



QUALITY IMPROVEMENT 7TH ANNUAL KNOWLEDGE FORUM

SEPTEMBER 22, 2020

*Welcome and
Thank You for your outstanding commitment
to client care!*



THE LITTLE THINGS FIRST . . .



- All attendees are muted upon entry.
- In the interest of time, the Q&A sessions will occur between topic breaks and after the slideshow presentation.
- Please use the Q&A box to ask your questions. In the event that your question needs further clarification, we may unmute you. If you need to ask a question verbally, please say “unmute me” on the Q&A box.
- Please direct all questions on the Q&A box to **all panelists** (select “All Panelists’ on recipient drop down of the Q&A box). Failure to do so may mean your question(s) is overlooked.
- We may need to take back some of your questions if further consideration is necessary. A Q&A after the forum will be completed and sent out as well.
- After the Forum is over, feel free to reach out to QIMatters.HHSA@sdcounty.ca.gov if you have any lingering questions/concerns that need to be addressed.

THE QM TEAM AT A GLANCE



**INTERIM BEHAVIORAL
HEALTH PROGRAM
COORDINATOR**

**HEATHER PARSON,
LMFT**



QUALITY MANAGEMENT SUPERVISORS



CASIE JOHNSON-TAYLOR, LMFT



DANIELLE RHINESMITH, LMFT



QUALITY MANAGEMENT SPECIALISTS



Amber Irvine, LMFT	Besan Hanna, LMFT	Claire Riley, LMFT	Elaine Mills, LMFT
CAPS UM/UR Monitoring Lead	CAPS UM/UR Monitoring Review Team	Day Treatment Monitor	Progress Note Correction SME
CAPS Documentation Training	Medication Monitoring policy lead	Day Treatment/STRTP and TFC/CCR SME	CCHEA/JFS reviews
CAPS IP Manual Management	License/Waiver Request	Documentation Webinar Development	Grievance & Appeals, and State Fair Hearings
CalAIMS workgroup Rep.		AOA AD HOC Meeting Rep.	Advocacy Meeting Rep.
North County Collaboration Meeting Rep.		DHCS Informational Notice lead	

QUALITY MANAGEMENT SPECIALISTS



Emily Duval, PsyD, LPCC	Glenda Baez, PsyD, LMFT	Jill Michalski, LCSW	Kristi Jones, LMFT
Telehealth SME	Grievance & Appeals, and State Fair Hearings lead	MRR tool management	Network Adequacy policy updates
Suicide Prevention Council Rep.	CCHEA/JFS reviews	Day Treatment Monitor	North County Collaboration Meeting Rep.
Clinical Case Review Rep.	Advocacy Meeting Rep.	UTTM publishing	Form Development & Management
Serious Incident Report monitor	LPS reviews	Optum UR monitoring team	NOABD SME
Suicide Dashboard management	LPS Meeting Rep.	CAPS UM/UR Monitoring Review Team	
RCA Trainer	Optum UR lead monitor		

QUALITY MANAGEMENT SPECIALISTS

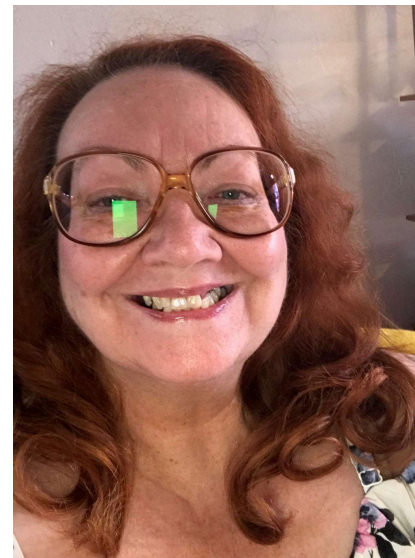


"KC" Mertins, LMFT	Lisa O'Connor, LMFT	Michelle Vidana, LPCC	Marie Khamis, LMFT	Monica Huezo, LPCC
ACT/FSP/CM Meeting Rep.	RCA Trainer	Form Development & Management	License Waiver Requests	LTC Appeals lead
New Contractor Orientation Rep.	Serious Incident Report monitor	Optum Web Management	Claim It Anyway	Claim It Anyway Lead
County Ops QI	Clinical Case Review Rep.	CAPS UM/UR Monitoring Review Team	LPS reviews	Cerner Data Entry User Group Rep.
	RIHS Curriculum Committee Rep.	Webinar Development	LPS Meeting Rep.	
	Optum UR monitor	LTC Appeals	ACT/FSP/CM Meeting Rep.	
	ACL Call Monitor	Presumptive Transfer SME		

QUALITY MANAGEMENT SUPPORT TEAM



Christian Soriano
Office Support Specialist



Tesra Widmayer
QM Analyst

BHS QI LEADERSHIP TEAM



- Tabatha Lang, Quality Improvement Unit Administrator
- Heather Parson, Interim Behavioral Health Program Coordinator, MHP QM MH
 - Casie Johnson-Taylor & Danielle Rhinesmith– QM Supervisors MHP QM MH
- Steve Jones, Behavioral Program Coordinator, MHP QM SUD
 - Michael Blanchard & Terri Kang – QM Supervisors MHP QM SUD
- Liz Miles, Principal Administrative Analyst, Performance Improvement Team (PIT)
 - Derek Kemble, Senior MIS Manager
- AnnLouise Conlow, MIS Program Coordinator
 - Christopher Guevara, Principle Administrative Analyst



STATE OF THE STATE OVERVIEW

Tabatha Lang,
Quality Improvement Unit Administrator



COVID-19 FLEXIBILITIES

- <https://www.dhcs.ca.gov/>
- <https://www.sandiegocounty.gov/hhsa/programs/bhs/>

- All the flexibilities can be found on the DHCS or BHS websites.
- DHCS will review these PHE flexibilities to determine which ones should be permanent provisions, and whether federal approvals are necessary.

DHCS MEDI-NURSE LINE (CONTINUED)



- Information referrals to helpful COVID-19 resources.
- All callers who present with COVID-19 symptoms will also have access to trained and knowledgeable nurses for clinical consultation and triaging.
- Directions to get tested and/or seek treatment, inclusive of referrals to COVID-19 resources.
- Uninsured callers will also be referred to a qualified provider in the county of the caller who can perform presumptive eligibility (PE) determinations to provide temporary coverage to minimally obtain COVID-19 testing, testing related, and treatment services.

MEDI-CAL 2020 SECTION 1115 WAIVER UPDATE



The current 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020.

Prior to the COVID-19 public health emergency, DHCS planned to implement CalAIM in conjunction with the end of the waiver period.

- COVID-19 has greatly impacted all aspects of California's health care delivery system, due to focus on surge planning, infection control, transition to telehealth/telework, and reprioritization of resources.
- Health care systems, plans, providers, and counties requested a delay in CalAIM, due to the need to address the pandemic.
- While the state is still committed to CalAIM, an extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.
- The final FY 2020-2021 state budget reflected a delay in funding for CalAIM

MEDI-CAL 2020 SECTION 1115 WAIVER UPDATE CONTINUED



- DHCS must request a waiver extension from CMS in order to keep Medi-Cal 2020 from expiring on December 31.
- 12-month extension will provide the necessary federal authority and Medicaid matching funds. –Support the financial viability of the delivery system in the context of COVID-19.

Goal to submit 1115 Extension request to CMS by September 15.

MEDI-CAL 2020 SECTION 1115 WAIVER UPDATE CONTINUED



- Medi-Cal Managed Care
- Whole Person Care
- Global Payment Program
- Drug Medi-Cal Organized Delivery System
- Low-Income Pregnant Women
- Former Foster Care Youth
- Community-Based Adult Services
- Coordinated Care Initiative
- Dental Transformation Initiative & Designated State Health Programs (DSHP)
- Tribal Uncompensated Care
- Rady's CCS Pilot

MEDI-CAL 2020
SECTION 1115 WAIVER UPDATE
CONTINUED



Extension requests and local impact - Whole Person Care (WPC)

Continue WPC Pilot Program as currently structured:

- Additional year of funding at FY 2019-2020 (PY 4) expenditure levels.
- New target population for individuals impacted by COVID-19.
- Allow WPC pilots to modify their budgets in response to COVID-19.

MEDI-CAL 2020 SECTION 1115 WAIVER UPDATE CONTINUED



Extension requests and local impact: DMC-ODS

12-month extension of authority for county-based pilots including expenditure authority for residential SUD services in IMDs; Medi-Cal funding.

- Technical Changes:
 - Remove limitation on the number of residential treatment episodes that can be reimbursed in a one-year period.
 - Clarify that reimbursement is available for SUD assessment and appropriate treatment even before a definitive diagnosis is determined .
 - Clarify the recovery services benefit.
 - Expand access to MAT.
 - Increase access to SUD treatment for American Indians and Alaska Natives.

1915(B) SPECIALTY MENTAL HEALTH SERVICES WAIVER EXTENSION



On May 8, 2020, DHCS formally requested an extension of the state's current Medi-Cal SMHS Waiver, authorized under Section 1915(b) of the Social Security Act.

- As originally approved by CMS, this 1915(b) waiver was set to expire on June 30, 2020.
- DHCS requested CMS' approval to extend the term of the waiver through December 31, 2021.

1915(B) SPECIALTY MENTAL HEALTH SERVICES WAIVER EXTENSION



On June 2, 2020, DHCS received a response from CMS approving a six-month extension to December 31, 2020, acknowledging the need for an additional extension request due to the delay of CalAIM.

- DHCS is now seeking a second extension to the 1915(b) waiver to December 31, 2021, to coincide with DHCS' extension request for the 1115 waiver.

METRICS FOR ACCESS (NETWORK ADEQUACY)



Holding counties and managed care plans accountable to the following standards for access and quality through multiple metrics:

- Time & Distance
- Penetration Rates
- Timeliness of Appointments and Services
- Grievance & Appeals
- Provider Ratios
- CMS Core Set and other Quality Measures

- Current development of a public dashboards for Mental Health and SUD.

SPECIFIC ACTIVITIES RELATED TO MEETING THE NEEDS OF YOUTH IN FOSTER CARE SYSTEM



AB 2083: Better coordinate between county and state agencies, focused on trauma-informed practices.

