

## Quarterly CD Provider Meeting

July 15, 2010

9:30 AM- 11:00 AM

ValueOptions: 1199 S Beltline Rd, Ste: 100, Coppel

1. Welcoming Remarks- Sharon De Blanc
  
2. CMBHS Update- Julia Dunlap & Sharon Davis
  
3. Quality Update: Anna Lucchesi
  - a. Continuation of Care- QI Project
  
4. Clinical Update: Daniel Byrd
  - a. COPSD
  - b. Crisis Clinic Usage
  
5. Open discussion/Announcements

**Next Meeting October 21, 2010**

## CMBHS WORK FLOW - VO

### Client Documentation Steps (in order):

1. **Find / Add Client**
  - \*Always search for client before trying to create new file (use various parameters)
  - \*System requires search for client prior to having option to create new file
  - \*If client is in system, work from existing file
  - \*Check for Northstar Enrollment
  - \*If client is not in system, "add" the client by using "New Client" button at bottom of page
2. **Client Profile**
  - \*Created by selecting "New Client" button at bottom of search page
  - \*"Client Information" and "Address" are required tabs
  - \* Contacts Tab optional
  - \* Identifiers Tab will be completed by ValueOptions NorthSTAR Enrollment.
3. **INTAKE/Financial Eligibility**
  - \*Document must be "closed complete" in order to transmit to funding source
  - \*Scan and attach all pertinent documents (i.e. POI, POR, HOH, etc.)
4. **INTAKE/Screening**
  - \*Intake Tab should be completed (DO NOT SAVE)
  - \*SA providers not required to complete MH tab
  - \*Complete Substance Abuse Questions Tab (DO NOT SAVE)
  - \*Complete Recommendations Tab with Justification and Comments. (CLOSED COMPLETE)
5. **CONSENT & REFERRALS/Consent/Create Conent**
  - \*Close in "Ready for Review" status, SAVE, print and obtain signatures.
  - \*Edit and mark "closed complete" after signatures are obtained
  - \*Will not transmit to funding source unless in "closed complete" status
6. **SERVICE MANAGEMENT/Service Authorization Request**
  - \*"Justification" box will include clinical information for VO
  - \*Will not be able to complete "Service Begin" until VO has authorized services in CMBHS
7. **INTAKE OR SERVICE MANAGEMENT/Admission**
  - \*Date and time accuracy are important
  - \*This is admission to the facility, not to a program
  - \*Complete Admission information, Closed Complete Document Status and SAVE.
8. **SERVICE MANAGEMENT/Service Begin**
  - \*Designates the specific program being admitted to
  - \*Date and time accuracy are important – should correspond to census and arrival on unit
  - \*Requires bed assignment if for residential services
  - \*Once the service begin is complete, you may begin documenting other client services

## 9. ASSESSMENT

- \*For admission straight to detox or ambulatory detox, complete "Detox Intake Report"
- \*For admission straight to residential or outpatient, complete "Initial Assessment"
- \*For transfer to another level of care, complete "Update Assessment"
- \*Must be marked "closed complete" before treatment plan can be completed

## 10. SERVICE PLANNING/Treatment Plan

- \*Problems will be generated by assessment and may be re-prioritized
- \*Each problem will require Problem Detail, including Description, Goal, Objectives, and Strategy.
- \*Must be closed complete and signed by client

## 11. SERVICE DOCUMENTATION/Clinical Notes

- \*Individual and Process Groups on "Progress Note"
- \*Educational / Life Skills Group on "Psychoeducational Note" (multi or single client)
- \*\*"Administrative Note"

## 12. SERVICE PLANNING/Treatment Plan Review (Residential or Outpatient)

- \*To be completed halfway through treatment or at least every 30 days
- \*All treatment plan goals must be closed achieved at time of discharge

## 13. DISCHARGE

### \*If client is transferring to another level of care within facility):

-complete "Service End"

- \*before doing service end, check to see that correct dates and times are recorded on admission, financial eligibility, consent, and service begin

### \*Detox (if client is leaving facility):

1-complete "Detox Discharge Report" (with client present)

2-complete and close treatment plan, including discharge plan

- \*objectives required for discharge must be marked "Achieved" or no longer required for discharge

3-complete "Service End"

- \*before doing service end, check to see that correct dates and times are recorded on admission, financial eligibility, consent, and service begin

4-complete "Discharge"

5-complete "Discharge Summary" (editable document)

**\*Residential or Outpatient (if client is leaving facility):**

1-complete "Discharge Assessment" (with client present)

2-complete and close treatment plan, including discharge plan  
\*objectives required for discharge must be marked "Achieved" or no longer required for discharge

3-complete "Service End"  
\*before doing service end, check to see that correct dates and times are recorded on admission, financial eligibility, consent, and service begin

4-complete "Discharge"

5-complete "Discharge Summary" (editable document)

Additional Notes:

1. An accurate census is critical to documentation in CMBHS.
2. CMBHS is sensitive to dates and times and will default to the time document is being completed; if admission, service begin or service end dates or times are incorrect it will result in billing errors and may limit your ability to document services provided; in most cases you will need to change dates and times from the defaults.
3. Each residential client will be assigned to a bed in the "service begin" function
4. Each client will be assigned to a clinician.
5. CMBHS allows for one admission and one discharge for the client's entire treatment episode at the same facility; changes from one level of care to another is accomplished by use of the "service begin / end" functions. Whoever treats the client last will complete the full discharge process.
6. Follow-up reminders are located under the Provider Tools tab by selecting "Admin. Action Lists."
  - Detox follow-up 10 days
  - Residential follow up 60 days
7. Communication between interns and QCC's is vital to keeping the clinical process rolling, especially in regards to assessments and treatment plans.

**CMBHS HELPLINE: 866-806-7806**