Clinician's Gateway

Clinical
HANDS-ON INTRODUCTION TRAINING

Revised August 12, 2021

Contents

What is Clinician's Gateway?

- Clinician's Gateway is an Integrated 'Online Progress Note System'.
- The primary objective of Clinician's Gateway is to allow HIPP-compliant electronic entry of clinical notes.
- Clinician's Gateway is designed to reduce audit exceptions due to missing data or missing notes, and assist management and staff in capturing all staff activity.
- Clinician's Gateway is a stand-alone front-end add-on to InSyst and is the first in a series of add-on packages that can be used instead of standard built in data entry screens for Insyst
- Web based application utilizing Electronic Signatures
- Allows Clinic Managers and QA/QI staff to review the work of treatment staff; a daily log report is available on demand to assist in capturing all staff activity.
- Clinician's Gateway integrates progress notes with the Insyst billing module and can be used for approximately 100% of the data entry into InSyst.
- HIPP-compliant "Password Security" to keep your password unique and confidential. This is accomplished by allowing each User access to change their own Passwords whenever Necessary.

Features

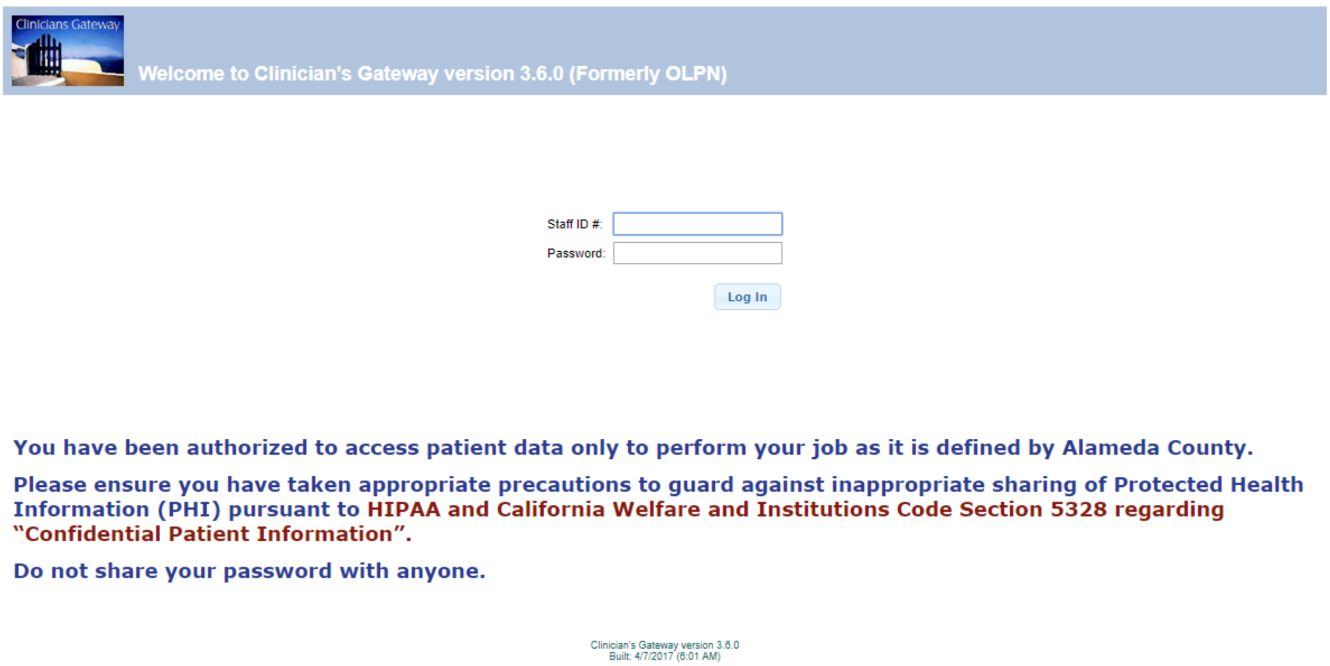
- Automated creation of direct services for individual, group and case review
- Retrieval of notes for printing or review of work as well as for the sharing of information between colleagues. May also be used by medical records personnel who assist in the administrative work of treatment team members and by clinic managers to review the work of treatment staff
- Fully integrated with current system (INSYST)
- Built in timesheets to track service provider activity
- Creation of client groups and group service notes with individual addendums
- Multiple co-staff notes for case review
- Medical spelling checker
- Allows you to input correct Progress Note information into the computer and have automatically bill the State.
- Client information is available on any authorized computer with a few clicks no matter where the client is located.
- Ability to track the number of completed Notes and view any Progress Notes for individual clients, or view by any given date range.
- Ability to place uncompleted Progress Notes in Pending Mode to be completed at another time.
- Addendums can be made to Finalized notes
- View interval (time lapse) between date of service and date recorded.
- View total hours accumulated per clinic, per staff, by month or day.
- No lost Notes.
- No more having to track down charts in order to review previous notes.
- All Progress Notes will be readable.
- Reduced errors in billing.
- Be in compliance with audits (a note for each billing).
- MORE REVENUE.

Logging into Clinician's Gateway

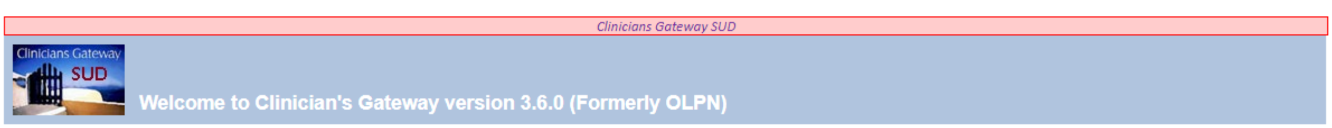
Login – Security

FOR BHCS STAFF: Find the link to this page at http://achcsa.org/behavioral-health , click on Clinician's Gateway in the left hand column.

FOR CBO STAFF: Find the link via the web portal at https://go.bhcsportal.org .



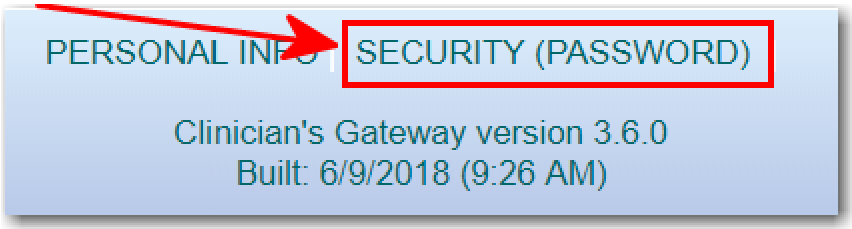
- **Log on page – This invokes your digital signature.**
- **Keep your password secure – Important: To be kept as secure as a bank card pin number.**
- **Passwords must be at least eight characters – one uppercase and one lowercase alpha character, and one numeric character.**
- **If you have three failed attempts at entering your password, your account will be locked, and you will need to contact the helpdesk at (510) 567-8181 (tie line 38181) for assistance.**
- **If you are accessing SUD environment you will see this banner at the top of each page**