- Therapeutic Foster Care:
 - Implement and scale model
- Pathways to Well-Being (Katie A.):
 - Ensure children/youth have access to coordinated and intensive home-based treatment services.

SPECIFIC ACTIVITIES RELATED TO MEETING THE NEEDS OF YOUTH IN FOSTER CARE SYSTEM CONTINUED



- Family Urgent Response System:
 - Implement statewide hotline and county mobile response to allow prompt intervention and issue resolution for children/youth in foster care and their families.

- CalAIM Foster Care Model of Care Workgroup:
 - Evaluate options for better and more reliable health care for children/youth in child welfare.



QUESTIONS?





Medical Record Review Results

Presented by

Heather Parson, LMFT, QM Interim BH Program Coordinator

MRR RESULTS FY19/20



ASSESSMENT		SOC FY18/19	SOC FY19/20	CYF	AOA
1	Demographic form is completed and previous information is reviewed/updated within 30 days of program assignment.	90%	90%	95%	86%
2	Demographic form is updated if there was a change in client information after admission and at a minimum annually.	68%	81%	83%	79%
3	Initial BHA was completed in its entirety and final approved within 30 calendar days of program assignment (date of assignment counts as day one).	N/A	92%	92%	92%
4	In the BHA covering the review period, the BHA was updated as indicated or at a minimum of annually from previous BHA final approval date.	70%	73%	78%	68%
5	In the BHA covering the review period, presenting problem documents how client meets or continues to meet medical necessity.	94%	95%	94%	95%
6	In the BHA covering the review period, documentation evidences a cultural formulation which includes an understanding of how or if culture impacts client's mental health.	85%	87%	90%	84%
7	In the BHA covering the review period, the Sexual Orientation has been assessed and answered. question	98%	100%	100%	100%
8	In the BHA covering the review period, the Gender Identity question has been assessed and answered.	98%	99%	99%	99%
9	In the BHA covering the review period, the Domestic Violence questions have been assessed and answered.	98%	99%	99%	99%
10	In the BHA covering the review period, the Trauma questions have been assessed and answered.	97%	99%	99%	100%

MRR RESULTS FY19-20



ASSESSMENT		SOC FY18/19	SOC FY19/20	CYF	A/OA
11	In the BHA covering the review period, past and current substance use and its impact on client functioning is documented and diagnosed, if applicable.	71%	71%	70%	72%
12	In the BHA covering the review period, if any item on the PRA is marked "yes," the Overall Risk and Treatment Planning Section is completed. In addition, any "yes" answers to questions with an asterisk demonstrate documentation of review and creation of a safety plan with a clinical supervisor/designee.	N/A	76%	75%	76%
13	Within the past year (from date of current MRR), when a client has discharged from a 24 hour facility (Hospital, Crisis House) for DTS/DTO, a High Risk Assessment (HRA) is completed.	70%	63%	60%	65%
14	In the BHA covering the review period, documentation indicates client was asked if he/she has a primary care physician (PCP). If client does have PCP, contact information is included or reason documented why not.	97%	100%	100%	100%
15	In the BHA covering the review period, if client does not have a PCP, client was advised to seek a PCP.	87%	91%	89%	92%
16	The BHA covering the review period includes a clearly substantiated Title 9 primary diagnosis.	97%	96%	96%	96%
17	Clinical Formulation documents that Diagnosis Form has been reviewed if diagnosis is unchanged. If making a new diagnosis, the Diagnosis Form is updated to reflect this change.	88%	93%	94%	91%
18	In the BHA covering the review period, the Clinical Formulation documents how client's symptom(s) impact current functioning.	88%	89%	90%	88%
19	In the BHA covering the review period, the Clinical Formulation documents proposed plan of care/services to address the client's behavioral health needs.	96%	94%	94%	94%

MRR RESULTS FY19-20



CLIENT PLAN		SOC FY18/19	SOC FY19/20	CYF	A/OA
20	Initial Client Plan was completed and final approved within 30 days of program assignment (date of assignment counts as day one) and contains all required signatures or reason documented why not signed or final approved.	91%	93%	92%	94%
21	A new and updated Client Plan covering the review period was written and final approved annually or reviewed at UM (CYF only) and contains all required signatures or reason documented why not signed or final approved.	63%	65%	75%	54%
22	For CYF programs only, Client Plan contains CANS Sharing Confirmation Page as indicated.	N/A	N/A	99%	N/A
23	Documentation evidences that the Client Plan was explained to the client or family/legal guardian in his/her primary language.	98%	98%	97%	99%
24	Documentation evidences that the client or family/legal guardian was offered a copy of the plan or reason why not offered.	96%	98%	97%	99%
25	The Client Plan covering the review period is documented with specific client strengths that are applied towards client goals and objectives	91%	92%	93%	91%
26	The Client Plan covering the review period documents that Area of Need(s) is linked to symptoms/behaviors and level of impairment affecting functioning that were identified in BHA and linked to the diagnosis for the focus of treatment.	92%	91%	92%	90%

MRR RESULTS FY19-20



CLIENT PLAN		SOC FY18/19	SOC FY19/20	CYF	A/OA
27	The Client Plan covering the review period includes objectives that are specific, observable and measurable.	79%	76%	87%	66%
28	The Client Plan covering the review period documents frequency for all Interventions.	89%	95%	95%	94%
29	The Client Plan covering the review period documents duration for all Interventions.	93%	97%	96%	97%
30	The Client Plan Interventions are documented with specific language that focuses on client's individual symptoms, behaviors and/or functional impairments as identified in the area of need. Documentation will evidence how intervention will 1) diminish impairment, or 2) prevent deterioration, or 3) allow developmental progress of child.	61%	70%	79%	62%
31	For the Client Plan covering the review period, if risk factors of harm to self or others have been identified, there is evidence that the issues are addressed on the Client Plan.	92%	91%	89%	92%
32	For the Client Plan covering the review period, if a Substance Use Disorder has been identified and diagnosed as an ongoing problem for client's mental health, there is evidence that the issues are addressed on the Client Plan or reason for omission is documented.	88%	94%	95%	92%
33	For the Client Plan covering the review period, if physical health needs that affect the client's mental health have been identified, there is evidence that the needs are addressed on the Client Plan or reason for omission is documented.	72%	78%	73%	83%

MRR RESULTS FY19-20



PROGRESS NOTES AND FORMS		SOC FY18/19	SOC FY19/20	CYF	A/OA
34	Progress notes document client's impairment(s) in functioning as a result of a mental health diagnosis.	96%	99%	99%	98%
35	Progress notes document specialty mental health intervention(s) utilized to address the impairment(s) and supports the client plan objective(s).	96%	99%	99%	98%
36	Progress notes document recipient's response to the specialty mental health intervention(s).	98%	100%	100%	99%
37	For clients identified at risk, progress notes document ongoing risk assessment, clinical monitoring, and intervention(s) that relate to the level of risk.	99%	96%	98%	94%
38	For clients diagnosed with a co-occurring substance use disorder that is included on the client plan, progress notes document specific integrated treatment approaches.	88%	95%	94%	96%
39	For clients with physical health needs related to their mental health treatment, progress notes document that physical health care (education, resources, referrals, managing health symptoms) is integrated into treatment.	86%	92%	86%	97%
40	For clients discharged from an inpatient/crisis residential facility, documentation evidences client was assessed in a timely manner, and if urgent service needed, client was seen by a mental health professional within 48 business hours or documented why not.	88%	91%	96%	85%

MRR RESULTS FY19-20



PROGRESS NOTES AND FORMS		SOC FY18/19	SOC FY19/20	CYF	A/OA
41	Documentation evidences coordination of care (communication, Tx updates, and/or referrals) between the program and client's other service providers (community therapist, FFS psychiatrist, primary care physician, day treatment, case management, school, child welfare, foster care, family/caregivers, or other agencies).	90%	96%	98%	94%
42	Coordination with Primary Care Physicians and Behavioral Health Form is completed and evidences coordination with, or documented reason why not completed.	74%	79%	77%	81%
43	For clients prescribed psychotropic medication by the program, there is an "Informed Consent for the Use of Psychotropic Medication" form signed by both client or family/legal guardian and psychiatrist.	92%	92%	89%	95%
44	The "Informed Consent for the Use of Psychotropic Medication" have been completed with all fields documented.	76%	85%	85%	85%
45	Medical staff is utilizing Doctor's Home Page (DHP) to document client medications, vitals and medical conditions.	N/A	66%	73%	58%
46	For clients prescribed controlled substances, there is documentation that the CURES database is reviewed upon initial prescription and at least once every 4 months thereafter if the substance remains part of the treatment plan.	98%	79%	68%	89%
47	Survey Only: "The Youth Transition Self-Evaluation (YTSE) form had been completed for CYF clients 16 years or older within 30 days of assignment, updated at age 17, 17 ½, 18 and annually thereafter."	N/A	N/A	60%	N/A

MRR RESULTS FY19-20



BILLING		SOC FY18/19	SOC FY19/20	CYF	A/OA
48	Paper Progress Note includes service code, date of service, service time, date of documentation, signatures, job title/degree, and printed name.	85%	82%	86%	79%
49	Service Code billed matches service code on Paper Progress Note.	92%	89%	79%	100%
50	Time billed is equal to time documented on Paper Progress Note.	86%	86%	86%	86%
51	Service Code is correct for service documented.	73%	75%	73%	76%
52	Time billed is substantiated in documentation. (Time claimed should be reasonably evident in the progress note including face to face, travel and documentation time.)	71%	73%	79%	66%
53	Service time is claimed accurately to the minute as there is no trend or pattern of services being rounded or "same time" claimed for face to face, travel and documentation time across progress notes.	88%	89%	91%	87%
54	Selection for all Billing Indicators are correct (i.e. Person Contacted, Place of Service, Contact Type, Appointment Type, Billing Type, Service Intensity Type, EBP).	71%	72%	69%	75%

