

# QI CONNECT

Quality Improvement (QI) Monthly Newsletter

December 2013 (Already!?)



## 315 – Admitting Practitioner Compliance Report

The 315 – Admitting Practitioner Compliance Report is a tool for staff and supervisors to review what required documents for specific clients are out of compliance. This report will replace the 216 – Annual Plan Check List by Admit Prac Report. One of the many innovations built into this report is the ability to “drill down” for what the actual compliance issues are each required form by selecting hyperlinks built into the report. **NOTE:** This report will also drive a new automated compliance feature in MyAvatar that will only allow 330 (non-billable) and crisis service codes for any client who has a non-compliant form in the “Required for Billing” section of the 315 Report.

PATID	EPA	Original Date of Care	Required for Billing																
			Treat Plan	Psych Soc	Case	Mental	MCBH	Admit	Update	Release	Medical	Case Coordinator							
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Total Clients Admitted : 3 / Total Clients Fully Compliant : 2 / Percent Fully Compliant : 66%

The 315 Report is a staff level report that contains:

- The particular staff member’s caseload (based on the staff member being the admitting practitioner);
- A checklist of MyAvatar forms that need to be completed for each particular client in the staff member’s caseload;
- Indicators denoting compliance (green check mark or red “x”) of whether a particular form was completed; and
- An additional indicator to the left of the client’s MyAvatar client ID number (PATID) indicating whether all necessary forms required for billing are completed and compliant.

Detailed information regarding issues of compliance or non-compliance with each form is also available by double clicking the indicator (check mark or “x”) located to the left of the client’s PATID.

The 315 Report available for to all clinical users in MyAvatar now.

## New Service Codes

The new year brings new service codes. View all the new service codes and their specific uses by [clicking here](#).

There were several reasons for the creation of the new service codes. These new codes were in response to feedback from MCBH staff and contract providers that the existing set of service codes did not accurately or adequately represent the activities they were engaged in. The expanded set of service codes will hopefully alleviate this issue and also make it easier for providers to match the content of their clinical documentation with the appropriate service code.

The new codes also serve to help with data collection since the new codes are more specific in their use. This in turn will help MCBH better understand the frequency, intensity, and nature of the services provided by its staff and contract providers. The net result is that MCBH can better convey this information to different stakeholders (i.e. the community, the State, the Federal government, etc.) regarding MCBH services.

The new service codes will become effective for a particular program after the program has participated in the Quality Improvement Team Based Training. Again, view the new service codes by [clicking here](#).

## Psychosocial Assessment

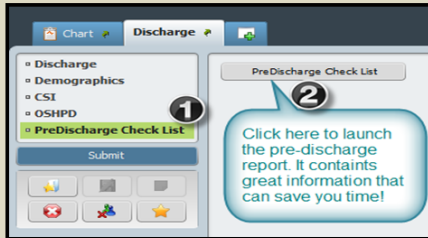
The revised version of the Psychosocial Assessment is expected to launch in MyAvatar on January 1<sup>st</sup>, 2014. The new Psychosocial Assessment will have significant changes, including transitioning to primarily narrative questions and the CANS/ANSA components moving to its own standalone form.

Revised print versions of the Psychosocial Assessments (in both Spanish and English) will be also become available in the QI Website at the launch of the revised MyAvatar form. The print versions are not meant to replace completion of the Psychosocial Assessment form in MyAvatar. The print versions were developed to support situations where entry to MyAvatar may not be immediately possible (i.e. no internet connection in the field; MyAvatar is temporarily down). The print versions cannot be scanned in to replace the completion of the Psychosocial Assessment in MyAvatar. The information gathered with these forms must be transferred into MyAvatar as soon as reasonably possible.

## PreDischarge Check List

Ever wonder what else is needed to be taken care of in MyAvatar prior to discharging a client from a specific episode? Enough staff and contract providers have asked so the QI Team developed the PreDischarge Check List form.