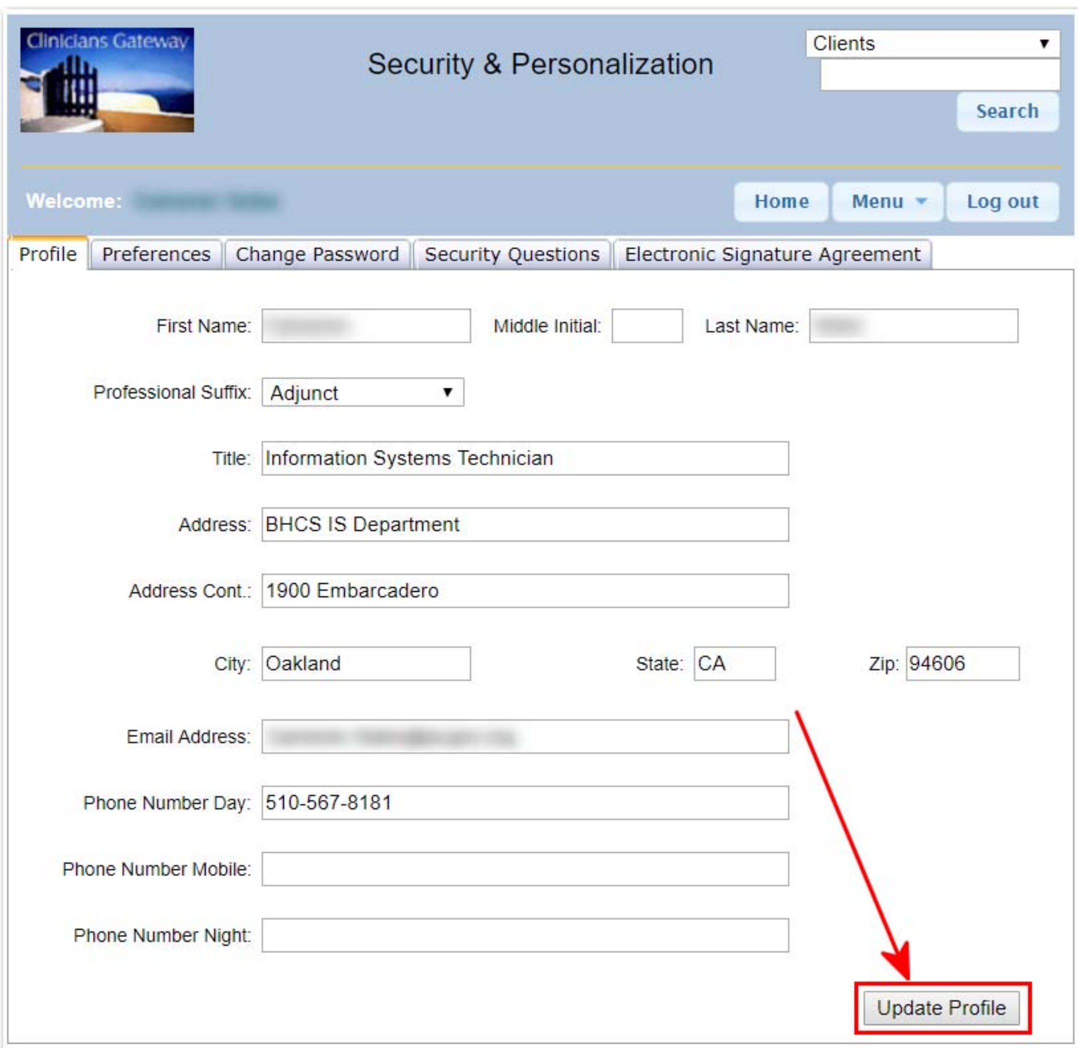
Initial Login

1. **Sign into CG** using your InSyst staff number and default password (currently Gateway2018). The first time you login, you will need to **update your password**. (8 characters or more, including at least 1 uppercase, 1 lowercase, and 1 number)

2. **Check personal information** via “Security/Password” at bottom of Home page



3. Make changes, if needed, and click “**update profile**” to retain changes. HINT: Use the “Tab” key to enter the Phone Number fields from the e-mail field to land in the correct spot.



4. The preferences tab is used to set the following:

- **Print On Finalize – Defaulted (Yes)**
  - Yes - Print Service page will display after Finalizing, and with Daily Approval, all services will print under your Staff Log.
  - No - return to the Home Page after finalizing and with Daily Approval, only the summary on the Staff Log printout.

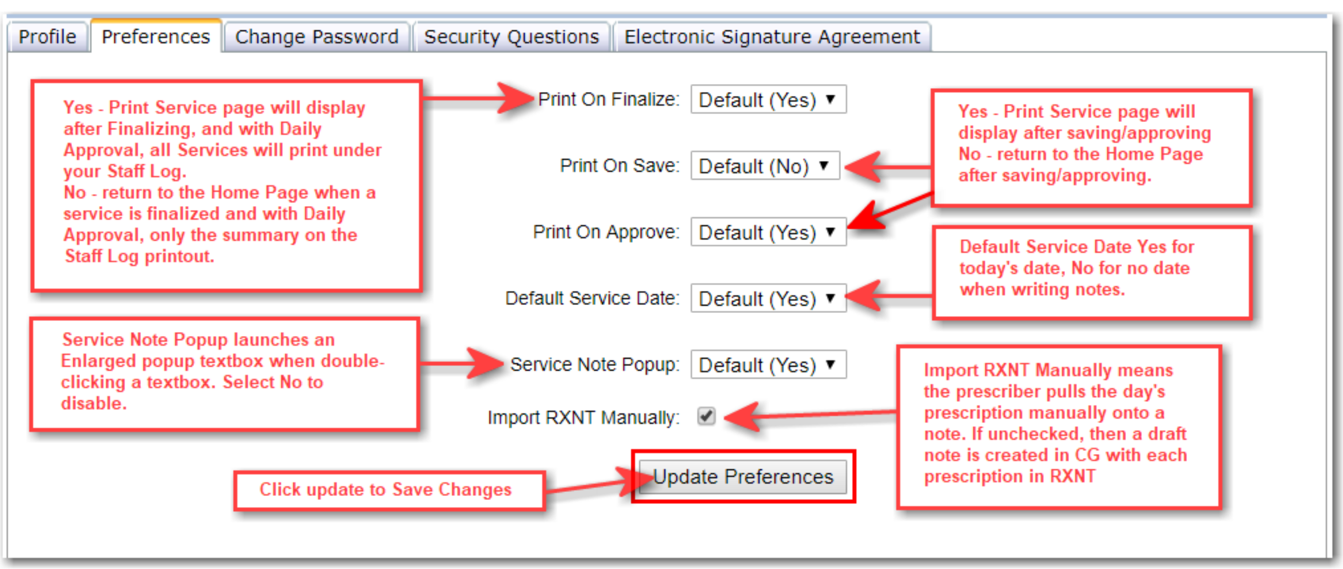
- **Print On Save – Defaulted (No)**
  - Yes - Print Service page will display after saving.
  - No - return to the Home Page after saving

- **Print on Approve – Defaulted (Yes)**
  - Yes - Print Service page will display after approving.
  - No - return to the Home Page after approving.