MRR RESULTS FY19-20



BILLING		SOC FY18/19	SOC FY19/20	CYF	A/OA
55	Progress Notes are final approved within 14 calendar days from date of service. (Date of service counts as "day one".)	80%	79%	84%	75%
56	Services provided involving more than one server, document the clinically compelling or medically necessary reason for more than one server. (applies to group and individual services)	84%	97%	100%	94%
57	Services provided involving more than one server, document the clinical therapeutic intervention of each server. (applies to group and individual services)	55%	97%	100%	94%
58	Documentation for all services provided in the review period evidences service was provided within the scope of practice of the server.	99%	99%	100%	99%
59	All non-billable 800 codes are used appropriately (e.g., post 14 days, no valid Client Plan, supportive service that is not SMHS).	84%	86%	96%	76%
60	Services are billable according to Title 9 (e.g., no progress note, no-shows, lock-outs, non-billable activities, medical necessity, etc.).	58%	65%	74%	57%

MRR RESULTS FY19-20



UTILIZATION MANAGEMENT/REVIEW		SOC FY18/19	SOC FY19/20	CYF	A/OA
61	During the review period, UM/UR due date and documentation requirements (UR/UM Auth forms, CPs) are completed as required.	85%	85%	84%	87%
62	Outcome measures are completed within timelines and entered into database. (Program will be asked for evidence of entry into database.)	67%	67%	80%	54%
63	For CYF programs only. Any CANS outcome with a Need rating of "2 or 3" has supporting indicators referencing the BHA.	N/A	N/A	98%	N/A

MRR RESULTS FY19-20



Pathways to Well-Being (PWB)		CYF FY18/19	CYF FY19/20	A/OA
64	If Client meets criteria for enhanced services, Eligibility for PWB and Enhanced Services form is completed and in CCBH and Progress Report to Child Welfare Services PWB form is completed and in hybrid chart. Both forms are updated according to required timelines.	67%	86%	N/A
65	Progress Report to Child Welfare Services form is completed and updated within appropriate timelines and form indicates that CANS were shared with CWS, or reason documented why not.	N/A	49%	N/A
66	If client has an open CWS case, documentation of PWB Subclass or PWB Class status is noted in the BHA for the review period.	N/A	94	N/A
67	Client is identified in Client Categories Maintenance with the KTA identifier for the subclass or class.	75%	77%	N/A
68	If utilizing SC 82 Intensive Care Coordination or SC 83 Intensive Home-Based Services, Client Plan has required interventions added.	N/A	93%	N/A
69	Documentation supports that a CFT (Child Family Team) meeting has occurred within 30 days of identification of subclass on the Eligibility for PWB and Enhanced Services form, and at a minimum of every 90 days thereafter. If CFT meeting timelines are not met, documentation includes a justifiable reason for CFT meeting postponement and efforts to reschedule CFT meeting as soon as possible.	N/A	79%	N/A
70	Survey Question Only: During the review period, if a CFT meeting occurred, there is evidence in the hybrid chart that a CFT Referral form was completed and sent. If CFT Referral form was completed by an outside agency, there is evidence of this in the hybrid chart or documentation why not filed in chart.	N/A	79%	N/A
71	When documenting a CFT meeting, the service encounter screen includes entry of the Evidence Based Practice (EBP) indicator "Child Family Team Meeting".	55%	76%	N/A

MRR RESULTS FY19-20



QI Reviews - Overall Compliance	Overall Compliance FY 19-20	Overall Compliance FY 18-19	Overall Compliance FY 17-18	Overall Compliance FY 16-17
Combined Adults and Children's	89%	88%	89%	90%
Adults	88%	86%	87%	88%
Children's	90%	90%	90%	91%

DISALLOWANCE FY19-20



DISALLOWANCE RESULTS	Total # Services FY 19-20	Total # Disallowed FY19-20	FY 19-20
A/OA	3924	593	12%
CYF	5346	422	6%
COMBINED TOTAL	6661	578	9%
GOAL FOR FY19-20		Missed the target of under 5%, but overall the percentages for disallowed services are going down	
GOAL FOR FY20-21		UNDER 5%	

MRR RESULTS FY19-20



QI Reviews - Disallowance	Overall Disallowance Rate FY 19-20	Overall Disallowance Rate FY 18-19	Overall Disallowance Rate FY 17-18	Overall Disallowance Rate FY 16-17
Combined Adults and Children's	9%	11%	11%	8%
Adults	12%	15%	16%	11%
Children's	6%	8%	8%	6%

DISALLOWANCE FY19-20



DISALLOWANCE REASONS	FY 19-20 DOLLARS	FY 18-19 DOLLARS	FY 17-18 DOLLARS
Medical necessity	\$33,588.15	\$44,417.44	\$45,348.81
Client Plan not completed within time period (admission, annually, UM, invalid CP) and/or not F/A prior to service provision	\$31,918.23	\$24,111.06	\$26,639.26
Documentation completed/not final approved 14 days after date of service	\$10,785.65	\$17,357.66	\$14,942.99
Time claimed greater than time documented on Progress Note	\$787.38	\$2,647.49	\$803.93
No service was provided	\$10,790.47	\$19,505.30	\$17,327.14
Service provided was solely clerical, transportation, payee	\$1,521.90	\$13,943.47	\$12,209.33
Service provided was solely academic, vocational, rec, socialization, support only	\$11,197.02	\$25,633.29	\$5,020.30
TOTAL DISALLOWANCE	\$100,588.80	\$147,615.71	\$128,613.00

SHOUT OUT TO PROGRAMS!



Overall Disallowance Rate by LE
under 5% benchmark

Survivors of Torture

SBCS

FHC

Sweetwater

Pathways

SDCC

SDYS

SDUSD

SAY

NA

Telecare

NCL

Exodus

Palomar

Rady

MRR Compliance by LE with
90% or higher score

Survivors of Torture

SAY

Palomar

SBCS

Pathways

FF

FHC

DCS

SDCC

NCL

Telecare

Rady

Exodus

SDUSD

NHA

SDYS

SYHC

CRF



QM TRAINING FY19-20



TYPE	FY 19-20 OFFERED	FY 19-20 ATTENDED	FY 18-19 ATTENDED	FY 17-18 ATTENDED
A/OA OP DOC TRAINING	2	66	136	113
CYF OP DOC TRAINING	3	54	113	139
SUPPORT PARTNERS DOC TRAINING	2	30	74	86
DOC PRACTICUM	2	32	25	NA
ROOT CAUSE ANALYSIS TRAINING	3	60	62	50
LEADS PRACTICUM	3	73	79	0
ONSITE TRAININGS	8	51	247	50
TOTAL	23	366	736	388



Monitoring Activities & FY 20/21 Medical Record Review Process

Presented by

Danielle Rhinesmith, LMFT – Quality Management Supervisor

MRR SATISFACTION RESULTS



1. The QM Specialist had a clear understanding of the types of services provided by my program(s). 4.48/5.0
2. QM Specialist reviewed the prior fiscal year's MRR Summary results and the results of the current MRR in detail including compliance issues, trends, areas for improvement, areas of program strength, and I was able to ask questions for any items out of compliance. 4.67/5.0
3. QM Specialist was able to articulate the reason why an item was marked out of compliance. 4.55/5.0
4. I was able to discuss with the QM Specialist a difference of opinion for an item out of compliance and was satisfied with the resolution, even if I disagreed with the QM Specialist's interpretation. 4.33/5.0
5. If I continued to disagree with the QM Specialist's opinion for an out of compliance item, I was offered the ability to discuss the matter directly with the QM Specialist's Supervisor. 4.2/5.0

MRR SATISFACTION RESULTS



6. The QM Specialist was knowledgeable about Title 9 regulations and County documentation standards and was able to answer questions to my satisfaction. **4.43/5.0**
7. The QM Specialist provided feedback to the Program about their Self Review and incorporated this information into the MRR. **4.36/5.0**
8. When I received the written MRR results from the QM Specialist, the results were consistent with the feedback that I received during the exit interview. **4.34/5.0**
9. The QM Specialist was professional, collaborative, and overall helpful during the MRR process. **4.71/5.0**

Note: 48 responses received this FY compared to 23 responses last year.

MRR SATISFACTION RESULTS



- “Feedback is constructive and fair.”
- “I really appreciate the collaborative nature of the review and the auditor’s expertise. The review felt like a learning process/opportunity.”
- “This has been a positive experience.”
- “I learned a great deal during the review that will assist me in improving my program.”

MEDICATION MONITORING (3 QTRS.)



	CYF	A/OA	TOTAL
Programs Reporting	68	56	124
Charts with Meds	2,853	21,969	24,882
Charts Reviewed	159 (6%)	362 (2%)	521 (2%)
# Variances & % of possible variances in reviewed charts	84 (2%)	166 (2%)	250 (2%)

Majority of Variances:

- Labs
- Informed Consent completion
- Med Monitoring review was suspended due to COVID 19 during Q3 & Q4.
 - Medi Monitoring resumed Q1 of FY 20-21

FY19-20 SERIOUS INCIDENTS

(JULY 1, 2019-JUNE 30, 2020)



Mo/Yr	Incident in Media	Death by Suicide	Death Under Questionable Circumstances	Death by Homicide	Death by Natural Causes	Suicide Attempt	Alleged Homicide Committed by a Client	Homicide Attempt by a Client	Homicide Attempt on a Client	Injurious Assault on a Client	Injurious Assault by a Client	Tarasoff (Report made by Program)	Tarasoff (Report received by Program)	Serious Allegations of or Confirmed Inappropriate Staff Bx	Serious Physical Injury	Adverse Medication Reaction	Medication Error	Apparent Overdose of Alcohol/Drugs	Privacy Incident	Physical Restraints (Prone or Supine)	Other	Totals
AOA MH	22	20	24	0	10	84	1	4	1	0	2	64	10	5	18	1	0	33	0	0	24	323
AOA SUD	3	1	10	0	0	4	0	0	0	0	0	3	0	7	1	0	0	13	0	0	22	64
AOA DD	1	1	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
CYF MH	6	6	2	0	0	17	0	1	1	0	0	7	2	0	0	0	0	3	0	87	7	139
CYF SUD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CYF DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BHS	32	28	37	0	10	107	1	5	2	0	2	74	12	12	19	1	0	49	0	87	53	531

Virtual MRR Process

FY 20/21



LIVE WELL
SAN DIEGO

Hybrid Chart Checklist

MRR Hybrid Chart and Program Compliance Check List

Hybrid Chart Check List

In order to complete your virtual Medical Record Review, please submit the following documents. These documents can be sent via secure means (fax or encrypted email) anytime during the self-review period process but must be submitted **no later than the end of the 10-day review period** along with your completed Program Self-Attestation and Review. Program may choose to deliver the required documents in person to our Camino Office – please notify your QM Specialist so they may arrange timely pick up.

