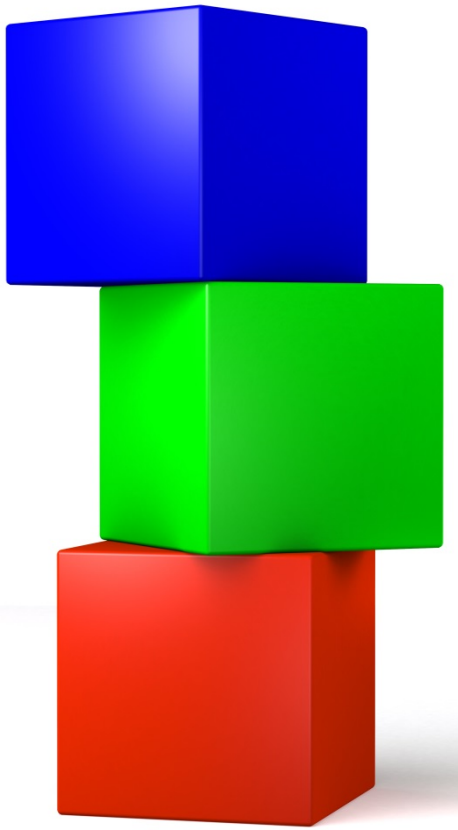


BACK to BASICS for Emergency Outreach/Field Response Programs

Documentation & Claiming in IBHIS

LACDMH: Quality Assurance Unit - Policy & Technical Development Team

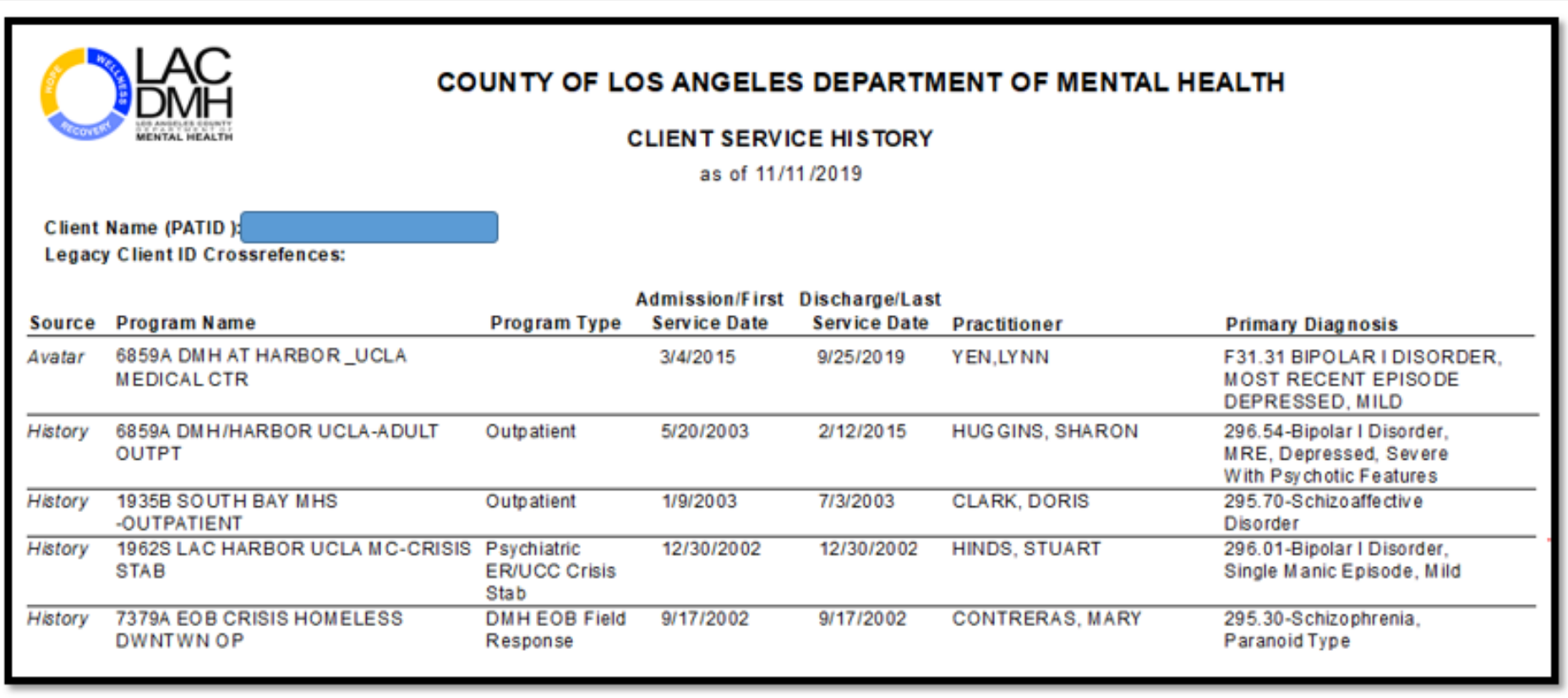
Where would you go in IBHIS to see where the Client been in our LACDMH system?

Report: Client Service History Report

Widgets: Go to the Treatment Overview Console:

Client Episodes
IBHIS Services Summary
Legacy (IS) Episode History

Client Service History Report



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CLIENT SERVICE HISTORY

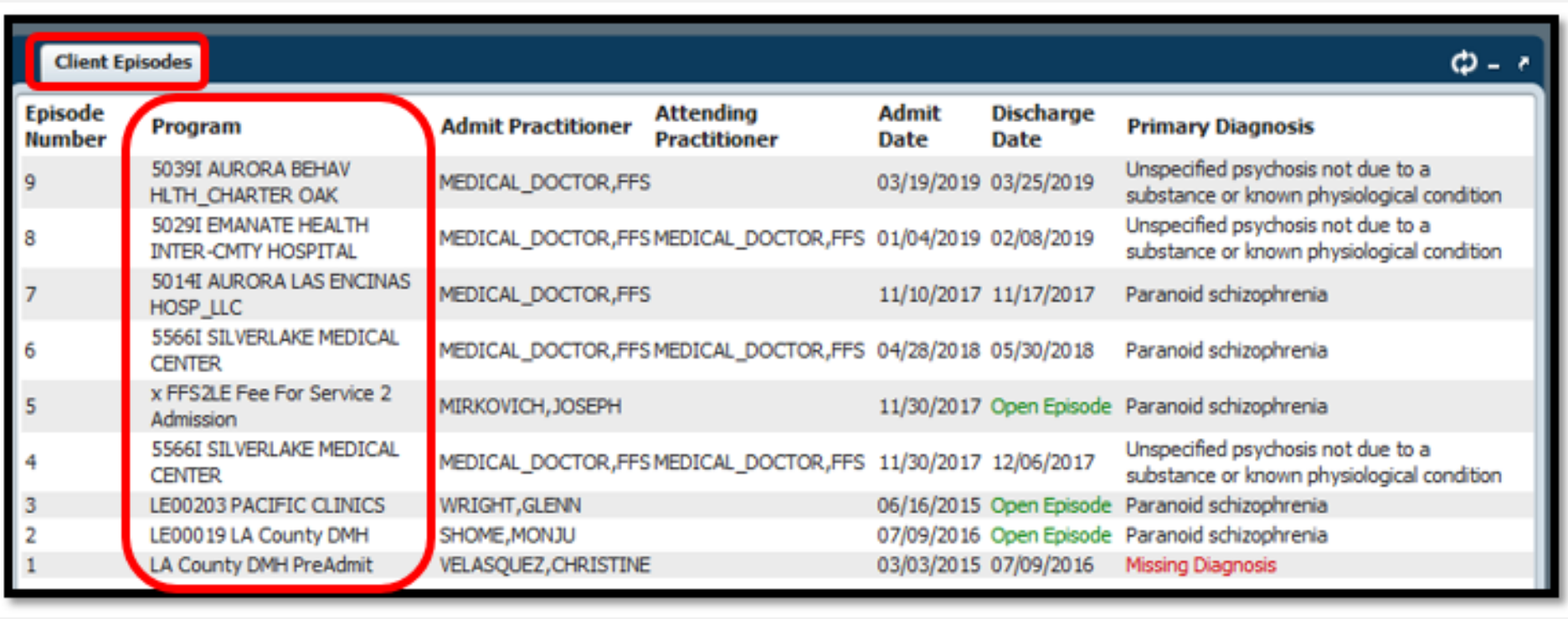
as of 11/11/2019

Client Name (PATID): [redacted]
Legacy Client ID Crossrefences:

Source	Program Name	Program Type	Admission/First Service Date	Discharge/Last Service Date	Practitioner	Primary Diagnosis
Avatar	6859A DMH AT HARBOR_UCLA MEDICAL CTR		3/4/2015	9/25/2019	YEN,LYNN	F31.31 BIPOLAR I DISORDER, MOST RECENT EPISODE DEPRESSED, MILD
History	6859A DMH/HARBOR UCLA-ADULT OUTPT	Outpatient	5/20/2003	2/12/2015	HUGGINS, SHARON	296.54-Bipolar I Disorder, MRE, Depressed, Severe With Psychotic Features
History	1935B SOUTH BAY MHS -OUTPATIENT	Outpatient	1/9/2003	7/3/2003	CLARK, DORIS	295.70-Schizoaffective Disorder
History	1962S LAC HARBOR UCLA MC-CRISIS STAB	Psychiatric ER/UCC Crisis Stab	12/30/2002	12/30/2002	HINDS, STUART	296.01-Bipolar I Disorder, Single Manic Episode, Mild
History	7379A EOB CRISIS HOMELESS DWNTWN OP	DMH EOB Field Response	9/17/2002	9/17/2002	CONTRERAS, MARY	295.30-Schizophrenia, Paranoid Type

Client Episodes
Episode = Program of Admission

What is this **Client Episodes** widget telling you?



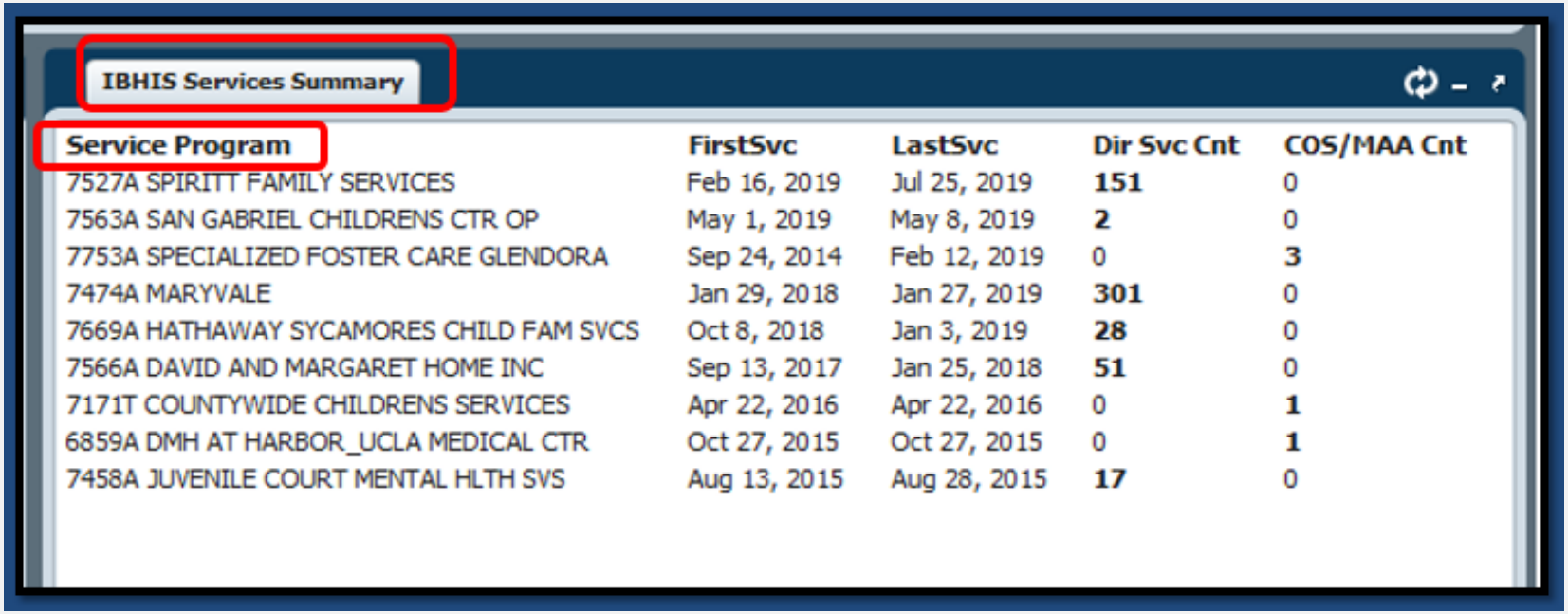
Client Episodes

Episode Number	Program	Admit Practitioner	Attending Practitioner	Admit Date	Discharge Date	Primary Diagnosis
9	5039I AURORA BEHAV HLTH_CHARTER OAK	MEDICAL_DOCTOR,FFS		03/19/2019	03/25/2019	Unspecified psychosis not due to a substance or known physiological condition
8	5029I EMANATE HEALTH INTER-CMTY HOSPITAL	MEDICAL_DOCTOR,FFS	MEDICAL_DOCTOR,FFS	01/04/2019	02/08/2019	Unspecified psychosis not due to a substance or known physiological condition
7	5014I AURORA LAS ENCINAS HOSP_LLC	MEDICAL_DOCTOR,FFS		11/10/2017	11/17/2017	Paranoid schizophrenia
6	5566I SILVERLAKE MEDICAL CENTER	MEDICAL_DOCTOR,FFS	MEDICAL_DOCTOR,FFS	04/28/2018	05/30/2018	Paranoid schizophrenia
5	x FFS2LE Fee For Service 2 Admission	MIRKOVICH,JOSEPH		11/30/2017	Open Episode	Paranoid schizophrenia
4	5566I SILVERLAKE MEDICAL CENTER	MEDICAL_DOCTOR,FFS	MEDICAL_DOCTOR,FFS	11/30/2017	12/06/2017	Unspecified psychosis not due to a substance or known physiological condition
3	LE00203 PACIFIC CLINICS	WRIGHT,GLENN		06/16/2015	Open Episode	Paranoid schizophrenia
2	LE00019 LA County DMH	SHOME,MONJU		07/09/2016	Open Episode	Paranoid schizophrenia
1	LA County DMH PreAdmit	VELASQUEZ,CHRISTINE		03/03/2015	07/09/2016	Missing Diagnosis

Programs of Service

- The actual sites/programs where the service is being delivered

What is this **IBHIS Services Summary** widget telling you?