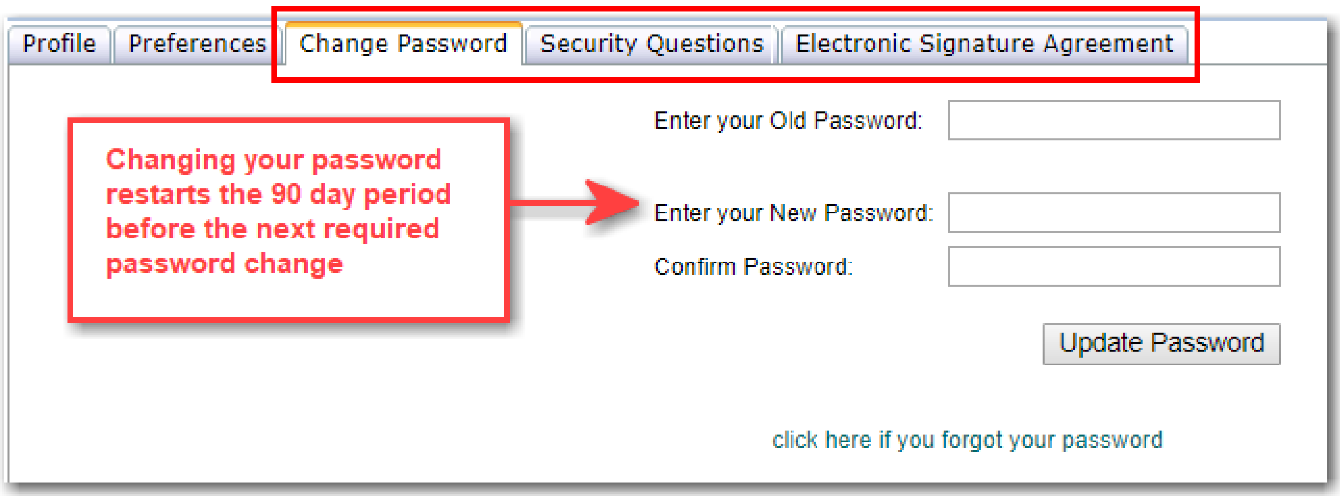
- **Default Service Date – Defaulted (Yes)**
  - Yes to default todays date on a note.
  - No to start without a date selected.

- **Service Note Popup – Defaulted (Yes)**
  - Service Note Popup launches an Enlarged popup textbox when double-clicking a textbox. Select no to disable.

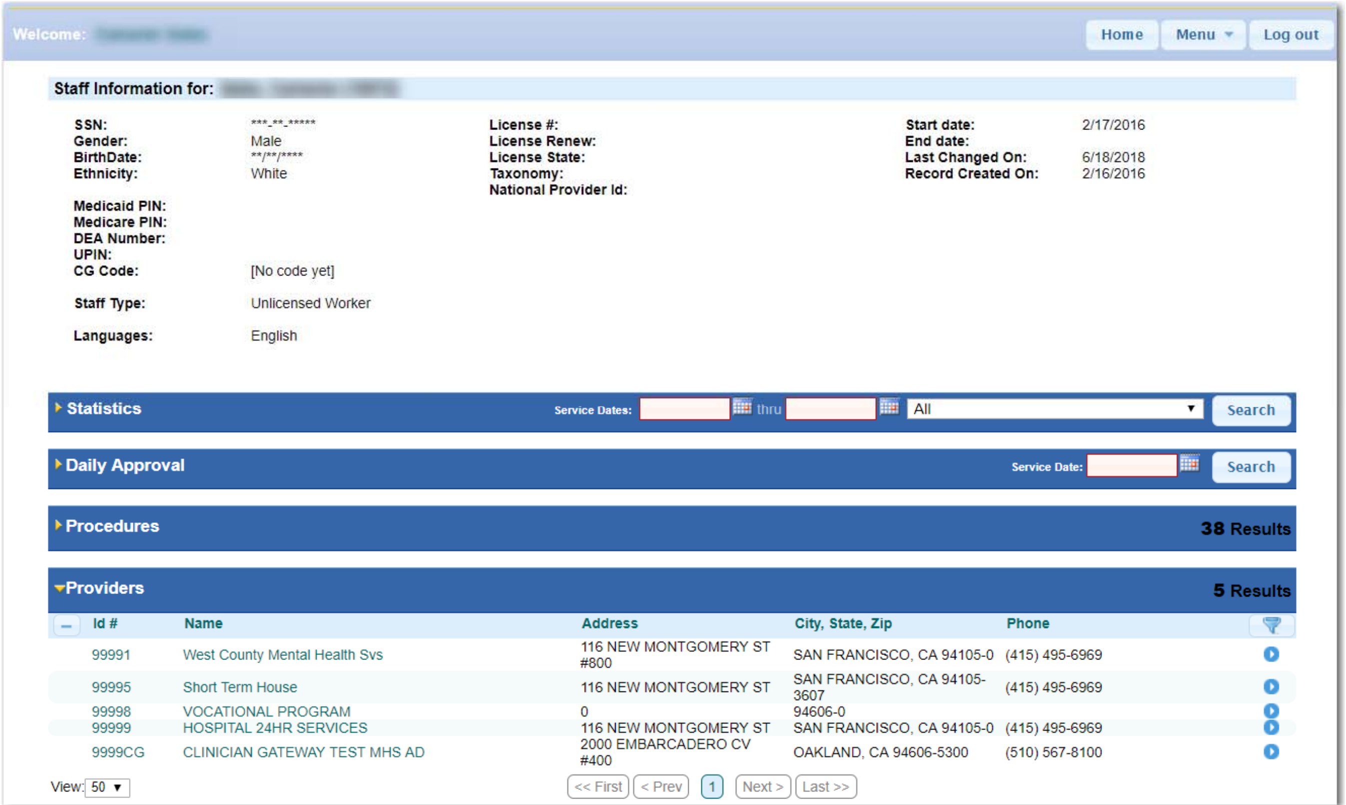
- **Import RXNT Manually - Defaulted (Yes)**
  - Import RXNT Manually means the prescriber pulls the day's prescription manually onto a note. If unchecked, then a draft note is created in CG with each prescription in RXNT



5. **Note the tabs for changing your password**, adding security questions, and seeing the expiration date for your electronic signature agreement.



6. **Check your staff information**. Click on your name on the Home page to bring up your staff view page.

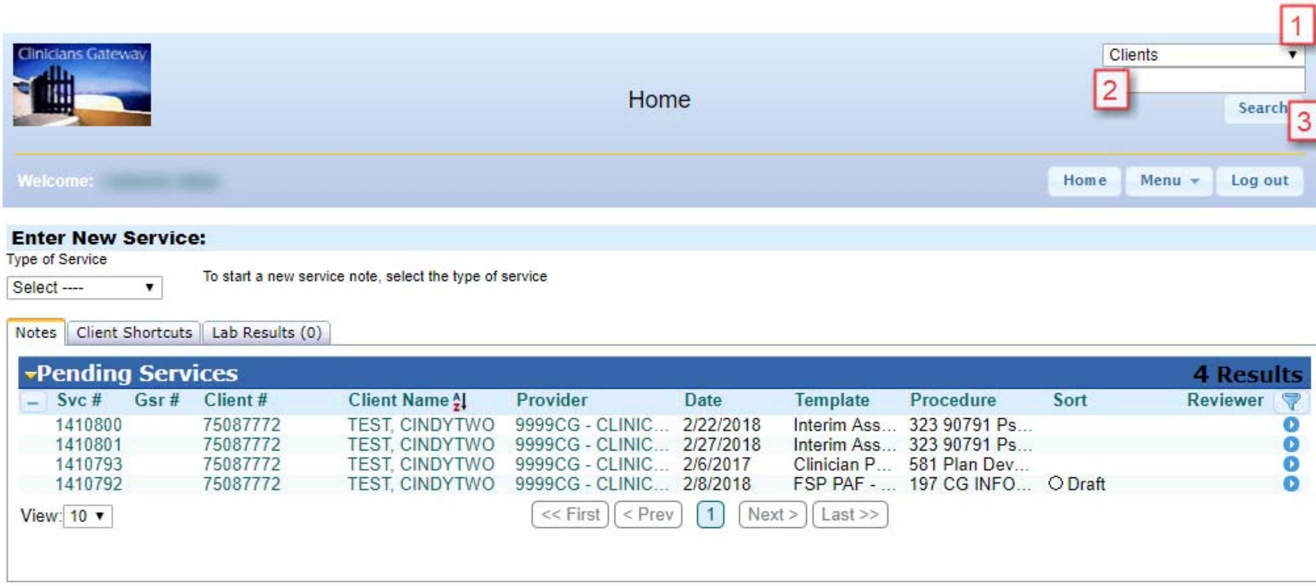


7. **Verify basic staff information:** Basic staff information, displayed in the upper half of the page, will need to be updated via an InSyst Staff Number Request Update form.