Hybrid Chart Review: The following items are needed for EACH chart in your review. For each chart, complete this form and group required documents individually and submit along with the Hybrid Chart Check List.

Chart #:			CCBH number:
Please indicate item attached or N/A, missing, etc			
Attached	N/A	Other:	Client Plan
<input type="checkbox"/>	<input type="checkbox"/>		Initial Client Plan Signature Page <ul style="list-style-type: none"> if opened within 3 yrs of review period, or mark N/A
<input type="checkbox"/>	<input type="checkbox"/>		Client Plan Signature Page(s) for the plan(s) covering the review period <ul style="list-style-type: none"> include any client plan signature pages for revised client plans within review period
Progress Notes and Forms			
<input type="checkbox"/>	<input type="checkbox"/>		Coordination of Care with Primary Care Physicians and Behavioral Health Form <ul style="list-style-type: none"> with evidence of coordination with, or documented reason why not completed <ul style="list-style-type: none"> Fax cover sheet, progress note, etc If using own program form, be sure to include ROI
<input type="checkbox"/>	<input type="checkbox"/>		Informed Consent for Use of Psychotropic Medication form signed by both client and/or legal guardian and psychiatrist for clients prescribed psychotropic medication by program.
<input type="checkbox"/>	<input type="checkbox"/>		All applicable Youth Transition Self Evaluation (YTSE) forms based on client's current age (16, 17, 17 ½, 18, and annually)
Billing			
<input type="checkbox"/>	<input type="checkbox"/>		Any paper progress notes billed during current review period.
Utilization Management/Review and Authorizations			
<input type="checkbox"/>	<input type="checkbox"/>		UM/UR forms for all charts if this activity occurred during the current review period.
<input type="checkbox"/>	<input type="checkbox"/>		Authorization forms (CYF only) for IHBS, TBS, START programs, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>		Outcome measures along with mHOMS print out verifying submission to mHOMS database <ul style="list-style-type: none"> Provide all outcome measures for past year to demonstrate adherence to timelines including annual and all applicable timelines as per A/OA guidelines (every 6 months) or UM Cycle (CYF)
Pathways to Well-Being *If applicable (CYF Programs)			
<input type="checkbox"/>	<input type="checkbox"/>		Progress Report to Child Welfare Services



Microsoft Teams Meeting Invite

You will receive an email from the QM Specialist with an invitation for a Microsoft Teams Meeting

Click on Join Microsoft Teams Meeting

[Join Microsoft Teams Meeting](#)

[Learn more about Teams](#) | [Meeting options](#)



Untitled
3.3kB

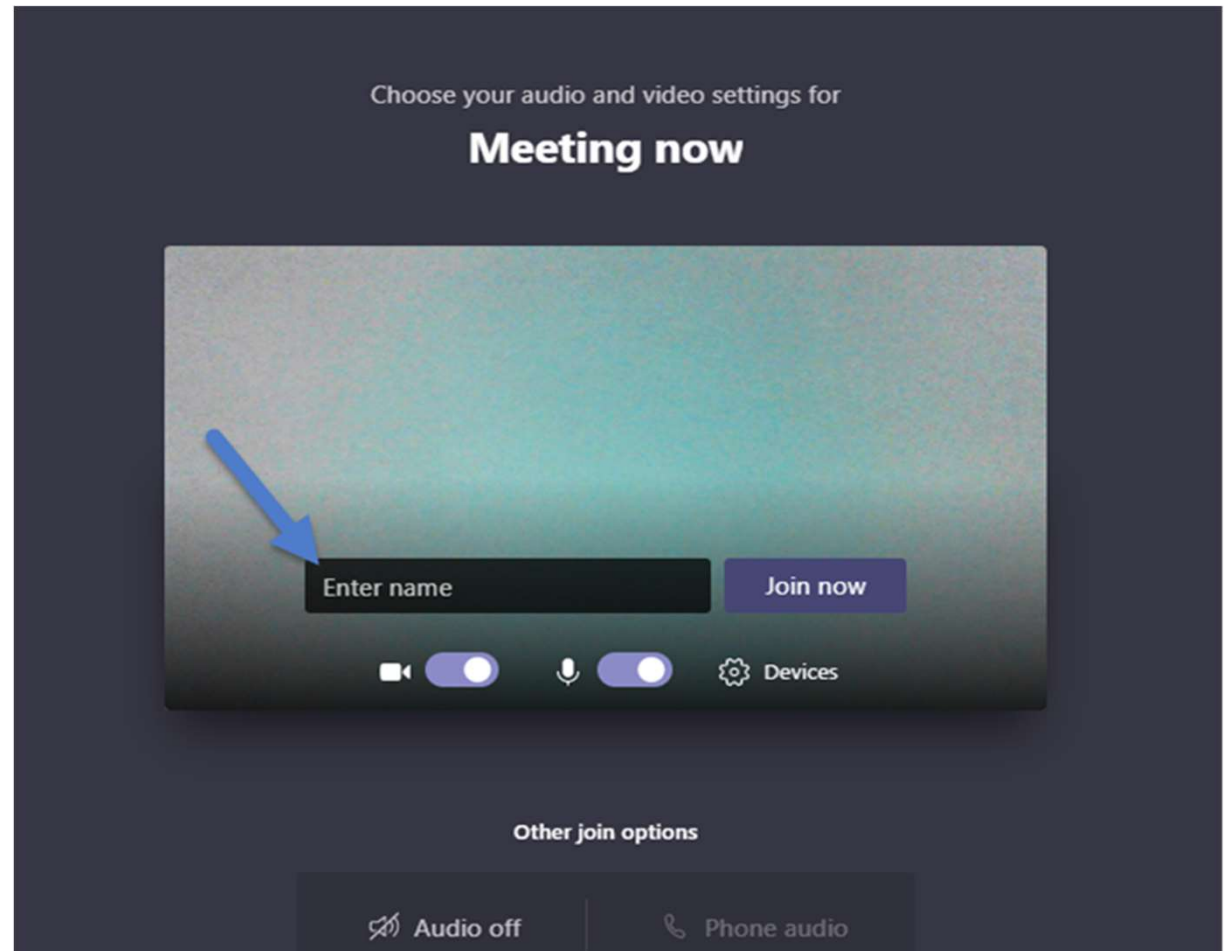


VIRTUAL MRR PROCESS



When you click the link you will be asked if you want to join via the app or browser

Enter your name and click Join now



MRR EXIT FLOW



Having sent in your program's Hybrid chart submissions, the Exit meeting will begin after introductions.

The QM Specialist will display their tool and any documents that have comments to discuss.

MRR SCREEN SHARING AND TEAMS FEATURES



The screenshot displays a Microsoft Teams meeting interface. The main window shows a screen share of an Excel spreadsheet titled "MRR Summary". The spreadsheet contains columns for Record #, Unit #, Sub Unit #, State Provider Number, Program Name, Review Date, Billing Review Period, Primary Language, Client Case #, Client Insurance, and Race/Ethnicity. Below these columns is a section titled "ASSESSMENTS" with a table of 8 rows and 3 columns (Yes, No, N/A). The text "Page 1" is overlaid on the spreadsheet. At the bottom of the screen, the Teams meeting controls are visible, including a timer showing 02:04, icons for video, microphone, screen sharing, and chat. A green arrow points to the chat icon in the controls, with the text "Accessing the Meeting Chat feature".

Meeting chat

Riley, Claire added Claire Riley (Guest) to the meeting.

Video sharing and Microphone controls

Accessing the Meeting Chat feature

Type a new message

RAISE HAND FEATURE



contains features that prevent it from using AutoSave. Please save your workbook manually.

Sub Unit #	State Provider Number
0	

Review Date	Billing Review Period
01/00/00	01/00/00 to 01/00/00

Client Case #	Client Insurance	Race/Ethnicity

ASSESSMENTS	Yes	No	N/A
leted and previous information is reviewed/updated within ment.			
led if there was a change in client information after m annually.			
essment (BHA) was completed in its entirety and final ar days of program assignment (date of assignment counts			
view period, the BHA was updated as indicated or at a previous BHA final approval date.			
view period, presenting problem documents how client t medical necessity.			
view period, documentation evidences a cultural formulation ending of how or if culture impacts client's mental health.			
view period, the Domestic Violence questions have been			
view period, the Trauma questions have been assessed			

03:46

Chart Summary Provider Compliance 1 MRR Summary Disallowed Claims Summary Corrected Claims Summary Pharmaceutical Review Medicati...

CR
Riley, Claire

CR Claire Riley (Guest)

CR Riley, Claire Organizer



DISPLAYING PROGRESS NOTES



PN MRR Example.pdf - Adobe Acrobat Pro DC
File Edit View Window Help
Home Tools PN MRR Example.pdf x

1 / 1 125%

Name: CLIENT, NAME Case#: 0000000000 Page: 1 of 1
Type: Printed on 08/14/2020 at 02:19 PM Date: (Draft)

Never Billable Progress Note (08/14/2020)

Client Narratives

Client Narrative *CLAIRE RILEY for 08/14/2020*

Client was a no show.

Signatures

Pending Service Provider Signature- CLAIRE RILEY

Pending Supervisor/Co-Signer Signature

No shows should be documented with the Service Code that was intended to be provided with the Appointment Type Billing Indicator of 5 - NO SHOW selected.

01:30 [mute] [mic] [share] [more] [hand] [chat] [people] [end call]



QUESTIONS?





LIVE WELL
SAN DIEGO

Grievance Process

Presented by

Casie Johnson-Taylor, LMFT – Quality Management Supervisor



GRIEVANCE PROCESS

- All County operated and contracted providers are required to participate in the Beneficiary Grievance and Appeal Process. This includes the following:
 - Distribution/display of beneficiary materials.
 - Attempt to resolve grievances at the program level.
 - Written acknowledgement of grievance to the beneficiary sent within **5 days.**
 - Maintain Grievance log: including date of receipt of grievance, name of beneficiary, nature of grievance, resolution, and the staff's name who received and resolved the grievance.



