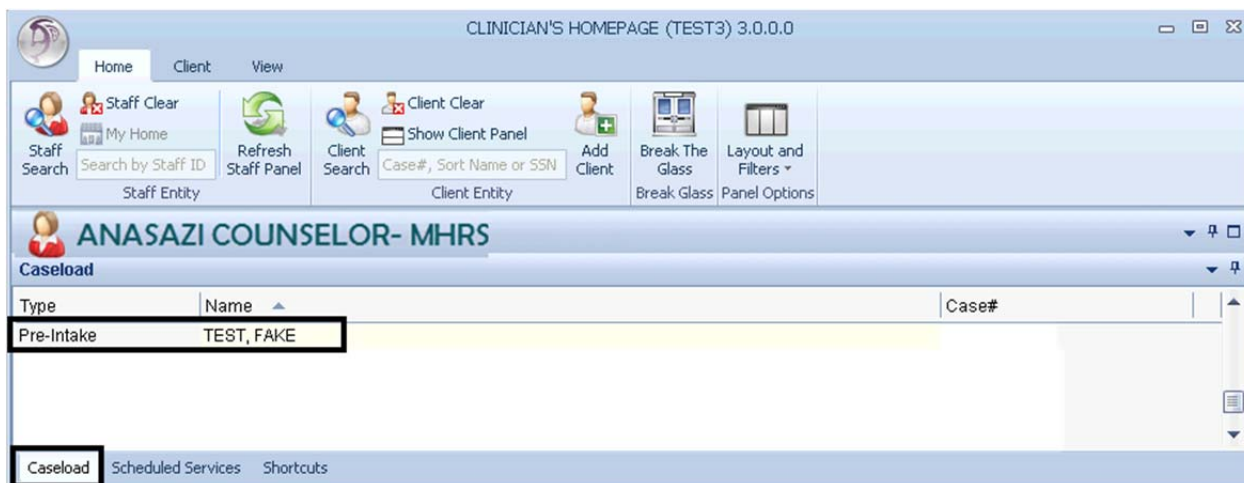


VIEWING A CLIENT OPEN TO PRE-INTAKE

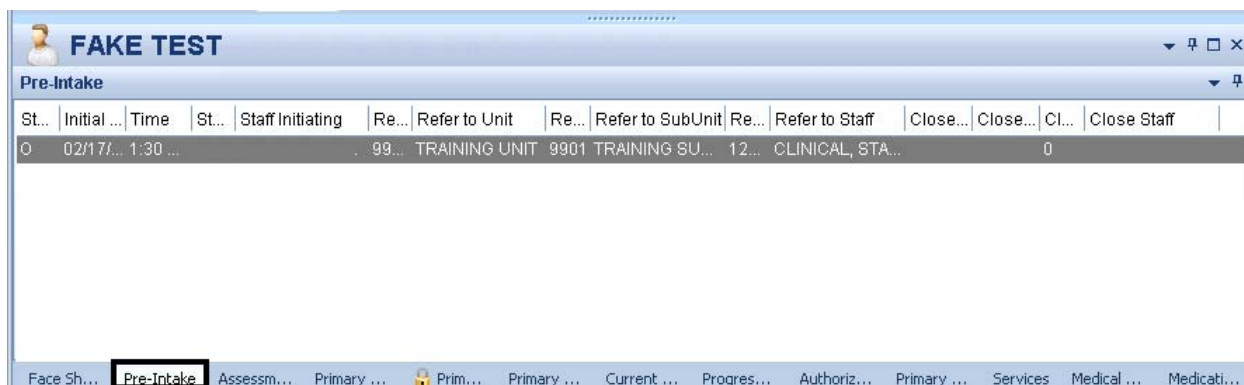
- The clinical staff will see the client listed on their caseload as a “Pre-Intake” client.



NOTE: Staff may have to refresh the Staff Panel in order for the client to show up.



- The Pre-Intake information will show on the “Pre-Intake” pane of the client panel.



- If the “Pre-Intake” pane is not visible, make sure to check the “View” tab settings:



- To view specific information, double click on the appropriate “Pre-Intake” entry.



