

MARCH 2016



QI ... UP TO THE MINUTE



Unless explicitly stated in other portions of the newsletter, only the information in this section will apply to AOD programs.

### QAR Surveys

- As part of the MHS contract with San Diego County, Mental Health Systems is required to give everyone involved with QAR services (e.g., attending QAR file reviews, attending DMC-related trainings, or requesting assistance with regards to DMC/file compliance/preparing DMC PSPP responses) the opportunity to complete a satisfaction survey.
- The link to the survey is <https://www.surveymonkey.com/r/QAR-Process-March-2016>
- The Survey period is March 14 - March 28, 2016.
- MHS appreciates all feedback regarding QAR services and thanks you in advance. Please contact the Quality Improvement Department at MHS (858-573-2600, x1612) if you have questions.

### ADS Trainings

- ADS trainings for SanWITS and SSRS are being held the fourth Friday of each month. Please contact the [ADS\\_Data.HHSA@sdcounty.ca.gov](mailto:ADS_Data.HHSA@sdcounty.ca.gov) if you are interested.

### Reminder for AOD and MH Programs: Level 1 Serious Incidents Require Immediate Phone Notification

- QM has noticed a pattern of providers calling in Level 1 SIRs right before 5:00 p.m., despite knowing about the incident earlier in the day. This creates difficulties for our within agency notification protocol.
- Phone notification should happen as soon as a program becomes aware of the Level 1 incident, followed up by faxing the SIR within 24 hours.

### Notification of 2016 CC-PAS Administration

- This is a notification that the Culturally Competent Program annual Self-Evaluation (CC-PAS) will be administered on April 4, 2016 via an online survey to all clinical and non-clinical program managers of MHS and AOD Programs.
- The program managers will have two weeks (until April 15) to complete the 20-item questionnaire.
- The tool is an annual requirement, and the feedback is integral in the SDCBHS's continuous effort to develop and enhance strategies to reduce racial, ethnic, cultural, and linguist disparities in our system.

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## MENTAL HEALTH SERVICES

### Recently Added to the Optum Website

#### Organizational Providers Public Documents

- [Forms Tab](#): Cerner Void Replace Service Form BLANK 2016.xlsm
- [References Tab](#): Diagnosis Practice Guidelines Rv 03 01 16.pdf
- [References Tab](#): Program Listing Report – MIS-25 (Excel)
- [UCRM Tab](#): 2.4b BEHAVIORAL HEALTH ASSESSMENT ADULT FORM FILL 2-29-16
- [UCRM Tab](#): 2.4e BEHAVIORAL HEALTH ASSESSMENT – CHILDREN FORM FILL 2-29-16
- [UCRM Tab](#): 6.6a Medical Condition Review Form EHR.docx

#### CCBH (formerly Anasazi) Secure Documents

- [Manuals Tab](#): Assessments Resource Packet 03.2016.pdf
- [Manuals Tab](#): Client Plan and Progress Notes 03.2016.pdf
- [Manuals Tab](#): Progress Notes Resource Packet 03.2016.pdf
- [Manuals Tab](#): Reports Resource Packet 03.2016.pdf
- [Manuals Tab](#): Additional Resources Client Plan Progress Notes 02.2016.pdf
- [Manuals Tab](#): Doctors Homepage Resource Packet 02.2016.pdf
- [Manuals Tab](#): Pre-Intake Resource Packet 02.2016.pdf
- [Manuals Tab](#): Scheduler Resource Packet 02.2016.pdf
- [Manuals Tab](#): Service Entry Training Resource Packet 02.2016.pdf

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### NEWS FROM THE PERFORMANCE OUTCOMES

#### TEAM (PIT)

##### **mHOMS Transition Trainings**

- The Health Outcomes Management System (HOMS), used by some SDCBHS programs to track client outcomes, has been enhanced with new features, data analysis tools, and additional items that align with the State-required PEI regulations.
- The transition to the new system (that will be titled mHOMS) is scheduled for July 1, 2016.
- A series of trainings will be held in May and June 2016 to introduce FSP/ACT, Case Management, and other programs to the enhanced features, and to assist the staff in transitioning to mHOMS.
- An invitation will be sent to the programs and staff in April to attend the trainings.

