

AUGUST 2014



QI ... UP TO THE MINUTE

## ANNOUNCEMENTS

### **Appointment Reminder Calls**

- Program Managers - If you are interested in your program using the automated appointment reminder system for your client appointments, email a request to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)

### **Reminder: Client Search and BHS-025 Forms A and B**

- On June 27, 2014, QM sent a memo to all programs in the System of Care regarding the problem of entering duplicate clients into Anasazi.
- Attached to that memo were instructions on the correct usage of the Client Search button as well as an attachment of BHS-025 Forms A and B (which are the only forms that will be accepted by Medical Records – now known as the Health Information Management Department, or HIMD).
- Form A is to be used only to request changes to information to Core Client Information, Demographic info and Client 3<sup>rd</sup> Party Coverage information.
- Form B is to be used only to request two client records, for the same person, be combined.
- These forms (and instructions on how to complete them) are located on the Optum Public Sector website on the “Secure Documents” page, under the “Forms” tab.
- Remember: Data Integrity in Anasazi is everyone’s responsibility. Please educate staff about the importance of doing a complete client search prior to adding a new client into Anasazi.

### **Implementation of California Welfare and Institution Code Section 5270**

- On May 6, 2014, the San Diego County Board of Supervisors authorized § 5270.
- On July 1, 2014, § 5270 was implemented in San Diego County.
- The purpose of § 5270 is to provide continued involuntary intensive treatment for a patient who is gravely disabled following the conclusion of a 14-day certification by initiating a 5270 (30-day hold) according to LPS and San Diego County Board of Supervisor requirements in a designated facility for treating involuntary patients.
- The intention of § 5270 30-day holds is to reduce the number of gravely disabled persons for whom conservatorship petitions are filed and who are placed under the extensive powers and authority of a temporary conservator simply to obtain an additional period of treatment (without the belief that a conservator is actually needed and without the intention of proceeding to trial on the conservatorship petition)
- For more details, go to the Jewish Family Services website. The Patient Advocacy program has a PowerPoint presentation describing the specifics of § 5270. The pathway to find this resource is as follows: [www.jfssd.org](http://www.jfssd.org) → services → Counseling and Family Support → Patient Advocacy → Resources → Trainings and Presentations → 30 Day Holds (5270)

### **Clarification: Level One Serious Incidents and “Media Involvement”**

- One of the situations that is considered a Level One serious incident involves media involvement.
- The definition regarding media involvement is as follows: “The event has been reported in the media or has the potential for significant adverse media involvement, i.e., TV, newspaper, internet.”

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- There has been some confusion about this definition as the focus was placed on the second portion of the phrase (“potential for significant adverse media involvement”) and not on the first part of the phrase (“the event has been reported in the media.”)
- To clarify: any report in the media is considered a Level One Serious Incident, regardless of the severity of the event, and must be reported to Quality Management (QM) immediately upon knowledge of the incident by calling 619-563-2781. Additionally, the Serious Incident Report (SIR) must be faxed to the QM confidential fax line at 619-236-1953 within 24 hours.
- These media reports do not have to involve an event specific to mental health status; rather, they just need to mention a client in the System of Care. For example, a “typical” news story about a traffic accident mentions the name of the parties involved, and one of the names is that of a client in your program. This should be reported as a Level One Serious Incident.
- Also, when these media events happened is not relevant to the reporting requirement. If the above example appeared on the news 3 weeks ago and you learn of it today, you are required to report it as soon as you learn of the event.
- **Tip for best practice:** when it comes to a client name in the media, regardless of situation, report it as a Level One Serious Incident and follow the timeline and reporting requirements.

### FROM MIS

- On the new ARF – try hovering your cursor over each field for quick tips!

### DOCUMENTATION STANDARDS

#### Improving Quality of Documentation

- The Department of Health Care Services (DHCS) conducted a documentation training in June of this year.
- The following important points were shared:
  - Avoid jargon which is vague and does not convey a precise meaning. Use language that is behaviorally specific. (For example, instead of documenting “Client presented as hyperactive,” stronger documentation would be “Client was unable to remain seated in session, running around the playroom, and shifting attention frequently from one toy to another.”)
  - Be clear about what you are treating: Describe the behaviors, symptoms and functional impairments which are the direct result of the included diagnosis in behaviorally specific terms.
  - Progress notes that describe sessions which involve nothing more than a report of what the client said are not reimbursable. Being a passive listener without intervening in some way does not move the client closer to his/her goals.
  - “Therapeutic Non-Specifics” (such as “supported client,” “listened empathically,” “encouraged client,” etc.) are elements of the provider’s skill set but are not by themselves interventions. Without elaboration, these statements do not describe intervention which meet the standards of specialty mental health services and are not Medi-Cal reimbursable interventions.
  - Documentation of interventions needs to be clear and detail how you are treating the client. An example: “Encouraged client to identify cognitive distortions via the use of the Cognitive Distortion Worksheet. Taught client the triple column technique to refute ‘All or Nothing thinking’ and ‘Should Statements’ which were the cognitive distortions she identified as most problematic.”

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## BILLING

### Spotlight on: Service Code 65 (Community Services)

- Definition: SC 65 Community Services are mental health services that are provided in the community at large and are generally intended to be outreach activities to persons or organizations.
- SC 65 is a Non-MAA code and is reportable but not billable. It is only claimed by using a "generic client". Do not attach this code to existing client already in the system. Check with your program manager to ensure your contract allows you to provide this type of outreach service.

### Service Code Definitions

- We receive many questions at the QI Matters e-mail about what service code to use for various service descriptions.
- The most useful resource for staff in programs is to talk with your program manager about what services your program may claim for, and what the definitions for those services are.
- There is a manual of "Service Code Definitions" that clearly defines each service and the type of credential needed by staff to claim each service.
- The most recent version of this resource is always posted to the Optum Public Sector website.
- To use this resource, log into the Optum website at <https://www.optumhealthsandiego.com>
- Once logged in, go to the "Manuals" tab. Then select "Service Code Definitions – Appendix III 5-7-14.pdf"
- Remember, not all programs can claim for every service, so be sure to check with your program manager about what services are part of your contract.

## UPCOMING TRAININGS

- CHILDREN'S PROGRAMS DOCUMENTATION TRAINING:
  - Monday, August 18, 2014, 9:00am – 12:00pm, La Jolla Room at the BHS Administration Building
  - Wednesday, August 27, 2014, 9:00am – 12:00pm, La Jolla Room at the BHS Administration Building
- ROOT CAUSE ANALYSIS (RCA) TRAINING:
  - Thursday, August 28, 2014, 9:00am – 12:00pm, La Jolla Room at the BHS Administration Building
- Reserve your seat by emailing Linda Oliver at: [Linda.Oliver@sdcounty.ca.gov](mailto:Linda.Oliver@sdcounty.ca.gov)



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*And now...*



*You're up to the minute!!!*

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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)

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*And now...*



*You're up to the minute!!!*

08/15/14