PRE-INTAKE TIPS FOR CLINICIANS

- Once the client is present on your caseload, you may add any assessment you have access to through the same route/s as any other client on your caseload. Please refer to the New Assessment- Add, View, Access section of the Assessment Resource Packet sheet as needed.

Trouble Shooting

Question:

The administrative support staff just opened the client to me as Pre-Intake and the client is not on my Caseload on my Clinician's Homepage. What happened?

Answer:

In the case when a staff has their Clinician's Homepage open and information is updated in the system, there may be a slight delay in how fast that updated information shows up in the Clinician's Homepage display. The first step is to select the "Refresh" button in the Home tab – this will update information related to Caseload, To Do list and Appointments (see CHP Terminology). If the client continues not to show on your caseload please connect with the administrative support staff to be sure the Pre-Intake was opened to you and a Unit/SubUnit that you have access to. If the client continues not to show on your caseload, please contact the Optum Support Desk.

**

Question:

A client was on my Caseload yesterday as a pre-intake/foreign client but is not on my Caseload today. What happened and what do I need to do?

Answer:

The client can be closed to Pre-Intake for different reasons. It is good clinical practice to determine which reason is the cause to assure that the client does not fall through the cracks.

Reason: Client Pre-Intake session was closed.

Possible Actions:

First – contact the administrative support staff at your Unit to review the Pre-Intake window for changes. This history can include any added comments to the specific Pre-Intake session, the date and time the session was closed, and what staff closed the session. The administrative support staff may need to check the Pre-Intake history and possibly the Client Assignment Maintenance to determine the reason the session was closed.

The reason the Pre-Intake session was closed will drive further action as needed.

1. The session was closed manually.
 - a. Contact the staff who closed the session to determine if the client needs were met.
 - b. If the client needs were met then no further action is required.



- c. If the client needs were not met, an additional Pre-Intake session may be opened in order for the clinician to gain access to the clinical forms.

**

Question:

The client was opened to me as a Pre-Intake. The client declined to stay and left before I could complete an Initial Screening. There is no service to enter in the system and the administrative support staff is swamped. Can I close the Pre-Intake session myself?

Answer:

Yes you can. Once the client has been assigned to you as Pre-Intake, you will have access to the Pre-Intake window for that client. It is recommended that each program define the terms for when it is appropriate for a clinician to close a Pre-Intake session and when it is not. The caution here is that a client can be closed prematurely to Pre-Intake without communication.

**

Question:

As a clinical staff completing a clinical screening on a Pre-Intake client, what forms or assessments are required to be completed?

Answer:

The County will not be making policy regarding which forms must be completed or what documents must be reviewed as each programs target different populations as well as practice under different models. Based on that information it is up to your program to determine which forms should be completed (or reviewed) based on the following:

1. What is clinically appropriate for each client,
2. Contract and COTR requirements,
3. Your Legal Entity's Policy and Procedures, and
4. Of course your own program's processes and workflows

**

Question:

Is there a report that I can run to show how many pre-intake clients I had in a given time period?

Answer:

Pre-intake information is not available on the existing CCBH reports. In a nutshell a program cannot run a report to show how many pre-intake sessions were opened.