8. **Verify your Reporting Units:** To **view your reporting units**, click on the "Providers" bar. The designated RU's allow you to write a progress note into an RU. To update them, a supervisor submits a CG Authorization Update Request e-form.

Client Information

Client Search



1. You can use the global search tool located at the top right of all Clinician's Gateway Pages. Select "Clients" from the drop list. (Clients is also the default for this tool)

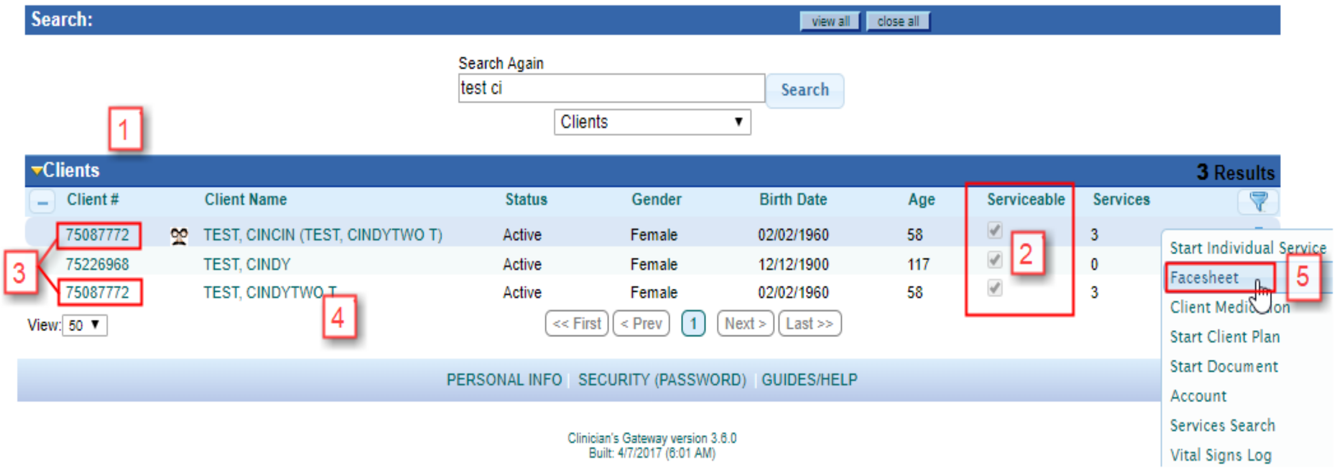
2. Type the client's last name first, then first name. (with a space in between…no need to use a comma)

    a. Alternately, you could type in the client's InSyst ID number.

    b. Alternately, you could type in the client's Social Security Number preceded by the # sign (for example, #123-33-3333. You may use dashes or not.)

    c. If you are unsure on exact spelling you may use a percent (%) symbol as the wild card. For example, a client name Client Testerson can be found by searching 'Test% Client'

3. Click on Search



- The search results screen will show the list of clients.
  1. The list of "All" clients are all clients in Alameda County.
  2. The list of "Serviceable" clients are those clients for whom you can write a note.
  3. Notice that these two clients are the same person, because they have the same client number. The one with the icon is an alias name.

Client Face Sheet

- To get the Face Sheet, either
  4. Click on the client's name or
  5. Click on the blue button at the far right of the row, to bring up the menu and then click on "Facesheet" for that client.

Action ▾ | Generate Patient Code

CONSUMER INFORMATION

Aliases:	TEST, CINCIN TESTING, CINDYCIN T. TESTING, CINDYONETWO				
Name:	TEST CINDYTWO T.	Number:	75087772	Birth Date:	2/2/1960
		Issued On:	10/8/2001	Age:	58
Address:	9999 STREET FREMONT, CA 94538-0	SSN:	123-33-3333	Gender:	Female
		Account:	851701 TEST, CINDYTWO	Language:	Chinese Dialect
				Education:	Grade 11
Phone:	(510) 999-9999 Ext:0	Marital:	Never Married	Ethnicity:	Black
Staff:	Staff, General	Disability:	Physical Impairment	Ethnic Origin:	
RP Owes:	$0.00	Problem:	None		

Consumer Detail Alert

KTA Eligible From Jul 1 2013

Medicaid Coverage

Covered	Medical Number	Insured Name	Eligibility Date	Eligible County	Special Reason

Insurance

#	Company	Policy #	Insured	Effective	Expires
2485	HEALTH PAC MCE	123333333		6/1/2012	8/31/2012

CONSUMER MESSAGES

	Effective	Expiration	Type	Author	Username	Status
Dangerous Client Alert						
	6/19/2009	12/18/2020	Incident	PETERSON C	PETERSONC	Active
	Known to throw marshmellows unpredictably.					
THIS IS ONLY A TEST						
	8/28/2007	10/27/2007	Other	SHERYL DIEDRICK	DIEDRICK	Expired
	THIS IS ONLY A TEST					