##### **FY2014-15 Unit-Level Databooks Now Available**

- The FY 2014-15 Unit-Level Databooks are now available.
- The Databook is an overview of the client population served by your program over the course of the fiscal year, and includes overall demographic information, as well as the types of services provided, the clients' diagnoses, Regional Center involvement, experience of traumatic events, and other information.
- The Databook can be requested from your COR.

### ANNOUNCEMENTS

##### **Revised Forms Coming to the Optum Website**

- The CYF Outpatient Medication Monitoring Screening Tool has been updated and is under final review.
- The 72-Hour Post Discharge Log for Specialty Mental Health Services has been updated, as well.
- Look for these on the Optum website!

##### **Reminder: Two Places to Find Info on Optum's Website**

- The Optum website has a "public documents" section, as well as a "secure documents" section.

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- The “secure documents” section contains the majority of detailed information regarding CCBH, since screen shots of the system are proprietary.
- It is recommended that you log in when you visit the site for ease of access to both the public and secure documents sections of the site.

### Request for Services Log/Access Times – Response Code U

- Response Code U comes with a requirement to see the client within 72 hours. A recent review of inquiries coded to U showed that the majority of inquiries were coded U in error.
- Title 9 defined an “Urgent Psychiatric Condition” as a condition, which without timely intervention, is certain to result in an immediate psychiatric condition. When you use response code U, please make sure the client’s condition falls under that definition, and ensure the client gets seen within 72 hours.
- If you need to mark the inquiry as urgent for internal tracking purposes, please use the Client Comment field.

### Grievance/Appeal Forms Revised

- The Grievance/Appeal forms have been revised.
- Changes include definitions for “grievance,” “appeal,” and “expedited appeal.”
- Forms are available in the threshold languages and are available on the Optum website under the Beneficiary tab.

### DOCUMENTATION STANDARDS

#### Client Plan Interventions

- In a recent discussion with the DHCS, a clarification was received regarding the use by Children’s programs of “13 sessions” in Client Plan Interventions.
- “13 Sessions” does not meet the criteria for both frequency and duration; however, it is acceptable to use “13 sessions” as a measure of duration if frequency is also specified.
- For example, “Client will participate in individual counseling one time per week for 13 sessions” includes both frequency (one time per week) and duration (13 sessions).
- QM will begin to monitor this type of language for compliance beginning July 1, 2016.

*Recently Added to the Optum Website*

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CCBH (formerly Anasazi) Secure Documents

- [User Mtgs Tab: Program Monitoring by Staff Report handout.pdf](#)
- [User Mtgs Tab: Cerner Void Replace Service Forms Reasons 3 2016.pdf](#)
- [User Mtgs Tab: Void or Replace 2016.pptx](#)
- [User Mtgs Tab: How TO RUN 998 REPORT.ptx](#)
- [User Mtgs Tab: How to Clean up Outstanding SC 998s Rev 03.10.16.pdf](#)
- [User Mtgs Tab: EXPLANATION OF BENEFITS TIP SHEET.DOCX](#)
- [User Mtgs Tab: CCBH Users Group Meeting – Searching for Clients](#)

**Forms & Documents**



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### Collateral Family Groups

- How do you document a Collateral Family Group where a parent attends with multiple children who are all clients at the same program?
- In this case, the group billing time is allocated to only one of the children.
- Informational notes would be written for each of the remaining siblings to capture their participation in the group.

### An important reminder from our friend, Charting Charlie



Please remember, you should final approve all assessments (BHAs, Psychiatric Screenings, etc.) as soon as you can. If you don't, and another program needs to start one of those assessments, they can't! This can cause frustration for both programs. The newer program can't start their BHA, for example, so they are forced to delete the non-final approved one in order to do their work. The other program loses a BHA they started!

Also, if you're sharing a client plan, be sure to talk to each other if you're going to end the plan, or resolve objectives, etc. You might leave a program high and dry without a client plan to work

from! That's no fun.

Thanks for listening... I'll see you around with more important reminders soon!

*honoring social justice activist*  
**Cesar E. Chavez**  
March 31  
statewide Day of Service

Is this information filtering down to your clinical and administrative staff?

Keep them Up To the Minute!

And remember to send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)