To use the form, open the Discharge form for the client that is to be discharged. Then follow two simple steps:



- On the left hand side menu, select the section labeled “PreDischarge Check List.”
- Once the page loads, click the only button on the page (labeled “PreDischarge Check List”)

This generates a report written in letter format detailing what needs to be completed in MyAvatar prior to discharging a specific episode for the client.

## Scheduling Calendar vs. Appointment Scheduling Form

This is a reminder to use the [Scheduling Calendar](#) form in MyAvatar in order to enter information into the MyAvatar calendar (i.e. appointments, activities requiring 800 codes).

Do not use the Appointment Scheduling form. This was the original form that allowed access to the MyAvatar calendar but this form has been deactivated. Although this form is inactive, it may become occasionally accessible to a limited amount of users due to MyAvatar system errors. Again, do not use this form to access the MyAvatar calendar even if it is available.

View a video guide on how to use the [Scheduling Calendar](#) by [clicking here](#).

## Computer Related Issues

For any computer or IT (information technology) requests please use Service Desk Express at the following address: <http://411shealthadmin/helpdesk/prelogin.asp>.

This link is to be used for computer related issues that MCBH staff and administration normally called or emailed Gonzalo Hueramo directly about. Utilizing Service Desk Express helps MCBH track the need and quickly address concerns when staff members are not available to discuss their computer related issues when IT staff tries to contact them.

# Law and Ethics

Although the 2013 Law and Ethics training has passed, this section of the QI Newsletter will remain to hold responses to questions and concerns raised as a result of the training.

## Policy Clarification Memo

A question was raised about what should be done if a service provider becomes aware that a Behavioral Health client, specifically one that has a recent history of involuntary admission to an inpatient psychiatric facility, is in possession of a firearm. [Click here](#) to view the Policy Clarification Memo responding to this question.

If the provider believes that the client in possession of a firearm is a danger to themselves and to others, the provider should initiate an involuntary psychiatric hold (aka "5150") with the support and assistance of local law enforcement. If the client is not a danger to themselves or others and is not gravely disabled, both State and Federal laws do not allow "breaking confidentiality" to report the client's possession of firearms to local law enforcement even if it may be illegal.

We urge each provider in this situation to: consult with their supervisors and their teams; take precautions to ensure their safety (i.e. possibly only meeting at MCBH clinics or public locations); constantly assess the client for risk; and clinically address the client's possession of a firearm if safe to do so.

## Minor Consent Policy

The Quality Improvement Committee reviewed and adopted Policy 320 – Minor Consent. Policy 320 specifies MCBH's policy and procedures for both minors receiving treatment through parental consent and minors who are legally able to consent for their own services. [Click here](#) to read the full policy.

Minors generally require the consent of a parent for services. However:

- certain minors are recognized by the law as capable of providing their own consent (i.e. emancipated minors and self-sufficient minors); and
- minors 12 years or older can consent to **sensitive services**.

Minor consent for sensitive services was previously limited to certain presenting issues (i.e. services for sexual abuse or rape; substance abuse treatment). However, recent changes to the law expanded the definition of sensitive services to include all outpatient mental health services (i.e. therapy, rehabilitative counseling, case management) regardless of the presenting issue except for psychotropic medication management.

In addition, even if the parent is bringing in a minor who falls under category a) and b) above, the minor still has to consent to these services by completing the Minor Consent form ([click here](#) to preview the English print version); a MyAvatar version will become available January 1<sup>st</sup>. Although not necessary, the parents should review the Informed Consent form ([click here](#) to preview the English print version). The parents can also complete and sign this form if they wish to do so. The print versions (in English and Spanish) of the both forms are available in the [Onset of Services Materials](#) section of the QI Website.

## Authorization to Use, Exchange, and Disclose Confidential Behavioral Health Information Policy

Three related topics from the Law and Ethics training raised a considerable amount of questions amongst staff and contract providers.

The three topics were:

- Use, exchange, and/or disclosure of health information (except for Alcohol and Other Drug treatment information) between *healthcare providers* for the purpose of treatment do not need authorization from the client;
- Alcohol and Other Drug (AOD) treatment information having more stringent standards for disclosure (which requires client authorization almost all cases); and
- A mental health program providing substantive AOD treatment, even if not labeled as such, fall under the stricter AOD confidentiality standards.

