

To: All MH System of Care Providers
From: Steve Jones, LCSW, QM Program Manager

Date: 12/24/13

Re: Implementation of High Risk Assessment in Anasazi

Dear Providers:

This memo is to inform you of the plans for implementation of the High Risk Assessment (HRA) in Anasazi LIVE and the clinical expectations of when you should be completing the HRA. Please share this with all of your direct line clinical staff. Program Managers are expected to monitor this implementation to ensure its operational compliance. Please note the following guidelines:

- On **1/1/2014**, the “stand alone” HRA Assessment will be available in Anasazi LIVE. The HRA should be completed for all of your identified high risk clients. You are not required to immediately complete the HRA on all of your clients, just those identified as high risk and having immediate risk factors.
- The HRA should be completed on any client that you feel is at immediate risk. The HRA will help to assess the client and develop the appropriate safety management plan.
- At every visit, a client should be assessed for safety. This does not mean that at each visit you must complete an HRA. You should be documenting in your progress notes that client was assessed for safety as part of your routine services to clients.
- On **2/1/2014**, the revised Child BHA with the HRA replacing the current Potential for Harm section will be available in Anasazi Live. The revised Child BHA will have many new questions, which will mean that new data will have to be entered. Data in existing questions will automatically populate into the BHA just as it does now. The expectation is that all new clients in Children’s programs will have the Child BHA (including the HRA) completed within 30 days of opened assignment. Existing clients will continue to have their BHAs updated as clinically appropriate but no less than annually from the last update. You may only bill for Service Code 10 when providing a billable behavioral health assessment directly with the client. You may not bill for entering data into the revised BHA simply because you are entering known information that did not pull over from a previous version of the BHA.
- On **3/1/2014**, the revised Adult BHA with the HRA replacing the current Potential for Harm section will be available in Anasazi Live. The same guidelines as stated above for the revised Child BHA apply.
- Once all BHAs contain the HRA, programs will have the clinical discretion to decide whether to update the BHA or complete a “stand alone” HRA when they determine that a client requires a high risk assessment due to immediate risk factors. This may be determined by your individual program’s operation. QM is always available for consultation.
- In both revised BHAs, many of the fields that were once required for final approval no longer have this requirement. This was changed to give the clinician maximum flexibility to complete the assessment within the first 30 days and also be able to final approve the assessment. . The expectation is that a complete and thorough BHA will be completed within 30 days of opening the client’s assignment to your program.

Please contact the QM Unit at QIMatters.hhsa@sdcounty.ca.gov with any questions.