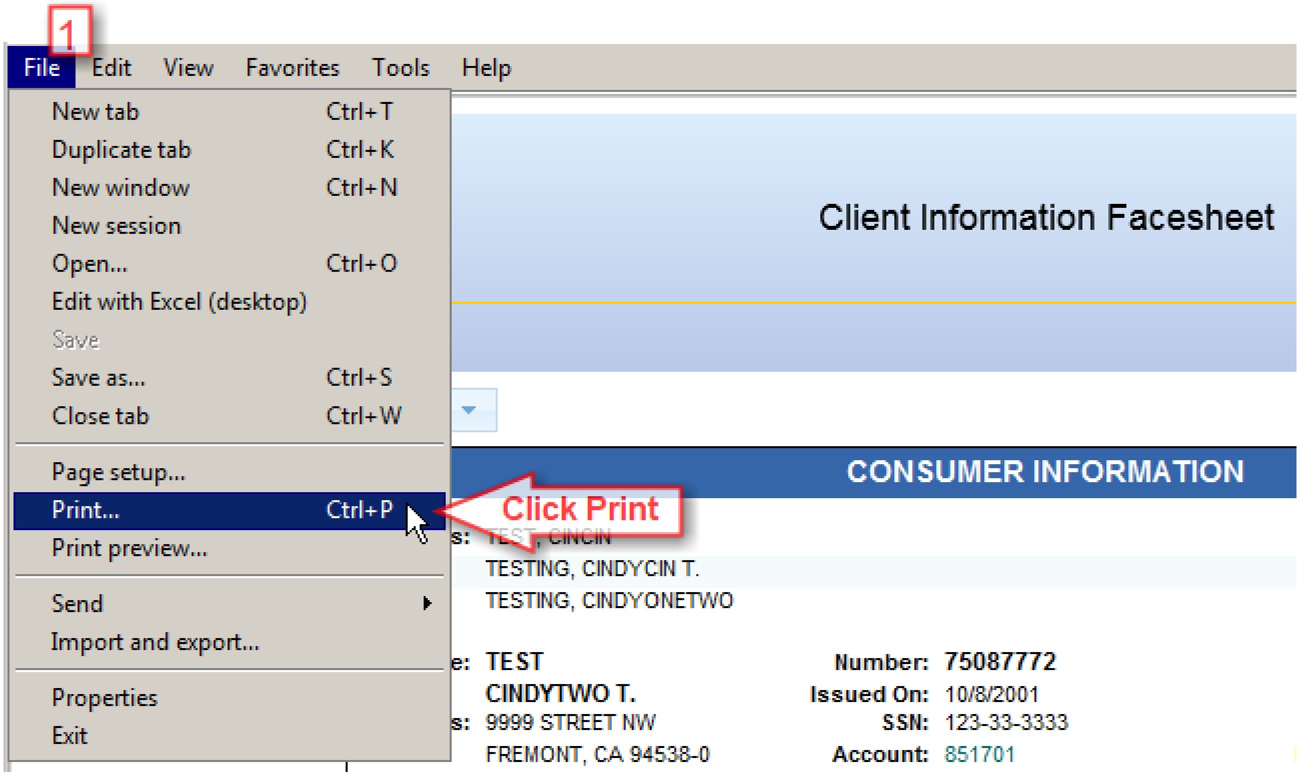
SIGNIFICANT OTHER

Name	Relation	Full Address	Effective	Expires	Phone
TEST, MAMA	MOTHER	999 TESTER ST, OAKLAND, CA 94606-0	4/1/2013		(510) 999-9999 Ext:0

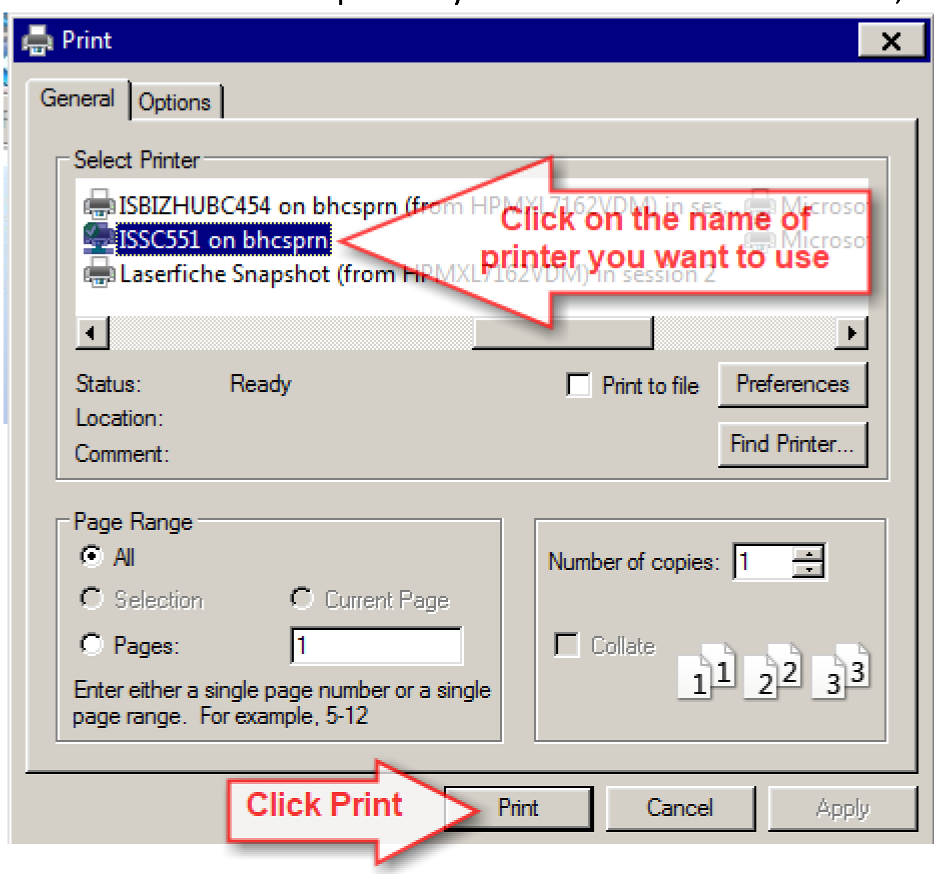
CLINICAL HISTORY

Results:11

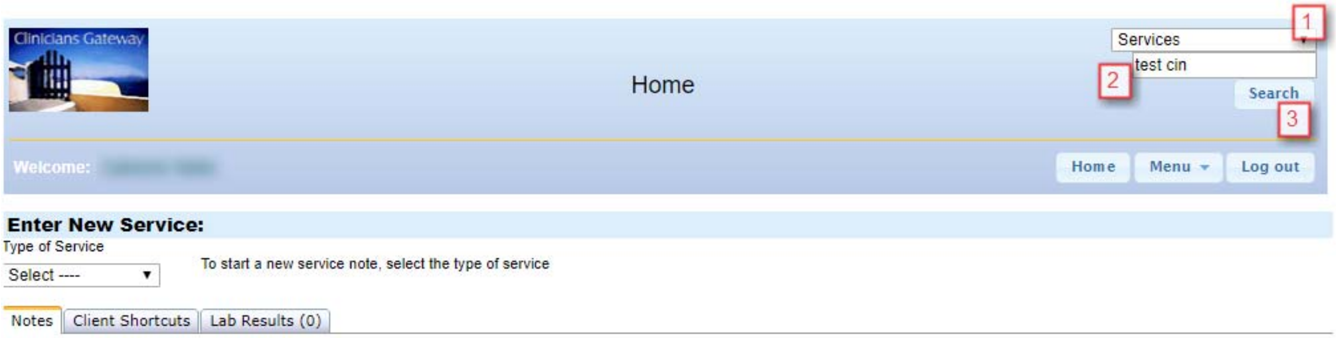
Status	Provider	Clinician	Opened	Closed	Diag
Open	99991 - West County Mental Health Svs Physician: 0 - Staff, General Svc Coordinator: Legal Status: Voluntary	13155 - BALA-IS, PRIYA Last Service: Consent: Not Applicable	7/20/2017 Units: 0		F20.81
Open	9999CG - CLINICIAN GATEWAY TEST M... Physician: 0 - Staff, General Svc Coordinator: Legal Status: Voluntary	6224 - HINES, TRACI Last Service: 5/23/2017 Consent: Unknown	3/7/2007 Units: 3		F31.2



- To print the Face Sheet, click on file (**1**),
- Click on Print
- Then select the printer you want to send the form to, and click on "Print."