GRIEVANCE PROCESS

- Inform beneficiaries of their right to file grievance with one of the County's advocacy agencies.
 - Jewish Family Services (JFS) for inpatient/24 hour residential facilities
 - JFS Handbook
 - Consumer Center for Health Education and Advocacy (CCHEA) for outpatient services
- Cooperating with investigation and resolution of the grievance or appeal in a **timely manner**.
 - **90 days** from receipt of grievance to resolution

GRIEVANCE BY CATEGORY

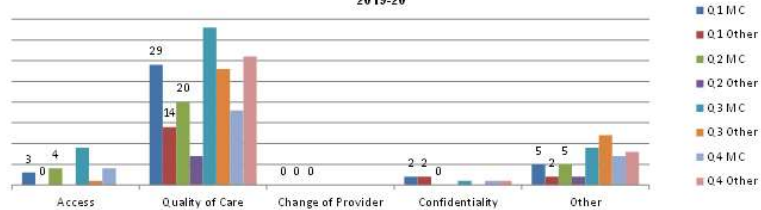


Grievance and Appeals Summary
Q1 - Q4, FY 19-20

Grievances

	Q1		Q2		Q3		Q4		FY 19-20 Total
	MC	Other	MC	Other	MC	Other	MC	Other	
Access	3	0	4	0	9	1	4	0	21
Quality of Care	29	14	20	7	38	28	18	31	185
Change of Provider	0	0	0	0	0	0	0	0	0
Confidentiality	2	2	0	0	1	0	1	1	7
Other	5	2	5	2	9	12	7	8	50
	39	18	29	9	57	41	30	40	263

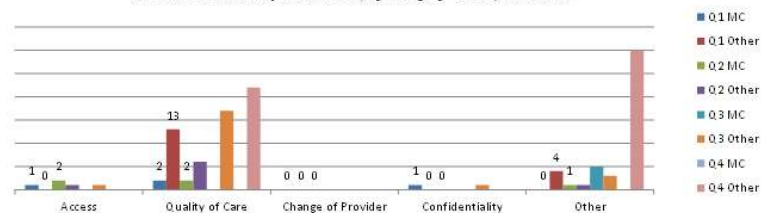
Total Number of Grievances, by Category Q1-Q4, FY 2019-20



Exempt Grievances

	Q1		Q2		Q3		Q4		FY 19-20 Total
	MC	Other	MC	Other	MC	Other	MC	Other	
Access	1	0	2	1	0	1	0	0	5
Quality of Care	2	13	2	6	0	17	0	22	62
Change of Provider	0	0	0	0	0	0	0	0	0
Confidentiality	1	0	0	0	0	1	0	0	2
Other	0	4	1	1	5	3	0	30	44
	4	17	5	8	5	22	0	52	113

Total Number of Exempt Grievances, by Category Q1-Q4, FY 2019-20



Report Source: FY 19-20 Grievance and Appeals Reports
Report by: BHS-Q1-QM-TW

Grievance and Appeals Summary
Q1 - Q4, FY 19-20

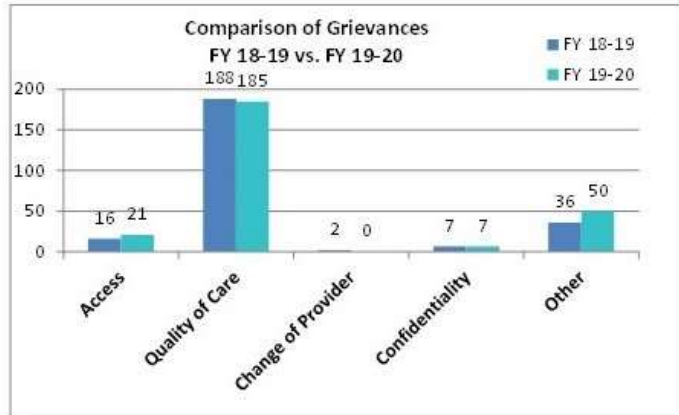
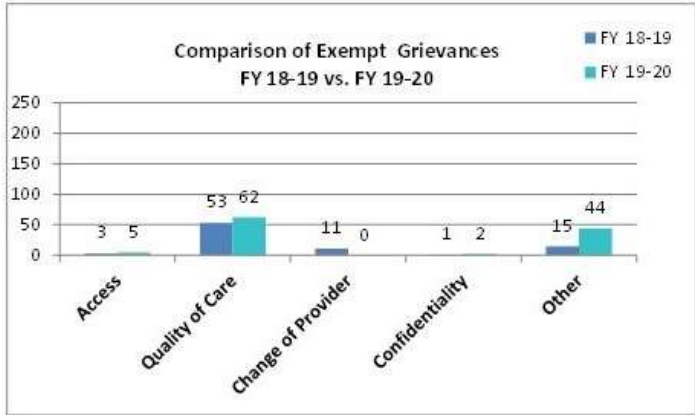
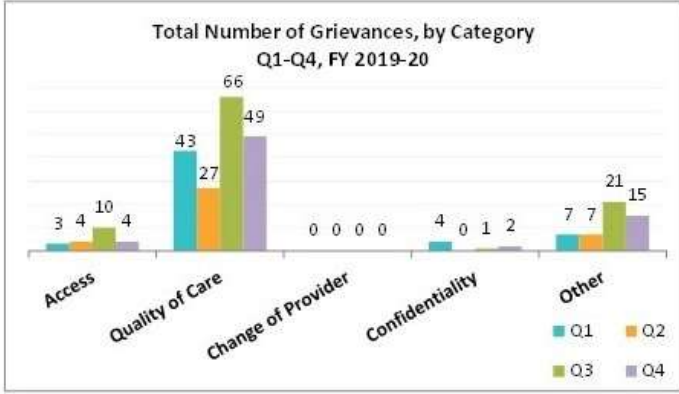
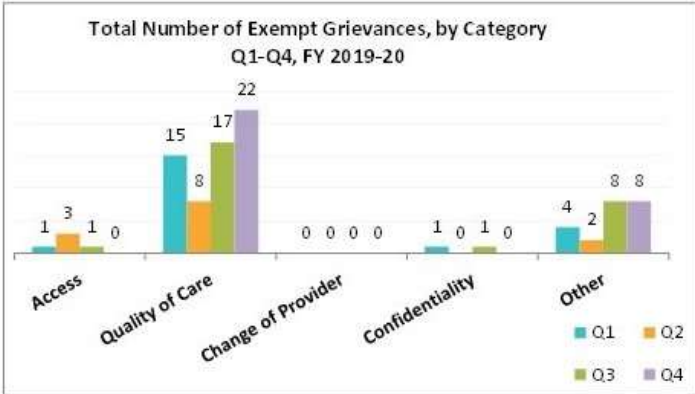
	Grievance		Exempt Grievance		Appeals	
	MC	Other	MC	Other	MC	Other
ACCESS						
SERVICE NOT AVAILABLE	2	0	2	1	0	0
SERVICE NOT ACCESSIBLE	1	1	0	0	0	0
TIMELINESS OF SERVICES	5	0	1	0	0	1
24/7 TOLL-FREE ACCESS LINE	0	0	0	0	0	0
LINGUISTIC SERVICES	0	0	0	0	0	0
OTHER ACCESS ISSUES	11	1	0	1	1	0
TOTAL	19	2	3	2	1	1
QUALITY OF CARE						
STAFF BEHAVIOR CONCERNS	47	25	3	19	1	0
TREATMENT ISSUES OR CONCERNS	21	28	1	16	2	0
MEDICATION	28	20	0	16	0	0
CULTURAL APPROPRIATENESS	1	0	0	0	0	0
OTHER QUALITY OF CARE ISSUES	8	7	0	7	0	0
TOTAL	105	80	4	58	3	0
CHANGE OF PROVIDER	0	0	0	0	0	0
CONFIDENTIALITY CONCERN	4	3	1	1	0	0
OTHER						
FINANCIAL	3	4	0	0	0	0
LOST PROPERTY	4	2	0	1	0	0
OPERATIONAL	0	0	0	1	0	0
PATIENTS' RIGHTS	9	10	5	9	1	0
PEER BEHAVIORS	3	1	0	0	0	0
PHYSICAL ENVIRONMENT	3	1	0	3	0	0
OTHER GRIEVANCE NOT LISTED ABOVE	4	6	1	2	0	0
TOTAL	26	24	6	16	1	0
GRAND TOTALS	154	109	14	77	5	1

Report Source: FY 19-20 Grievance and Appeals Reports
Report by: BHS-Q1-QM-TW

GRIEVANCE BY CATEGORY



County of San Diego Behavioral Health Services
 Quarterly Beneficiary Complaints, Grievances and Appeals Report
QUARTER 4, FY 2019-20





QUESTIONS?



