



ANNOUNCEMENTS

Helpful Tip for Running Reports

- Recently a request for assistance came in to the “QI Matters” email regarding trouble with running the “Clinician Sessions by Server and Client” report.
- The provider wanted to run a report to see if a client was receiving Pathways to Well-Being, or PWB, (formerly “Katie A.”) services.
- They entered the PWB service codes but none of the services were displaying.
- The difficulty was that they were entering spaces between the service codes entered, which is not a correct format for pulling the data.
- Rather, data in the report templates should be entered with no spaces or dashes, and only separated by a comma.
- For example, the service codes this provider wanted to see would be entered “82,83,882,883.”
- Keep this tip in mind when running reports!

Save the Date! July 18, 2014: QM Updates for the System of Care

- All program managers and Organizational Provider QI staff are invited to attend a meeting with County QM to receive important information about Quality Improvement efforts in the next fiscal year.
- Attendees will choose from one of two sessions to attend: either 9 a.m. – 12 p.m., or 1:30 p.m. to 4:30 p.m.
- The meetings will be held at the County Operations Center, 5500 Overland Avenue, Room 120, San Diego, 92123.
- RSVP now to Linda.Oliver@sdcounty.ca.gov

Newly Hired Staff and Anasazi Training

- Optum trainers and QI Specialists have noticed that some newly hired staff are having difficulty with taking Assessment training immediately followed by Client Plan/Progress Note training, especially when these staff have not been exposed to the process of completing assessments and client plans prior to the training.
- For this reason, it is recommended that (at a minimum) program managers fully orient new staff with little clinical experience to the BHA and Client Plan process prior to their training in Anasazi.
- When possible, it is best to have newly hired staff attend a full Documentation Training presented by the QI Specialists prior to their Anasazi training.
- This will allow for newly hired staff to focus more fully on learning the functionality of Anasazi during the training on that software (which is the sole intent on Anasazi trainings – they are not to be seen as a replacement for training in Documentation Standards.)

Appointment Reminder Calls

- If you are interested in using the automated appointment reminder system for your client appointments, email QIMatters.hhsa@sdcounty.ca.gov

DOCUMENTATION STANDARDS

Newly Implemented BHAs

- Since new BHAs have been implemented for Children’s and Adult programs, you may have noticed that many fields do not pre-populate with information from the previous BHAs completed earlier.
- If you find this to be the case, please make appropriate updates to sections with no information when you are completing BHAs.



And now you are up to the minute



- Please review the BHA in its entirety before Final Approval to ensure all sections have been addressed with the most current information.
- If a section does not apply to a client (and there is no radio button to indicate "N/A") please document "N/A" in the text field to indicate that the area has been assessed but does not apply to the client.
- Each program is responsible to make sure the BHA is complete before Final Approval.

When a Client Terminates Services Prior to Reaching 30 days from Date of Assignment

- Programs have 30 days from the date a client is assigned to the program to complete an Initial BHA and Client Plan.
- When a client terminates services prior to 30 days, the BHA should still be completed with as much information as possible.
- A Client Plan does not need to be completed in this scenario since the client will not be receiving services on an ongoing basis.

Demographic Form Updating Standards

- Our reporting requirements are expanding as a result of recent EQRO recommendations.
- Much of the data requested has been found to be inaccurate, out of date or missing.
- Many items are pulled from the Demographic Form indicating a need for accurate data collection when initially completing a Demographic Form as well as for regular review/updating of this form with clients.
- Information, such as address (including correct street and zip), race/ethnicity and language, are just some of the important data points for tracking if System of Care services are reaching underserved areas and populations. Inaccurate or missing information in these areas has a great impact on future service provision.
- All Demographic Form information should be reviewed with the client for accuracy. Outdated or inaccurate information should be updated as indicated. Missing information should be requested.
- Demographics forms should be updated at admission, at discharge, and a minimum of annually. Best practice is to ask client if there are any changes at each visit.

BILLING

Place of Service Indicators

- There has been some confusion on which service indicators to use when a client is hospitalized (as well as how to find the name of the hospital from the table of options).
- Place of service indicator "D" is selected for "Inpatient-Full Scale Hospital/SNF." This option is selected for hospitals that have a psychiatric unit within a hospital that offers other medical services.
- Place of service indicator "K" is selected for "IP Free Standing Hospital/IMD." A hospital of this type provides only psychiatric care related services. It is not a setting for general medical treatment in addition to psychiatric services.
- Once you have selected the appropriate place of service by hospital type, you need to select the name of the Hospital from the "Outside Facility" table.
- This table lists all the schools in the County as well as the Hospitals.
- To find a Hospital in this table, you must begin your search with the letters "HOS."
- When you search by "HOS" you are taken to the specific portion of the table that lists all hospitals (including an option for "Out of County" hospitals). For example, to find "Sharp Chula Vista" type, "HOS" and you will find "HOS- Sharp Chula Vista" listed in the table.
- Select the appropriate option.



And now you are up to the minute

JUNE 2014



QI ... UP TO THE MINUTE

Billing for e-mail or text communication

- Several questions have come to QI Matters recently asking if e-mailing or texting significant others in a client's life is billable as a collateral service.
- E-mail and text communications are not billable as collateral or as any other service code.

CLIENT PLANS AND PROGRESS NOTES

Progress Notes – 14 Day Rule

- At a recent Clinical User Group (CUG) Meeting, a discussion took place about the report Program Managers receive from their COR regarding progress notes being final approved after 14 days.
- The participants at that CUG meeting stated that sometimes notes that appear on the report have actually been final approved prior to 14 days.
- Programs were instructed to just make note that the progress notes were final approved prior to the 14 days and appeared on the report "erroneously" (that is, they were not final approved at the time the report was generated, but they were final approved within 14 days and are therefore valid).
- This led to further discussion about how to handle valid services that are final approved within 14 days but then have to be changed due to a progress note correction (thus making the original service appear to have been final approved after 14 days.)
- Progress notes that fall into this category also appear on the "Non-final Approved 14 Days" report.
- It was explained to those in attendance at the CUG meeting that, since the original progress note was final approved within 14 days and the progress note correction is only making it appear to be final approved after 14 days, these were still considered valid services and did not need to be disallowed.
- Participants at the CUG were instructed to just make note of this on the report and explain the situation to their COR, as there is no way to take these valid services off of the "Non-final Approved 14 Day" report.
- All of the above is **NOT** to be confused with a change in the standard regarding final approval of progress notes.
- The standard has not changed – all progress notes must be final approved within 14 days (which includes the date of service as day one) to be considered a billable 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@sdcountry.ca.gov



And now you are up to the minute