

### N. DATA REQUIREMENTS

#### Data Collection and Retention

Contractor shall maintain daily records of services provided, including dates of service, times of service, total time of service, types of services provided, persons served, and progress of clients in meeting the objectives of the case plan. Data shall be recorded in accordance with the specifications in the CCBH User's Manual. Service entry shall be kept up to date and the data shall be entered into the SDMHS MIS (CCBH) and the mHOMS and CYF mHOMS data entry systems within a timely manner.

#### Accuracy of Data

Providers are responsible for ensuring that all client information is accurate including addresses and all demographic data that is required for State reporting for Client Statistical Information (CSI). Providers must have processes in place for checking/updating client data and making the necessary corrections.

Full-Service Partnership programs are required to ensure that all required data that are to be tracked for their clients are correct and up to date in both the MH MIS and State Databases.

#### Financial Eligibility and Billing Procedures

Each provider is responsible for specific functions related to determining client financial eligibility, billing and collections. The **Financial Eligibility and Billing Procedures - Organizational Providers Manual** is available on the Optum Public Sector website <https://www.optumsandiego.com/content/dam/sandiego/documents/organizationalproviders/billing-unit/billing-unit-manuals/FinancialEligibilityandBillingManualrev.110821-003.pdf> for providers as a guide for determining financial eligibility, billing and collection procedures. This manual includes the following procedure categories:

- Determining financial eligibility
- Billing, collections and payment procedures
- Corrections, adjustments and special requirements

This manual is not intended to replace the CCBH User's Manual or intended to be a comprehensive "Insurance and Medicare Billing" guide. It is meant to augment existing resource materials.

### Medi-Cal Administrative Activities (MAA)

Federal and State regulations (Welfare and Institutions Code, Section 14132.47, Medi-Cal Administrative Activities) permit counties to earn federal Medi-Cal reimbursement for activities that are necessary for the proper and efficient administration of a State's Medicaid (Medi-Cal) plan. These MAA activities are focused on assisting individuals to access the Medi-Cal Program and the services it covers through such functions as Medi-Cal and mental health outreach, facilitating Medi-Cal eligibility determinations, MAA coordination and claims activities and other designated activities.

Organizational providers may be permitted to provide MAA services and claim them. The MHP requires that each organizational provider have a County approved MAA Claiming Plan prior to claiming MAA services, and that each provider complies with all applicable State and federal regulations. To claim for MAA activities, a provider must follow a set of procedures, which are described in detail in the *MAA Instruction Manual* developed by the State Department of Health Care Services.

To assist providers, technical assistance and training on MAA is available through the MAA Coordinator. The MAA Coordinator can provide assistance with claiming and procedural questions or provide MAA training to staff.

There is a Medi-Cal Administrative Activities Procedures Handout for providers claiming MAA activities with an approved MAA claiming plan. This handout may be used for reference and training purposes. The handout along with the MAA Community Outreach Service Record can be found on the Optum website.

Handout: <https://www.optumsandiego.com/content/dam/sandiego/documents/organizationalproviders/forms/113 - OPOH - Appendix N - A.N.1 - MAA Procedures - 1-1-12 - rev 2-13-12.pdf>

MAA Community Outreach Service Record: <https://www.optumsandiego.com/content/dam/sandiego/documents/organizationalproviders/forms/114 - OPOH - Appendix N - A.N.2 Service Record - 1-1-12.pdf>

### Additional Outcome Measures

Additional statistical data may be required in your specific contract. This may involve the use of additional tools for Evidence Based Programs or for specific parts of the system. Your contract may also require manual collection of data on certain outcomes from client charts, such as number of hospitalizations, readmissions, arrests, or changes in level of placement/living situation. The data collected should be submitted on your QSR or as directed by your Program's COR or QM unit.

### MENTAL HEALTH SERVICES ACT (MHSA)

#### **MHSA – Community Services and Support (CSS)**

CSS providers are tasked with gathering program specific information as outlined in their contract, and data tracking on the Quarterly Status Report (QSR). Additionally, CSS providers administer applicable treatment outcome data and responses are recorded by Contractor's staff in CYF mHOMS a web-based data entry system or as otherwise directed by the County. This database permits client results to be compiled for individual cases and by program.

#### **MHSA - Prevention and Early Intervention (PEI)**

PEI providers are tasked with gathering specific demographic data, and a four question general survey which is entered into mHOMS. The mHOMS database is utilized for gathering the data and managed by the County's Data Centers (HSRC in conjunction with CASRC). Data can be entered directly into the mHOMS database or the Data Centers will set up for extracts from contractor's database into the mHOMS. Program specific outcome and process data as outlined in contract is captured in the Quarterly Status Report (QSR).