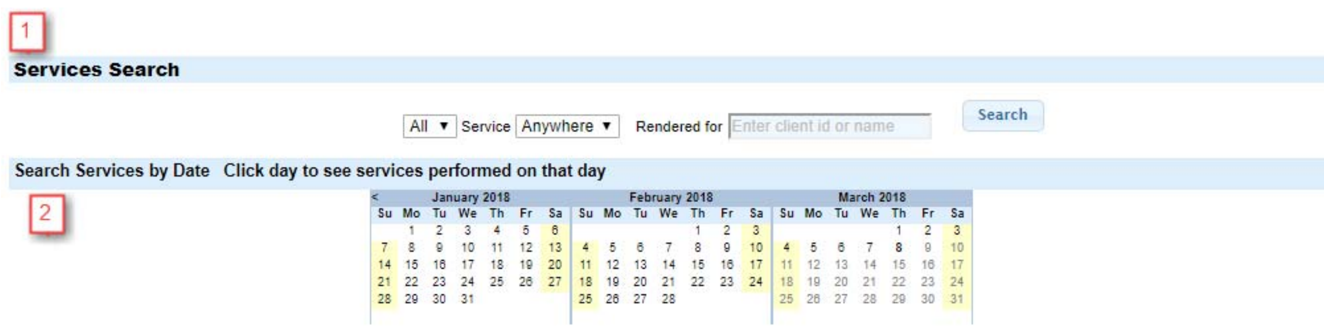
Client Services Search



1. To create a list of Services for a client, select "Services" from the drop list.

2. Type the client's last name first, then the first name, (with a space in between… do not use a comma) or the client's InSyst ID #.

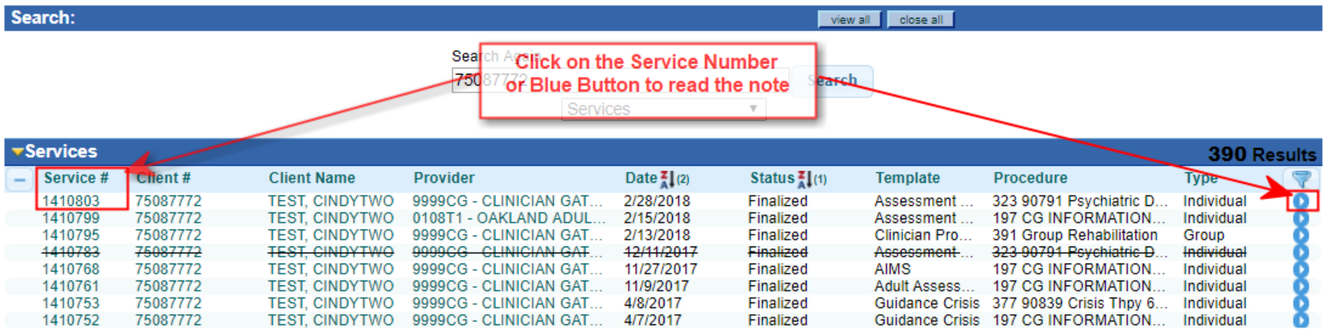
3. Click on Search.



- Alternately, you can use the Services Search (**1**), or Search Services by Date (**2**), at the bottom of the Home Page

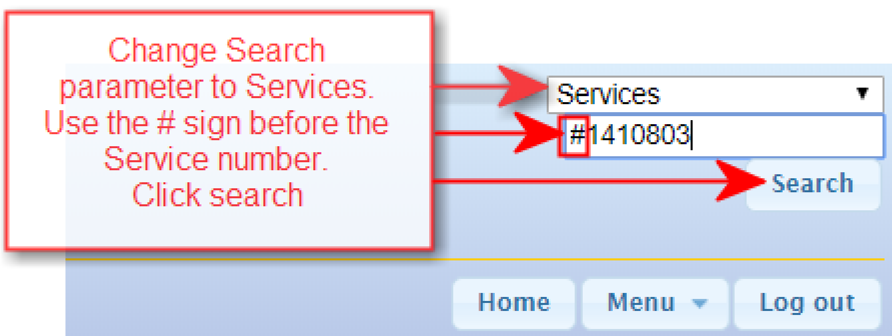
Search Results:

To read the notes, click on the Service # or click on the blue button.



Searching for a Single Service by Service number

To look up a service by its service number, in the Global Search area, simply precede the service number by the # sign. Click Search.

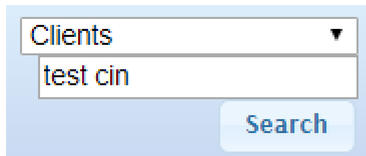


Medication Log

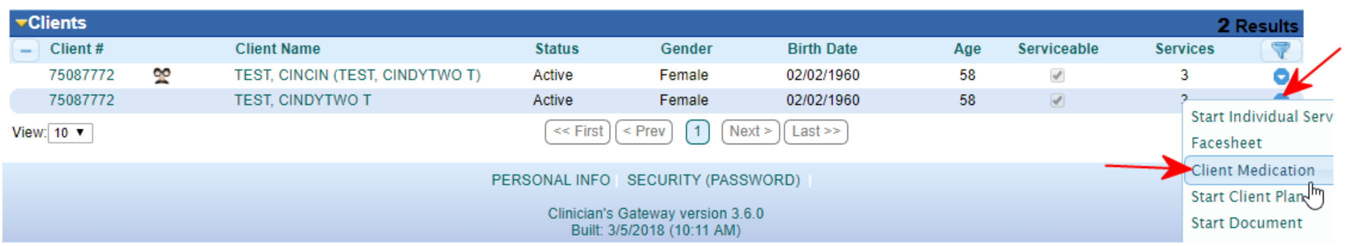
The Medication Log can be called up by two methods: either by using the Client Search/Action Button or by using the Client Medication Search.

<u>Method # 1: "CLIENT SEARCH/ACTION BAR" SEARCH PROCEDURE:</u>

1. In the Global Search field, leave Clients in the drop down, and enter the **client's name**, click **Search.**

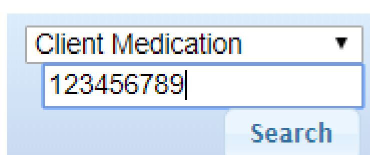


2. Click the "**Action Button**  ", then click Client Medication**.**



<u>Method # 2: "CLIENT MEDICATION" SEARCH PROCEDURE:</u>

1. In the Global Search area, choose **Client Medication**, and enter the **client's number** <u>(their name is not specific enough)</u>, click Search. This will bring you directly to the Medication Log



MEDICATION LOG:

The Medication Log displays all of the client's medications from E-Prescribing and from the Physician's Progress Notes.

The top section of the Log will import all the medications that were e-prescribed in RxNT, an e-prescribing application that our physicians and nurses have begun using.

The bottom section imports the entries from the "Plan" section of the Physicians Progress Note. History from all Physician's Progress Notes will be displayed no matter how old.

Sample of a Client's Medication Log:

Connect to RxNT

RXNT Medications — **35** Results

Details	Entry Date	Drug Name	Dosage	Prescribing Doctor	Refills	Svc. Number
	24-May-2012	Zyprexa 10 mg Tab	1 po q am	Luisito Roxas	3	1038364
	12-Apr-2012	benztropine 1 mg Tab	take 1 tablet by mouth at bedtime	Luisito Roxas	3	1002637
	12-Apr-2012	levothyroxine 50 mcg Tab	take 1 tablet (50 mcg) by oral route once daily	Luisito Roxas	3	1002637
	12-Apr-2012	Zyprexa 20 mg Tab	1 q hs	Luisito Roxas	3	1002637

