

Memorandum

To: All ACBH Mental Health County and Master Contract Providers

From: ACBH Quality Assurance Office

Date: October 15th, 2019

Subject: **1.) Revisions to MH Assessment Templates &
2.) Changes to Brief Screening Tool Requirements.**

Effective Immediately

MH Assessment Template Revisions include:

- 1.) Clinician's Gateway Electronic Health Record (CG EHR):
 - a. The Psychiatric Assessment now includes Sexual Orientation/Gender Identity (SOGI) data collection. See Provider Memo re SOGI Data Collection at Assessment:
http://www.acbhcs.org/providers/OA/memos/2017/SOGI_Data_Collection_Memo_051517.pdf
 - b. As well, the Interim Initial MH Assessment now includes Sexual Orientation/Gender Identity (SOGI) data collection. See Provider Memo re SOGI Data Collection at Assessment:
http://www.acbhcs.org/providers/OA/memos/2017/SOGI_Data_Collection_Memo_051517.pdf
 - c. Children and Adult MH Assessments are now revised into one MH Assessment Template which is modified by client's age group (see extensive changes below).
- 2.) All above templates will be posted on the Provider Website under forms as sample Medical compliant, and recommended, Assessments for Speciality MH Services providers that do not utilize the CG EHR: <http://www.acbhcs.org/providers/Main/Index.htm> (see forms/clinical...).

The ACBH Quality Assurance Office has worked collaboratively with County, and Master Contract providers to revise the existing Childrens and Adult MH templates in the CG EHR. The revised MH Assessment template is now available in CG for utilization of both Initial and Annual MH Assessments. (See template titled "Assessment Mental Health".)





The impetus for the extensive revision of the prior MH Assessments was that the templates did not include all the assessment areas required by DHCS rules and regulations. It is now fully compliant with all current Federal, State and Local requirements.

An additional focus throughout the development of these templates was to streamline the time required for completing both the Assessment process and the write-up.

The first major streamlining of the Assessment Process is that in some cases a Full MH Assessment will not be required. See “*Guidelines/Prompts*” on the new template for circumstances when one may utilize a prior Assessment and simply complete a MH Assessment Update.

Additionally, when one is unable to complete a full MH Assessment within the required timeframe, directions are given in the “*Guidelines/Prompts*” section of the template on how to document the clinical reason (and also describes which services may be provided in the interim). Planned Services cannot be provided until the Client Plan is completed.

In order to quickly begin Planned Services on an Initial referral, one may create an Interim MH Assessment (which contains the minimum information need to meet medical necessity), complete a Client Plan and begin Planned Services. Note that the Full MH Assessment still must be completed and is due within the required timeframe (with a Client Plan revision as clinically necessary).

Additionally, DHCS has clarified that Unplanned Services, may be provided whenever medically necessary, and that they may commence before completion of the MH Assessment and Client Plan. Unplanned services now include: Assessment, Plan Development, Crisis Services, Case Management (only for linkage purposes) and Medication Services (if a urgent client need is documented for the medication). Please see the “*Guidelines/Prompts*” section on the template for more details on these available options. As well, see the Provider Memo http://www.acbhcs.org/providers/QA/memos/2018/Clinical_Doc_Changes_updates.pdf, and the current ACBH SMHS Clinical Documentation Standards Policy & Procedure Manual (for



County Programs and CBO's) http://www.acbhcs.org/providers/OA/docs/qa_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf

One process, and paper-work, load reduction is that the ACBH Brief Screening Tool has now been incorporated into both the Initial and Annual MH Assessment templates. See below.

Alameda County is changing the way that the Brief Screening Tool is used. Providers may now provide assessment services and complete a Medi-Cal assessment as part of the process for determining both medical necessity and determining if specialty mental health services (SMHS) or managed care (i.e Beacon etc.) will best meet a client's needs. All specialty mental health providers must use "List A, List B and List C" and "Referral Algorithm" that is present in the Brief Screening tool but completing the Screening form and/or Referral Algorithm is no longer a requirement for providers to complete prior to them opening a case.

A Screening tool is now required when a client's Medi-Cal Assessment is completed. Providers may still use the Brief Screening tool as a separate document, or they may embed the "List A, List B and List C" and "Referral Algorithm" section of the Screening form within an assessment form. Clinician's Gateway new assessment template now includes the "List A, List B and List C" and "Referral Algorithm." Please note that the appropriate age version of the Brief Screening Tool document will self-populate in the template based on the Client's age.

Some providers may still choose to use the Brief screening tool when a client requests services to determine if the client would best be served by their Managed Care Plan (I.e. Beacon etc.) or Primary Care provider immediately. This type of screening occurs before a client is opened and is a non-claimable activity.



Providers that complete the Brief Screening Tool as part of the assessment process (either embedded within the assessment or on a separate form) may claim for time spent completing the “List A, List B and List C” and “Referral Algorithm”.

Many sections of the MH Assessment are now linked to age. For example, the developmental sections will appear as N/A which are beyond the client’s age group. Another example is that the Mental Status Exam is completely different and clinically tailored to the 0 – 5 yrs age group.

There are many fields in the template that indicate “if known”. They may be left blank if unknown and do not require any additional entry into the data fields. Many fields in the templates now self-populate as “none/denies” (as in the “*Substance Use/Exposure*” category fields), or as “none” (in the “*Functional Impairments*” or “*Targeted Symptoms*” category fields). One need only to change those items that are positive and leave the other multiple fields as negative (none, denies, etc.). Please note, that often “positive” entries require a narrative explanation (template will cue for this if required).

Template fields that are required are so indicated and must be completed. However, sometimes there is required data that cannot be collected within the Assessment time frame and the clinician would simply indicate that (and clinical reason why) in the narrative. Please note, there are now several fields that indicate “optional” or prompt to only complete if “clinically relevant” (another type of optional field).

The Substance Use Screening process varies by age group. Not all levels of the screening listed are required (in addition to “*Substance Use/Exposure*” section”. Many times, one will not be able to gather the additional screening data initially and will simply so indicate (and indicate that they will collect when clinically appropriate to do so) on the Assessment.

Also note, that some template sections have reminders that begin with “*PROMPT*”. These prompts serve as cues to common clinical considerations that providers may wish to consider for each category of the Assessment. One need only address those considerations which are



clinically relevant. When the Assessment is printed, the “PROMPT’s” will disappear so it will not appear there were areas that were required and not addressed.

We hope these templates will allow the Assessment process with ACBH clients to streamlined while remaining clinically sound and fully Medi-Cal compliant.

Program staff may contact their QA Coordinator or Clinic Supervisor/Manager for assistance and questions regarding the new templates. The agency QA Coordinator or Clinic Supervisor/Manager may direct any questions, comments or feedback to their QA Technical Assistance Contact. (<http://www.acbhcs.org/providers/QA/QA.htm>)

The November 20, 2019 “Clinical Documentation Training for Clinician’s Gateway-EHR Users” will train specifically to the new MH Assessment Templates as well as the next (tentatively scheduled for December 4, 2019) “Clinical Documentation Standards Training ‘Train the Trainer’ for Master Contract Providers and County Clinics”. See Provider website for exact dates: (<http://www.acbhcs.org/providers/QA/Training.htm>).