Service Program	FirstSvc	LastSvc	Dir Svc Cnt	COS/MAA Cnt
7527A SPIRITT FAMILY SERVICES	Feb 16, 2019	Jul 25, 2019	**151**	0
7563A SAN GABRIEL CHILDRENS CTR OP	May 1, 2019	May 8, 2019	**2**	0
7753A SPECIALIZED FOSTER CARE GLENDORA	Sep 24, 2014	Feb 12, 2019	0	**3**
7474A MARYVALE	Jan 29, 2018	Jan 27, 2019	**301**	0
7669A HATHAWAY SYCAMORES CHILD FAM SVCS	Oct 8, 2018	Jan 3, 2019	**28**	0
7566A DAVID AND MARGARET HOME INC	Sep 13, 2017	Jan 25, 2018	**51**	0
7171T COUNTYWIDE CHILDRENS SERVICES	Apr 22, 2016	Apr 22, 2016	0	**1**
6859A DMH AT HARBOR_UCLA MEDICAL CTR	Oct 27, 2015	Oct 27, 2015	0	**1**
7458A JUVENILE COURT MENTAL HLTH SVS	Aug 13, 2015	Aug 28, 2015	**17**	0

IS Legacy

- IS Legacy – client's service history pre-IBHIS

What is this **Legacy (IS) Episode History** widget telling you?

Legacy (IS) Episode History

Service Program	Program Type	Admit	Disch/Last	Practitioner	Primary Diagnosis
5041I Community Hospital of Long Beach ru	Psych Acute Inpatient	2016-06-25	2016-06-26	Director, Medical	F209-Schizophrenia, unspecified
6701F FORENSIC OUTPATIENT PROGRAM	Jail Mental Health	2009-09-15	2009-09-15	LE, QUE	799.9-Diagnosis Deferred
6701F FORENSIC OUTPATIENT PROGRAM	Jail Mental Health	2009-09-12	2009-09-12	CHIAPPE, CHERYL	799.9-Diagnosis Deferred
5022I ST. FRANCIS MEDICAL CENTER	Psych Acute Inpatient	2009-05-19	2009-05-22	DOLLY, SHAUNDRA	295.30-Schizophrenia, Paranoid Type
6701F FORENSIC OUTPATIENT PROGRAM	Jail Mental Health	2008-10-22	2008-10-28	ABEJAR, REY	799.9-Diagnosis Deferred
7672A SOUTH BAY MHS FSP PROGRAM OP	Outpatient	2008-03-03	2014-10-06	VENEGAS, MARCY	295.30-Schizophrenia, Paranoid Type
5031I MISSION COMMUNITY HOSP-ADULT	Psych Acute Inpatient	2008-01-23	2008-01-29	Director, Medical	295.30-Schizophrenia, Paranoid Type
5019I PACIFIC HOSPITAL OF LONG BEACH	Psych Acute Inpatient	2008-01-10	2008-01-16	AREVIAN, SARKIS	295.70-Schizoaffective Disorder
1962S LAC HARBOR UCLA MC-CRISIS STAB	Psychiatric ER/UCC Crisis Stab	2007-07-17	2007-07-17	CHO, SAMSON	298.9-Psychotic Disorder NOS
5022I ST. FRANCIS MEDICAL CENTER	Psych Acute Inpatient	2007-06-06	2007-06-21	DOLLY, SHAUNDRA	295.30-Schizophrenia, Paranoid Type
6859A DMH/HARBOR UCLA-ADULT OUTPT	Outpatient	2006-07-20	2006-07-28	CAPODANNO, KARIN	296.90-Mood Disorder NOS
6701F FORENSIC OUTPATIENT PROGRAM	Jail Mental Health	2004-12-25	2004-12-30	WEBBER, MICHELE	295.70-Schizoaffective Disorder
6701F FORENSIC OUTPATIENT PROGRAM	Jail Mental Health	2004-06-19	2004-09-07	OCONNOR, SUSAN	295.70-Schizoaffective Disorder
5021I ROBERT F KENNEDY MEDICAL CTR	Psych Acute Inpatient	2004-05-05	2004-05-13	ROBERT F KENNEDY MEDICAL CTR	296.50-Bipolar I Disorder, MRE, Dep...
5006I COLLEGE HOSP COSTA MESAADULT	Psych Acute Inpatient	2004-04-06	2004-04-14	COLLEGE HOSP COSTA MESAADULT	295.30-Schizophrenia, Paranoid Type
1962S LAC HARBOR UCLA MC-CRISIS STAB	Psychiatric ER/UCC Crisis Stab	2004-03-29	2004-03-29	HINDS, STUART	298.9-Psychotic Disorder NOS
5031I MISSION COMMUNITY HOSP-ADULT	Psych Acute Inpatient	2004-03-29	2004-04-05	MISSION COMMUNITY HOSP-ADULT	295.30-Schizophrenia, Paranoid Type
1935B SOUTH BAY MHS -OUTPATIENT	Outpatient	2004-03-15	2008-02-29	JACKSON, LEE	296.40-Bipolar I Disorder, MRE, Hyp...
5019I PACIFIC HOSPITAL OF LONG BEACH	Psych Acute Inpatient	2003-10-26	2003-11-07	PACIFIC HOSPITAL OF LONG BEACH	298.9-Psychotic Disorder NOS
1962S LAC HARBOR UCLA MC-CRISIS STAB	Psychiatric ER/UCC Crisis Stab	2003-10-25	2003-10-26	KANJI, JASON	298.9-Psychotic Disorder NOS
1962P LAC HARBOR UCLA MC-OUTPATIENT	Outpatient	2003-08-17	2003-08-19	AGUSTINES, DAVIN	295.30-Schizophrenia, Paranoid Type