Local Medications — **73** Resul

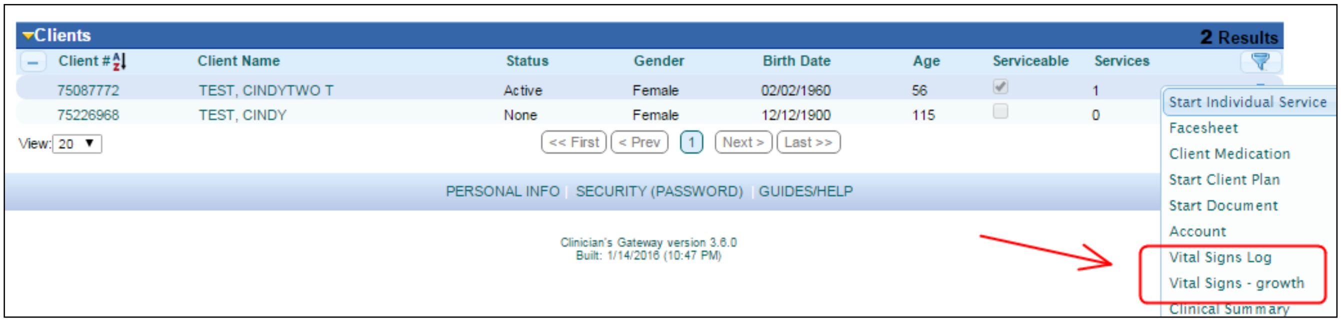
Svc. Number	Svc Date	Primary Clinician	Status	Note
1057040	6/14/2012	ROXAS LUISITO	FINALIZED	Will continue present medications since they do appear to be effective as long as she is taking them. Will adjust the dose as indicated. Noted no hand tremors while off Depakote. She might need a other mood stabilizer to help control her mood and outburst or increase the dose of her Zyprexa to target the mood. Also discussed the possibility of trying depot medications again specifically Risperdal Consta to maximize the compliance. . Compliance with medications was emphasized. dISCUSSED WITH cm. Medications: Zyprexa 10 mg q am and 20 mg q hs; Synthroid 50 mcg po q day. Cogentin 1 mg q hs RTC: 7/5@10:00
1044057	5/31/2012	ROXAS LUISITO	FINALIZED	Will continue present medications since they do appear to be effective as long as she is taking them. Will adjust the dose as indicated. Noted no hand tremors while off Depakote. She might need a other mood stabilizer to help control her mood and outburst or increase the dose of her Zyprexa to target the mood. . It will be easier for her to manage if she is less agitated. Compliance with medications was emphasized. Discussed with CM. Medications: Zyprexa 10 mg q am and 20 mg q hs; Synthroid 50 mcg po q day. Cogentin 1 mg q hs RTC: 6/14@11:00
1038364	5/24/2012	ROXAS LUISITO	FINALIZED	Will continue present medications since they do appear to be effective as long as she is taking them. Will adjust the dose as indicated. Noted no hand tremors while off Depakote. She might need a other mood stabilizer to help control her mood and outburst or increase the dose of her Zyprexa to target the mood. . It will be easier for her to manage if she is less agitated. Compliance with medications was emphasized. The patient was given Zyprexa 10 mg to calm her down and to help with the voices. Discussed need to go back to the board and care . Noted need to be stable for the next 2 weeks so she can celebrate the birthdays of her children in the hotel. She agreed then to go back to the board and care via a taxi. Discussed with CM. Medications: Zyprexa 10 mg q am and 20 mg q hs; Synthroid 50 mcg po q day. Cogentin 1 mg q hs RTC: 6/14@11:00 REFILL: PAYLESS PHARAMCY: ZYPREXA 10 MG TAB 1 Q AM #30 + 3 REFILLS

The bottom section, from the physician's note, should contain the complete medication regimen for the client, if the physician has manually entered it.

Clicking on the Service Number will bring up the entire note.

Vital Signs

Find Vital Signs log using the Action Bar: Search for the client first, then request the Vital Signs Log or the Growth Chart from the Action Bar.

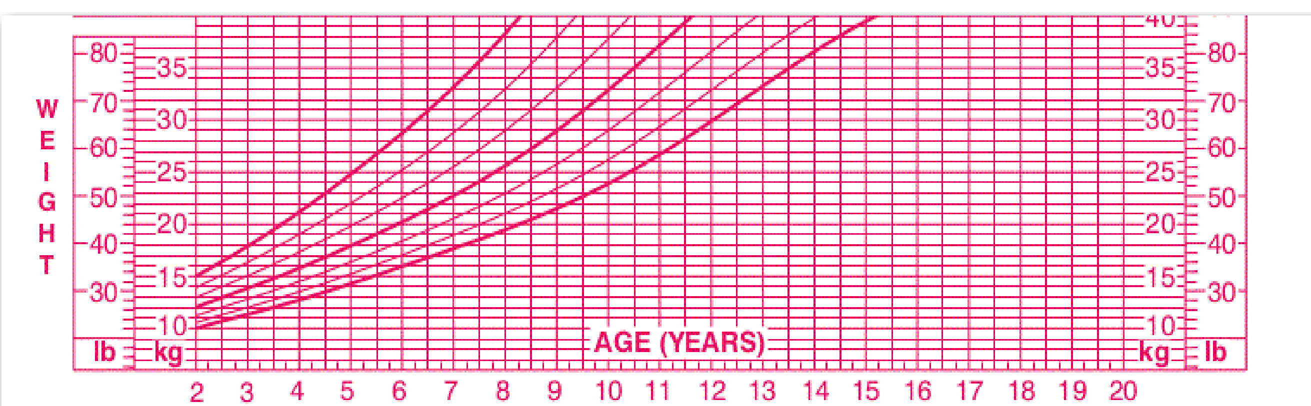


Vital Signs Log: displays Vital Signs over the entire history of client. (data from medical staff Vital Signs chart on notes)

Vital Signs Log for TEST, CINDYTWO T (75087772)

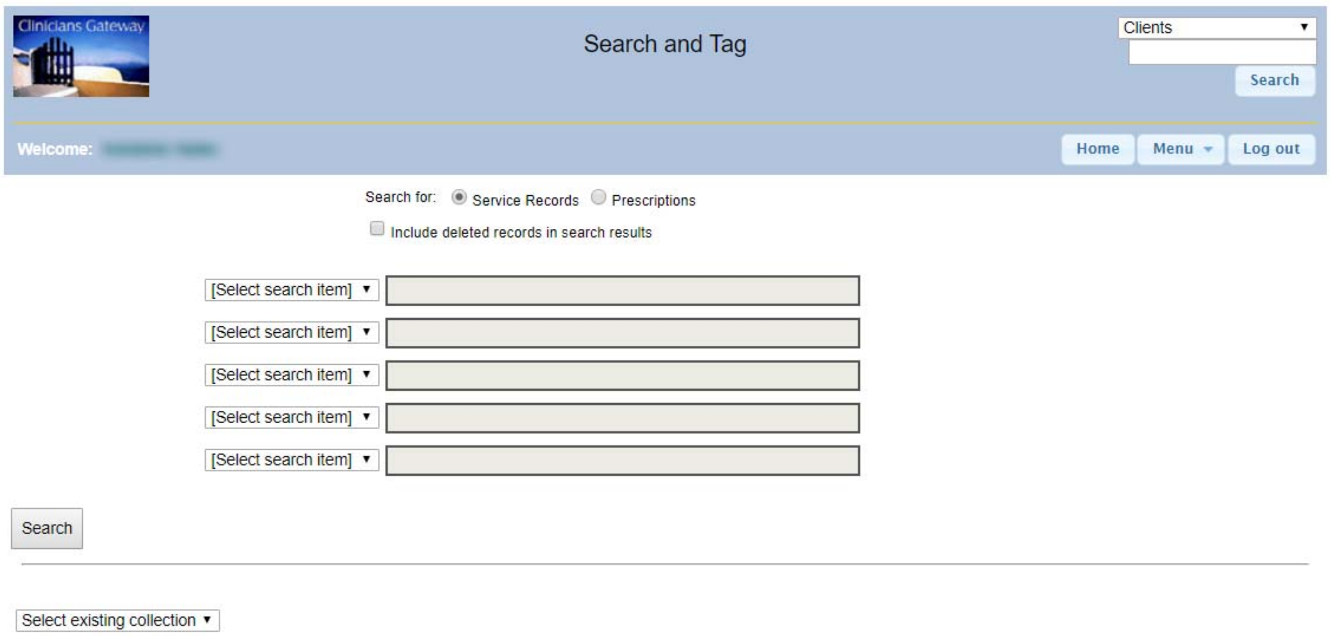
Service #	Date	Height	Weight	BMI	BP	Pulse
1410651	05/20/2014					
1182151	10/27/2012					
1182146	10/25/2012	69.0	150.0	22	125/92	78
1182141	10/24/2012					
1182140	10/23/2012	70.0	160.0	22	150/75	70
1182113	10/22/2012					
864829	10/14/2011	10	100	703	100/100	10
863396	10/13/2011	70	150	21	110	65
863407	10/13/2011	70	150	21	110	76
805825	07/25/2011	70	170	24	110/60	70
805828	07/25/2011	70	170	24	115/90	82
805591	07/24/2011	70	180	25	120/80	60
805592	07/24/2011	70	190	27	145/90	62

