Updates

MENTAL HEALTH SERVICES

Optum Website Updates
MHP Provider Documents

OPOH Tab:
- **Section G:**
  - Updated language regarding SIRs and Serious Bodily Injury
  - Updated information regarding Reports of Sexual Misconduct by a Healthcare Provider

UCRM Tab:
- Informed Consent for Psychotropic Medications Form Fill (English, Spanish only) now includes form fills for Client Name, CCBH #, and Program Name

References Tab:
- Contact Tip Sheet for QI, Optum, MHBU, MIS, PIT
- Tip Sheet and Instructions for running the CCBH Active Parolee Report

Forms Tab:
- SIR and SIROF Form Fills updated

Update! Informed Consent for Psychotropic Medications Form

You asked, we listened! Due to provider feedback, the Informed Consent for Psychotropic Medications document (English, Spanish versions only) has been updated to include form fills for the Client Name, CCBH#, and Program Name and is available on the Optum Website, under the **UCRM tab** in MHP Documents.

As many program providers are currently working remotely and unable to print documents, it was requested to have the ability to utilize form fill to enter the client name and program information via form fill boxes. There have been no other changes to the content of this document and currently the 7.1.18 revision remains an accepted version. Programs may utilize either the current 7.1.18 rev or the updated 8.4.20 rev without risk of being marked out of compliance.

UPDATE! *CYF ONLY* mHOMS CANS/PSC Date Entered Field

In an effort to clearly identify the date programs enter Outcome Measures into mHOMS, an area for **Date Entered** on the Assessment Summary page has been added. This was effective on the form as of **9/25/20**. Programs should include the **Date Entered,** print the Assessment Summary page and maintain it in the hybrid chart as evidence of entry into mHOMS.

QM is continuing to work with the mHOMS team in attempts to make this mHOMS feature available for A/OA programs.

UPDATE! SIR and SIROF forms updated to Form Fill versions

The Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) have been updated to be Form Fill, which allows more room for documentation to be added. Additionally, the following changes have been made to the forms
- Addition of the following incident types:
  - "the event has resulted in death on program's premises"
  - "the event has resulted in serious physical injury on program's premises."
  - "the event is associated with a significant adverse deviation from the usual process for providing behavioral health care"
- Item 14 changed to state "which may require hospitalization"
- The requirement of a wet signature has been removed from both forms

The updated Form Fills can be found on the Optum Website under the **Forms tab** in MHP Documents.

CCBH Active Parolee Report Template Tip Sheet

A Tip Sheet for programs with open active parolees in their programs (identified/opened in Client Categories) has been created and uploaded to the **References Tab** on the Optum website. The Tip Sheet includes instructions on how to run the Roster Report Template which can be found under the Client Roster Report in CCBH in order to allow programs to track how many active clients are parolees.

OPOH Updates

Section G:
- Updated language regarding SIRs and Serious Bodily Injury (as previously outlined in June 2020 MH UTTM).
- Updated information on (SB425, Business & Professions Code Section 805.8) Reports of Sexual Misconduct by a Healthcare Provider:
    - Effective 1/1/20, a healthcare facility, health plan, or other entity that grants privileges or employs healthcare professional must, within 15 days of receiving a written allegation of sexual abuse or sexual misconduct (inappropriate contact or communication of a sexual nature) against one of its healthcare providers, file a report with that professional's licensing board.

Knowledge Sharing:

Serious Incident Reports

When calling in a Serious Incident Report (SIR), please remember to speak slowly, spell out uncommon names and provide the following information:
- Date of Incident
- Date program informed of incident if different than the date of incident
- Name and phone number of caller
- Program Name
- Description of the incident with the client's name and CCBH/SanWIT's number
- Level One or Level Two SIR

Written SIRs are due within 24 hours of knowledge of incident for a Level One SIR and 72 hours for a Level Two SIR. Serious Incident Report of Findings (SIROF)'s is due within 30 days of knowledge of the incident.

Creating, Adding or Ending a Diagnosis in CCBH:

Each program is responsible for ensuring that the client they are treating has the correct diagnosis included in the client's diagnostic profile (Diagnosis Form). All programs shall verify that the active diagnoses are in EHR as per guidelines. When multiple outpatient programs are concurrently serving a client, they shall coordinate care around diagnoses. (refer to Diagnosis Practice Guidelines on Optum Website under MHP Documents, References Tab)

- Diagnosis forms completed at time of admission should be dated to match the date the client was opened to program/date of admission
- When creating or updating a diagnosis form, remember not to change the begin date of a pre-existing diagnosis
    - This will cause all billing attached to that diagnosis to go into suspense and create errors within the system of care.
- If a client has only one open assignment (only open to one program):

- - Staff may end a diagnosis if the client is no longer being treated for that diagnosis. The end date must be on or after the last date of service for that diagnosis.
  - If the client has multiple open assignments (open to multiple programs):
    - Staff may end a diagnosis if the client is no longer being treated for that diagnosis at the program **and all programs concurrently serving the client have been contacted and agree to end the diagnosis.**
    - The end date must be <u>on or after the last date of service for that diagnosis</u> or this will cause all billing attached to go into suspense and create errors within the system of care.
    - Please note: <u>Never delete a diagnosis</u>, only end if appropriate.