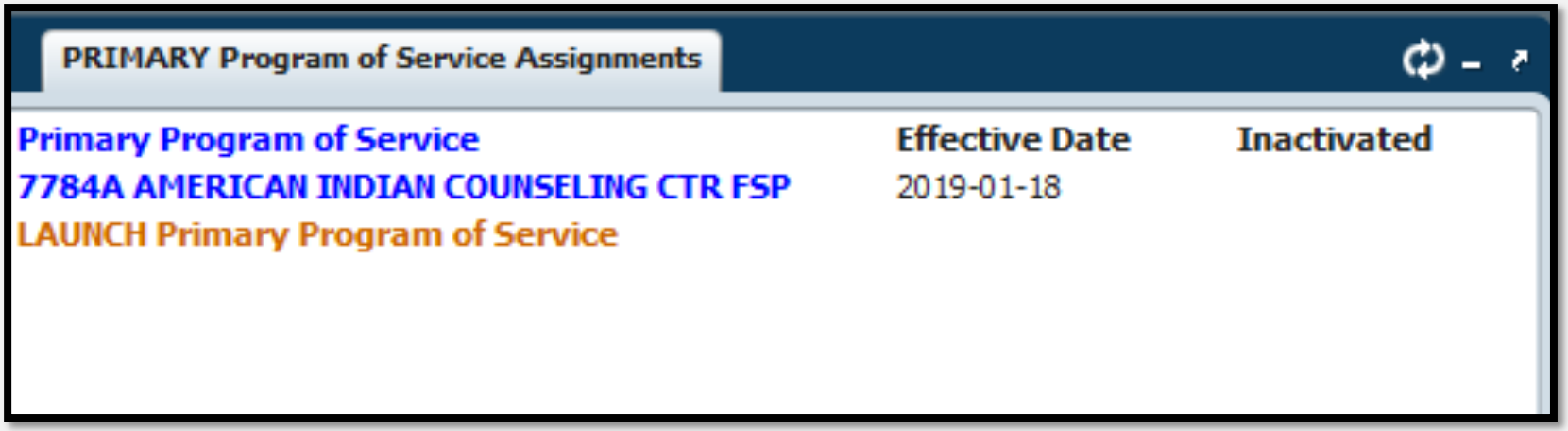
How would you know if the client is actively receiving SMHS at a directly-operated program?

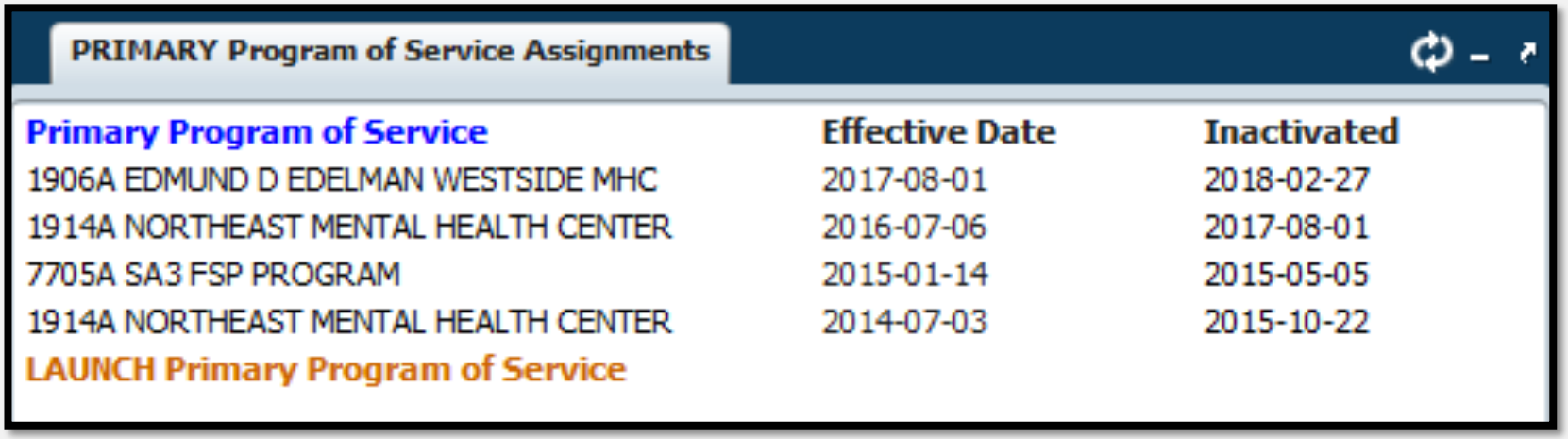
Widget: Go to the Client Overview Console:

Primary Program of Service

Primary Program of Service

What is this **Primary Program of Service** widget telling you?



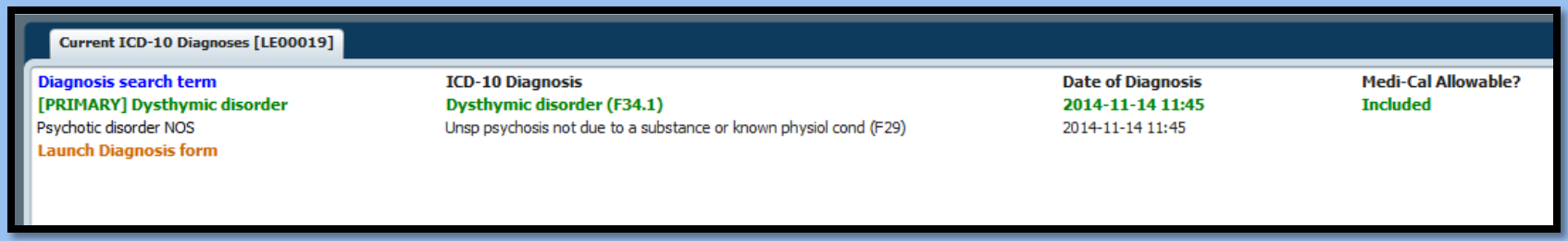


Where would you go to find clinical info about the Client?

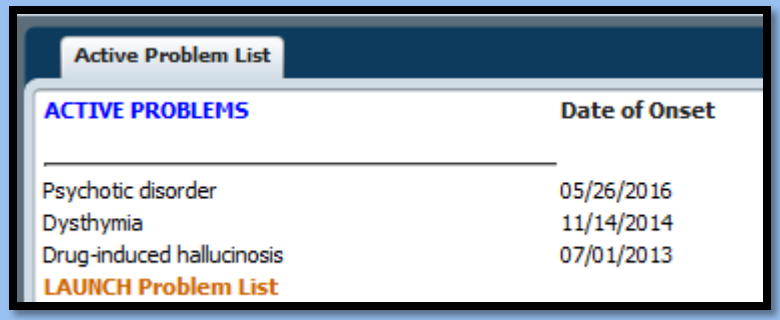
Widgets: go to the Clinical Console

Diagnosis
Active Problems
Med Consent/MSS Tx Plan
Summary Suicide Risk Screening History

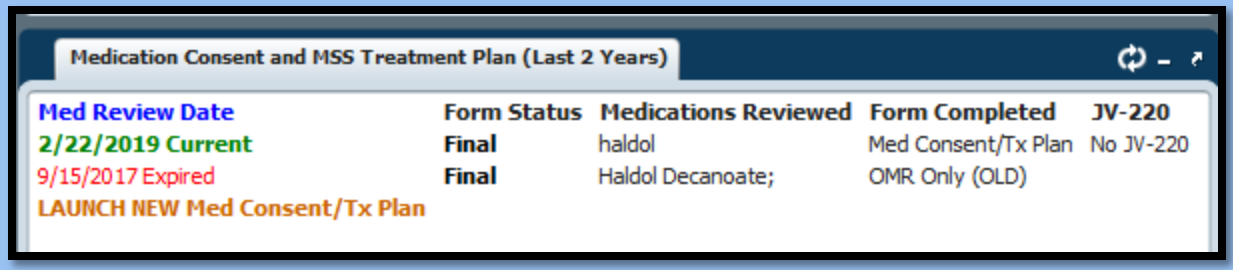
Current ICD-10 Diagnoses



Active Problem List (snapshot of client's clinical presentation)