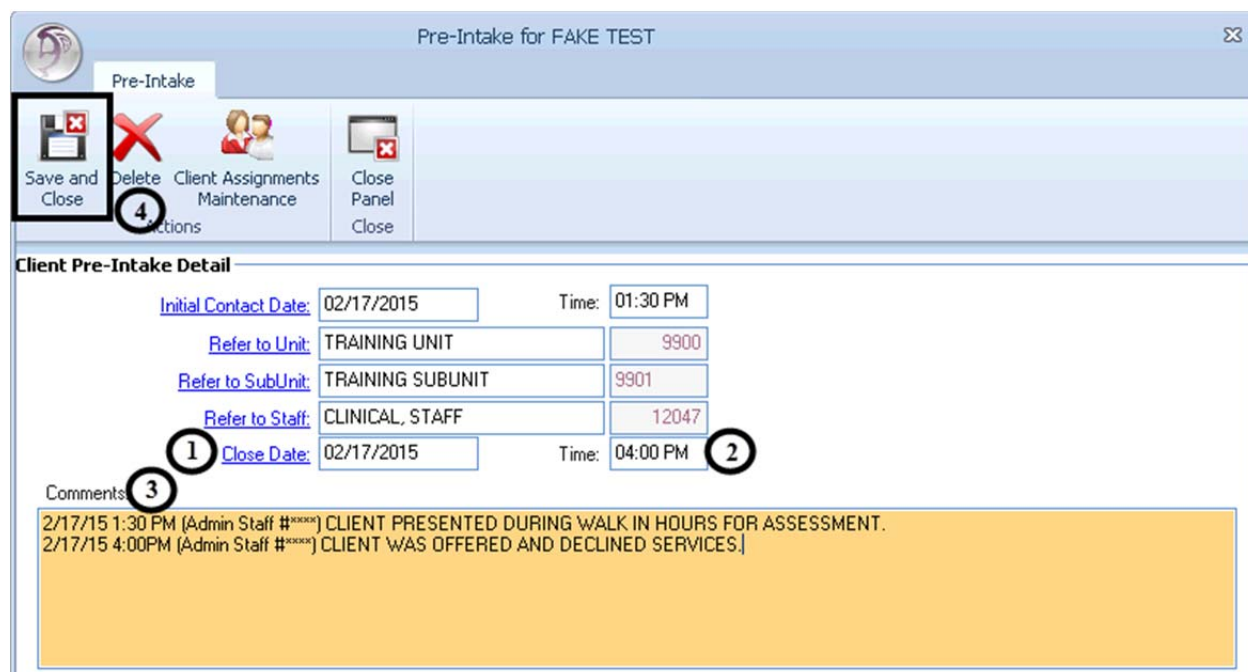


CLOSING A CLIENT TO PRE-INTAKE

- To close a client to Pre-Intake, double click on the appropriate “Pre-Intake” entry.



- Enter the “Close Date” and “Time”, add appropriate “Comments”, and click “Save and Close”.



- Close Date:** this is the date that the Pre-Intake session is closed. Do not enter in a date in this field until the date the session will be closed – the system will not allow the entry of a future date.
- Time:** When entering in a close date, also enter the time of closing the Pre-Intake.



Pre-Intake

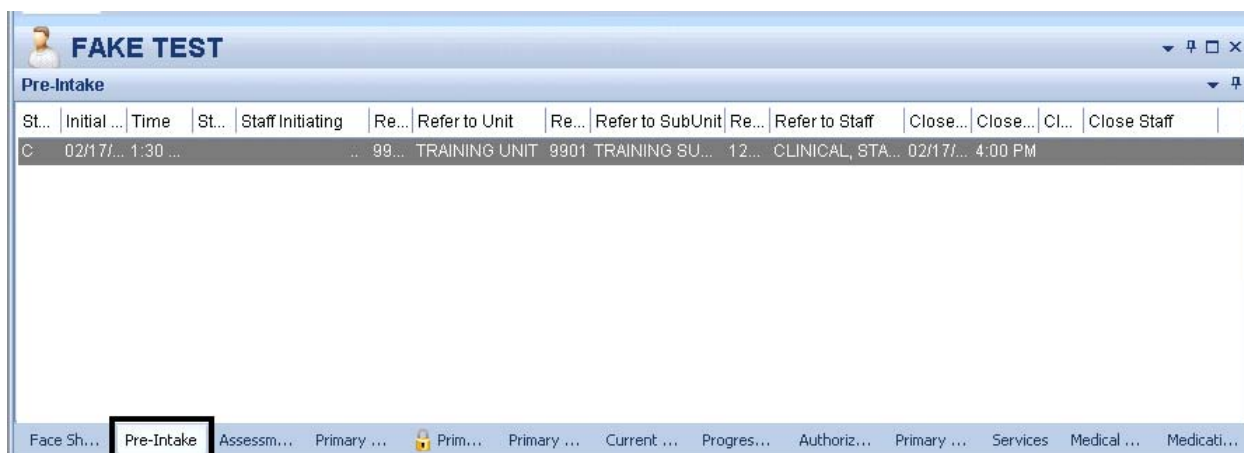
- 3. **Comments:** this field is required – the reason for opening a client to a Pre-Intake session is necessary to track client access to the system and any possible barriers as reported by the program or the client. These comments remain in the history section and can be viewed as needed. When entering a comment make sure to add the date, time, name, and CCBH staff ID number for tracking purposes.