#### **MHSA - Innovation**

Innovation providers are tasked with gathering specific demographic data, and a general question survey which is entered into mHOMS. The mHOMS database is utilized for gathering the data and managed by the County's Data Centers (HSRC in conjunction with CASRC). Data can be entered directly into the mHOMS database or the Data Centers will set up for extracts from contractor's database into the mHOMS. Program specific data as outlined in contract is captured in the Quarterly Status Reports (QSR).

#### **MHSA Work Force Education and Training (WET)**

WET providers are tasked with gathering specific demographic data. The mHOMS database is utilized for gathering the data and managed by the County's Data Centers (HSRC in conjunction with CASRC). Data can be entered directly into the mHOMS database or the Data Centers will set up for extracts from contractor's database into the mHOMS. Program specific data as outlined in contract is captured in the Quarterly Status Reports (QSR).

#### **MHSA - Full Service Partnerships (FSP)**

A number of providers participate in MHSA Full-Service Partnerships, which both provide mental health services to clients and link them with a variety of community supports, designed to increase self-sufficiency and stability. These providers are required to participate in a State data collection program (DCR) which tracks initial, specialized client assessments, ongoing key incident tracking and quarterly assessments. The State has set timeframes for provisions of each type of data.

### ***Outcome Measures - Adult System of Care***

#### **Milestones of Recovery Scale (MORS)**

MORS is a single item evaluation tool used to assess clinician perception of a client's current degree of recovery. Ratings are determined by considering three factors: their level of risk, their level of engagement within the mental health system, and their level of skills and support. Completion of the MORS form is required within 30 days of client's admission, every 6 months thereafter, and at discharge. MORS is completed by clinicians at outpatient programs.

#### **Level of Care Utilization System (LOCUS)**

The LOCUS is a short assessment of client current level of care needs and is completed by program staff. Program staff should complete a LOCUS for all clients within 30 days of their initial intake assessment, every 6 months thereafter, and at discharge.

#### **Recovery Markers Questionnaire (RMQ)**

A consumer-driven assessment of the client's own state of mind and body and life, and involvement in the recovery process. The RMQ is used to assess personal recovery of the client from the perspective of the client. Program staff must collect the intake RMQ during the client's first 30 days in the program. All clients should complete follow-up RMQs every 6 months and at discharge.

#### **Illness Management and Recovery (IMR)**

The IMR is used to assess personal recovery of the client from the perspective of the clinician. It ranks a client's biological vulnerability and socio environmental stressors. The IMR also includes questions about changes in a person's residential, employment, or education status. Staff must complete the IMR within 30 days of their initial intake assessment. Follow-up IMRs should be completed every 6 months after intake, and at discharge for all clients.

#### **Outcome Measures Manual**

For more information about outcomes measures, the Outcome Measures Manual is available on the Optum website at [https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/manuals/Outcome\\_Measures\\_Manual\\_San\\_Diego\\_CS\\_S\\_Programs\\_UPDATED\\_20190619.pdf](https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/manuals/Outcome_Measures_Manual_San_Diego_CS_S_Programs_UPDATED_20190619.pdf).

### ***Outcome Measures - Children's System of Care***

#### **Data Collection and Retention**

All treatment programs shall enter outcomes into the Children, Youth and Families Mental Health Outcomes Management System (CYF mHOMS) data entry system for all clients. CYF mHOMS data entry shall be completed promptly upon collection of data at designated intervals, including intake, UM/UR authorization cycle or every 6 months (whichever occurs first) and discharge.

### Outcome Tools and Requirements

Measuring outcomes is an integral aspect of System of Care principles. Standard outcomes have been established for all CYF treatment providers. Specialized programs may have individual program outcomes either in addition to or in lieu of standard outcomes measured by all programs.