Medication Consent and MSS Treatment Plan (for medications)

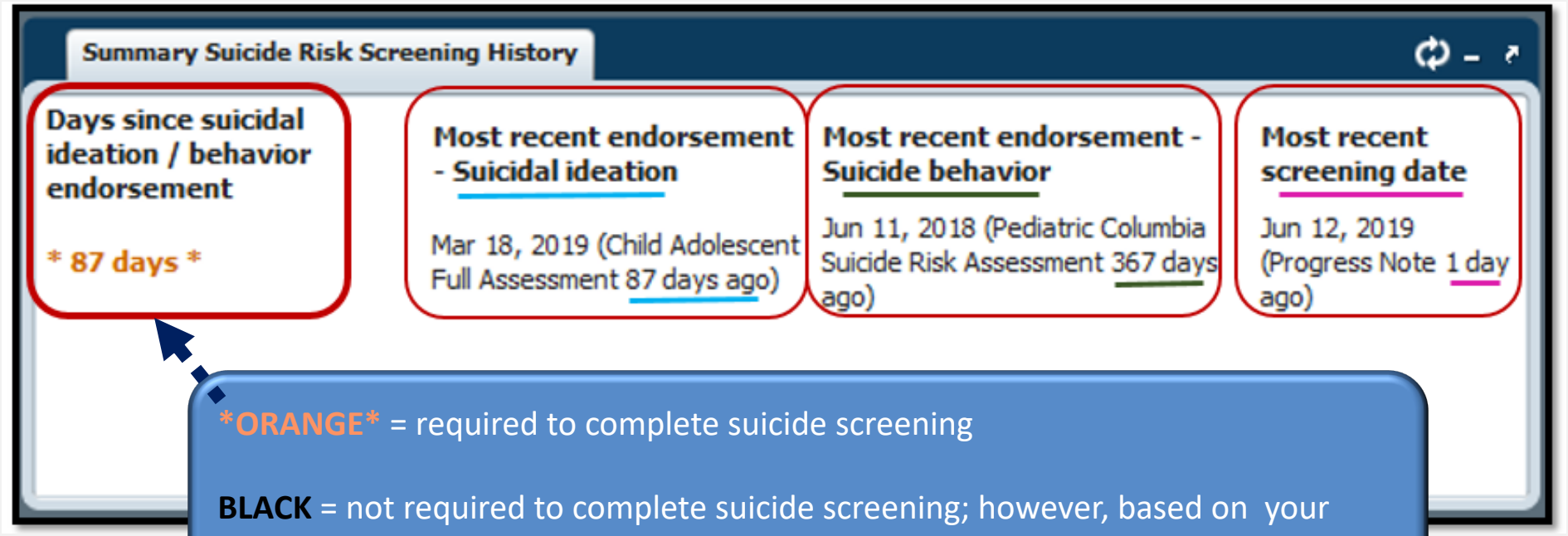


Summary Suicide Risk Screening History

(Clinical Console)

For clients determined to be at a moderate or high suicide risk upon initial suicide screening (e.g., positive responses on items 4, 5, and/or 6) clinicians shall take specific actions to report and mitigate the risk (see DMH Policy 302.13)

A suicide screening shall be completed at each visit until the client is no longer considered to be at a moderate or high suicide risk (e.g., **a client has had 90 days free of suicidal ideation or behavior**).



ORANGE = required to complete suicide screening

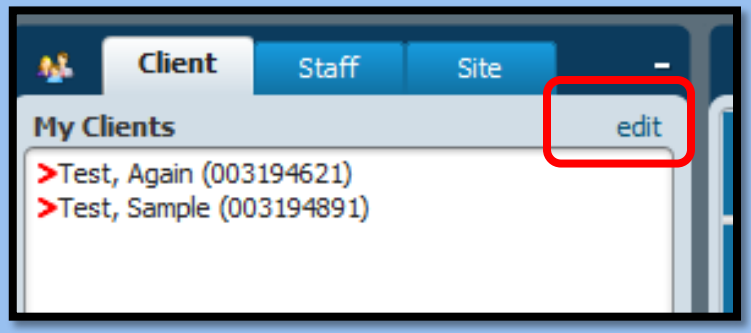
BLACK = not required to complete suicide screening; however, based on your clinical judgement, you can always do it

How to Find Clients that You Recently Searched

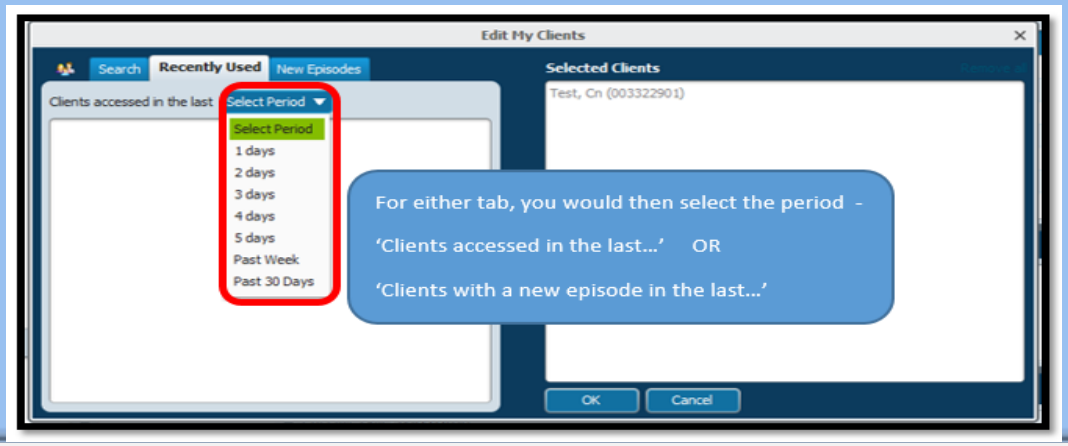
Edit – My Client List

Edit in My Client List

- Use “edit” within My Clients:



- “Recently Used” will pull client charts that you recently opened/used
- “New Episodes” will pull client charts that had a new episode opened
- Use “Select Period” to allow you to choose a date range



Why do we Document?