4. Save and Close



NOTE: Keep in mind that closing the Pre-Intake session will remove access by the clinical staff to the client. There is no latency for Pre-Intake so all assessments must be final approved prior to closing the pre-intake session.

- The pre-intake information displays in the “Pre-Intake” pane of the client panel.



- If the client was considered appropriate for services at your program; the normal workflow (Admit demographic form, open assignment...) would need to happen.

Each time a client is opened as Pre-Intake the history will keep each saved session details. The details for each session can be viewed by selecting the desired line. If you want to add to the comments or edit any of the prompts, simply open the desired pre-intake session from the history, make the corrections/additions, and select "**Save and Close**". The edited information will display in the history.



Frequently Asked Questions

Question:

Is a Demographic Form required to open a client as Pre-Intake?

Answer:

A Demographic Form is not required to open a client to Pre-Intake.

Opening a client to Pre-Intake is not the same as opening an assignment to your Unit/SubUnit. One of the benefits of opening a client to Pre-Intake is quicker access to the Client Chart. The purpose of Pre-Intake is to allow the clinical staff to complete any necessary assessments/forms without the opening of an assignment. All that is required to open a client to Pre-Intake is an Index Card (see Adding a New Client tip sheet – attached). The Demographic Form does become required at the time that an assignment is opened to your Unit/SubUnit.

**

Question:

When I have a client open to Pre-Intake and clinical staff wants to claim for services other than service code 5 (Screening Non MAA), what is required?

Answer:

In order to claim for services other than service code 5 (Screening Non MAA) at your Unit/SubUnit the following are required:

1. Admit status Demographic Form
2. An active Diagnosis (when services are entered/claimed)
3. An open assignment to your Unit/SubUnit

**

Question:

If client is open to another clinic, can I use Pre-Intake?

Answer:

Yes you can.

**

Question:

How does it affect the current open assignment?

Answer:

Pre-Intake will not affect an open assignment.

**

Question:

Is there a report that I can run to show how many pre-intake clients I had in a given time period?

Answer:

Pre-Intake information is not currently available in existing CCBH reports.



Support Desk Contact Information
sdhelpdesk@optum.com
1-800-834-3792

Monday through Friday (E-mail)

Hours	Services
6:00 am to 6:00 pm	All services except password resets or any service involving PHI

Monday through Friday (Telephone)

Hours	Services
4:30 am to 6:00 am	Resetting passwords (24 hour programs) and reporting system outages*
6:00 am to 6:00 pm	All services
6:00 pm to 11:00 pm	Resetting passwords (24 hour programs) and reporting system outages*
11:00 pm to 4:30 am	Reporting system outages*

Weekends (Telephone)

Hours	Services
4:30 am to 11:00 pm	Resetting passwords (24 hour programs) and reporting system outages*
11:00 pm to 4:30 am	Reporting system outages*

* By definition, a system outage affects multiple users. Examples include when:
-The system does not respond and appears to be frozen
-No data can be entered or viewed

Support Desk Suggestions

- Please consult with your program manager and your resource packet prior to contacting the Support Desk.
- When calling for a password reset on weekdays between 4:30-6a or 6-11p, or calling weekends between 4:30a-11p, you must leave a message. Include your name, CCBH staff ID, phone number and the reason for your call.
- You may be given a ticket/tracking number if you call between 6:00a and 6:00p Monday through Friday. Remember to keep this number for future reference.

Additional Contacts

Questions	Where To Go
Clinical Documentation Questions	Documentation Manual/Your Program Manager
Duplicate Clients and Name/DOB/Gender/SSN Changes	Complete Form BHS-025 and Call Medical Records: 619-692-5700 x 3
Financial Questions (UMDAP/Insurance)	Billing Unit: 619-338-2612 Fax- 858-467-9682
Online User Manuals and Forms	www.optumsandiego.com
Service Codes	CCBH (Anasazi) User Manual/QM Unit