Optum Support Desk

FY 19/20



LIVE WELL
SAN DIEGO

TOTAL NUMBER OF CCBH RELATED REQUESTS

Service Category	Frequency	Percent
External Requests	43,446	98.98%
3rd Party Tickets	447	1.02%
HIMD	1	0.00%
Total	43,894	100%



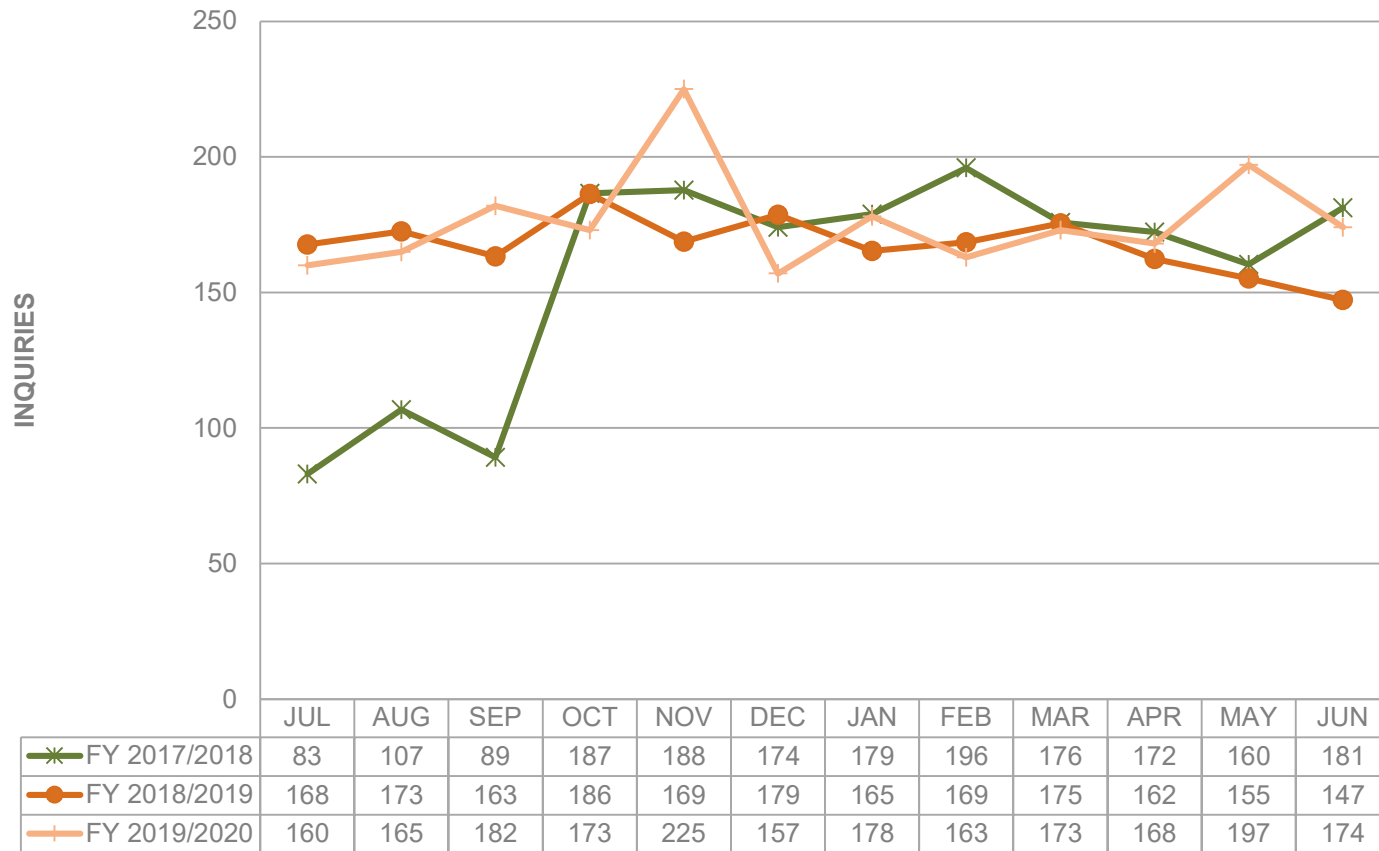
TURNAROUND TIME TO CLOSE TICKETS

External Requests	Frequency	Percent
Same Date	43,430	99.96%
1 Day	8	0.02%
2 Days	4	0.01%
3 Days	0	0.00%
4 Days or more	4	0.01%
Total	43,446	100%



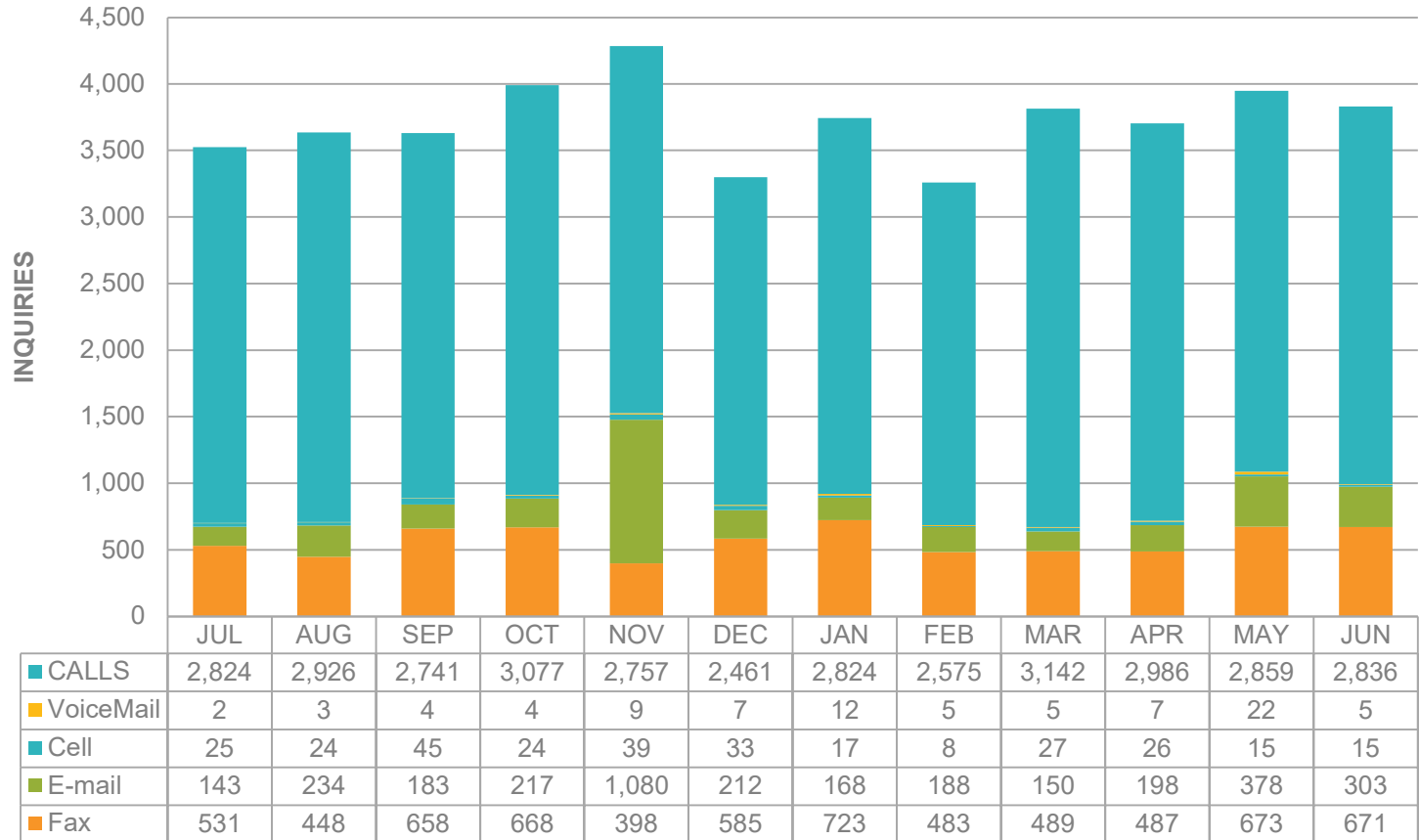
AVERAGE INQUIRIES PER DAY

AVERAGE EXTERNAL INQUIRIES PER DAY



TOTAL INQUIRIES BY METHOD

TOTAL INQUIRIES BY METHOD FY 19/20



TOP 10 TYPES OF REQUESTS

Request Type Name	Frequency	Percent
Progress Note	29,673	68.28%
Password	4,839	11.13%
Assignment	2,718	6.25%
Website	2,200	5.06%
Assessment	701	1.61%
Client Plan	590	1.36%
Cerner Citrix	568	1.31%
Training Reservation	468	1.08%
Staff Maint	398	0.92%
Other	393	0.90%



PROGRESS NOTE CORRECTIONS

Type of PN Correction	Frequency	Percentage
Void and Replicate - Wrong Service Indicator	12,166	45%
Void and Replicate - Wrong Service Time	3,124	11%
Void and Replicate - Wrong Service Code	1,853	7%
Void and Replicate - Diagnosis	1,652	6%
Void - Wrong Date	1,633	6%
Void and Replicate - Non Billable - Over 14 days	1,515	6%
Void and Replicate - Change Narrative	1,466	5%
Void and Replicate - Add Non Billable Code	1,106	4%
Void - Wrong Client	786	3%
Void and Replicate - Non Billable - Invalid CP	668	2%
Void - Never Billable	528	2%
Void - Duplicate Note	480	2%
Void – Encounter did not occur	212	1%



WEBSITE REMODEL



COVID-19 NOABD Beneficiary Communications Forms Manuals OPOH References UCRM UTTM **Training** PWB BHS Reports

STRTP

Training

[Access to Services Journal Video Tutorial available online](#) (updated)
[AA Orientation and Practice Exercises available online](#) (new)
[Progress Notes Orientation and Practice Exercises available online](#) (new)
[Client Plans and Progress Notes Orientation and Practice Exercises available online](#) (new)
[CCBH Login Process Tutorial available online](#) (new)
[Progress Notes and Service Codes Webinar available online](#) (new)
[NOABD Webinar available online](#)
[Service Indicators Webinar available online](#)
[BHA Webinar available online](#)
[Client Plan Webinar available online](#)
[Progress Notes v3 Video Tutorials available online](#)
[Billing Correction Tutorials available online](#)

Training Resources Packet


- [Additional Resources Client Plans and Progress Notes \(pdf\)](#)
- [Admin Data Entry Resource Packet \(pdf\)](#)
- [Anasazi \(CCBH\) Reports Manual 2014 REVISED 9-22-14 \(pdf\)](#)
- [Assessments Resource Packet \(pdf\)](#)
- [Client Plans Resource Packet \(pdf\)](#)
- [Crisis House Assessments Resource Packet \(pdf\)](#)
- [Doctor's Homepage Resource Packet \(pdf\)](#)
- [Doctor's Homepage Instructions for System Outage \(pdf\)](#)
- [Pre-Intake Resource Packet \(pdf\)](#)
- [Progress Notes Resource Packet \(pdf\)](#)
- [Reports Resource Packet \(pdf\)](#)
- [Scheduler Resource Packet \(pdf\)](#)
- [Service Entry Resource Packet \(pdf\)](#)
- [View Only Resource Packet \(pdf\)](#)

Progress Note Correction Resources

- [Group Progress Note Corrections for Administrative Staff \(pdf\)](#)
- [Group Progress Note Corrections for Clinical Staff \(pdf\)](#)
- [Individual Master Progress Note Correction Matrix \(xlsx\)](#)
- [Progress Note Corrections \(pdf\)](#)
- [Progress Note Corrections for Administrative Staff \(pdf\)](#)
- [Progress Note Corrections for Clinical Staff \(pdf\)](#)

REGISTER FOR THE SOC



Logoff | Welcome | Site Map
Search: Search

[Home](#) [BHS Provider Resources](#) [Access & Crisis Line](#) [Community Resources](#) [About Us](#) [Secure Documents](#) [Consumers & Families](#)


[Home](#) > [Secure Documents](#) > [Welcome](#)


Welcome

You have reached the new Optum San Diego network portal for County of San Diego Behavioral Health Service providers. The access that you have been approved for shows below. If you have any questions, please contact the Optum Support Desk at 800-834-3792 or email at sdhelpdesk@optum.com.