Clinical Care & Coordination of Care

Communicate the client's condition, treatment, & facilitate continuum of care

Clinical Record is a Legal Document

To provide evidence of what occurred

Reimbursement

So payer knows what they are paying for

Services that we provide

Indirect

Client Engagement
Mental Health Promotion
Expanding Medi-Cal SMHS
Ensuring & Improving Quality of Care

- COS
- QA
- MAA

Direct

Assessment
Plan Development
Treatment

- MHS
- MSS
- CI
- TCM

Indirect Services

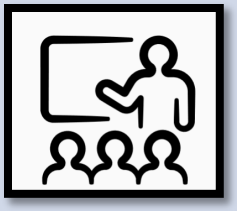
Indirect Services

- Indirect services are <u>specific</u> services
  - ✓ **Community Outreach Services (COS)** – services that bring more individuals into the mental health system and promote the benefits of mental health
  - ✓ **Medi-Cal Administrative Activities (MAA)** – services that bring more individuals into the Medi-Cal system and expand SMHS
  - ✓ **Quality Assurance (QA)** – services that assist the MHP in insuring and improving the quality of care provided to clients

COS Service Types

COS Service Type	Activity
Disaster Response 	Providing an emergency or recovery response during a natural disaster/human-oriented disaster (e.g. **debriefing**)
Crisis Response 	**Assisting** in a crisis situation which can involve arranging for needed linkages to help stabilize the crisis.
Access 	Providing **general information** about mental health services to potential clients and families
Referral/Linkage 	**Referring and connecting** individuals to a specific mental health service provider within the community
Case Management Support 	Assisting with **linking or referring** a potential client to ancillary services

COS Service Types

COS Service Type	Activity
Engagement 	**Building a relationship/forming a connection** with a potential client or family member(s) of a potential client with the intention of connecting the potential client with mental health services.
Consultation/ Technical Assistance 	**Providing general mental health information/consultation** to the community/non-mental health professionals
Education/ Training 	Providing a **formal presentation** about mental health to the community/non-mental health professionals

COS Service Types

COS Service Type	Activity
Screening/ Triage	Completing **screening/triage activities** (e.g. completing Mental Health Triage Form and/or Service Request Log) to determine how soon a person should be seen for an intake appointment
Peer Support	**Consumers w/ lived experience** providing knowledge, assistance, and support to their peers or individuals w/ similar experiences. Examples include peer-led groups.
Media Outreach	Services that **utilize media** to promote and share knowledge about mental health and it's benefits
Community Organization	**Collaborating** with community leaders to develop new mental health programs or bring other desired improvements to the community.
Program/Resource Development	Assisting with **developing specific mental health programs** within an existing organization

2 Types of COS:

Mental Health Promotion - 200

Services that are provided prior to there being a need for mental health

This can look like:

1. Providing consultation to non-mental health organizations about mental health topics
2. Educating non-mental health organizations and the community at large about mental health and it's benefits
3. Teaching non-mental health organizations and the community-at-large mental health related skills

Community Client Services - 231

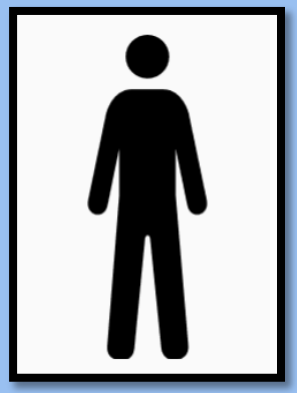
Services that are provided when there is an identified mental health need

This can look like:

1. Outreaching to identified populations who are likely to benefit from mental health services
2. Providing information about mental health services to individuals and their families
3. Engaging potential clients
4. Re-engaging existing clients to bring them back into mental health services

COS Service Recipient = Who Received the Service

- An individual person
  - ✓ Homeless Individual
  - ✓ Mental Health Involved
  - ✓ Justice Involved Individual



- A non-mental health organization
  - ✓ Justice System
  - ✓ Homeless Assistance Agency
  - ✓ Education System

- The larger community
  - ✓ Community at large

COS Note Example - Engagement

Purpose: For the purpose of engagement, practitioner met with a homeless individual who currently stays in front of Starbucks on Vermont and Wilshire Blvd. Consumer has had previous contacts with DMH PMRT.

What you did: Practitioner built rapport with the consumer by providing him food and water. Practitioner provided information about how mental health services can assist him, especially with finding shelter. Practitioner also explained the different services provided and the different roles of different practitioners.

Response: Consumer was receptive to speaking with practitioner. Consumer said he is more interested in assistance with finding shelter and access to showers. Consumer expressed that he is not interested in ever taking medications.

Plan: Practitioner plans to see consumer again to further discuss mental health services.

Service Type: Engagement

Service Recipient: Mental Health Involved

COS Code: 231HK (HK – client specific)

COS Note Example - Access

Purpose: For the purpose of Access, contacted clt who was seen by PMRT last week (x/x/20) and placed on a hold for DTO. Clt's brother answered the phone and reported that clt is at home.

What you did: PMRT staff inquired about outpatient mental health services for the clt and provided information about different types of outpatient services that may assist clt such as individual therapy, case management, etc. PMRT staff provided brother with referrals to Arcadia Mental Health, Pacific Clinics, and Tri City for outpatient treatment.

Response: Per brother, clt is currently stable and has been compliant with medications since clt returned home. Brother agreed that clt would benefit from outpatient services.

Plan: Brother will provide referrals to clt. Brother or clt will contact PMRT staff for any further assistance or questions.

Service Type: Access

Service Recipient: Mental Health Involved

COS Code: 231SCHK (SC – phone; HK – client specific)

COS Note Example – Consultation/Technical Assistance

Purpose: For the purpose of Consultation/Technical Assistance, practitioner provided information to PD regarding client who was reported to present with possible mental health symptoms (e.g. talking/yelling to himself, appearing disheveled).

What you did: LET practitioner provided information about client's inpatient and outpatient history. Client did successfully participate in services with Hollywood MH in 2018. Practitioner provided recommendations on how to better engage client and plan to involve client's sister in bringing client into treatment.

Response: PD was receptive to information and agreed to involving client's sister.

Plan: Practitioner to contact client's sister to involve her in engaging client. PD and practitioner to see client tomorrow to try to engage in mental health services.

Service Type: Consultation/Technical Assistance

Service Recipient: Justice System

COS Code: 231HK (HK – client specific)

IBHIS – COS/MAA/QA Service Note

- Once submitted:
  - Client-specific COS/MAA (w/HK modifier) can be seen
    - In the **Notes** tab – COS/MAA Client-Specific (HK) Notes widget
    - **Progress Notes Report (IBHIS)** – after the progress notes
    - **COS/MAA/QA Service Report** – (by practitioner)
  - Non-client specific COS/MAA (without the HK)
    - **COS/MAA/QA Service Report** – (by practitioner)

Direct Services

Direct Services

Medi-Cal Specialty Mental Health Services

Medi-Cal

Insurance for those with limited income & resources

Specialty Mental Health Services (SMHS)

Part of the Medi-Cal “carve out”

Provided by mental health specialists

Provided to Medi-Cal beneficiaries through LACDMH

Specialty Mental Health Service: Crisis Intervention

- An unplanned, expedited service to or on behalf of a client to address a condition that requires a more timely response
- An emergency response enabling client to cope with a crisis while assisting the client in regaining their functioning
- **Goal is to stabilize the immediate crisis within the community**
- **Not about writing the hold – it's about what interventions are provided to stabilize the crisis**
- For an individual who is not currently in our system – requires entering the individuals into our system and creating a client chart (opening an LE00019 Episode)