QI Matters Frequently Asked Questions:

New! FAQ's received by QI Matters.

Q: When an Annual Review of a BHA is done, do all sections need to be reviewed and have a note, "Reviewed with edits" or "Reviewed without edits"?

> **A:** "If the information that prepopulated is still current, well-documented and you are accepting the information without changes, type the heading "REVIEWED WITH NO CHANGES" at the top of the previous text. If you want to add to or edit the existing information, type the heading "REVIEWED WITH EDITS" on top of the previous text and then proceed with adding your new information. Please note: your signature on an assessment for a client that is new to your program indicates that you have reviewed all information, made the appropriate clinical revisions, additions and/or deletions, and are in agreement with the assessment."

We do need to see that your program has evaluated each section, and as a reminder the only sections that this does not apply to are the Presenting Problem and Clinical Formulation. These sections must reflect a current assessment of the client's symptoms, behaviors, functional impairment. Further, documentation should justify how the client meets or continues to meet medical necessity, establishment/acceptance of existing diagnosis, and your program's proposed plan for treatment. Please refer to the Clinical Standards for Assessments 8.28.17 which can be found on the Optum Website under MHP Provider Documents under the References Tab.

Q: For documentation of verbal consent on client plans, is it enough to document in a progress note, and/or on the electronic client plan signature page that verbal consent was obtained due to COVID-19? Or do we also need to document this on a paper signature page?

> **A:** For verbal consent to Client Plans during COVID, documentation must indicate that the client participated in and agrees to the Client Plan either in the SC 13 Progress Note, or on the CCBH Client Plan signature page. There is no need for a notation on the hardcopy client plan signature page if already documented as stated.

Management Information Systems (MIS)

EPCS Update:

Starting on January 1, 2021, the *Every Prescription Conveyed Securely Act* will require prescriptions for controlled substances covered under Medicare to be transmitted electronically. In addition to being more convenient for clients, E-Prescribing can improve safety by reducing the potential for harmful interactions between drugs. Prescribers will be required to use a security token to E-Prescribe controlled substances in Cerner Community Behavioral Health (CCBH). Staff who prescribe in EHRs other than CCBH should reach out to their system administrators for further instructions on E-Prescribing. <mark>Programs need to ensure their billing departments are aware of this change in order to stay in compliance with Medicare billing guidelines and coordinate with BHS as needed.</mark> A communication with

guidance on requesting tokens for CCBH will be forthcoming. (Refer to BHS Contractor Memo 9.29.20 Update on Electronic Prescription of Controlled Substances)

Access Request Form (ARF)
- Please remember to send to the address on the ARF form rather than to individual staff.
- All ARFs must be processed through our E-fax address: BHS-Accountrequest.HHSA@sdcounty.ca.gov
- Signatures: If you are unable to get a signature on an ARF due to the COVID-19 crisis, be sure to make a comment in the Comments section so the ARF will not be returned
- Signature forgiveness is temporary. At some point in time we will require them
- When completing an ARF for a new user, please be sure to make the **Effective Date** entered is the date the employee starts working at your program.

We are experiencing an increase in submissions. Please be patient. Contact MISHelpDesk.hhsa@sdcounty.ca.gov to ask for updates on ARFs after 3 days.

MIS Questions?
MIS has an email for you to send all questions regarding your CCBH accounts.
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder
For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Improvement Partners (QIP) Meeting: **Tuesday October 27, 2020** from **2:00p-4:00p.** Participants will be able to join the meeting via WebEx only. Email/invitation with WebEx log in to follow.

A/OA Documentation Training: Thursday October 29, 2020 from 9:00AM-12:00PM. Participants will be able to join the meeting **via WebEx only**. Registration required.

Important information regarding training registrations:
- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings**.
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager**.
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact **BHS-QITraining.HHSA@sdcounty.ca.gov**. We hope to see you there.

CCBH Trainings UPDATE! Optum is transitioning to fully virtual training format. All CCBH trainings will be provided virtually and no longer provided in the classroom setting. This will allow for greater convenience in attending by

eliminating travel and allowing for expanded registration for trainings which will continue to be provided on a scheduled basis.

Additional options and resources will be available:

- A self-paced, virtual model consisting of resource packets plus practice exercises will be available. Please contact sdu_sdtraining@optum.com . This includes virtual Doctor's Homepage training to ensure physicians have EHR access.
- If you need additional staff trained for billing purposes, please contact sdu_sdtraining@optum.com to discuss further.
- Once staff pass the self-guided trainings, they will be able to start documenting in CCBH.
- Please note, there are recorded trainings available on the Optum Website at MH_QM_Trainings

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the COVID-19 tab on the Optum Website

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**