In response to these topics, the Quality Improvement Committee reviewed and adopted Policy 321 – Authorization to Use, Exchange, and Disclose Confidential Behavioral Health Information, which clarifies MCBH's policy and practice regarding obtaining authorizations to use, exchange, and/or disclose confidential health information ([click here](#) to read the full policy). As part of the policy, the Release of Information form (both printed "Purple Form" and MyAvatar versions) will be replaced with a new form entitled "Authorization to Use, Exchange, and/or Disclose Confidential Behavioral Health Info" in my MyAvatar and equivalent print versions in both English and Spanish.

The policy states that MCBH and its contract providers will always obtain an authorization to use, exchange, and/or disclose confidential health information (even between MCBH and healthcare providers; and also between MCBH and its contract partners i.e. Interim, Door-To-Hope, etc.) unless the disclosure is to address a medical or psychiatric emergency.

The MyAvatar version of the new Authorization form is expected to launch January 1<sup>st</sup>, 2014. The print versions are available now on the QI Website under the [Onset of Services Materials](#) section ([click here](#) to view the English version). There is also a specialized print version meant for teams who regularly participate in multi-disciplinary teams (MDT). Those teams are not mandated to use this print version. This version was simply built to assist and support those teams ([click here](#) to view the English print "MDT" version). Print versions can still be scanned into MyAvatar but a shortened electronic version has to be completed to indicate that the print version was scanned. Although the print versions are available now for viewing, MCBH will officially transition to these print versions beginning January 1<sup>st</sup>, 2014.



## Minor Client's Authorization to Release Information

Policy 320 – Minor Consent intersects with Policy 321 and the new forms for the Authorization to Use, Exchange, and/or Disclose Confidential Behavioral Health Info below. Since the law recognizes that a certain minors can consent to their own services and that b) minors 12 years or older can consent to sensitive services, the law also holds that these minors hold the right to authorize the use, exchange, or disclosure of their confidential behavioral health information. This is true even if their parents bring the minor in and consent to services along with the minor.

On a practical level, this means Authorizations to Use, Exchange, and/or Disclose Confidential Behavioral Health Information must be obtained from minors who fall under category a) and b) even to share information with the minor's parents or guardians.

## Onset of Services

The Quality Improvement Committee also reviewed and adopted Policy 319 – Onset of Services. [Click here](#) to view the full policy.

This policy was developed in response to the numerous changes to the laws and statutes regarding Behavioral Health services that have occurred since MCBH forms were last revised. The forms listed in Policy 319 were heavily revised or newly developed by the QI Team in consultation with Linda Garrett.

The revised or new versions of these forms are anticipated to become available in MyAvatar on January 1<sup>st</sup> 2014. The print versions are available for previewing now by [clicking here](#) but are not effective until January 1<sup>st</sup>, 2014.

## Notice of Action

Notices of Action (NOAs) are a State mandate. Please ensure that NOAs are being provided to clients who we assess as not eligible for MCBH services or clients who are being discharged because their changed circumstances no longer make them eligible for MCBH services.

In addition, NOAs should clearly articulate the reasons for denial of services. Remember, denial of services is based on the client's situation no longer meeting medical necessity requirements as articulated by the California Code of Regulations, Title 9.

Please review the MCBH Documentation Guide for additional information regarding medical necessity. [Click here](#) to access the Documentation Guide.

## December 2013/January 2014 QI Trainings

### MyAvatar User Training

The 2014 schedule for MyAvatar User Training is pending and will be posted on the [Training Event Calendar](#) on the QI Website as soon as it becomes available.

### QI Staff Training Academy

The QI Staff Training Academy (Clinical Services and Documentation Overview, Treatment Planning, Clinical Progress Notes, CANS/ANSA Certification, WRAP Training) will resume February 2014. The specific dates of each of these trainings are now available on the [Training Event Calendar](#) on the QI Website and the sign-up process for each of the trainings are also now active.