- Pediatric Symptom Checklist – Youth (Y-PSC ) – 11-18 years of age
- Pediatric Symptom Checklist - Parent/Caregiver (PSC) – 3-18 years of age
- San Diego Child and Adolescents Needs and Strengths-50 (SD-CANS) 6-21 years of age
- Youth Services Survey – Youth (YSS-Y) – 13 years of age or older
- Youth Services Survey – Family (YSS-F) – caregivers of youth up to age 18
- CRAFFT- all ages (completed at intake only- used as an assessment tool)
- Personal Experience Screening Questionnaire (PESQ) – Youth receiving services from Substance Use Disorder counselor at a CYF FSP Subunit
- Satisfaction Questionnaire – Youth receiving services from Substance Use Disorder counselor at a CYF FSP Subunit

### Symptoms/Functioning Outcomes:

#### *Pediatric Symptom Checklist (PSC)*

- a) Youth 11 years of age and over shall complete the Y-PSC at intake into the program, UM/UR cycle (session based for outpatient clients, 3 months for Day Treatment intensive, Day School Services and Residential OP, 6 months for Day Rehab) or every six months (whichever occurs first) and at discharge from program.
- b) Parents/Caregivers of all children and youth 3-18 years of age shall be administered the parent PSC on the same cycle. When no parent/guardian is available, an individual in a caretaking capacity (i.e. residential staff, social worker, relative, etc.) may complete the measure.
- c) Most current PSC scores above clinical cutoff should be considered during UM/UR Authorization supporting medical necessity and clinical effectiveness.
- d) All responses shall be recorded by program staff in the web-based CYF-mHOMS database or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program.
- e) Medication only cases are excluded from the PSC measure.
- f) Programs exempt from completing the PSC (such as TBS or DEC) shall maintain written exception documentation from COR on file.

#### *Child and Adolescent Needs and Strengths (SD-CANS)*

- a) As part of Behavioral Health Assessment (BHA), CYF clients shall have a SD-CANS completed within 30 days of their initial intake and updated at UM/UR cycle (session based for outpatient clients, 3 months for Day Treatment intensive, Day School Services and Residential OP, 6 months for Day Rehab) or every six months (whichever occurs first) and

at discharge from program. SD-CANS results should be used to support medical necessity and clinical effectiveness.

- b) The CANS' results shall be recorded by program staff in CYF mHOMS, a web-based data entry system. or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program.
- c) Data recorded in the database shall be supplied to CASRC via direct drop off or traceable mailing to ensure HIPAA regulations are followed.
- d) CANS results are interrelated to the BHA and shall also be utilized as Service Necessity Criteria for Intensive Service Requests (ISR) and Specialty Mental Health DPRs.
- e) Medication only cases are excluded from the SD-CANS measure.

### ***CRAFFT***

- a) All CYF clients shall be assessed for substance use at intake into the program and the CRAFFT shall be administered. The CRAFFT measure is included in the Behavioral Health Assessment in CCBH.
- b) Medication only cases are excluded from the CRAFFT measure.

### ***Personal Experience Screening Questionnaire (PESQ)***

- a) Effective 1-1-13, Clinics enhanced with Substance Use Disorder Counselors through MHSA-FSP component on 7-1-12, shall administer the PESQ at intake and discharge to clients receiving services from a substance use disorder counselor.
- b) All responses shall be recorded by program staff in the web based CYF mHOMS database, or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program
- c) Data shall be utilized to evaluate individual treatment and program effectiveness.

### **Discharge Outcomes Objectives:**

#### SD-CANS

- At Discharge, 95% of clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessment. At Discharge, 100% of clients ages 6-21 whose episode lasted 60 days or longer, their initial CANS shall have at least one actionable need (2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors OR Life Functioning domains.
- For 80% of clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors or Life Functioning domains, their number of needs shall lower by at least 3 from initial to discharge assessment indicating improvement.
- For 80% of clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors or Life

Functioning domains, their number of strengths shall increase by at least 1 from initial to discharge assessment, indicating development of a strength.

### PSC

- At Discharge, 75% of clients ages 3-18 whose episode lasted 60 days or longer have Parent PSC data available for both Initial and Discharge assessments demonstrating completion rate.
- For 80% of discharged clients ages 3-18 whose episode lasted 60 days or longer, the Parent PSC total score shall show a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments.
- Report the number of clients ages 3-18 who scored at or above the clinical cutoff on the initial PSC assessment.
- 80% of discharged clients whose episode lasted 60 days or longer, shall show improvement on the PSC by either falling below the clinical cutoff or having a 3-point reduction in symptoms.
- Report the number of discharged clients ages 3-18 whose episode lasted 60 days or longer, whose Initial Parent PSC total score was above the clinical cutoff, that have a total score below the clinical cutoff at discharge demonstrating improvement.
- Report the number of clients ages 3-18 whose episode lasted 60 days or longer, with a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments, demonstrating improvement.