MH Org Provider User

The Mental Health Organizational network portal provides access to CCBH forms, training resources and monthly reports. The portal also provides organizations access to review their information to ensure it is accurate to comply with State and Federal regulations.

[SOC Link](#) 



[Personal Info](#) [MH Sites](#)



[Personal Info](#) [MH Sites](#) [Manage MH Sites](#)

Secure Documents

- ▶ Organizational Provider Secure Documents
- ▶ CCBH Secure Documents
- ▶ Network Adequacy Certification Tool (NACT)



QUESTIONS?



CCBH TRAINING

FY 19/20



STUDENTS PER MONTH



- Average of 231 students attended training per month between July 1, 2019, and February 29, 2020
- Average of 149 students attended training per month between March 1, 2020, and June 30, 2020
 - Decline attributed to
 - Coronavirus Disease 2019 (COVID-19)
 - Retiring two classes- View Only Assessments and Reports
 - Seasonality- The busiest training months are July through October due to student internships

CLASSES PER MONTH



- Average of 43 classes were provided per month between July 1, 2019 and February 29, 2020
- Average of 28 classes were provided per month between March 1, 2020 and June 30, 2020
 - The decline can be attributed to
 - COVID-19
 - Retiring two classes- View Only Assessments and Reports
 - The shift to offering a sufficient number of classes to meet provider demand rather than offering an established number of classes per month
 - Class capacities were increased to 33 students whereas in the classroom, capacities were limited by equipment, such as chairs and laptops
 - Capacities are based on exclusion, cancelation, and 'no-show' rates of 15%

EHR TRAINING FY 19/20



OPTUM TRAINING TEAM	CLASSES OFFERED	NUMBER ATTENDED
CCBH (Cerner)	454	2260
Since October 2009	4,025	23,656

TRAINER TIME COMMITMENT



- Trainers spent an average of 5.3 hours managing a class in the classroom
- Trainers spent an average of 10 hours managing a class virtually
 - Due to student time management
 - Flexibility to train at their leisure
 - Run out of time and request an extension
 - Submit work for review late in the day and it includes omissions or errors that require attention the next day

SURVEYS



- “Overall satisfaction” with classroom training in FY 19/20 was 97%
 - 92% of all students complete a survey
- “The course was effective” with virtual training in FY 19/20 was 88%
 - 8% of all students complete a survey

TRAINING SUPPORT CALLS



- Classroom training- Average of 2 calls per day with a 2:47 call handle time
- Virtual training- Average of 21.7 calls per day with a 6:08 call handle time
 - 53% of the calls are between 9am and 11am
 - Record high of 85 calls in one day

TRAINING SUPPORT EMAILS



- Classroom training- 0 student/trainer email exchanges per day
- Virtual training- Average of 107.6 student/trainer email exchanges per day
 - Record high of 426 emails in one day



QUESTIONS?





MANAGEMENT INFORMATION SYSTEMS



ARF UPDATES



- Processing ARFS
 - Make sure to send to the address on the ARF form
 - ARFs need to be recorded and vetted before going to staff for processing
 - Sending to individuals risks being missed
- Signatures on ARFs
 - If unable to sign an ARF, let us know in the Comments Section
 - We will accept the ARF unsigned when rationale is submitted – this is temporary
 - We will expect signatures when staff are able to return to their offices
- Timeliness
 - Please be patient. We are receiving more ARFs lately
 - Please allow 3 business days before requesting status updates

ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES



- Required for prescriptions of controlled substances under Medicare starting January 1, 2021
- DHP access and security token required for CCBH
- Reach out to MIS now to be ready by January



- Expanded data elements now in ASJ due to DHCS reporting requirements
- 2nd and 3rd available appointments are required for reporting
- Additional client disposition options
- “Fast is fine, but accuracy is everything” – Wyatt Earp

CONTACT MIS



- MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management.
- Email: MISHelpDesk.HHSA@sdcounty.ca.gov



QUESTIONS?





PERFORMANCE IMPROVEMENT TEAM (PIT)



PIT Hot Topics



o Accountability Reports

o Performance Improvement Projects

Performance Improvement Team



Analyzing the Past to Shape the Future

Accountability Reports



MIS-99

- o Frequency: Monthly
- o Availability: Sent by AOA/CYF teams to their programs
- o Purpose: Assist program managers and clinicians to track various County and State compliance regulations within CCBH data.



Performance Improvement Team

Analyzing the Past to Shape the Future

Accountability Reports



MIS-18: Non-Final Approved Progress Notes with Services

Non-Final Approved Progress Notes with Services For Service Date from 7/1/2019 to 6/21/2020																										
Client Name	Case Number	Form Date	Form Type	Created	Created By	Credentials	Form Number	Service Code	Service	Service Date	Service Price	Balance	Billed Flag	Current Payscale	Unit ID	Sub Unit	SubUnit Description	Population	LE ID	Legal Entity	COR	Server ID	Server Name	Medi-Cal	Medi-Cal Claimed	Medi-Cal Paid
Summers, Scott	300192115	5/11/2020	Individual	35644	Xavier, Charles (00037)	PHDUC	8706001	30	PSYCHOTHERAPY - INDIVIDUAL 30	5/11/2020	\$3,676.00	\$3,676	Y	9999	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	35644	Xavier, Charles (00037)	NO	NOT CLAIMED	UNPAID
Greg, Jean	300192202	6/18/2020	Individual	35644	Xavier, Charles (00037)	PHDUC	8826443	30	PSYCHOTHERAPY - INDIVIDUAL 30	6/18/2020	\$0.00	\$0	Y	9999	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	35644	Xavier, Charles (00037)	NO	NOT CLAIMED	UNPAID
Drake, Robert	300192289	8/26/2019	Individual	35644	Xavier, Charles (00037)	PHDUC	7979511	30	PSYCHOTHERAPY - INDIVIDUAL 30	8/26/2019	\$94.25	\$94	N	9998	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	35644	Xavier, Charles (00037)	NO	NOT CLAIMED	UNPAID
McCoy, Hank	300192376	4/20/2020	Individual	35644	Xavier, Charles (00037)	PHDUC	8638450	30	PSYCHOTHERAPY - INDIVIDUAL 30	4/20/2020	\$180.36	\$180	N	100	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	35644	Xavier, Charles (00037)	YES	NOT CLAIMED	UNPAID
Worthington, Warren	300192463	4/1/2020	Individual	35644	Xavier, Charles (00037)	PHDUC	8589516	26	MEDS EM EXPANDED LOW 26	4/1/2020	\$108.30	\$108	N	1139	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	35644	Xavier, Charles (00037)	NO	NOT CLAIMED	UNPAID
Dane, Lorna	300192550	5/21/2020	Individual	28554	Reyes, Cecilia (00037)	MD	8738584	25	MEDS EM MINOR PROBLEM 25	5/21/2020	\$156.06	\$156	N	100	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	28554	Reyes, Cecilia (00037)	YES	NOT CLAIMED	UNPAID
Summers, Alex	300192637	4/27/2020	Individual	28554	Reyes, Cecilia (00037)	MD	8660185	26	MEDS EM EXPANDED LOW 26	4/27/2020	\$0.00	\$0	Y	100	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	28554	Reyes, Cecilia (00037)	YES	NOT CLAIMED	UNPAID
Pryde, Katherine	300192724	6/20/2020	Individual	28554	Reyes, Cecilia (00037)	MD		27	MEDS EM DETAILED MODERATE 27	6/20/2020	\$156.06	\$156	Y	100	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	28554	Reyes, Cecilia (00037)			
Wagner, Kurt	300192811	3/26/2020	Individual	28554	Reyes, Cecilia (00037)	MD	8589357	27	MEDS EM DETAILED MODERATE 27	3/26/2020	\$30.21	\$30	N	1097	1400	1407	Greymilkin Institute	C	00037	County of San Diego	Lee, Stan	28554	Reyes, Cecilia (00037)	NO	NOT CLAIMED	UNPAID
Report Date:	Count: 9																									
6/22/2020 6:28:03																										

Performance Improvement Team

Analyzing the Past to Shape the Future

Accountability Reports



MIS-19: Non-Final Approved Progress Notes with No Services

Non-Final Approved Progress Notes without Services Form Date from 7/1/2019 to 6/21/2020												
Client Name	Case Number	Form Date	Form Type	Created ID	Created By	Credential	Unit	Sub Unit	Sub-Unit Name	LE ID	Legal Entity	COR
Summers, Scott	300192115	1/24/2020	Prog Notes Correction	35644	Xavier, Charles (00037)	PHDLIC	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Grey, Jean	300192202	1/24/2020	Prog Notes Correction	35644	Xavier, Charles (00037)	PHDLIC	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Drake, Robert	300192289	10/9/2019	Individual	35644	Xavier, Charles (00037)	PHDLIC	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
McCoy, Hank	300192376	11/18/2019	Individual	35644	Xavier, Charles (00037)	PHDLIC	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Worthington, Warren	300192463	12/2/2019	Individual	35644	Xavier, Charles (00037)	PHDLIC	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Dane, Lorna	300192550	2/4/2020	Individual	28554	Reyes, Cecilia (00037)	MD	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Summers, Alex	300192637	2/7/2020	Individual	28554	Reyes, Cecilia (00037)	MD	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Pryde, Katherine	300192724	4/10/2020	Individual	28554	Reyes, Cecilia (00037)	MD	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Wagner, Kurt	300192811	4/15/2020	Individual	28554	Reyes, Cecilia (00037)	MD	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan

Accountability Reports



MIS-20: Final Approved Progress Over 14 days from Service Date

Final Approved Progress Notes over 14 Days from Service Date
For Service Date from 7/1/2019 to 6/21/2020

Client Name	Case Number	FA Staff ID	FA Staff	FA Credential	FA Date	Form Number	Replicated	Service Code	Service	Service Date	Unit of Service	Minutes	Service Price	Balance	Billed Flag	Curr PaySrc	Unit ID	SubUnit ID	SubUnit	LE ID	Legal Entity	COR
Summers, Scott	300192115	35644	Xavier, Charles (00037)	PHDLIC	6/2/2020	8308944	N	20	MED SERVICES COMPREHENSIVE 20	12/3/2019	1	60	\$520.80	\$520.80	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Grey, Jean	300192202	35644	Xavier, Charles (00037)	PHDLIC	7/10/2020	8781227	N	30	PSYCHOTHERAPY - INDIVIDUAL 30	1/1/2020	1	88	\$321.38	\$321.38	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Drake, Robert	300192289	35644	Xavier, Charles (00037)	PHDLIC	9/17/2019	8165071	N	31	PSYCHOTHERAPY - GROUP 31	10/17/2019	1	47	\$173.01	\$0.00	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
McCoy, Hank	300192376	35644	Xavier, Charles (00037)	PHDLIC	5/12/2020	8525644	N	50	CASE MGT/ BROKERAGE 50	2/21/2020	1	86	\$313.72	\$313.72	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Worthington, Warren	300192463	35644	Xavier, Charles (00037)	PHDLIC	4/23/2020	8165071	N	31	PSYCHOTHERAPY - GROUP 31	10/17/2019	1	47	\$173.01	\$0.00	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Dane, Lorna	300192550	28554	Reyes, Cecilia (00037)	MD	6/12/2020	7999039	N	10	ASSESSMENT - PSYCHOSOCIAL 10	8/2/2019	1	94	\$307.54	\$0.00	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Summers, Alex	300192637	28554	Reyes, Cecilia (00037)	MD	5/19/2020	8571814	N	30	PSYCHOTHERAPY - INDIVIDUAL 30	2/13/2020	1	77	\$280.87	\$280.87	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Pryde, Katherine	300192724	28554	Reyes, Cecilia (00037)	MD	7/12/2020	8503198	N	10	ASSESSMENT - PSYCHOSOCIAL 10	2/4/2020	1	193	\$704.63	\$704.63	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Wagner, Kurt	300192811	28554	Reyes, Cecilia (00037)	MD	4/17/2020	8165071	N	31	PSYCHOTHERAPY - GROUP 31	10/17/2019	1	47	\$173.01	\$0.00	Y	MEDI-CAL	1400	1407	Greymilkin Institute	00037	County of San Diego	Lee, Stan
Report Date:																						

Accountability Reports



MIS-32: Final Approved Progress Notes Summary

Final Approved Progress Notes Report For Service Date from 7/1/2019 to 6/21/2020											
Legal Entity	Unit ID	Staff ID	Staff Name	Average Days to Approve	Counts of Final Approvals	Highest Days	Lowest Days	Percentage of Total Entries		Over 14 Days (15 and Up)	Percentage Over 14 Days
County of San Diego	1407 - Greymilkin Institute (C)			1.5	5,054	155	0	0.7%		3	0.1%
		35644	Xavier, Charles (00037)	0.0	9	0	0	0.2%		0	0.0%
		28554	Reyes, Cecilia (00037)	0.0	51	0	0	1.0%		0	0.0%

Performance Improvement Team



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MIS-36: Discharge Summary Reason

Discharge Summary Report From: 7/1/2019 to 6/21/2020																	
Discharge Reason	July	August	September	October	November	December	January	February	March	April	May	June	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Change in medical insurance	17	12	17	20	15	11	20	15	11	16	16	8	178	46	46	46	
Client receiving services/TX elsewhere	147	177	150	138	128	111	144	126	108	129	128	71	1,557	474	377	378	
Client/Family dissatisfied	7	8	3	7	5	5	7	6	7	4	1	3	63	18	17	20	
Death - non suicide	10	11	17	17	19	15	18	7	14	10	20	6	164	38	51	39	
Death - suicide	1	2	1		2	3	1	1	1	2	1	2	17	4	5	3	
Incarcerated	17	26	25	27	18	25	20	27	15	25	16	9	250	68	70	62	
Ineligible for svcs/med necessity not met	60	42	39	56	45	49	50	34	32	32	21	15	475	141	150	116	
Left against medical advice	65	61	59	59	61	71	58	61	56	56	77	41	725	185	191	175	
Lost Contact	257	289	205	213	150	174	152	157	148	233	213	128	2,319	751	537	457	
Moved away from service area	96	84	84	90	75	79	85	63	80	75	77	27	915	264	244	228	
No Longer Requires svcs this level care	505	458	350	474	406	418	449	460	450	412	369	243	4,994	1,313	1,298	1,359	
Other	371	292	248	270	207	243	233	196	189	203	160	113	2,725	911	720	618	
Refused services	78	77	62	68	52	58	55	68	58	80	80	37	773	217	178	181	
Requires higher level of care	75	44	62	53	42	36	55	60	54	47	55	30	613	181	131	169	
Total	1,706	1,583	1,322	1,492	1,225	1,298	1,347	1,281	1,223	1,324	1,234	733	15,768	4,611	4,015	3,851	
Discharge Destination	July	August	September	October	November	December	January	February	March	April	May	June	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Jail/Prison	14	26	26	31	17	25	22	28	17	27	17	8	258	66	73	67	
Not Applicable	158	147	106	105	117	113	113	96	94	113	91	39	1,292	411	335	303	
Other	204	139	122	144	115	139	139	114	79	101	87	47	1,430	465	398	332	
Self-care/family/gen community support	620	532	455	575	425	470	479	531	508	520	517	318	5,950	1,607	1,470	1,518	
Transferred to EQUIVALENT level of	120	134	128	120	129	100	107	102	96	89	102	62	1,289	382	349	305	
Transferred to HIGHER level of care	103	76	93	74	72	66	87	77	76	74	77	42	917	272	212	240	
Transferred to LOWER level of care	191	198	160	172	161	191	222	173	175	164	142	100	2,049	549	524	570	
Transferred to Primary Care Physician	59	35	13	23	14	17	17	12	22	22	15	16	265	107	54	51	
Unknown: Never returned	222	286	209	232	166	170	150	132	147	209	177	98	2,198	717	568	429	
Unknown: Not eligible for services	2	2	1	5	4	3	2	7	3	1	2	1	33	5	12	12	
Unknown: Referred to non-County	13	8	9	11	5	4	9	9	6	4	7	2	87	30	20	24	
Total	1,706	1,583	1,322	1,492	1,225	1,298	1,347	1,281	1,223	1,324	1,234	733	15,768	4,611	4,015	3,851	
Goals Met	July	August	September	October	November	December	January	February	March	April	May	June	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Yes	705	567	462	584	475	492	526	536	491	462	410	257	5,967	1,734	1,551	1,553	
No	455	447	416	424	332	350	341	333	328	401	364	192	4,383	1,318	1,106	1,002	
Partially	546	569	444	484	418	456	480	412	404	461	460	284	5,418	1,559	1,358	1,296	
Total	1,706	1,583	1,322	1,492	1,225	1,298	1,347	1,281	1,223	1,324	1,234	733	15,768	4,611	4,015	3,851	

Accountability Reports



MIS-38: Program Open Assignment Report

Program Open Assignments Report																	
Unit: ALL - ALL																	
Unit ID/Description	SubUnit ID/Description	Case Number	Client Name	Date Opened	Primary Assignment	Last Service Date	Last Demographics Date	Last Client Plan Date	Last BHA Date	PCP Flag	PCP Name	PCP Phone	Seen Within the Last	Seen Within Other	Highest Education Level	Living Arrangement	Active Living
1400- Greymilkin Manor	1407- Greymilkin Institute	300192115	Summers, Scott	3/12/2020	Xavier, Charles (00037)	4/22/2020	3/10/2002								11th Grade	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192202	Grey, Jean	5/15/2020	Xavier, Charles (00037)		7/23/2008								5th Grade	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192289	Drake, Robert	2/20/2020	Xavier, Charles (00037)		10/1/2008	2/20/2020							College <2yrs	Other	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192376	McCoy, Hank	12/13/2007	Xavier, Charles (00037)	2/4/2020	10/1/2008								Unknown/Not Reported	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192463	Worthington, Warren	3/4/2020	Xavier, Charles (00037)	4/30/2020	10/1/2008	3/4/2020							Completed Masters	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192550	Dane, Lorna	1/1/2010	Reyes, Cecilia (00037)		10/10/2008								Unknown/Not Reported	Other	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192637	Summers, Alex	5/14/2020	Reyes, Cecilia (00037)	5/20/2020	3/13/2009	5/14/2020	5/14/2020	Y	Guero Medical Group	619 423-5616	6	N/A	5th Grade	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192724	Pryde, Katherine	5/14/2020	Reyes, Cecilia (00037)		3/13/2009	5/14/2020	5/14/2020	Y	Guero Medical Group	619 423-5616	6	N/A	5th Grade	House or Apartment	Y
1400- Greymilkin Manor	1407- Greymilkin Institute	300192811	Wagner, Kurt	4/1/2002	Reyes, Cecilia (00037)		4/22/2009								9th Grade	Unknown	Y

Performance Improvement Team

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MIS-??: Endless Opportunities



Performance Improvement Team



Analyzing the Past to Shape the Future



Non-Clinical PIP: PERT Mental Health Connections

1. Will increase number of first-time clients who have non-emergency SDCBHS services within 30 days of PERT contact (after contact by PIP team member).
2. Will decrease the rate of clients who have PERT as their first service and no other services within 30 days.

Clinical PIP: Adolescent Depression

1. Will reduce crisis service use for clients diagnosed with depression, after intervention in pilot clinics.

Questions?



For more information or reports, contact BHSQIPIT@sdcounty.ca.gov.

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QUESTIONS

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