Crisis Intervention Activities

What you did (during the crisis)	Service Component / Procedure Code
Evaluating a client's current mental, emotional, or behavioral health; providing a diagnosis; if situation permits, analyzing relevant clinical information/history	**Assessment H2011**
Providing support or consultation to a significant support person for the purpose of assisting the client in crisis.	**Collateral H2011**
Therapeutic intervention(s) to address and stabilize crisis situation	**Therapy H2011**
Linking client to other needed services	**Referral H2011**
** Add SC modifier for phone services; GT for telehealth services*	

Crisis Evaluation Progress Note

- PMRT providers should document crisis intervention services using the **Crisis Evaluation Progress Note**

- Assessment + Progress Note
  - Assessment
    - What's going on with the client
    - What information can you gather that leads you to believe there is a mental health issue
    - Mental Status
    - Any relevant mental health history, psychosocial history
  - Progress Note
    - What did you do/what intervention did you provide

Reason for Referral:

PMRT was dispatched to private residence by ACCESS to evaluate clt (19-year-old biracial female). Mother reported that clt is displaying erratic behaviors, psychosis, destroying property, responding to internal stimuli, and made verbal threats to kill her brother with a knife.

Mental Health History:

Mother reported that clt was discharged from X Psychiatric Hospital on x/x/2019. No other relevant MH Hx reported to PMRT staff at time of interview.

Relevant Medical Information:

According to discharge documentation from X Hospital, clt was prescribed Risperdal and was provided with 30 day supply of medication. Mother reported that clt is not medication compliant. No other relevant medical information provided.

Relevant Psychosocial History:

Mother reported clt has a history of running away from home and disappearing for weeks at a time, possibly to use drugs and alcohol with friends. No other relevant psychosocial history provided.

Relevant Substance Use Information:

Mother reported that clt admitted to using crystal meth, marijuana, and alcohol prior to her admission into X Psychiatric Hospital. No other relevant substance abuse hx reported at time of interview.

Mental Status/Risk Formulation/Summary of Risk Eval/Disposition/Rationale:

Clt was cooperative and acknowledged current homicidal ideation. Clt also acknowledged non-compliance with medication. Clt denied being high. Upon interview, clt presented as anxious, unkempt, malodorous with dirty clothes. Clt unsure of the last time she bathed. Affect was blunted, and eye-contact was poor. Clt was shaking throughout interview. Speech was soft but unimpaired. PMRT staff determined that clt meets criteria for a 5150 for DTO.

Progress Note Text:

PMRT staff met with clt to **assess and assist**. Informed clt that staff was there to help, and clt was not in any trouble. PMRT staff was able to **de-escalate** clt and **complete Risk Evaluation**.

PMRT staff determined that at this time clt meets criteria for a 5150 application for DTO and arranged for clt to be transported to X Hospital.

PMRT staff also met with mother to provide information about PMRT services and **gather additional assessment information** regarding client's crisis and current status.

PMRT PSW completed all documentation: progress note, assessment, Risk Evaluation Tool, and 5150 application. **Time includes** interview with mother, assessment of clt, travel time from San Fernando to Hollywood, and documentation.

Diagnosing for EOTD practitioners

When Do I Need to Enter a Diagnosis?

- Scenario **#1**: Person does NOT have an LE00019
- Scenario **#2**: Person has an LE00019…
  - **#2a** – AND is actively receiving services (designated Primary Program of Service)
  - **#2b** – BUT is not actively receiving services (no designated Primary Program of Service)

Scenario #1:
Person does NOT have an LE00019 (No Diagnosis)

Within scope to dx	Not within scope to dx (Lead)
1. Open an LE00019 2. Complete a Crisis Evaluation Note (H2011) 3. Enter an Admission Dx	1. Open an LE00019 2. Complete a Crisis Evaluation Note (00000)

Scenario #2a:
Person has an LE00019 (Diagnosis) AND
Is actively receiving services
(i.e. designated Primary Program of Service)

Within scope to dx

1. Complete a Crisis Evaluation Note (H2011)
2. Do NOT update the diagnosis
   - If your diagnostic impressions are significantly different from the client's current diagnosis, recommend contacting the client's practitioner to discuss

Not within scope to dx (Lead)

1. Complete a Crisis Evaluation Note (H2011)

Scenario #2b:
Person has an LE00019 (Diagnosis) BUT
Is NOT actively receiving services
(i.e. NO designated Primary Program of Service)

Within scope to dx	Not within scope to dx (Lead)
1. Complete a Crisis Evaluation Note (H2011) 2. If you AGREE with the diagnosis in the record, then do NOT update the diagnosis 3. If you DISAGREE with the diagnosis in the record, then enter your UPDATE dx	1. Complete a Crisis Evaluation Note (00000)

Documentation Reminders

- Medi-Cal limits reimbursement for H2011 to 480 minutes per client per day
  - Use Non-billable to Medi-Cal Crisis Intervention (00004) to capture time that exceeds 480 minutes, if needed
- Time claimed = time spent providing service + documentation and travel
  - If claiming for a large amount of time, documentation should justify amount of time spent
- Need to document the acuity of the client or situation
  - What was the crisis?
- Any interventions done by co-practitioner(s) must be clearly documented
  - What did each practitioner do to assist?

"Services" that are never billable

1. Services solely for transportation
2. Leaving the client a voicemail or text message
3. "Linkage" to the program's psychiatrist, NP, or other treatment team member
4. Supervisory type activities
5. Interpretation/translation (e.g. providing "cultural competent services")
6. "Check-Ins" with no identified purpose
7. Getting up to date when cases are transferred to you
8. Review chart with no identified service (e.g. checked to make sure everything is up to date, to schedule an appointment)
9. Making copies of chart for release of records
10. General activities that help the clinic (e.g. buy food/items for groups, develop forms for clients to complete)

Providing Direct Services during COVID-19

- **Providing services via <u>telehealth</u>**
  - ✓ Service is provided using a videoconferencing platform (e.g. HIPAABridge)
    - ✓ Telehealth services with the client are considered **face-to-face** because the client is visually present via videoconferencing platform
  - ✓ The **GT** modifier must be added to the procedure code for all telehealth services (e.g. H2011GT)
- **Providing services via <u>telephone</u>**
  - ✓ Service is provided over the telephone
    - ✓ Not considered face-to-face, therefore, **no "face-to-face" time** will be documented (i.e. face-to-face time will always be zero).
  - ✓ The **SC** modifier must be added to the procedure code for all telephone services (e.g. H2011SC)