### **Youth Services Survey (YSS): Client Satisfaction:**

Currently administered twice annually to all clients and families who receive services during a selected one-week interval specified by the County MHP (excluding detention programs, medication only cases, inpatient and crisis services). The twice annual survey will be conducted in the Spring and Fall of each year. The survey returns are scanned in to facilitate tabulation, therefore original printed forms provided by the MHP must be used.

- a) Youth aged 13 and over complete the Youth Services Survey with attached comments page.
- b) Parents/caregivers of children and youth up to age 18 complete the Youth Services Survey-Family.
- c) Surveys are to be administered in a manner that ensures full confidentiality and as directed by the Child and Adolescent Services Research Center (CASRC).
- d) Completed surveys shall be delivered by hand adhering to HIPAA regulations to CASRC within 3 business days after the completion of each survey period.
- e) Medication only cases are excluded from the YSS measure.

### ***Substance Use Disorder Counselor Satisfaction Survey***

- a) Only for youth receiving services from a Substance Use Disorder counselor enrolled in a Clinic FSP Subunit.

- b) Youth shall complete the four-item satisfaction questionnaire upon discharge from the AD FSP Subunit.
- c) Surveys are to be administered in a manner that ensures full confidentiality.
- d) All responses shall be recorded by program staff in the web based CYF mHOMS database, or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program.

### **Satisfaction Outcomes:**

- Submission rate of YSS-Y and YSS-F shall meet or exceed the 80% standard established by the County of San Diego Children’s Mental Health.
- Aggregated scores on the YSS-Y and the YSS-F shall show an average of 80% or more respondents responding “Agree” or “Strongly Agree” for at least 75% of the individual survey items.
- Clients receiving services from a Substance Use Disorder counselor at an FSP Subunit shall show an average of 80% or more respondents responding “Agree” or “Strongly Agree” on each of the 7 supplemental items.

### **Medication Only Clients**

Outcome measures identify the effects of mental health treatment. Once clients transition from “Meds Plus” to “Meds Only”, they will not be required to have outcome measures entered in the CYF-mHOMS database.

- Administer and record SD-CANS and PSC as a discharge assessment upon transition to meds only and close client in CYF mHOMS - this is the discharge measure.
- Administer and record SD-CANS and PSC as an intake assessment if client is returning to treatment services (Meds Plus) from meds only as a new episode in CYF mHOMS.

### **Additional outcome objectives:**

#### ***All providers:***

- 100% of all clients shall be assessed for substance use during the assessment period as evidenced by documentation in the medical record and completion of the CRAFFT measure.
- 100% of all clients, ages 16 and older, shall be assessed for transitional service needs as evidenced by documentation in the medical record.
- 100% of all clients shall be assessed for domestic violence issues as evidenced by documentation in the medical record.
- 100% of all clients shall be assessed to determine the need for referral to a primary care physician as evidenced by documentation in the medical record.



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- 80% or more of all clients shall receive a minimum of one face-to-face family treatment contact/session per month with the client's biological, surrogate, or extended families, that are able.

### *Outpatient providers*

- 90% of clients will avoid psychiatric hospitalization or re-hospitalization during the outpatient episode.
- Outpatient programs shall maintain an average waiting time of less than 5 days for the client's initial appointment.
- Outpatient programs shall meet or exceed the minimum productivity standard for annual billable time by providing at least 54,000 minutes per year (50% productivity level) for clinic, school and community-based programs per FTE, unless otherwise specified in the program's Statement of Work.
- Psychiatrist shall maintain a minimum of 75% productivity level.
- RN shall maintain a minimum of 55% productivity level.
- Case Management services provided by a case manager shall meet or exceed the minimum productivity for annual billable time by providing at least 32,400 minutes per year (30% productivity level) per FTE, unless otherwise specified in the program's Statement of Work.
- Clinical staff shall carry a minimum client load of 40 unduplicated clients per FTE per year unless otherwise specified in the program's Statement of Work.
- Case Managers shall carry a minimum client load of 20 unduplicated clients per FTE per year unless otherwise specified in the program's Statement of Work.

### *Day Treatment providers*

- Contractor shall ensure that billable client days shall be produced for 90% of the annual available client days, based upon five (5) days per week or 230-day year.
- 95% of clients will be discharged to a lower level of care unless otherwise specified in the contract.
- 95% of clients will avoid psychiatric hospitalization or re-hospitalization during the Day Treatment episode.

### **Research Projects Involving Children's Mental Health Clients**

Some providers may develop research projects or test additional outcome tools with methods that utilize MHP clients. All such projects must be reviewed by the MHP's Research Committee as well as the organization's Internal Review Board, if any. Approval is required prior to implementation of the project.