5150 during COVID-19

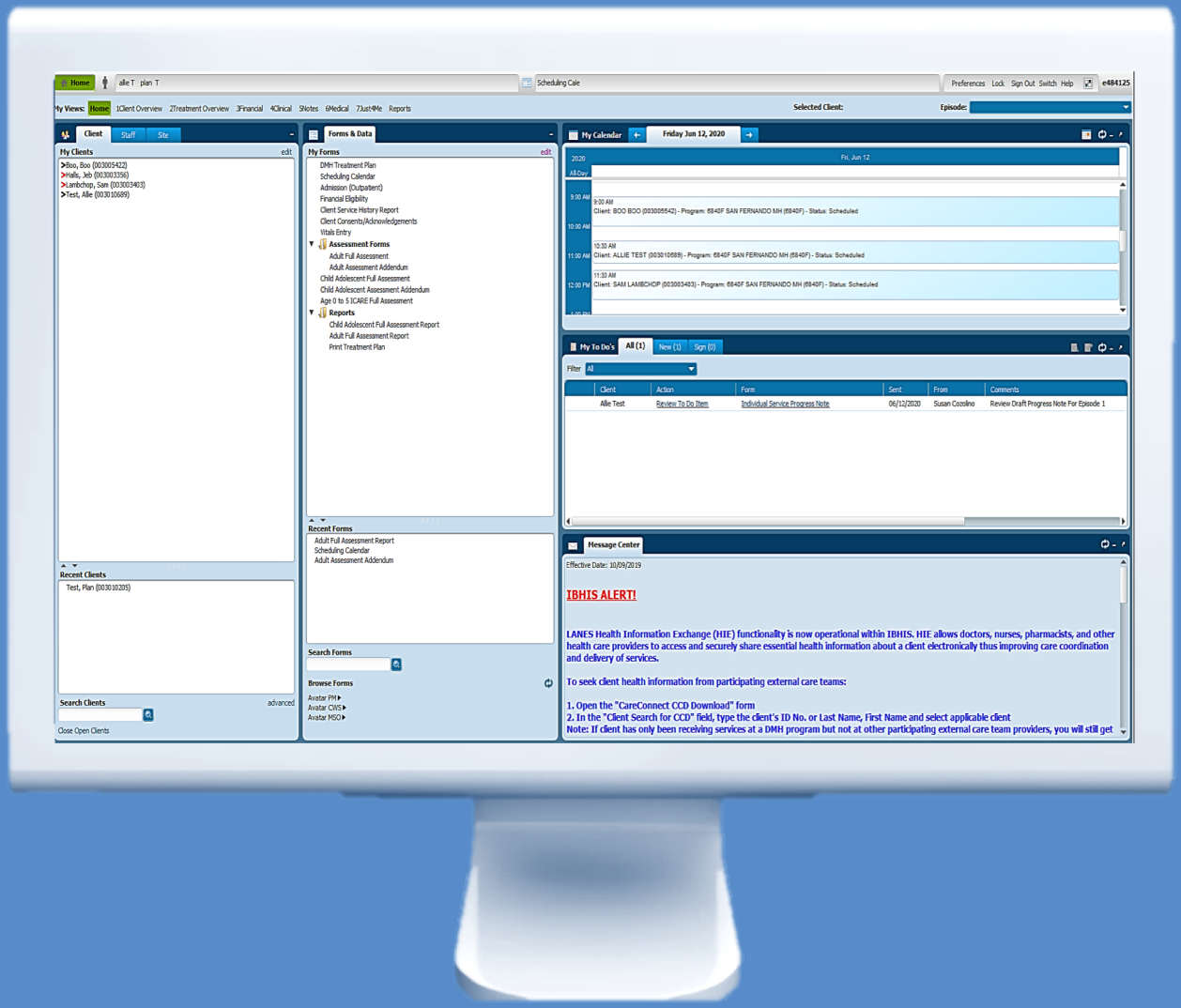
- May be provided via telehealth
- DHCS has not put out any guidance on the process of conducting 5150s via telehealth.
- Some things to consider:
  - ✓ Contacting hospital administrative staff to determine if they will accept the 5150/5585 form via HIPAA compliant encrypted email or fax.
  - ✓ Having staff or someone who is familiar with the client be present, while the LPS designated staff evaluate the client via a videoconferencing platform.
  - ✓ Processing signature electronically through acceptable HIPAA compliant secure electronic signature platform. For the further guidance of the digital signature, please refer to the Frequently Asked Questions Related to COVID-19.

http://file.lacounty.gov/SDSInter/dmh/1074618_COVID19InterimPractice-5150viaTelehealth_updated6-10-20_.pdf

References

- Organizational Providers Manual
  - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals
- A Guide to Procedure Codes
  - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals
- COS Manual
  - http://file.lacounty.gov/sdsinter/dmh/1032292_cosmanual12-2017.pdf
- LAC DMH Policy 401.02 Clinical Records Maintenance, Organization, and Contents
  - http://lacdmh.lacounty.gov/ContractorsPolicies/Documents/400/401_02.pdf
- LAC DMH Policy 401.03 Clinical Documentation for all Payer Sources
  - http://lacdmh.lacounty.gov/ContractorsPolicies/Documents/400/401_03.pdf

IBHIS Demo


Home
Scheduling Cale
Preferences Lock Sign Out Switch Help
My Views: Home 1Client Overview 2Treatment Overview 3Financial 4Clinical 5Notes 6Medical 7Just4Me Reports
Selected Client:
Episode:
Client Staff Site
My Clients
Boo, Boo (003005422)
Halls, Jeb (003003356)
Lambchop, Sam (003003403)
Test, Allie (003010689)
Recent Clients
Test, Plan (003010205)
Search Clients
advanced
Close Open Clients
Forms & Data
My Forms
DMH Treatment Plan
Scheduling Calendar
Admission (Outpatient)
Financial Eligibility
Client Service History Report
Client Consents/Acknowledgements
Vitals Entry
Assessment Forms
Adult Full Assessment
Adult Assessment Addendum
Child Adolescent Full Assessment
Child Adolescent Assessment Addendum
Age 0 to 5 ICARE Full Assessment
Reports
Child Adolescent Full Assessment Report
Adult Full Assessment Report
Print Treatment Plan
Recent Forms
Adult Full Assessment Report
Scheduling Calendar
Adult Assessment Addendum
Search Forms
Browse Forms
Avatar PM
Avatar CWS
Avatar MSO
My Calendar
Friday Jun 12, 2020
Fri, Jun 12
9:00 AM
Client: BOO BOO (003005542) - Program: 6840F SAN FERNANDO MH (6840F) - Status: Scheduled
10:30 AM
Client: ALLIE TEST (003010689) - Program: 6840F SAN FERNANDO MH (6840F) - Status: Scheduled
11:30 AM
Client: SAM LAMBCHOP (003003403) - Program: 6840F SAN FERNANDO MH (6840F) - Status: Scheduled
My To Do's
All (1)
New (1)
Sign (0)
Filter
Client
Action
Form
Sent
From
Comments
Allie Test
Review To Do Item
Individual Service Progress Note
06/12/2020
Susan Cozolino
Review Draft Progress Note For Episode 1
Message Center
Effective Date: 10/09/2019
IBHIS ALERT!
LANES Health Information Exchange (HIE) functionality is now operational within IBHIS. HIE allows doctors, nurses, pharmacists, and other health care providers to access and securely share essential health information about a client electronically thus improving care coordination and delivery of services.
To seek client health information from participating external care teams:
1. Open the "CareConnect CCD Download" form
2. In the "Client Search for CCD" field, type the client's ID No. or Last Name, First Name and select applicable client
Note: If client has only been receiving services at a DMH program but not at other participating external care team providers, you will still get