Vital Signs Growth Chart: Plots Height and Weight against average percentiles for ages 2 – 20.



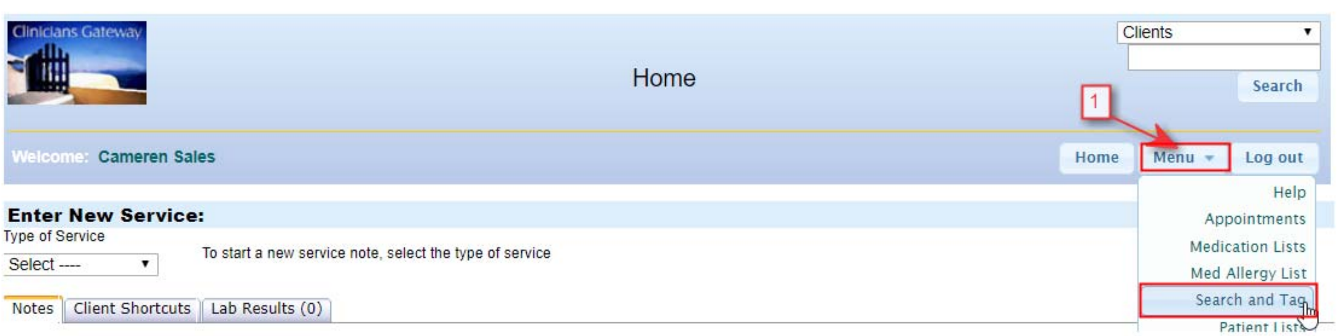
Search and Tag

Search and Tag is used to collect, display and save sets of service notes so they may be viewed in sequence, such as a client's history of services. Notes can be filtered by one or more parameters. (Client, Service Dates, Note Status, Text, Clinician, Procedure, Record Type, Reporting Unit, Location)



DEFINE YOUR SEARCH CRITERIA

1. The Search and Tag button is found in the Menu listing on the Home Page.

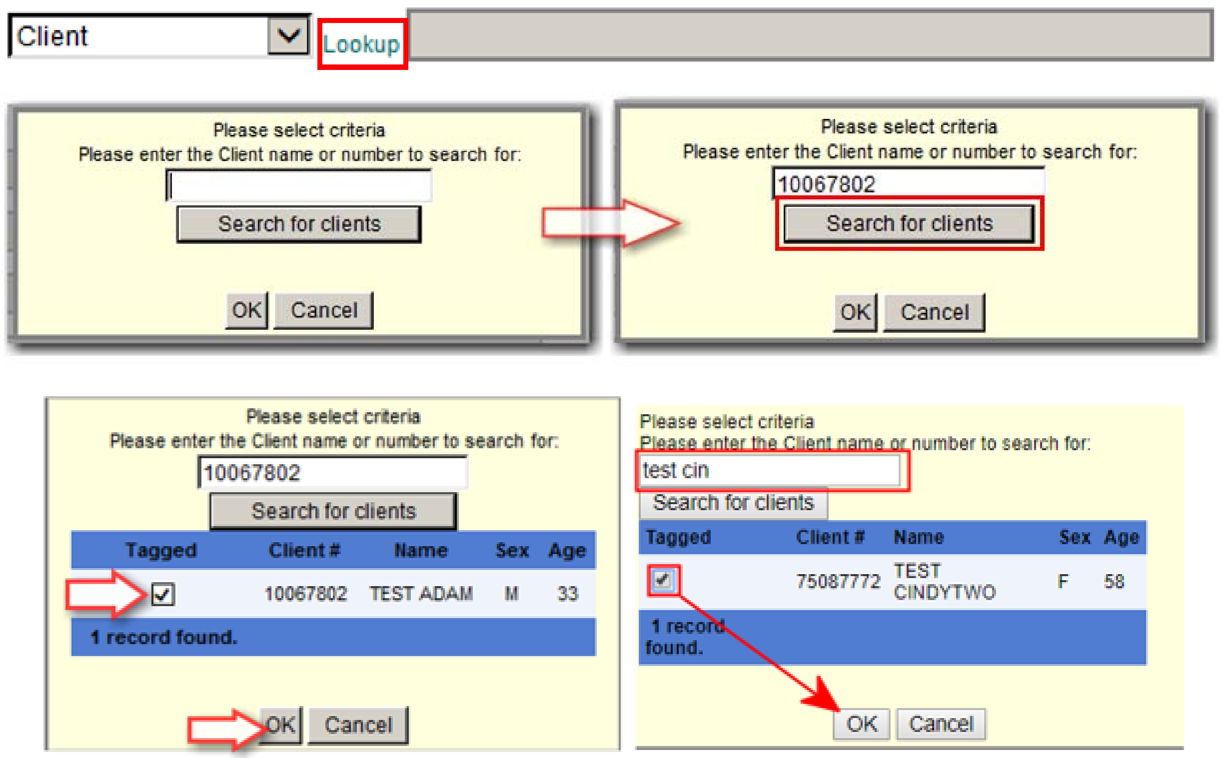


2. The Services radio button should be checked.

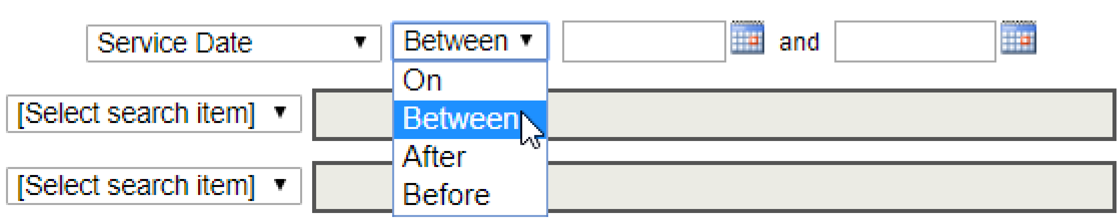
3. Select the first search parameter by clicking on the "Select Search Item" drop down menu. Click on the parameter that you wish search, such as "Client."

4. Click on "Lookup" and enter the specific search item

   i.e. For Client; Search by Client Number or last name first name-no comma, click "Search for Clients," and wait for the list of possible clients to appear. Check the box for the appropriate client and click OK.

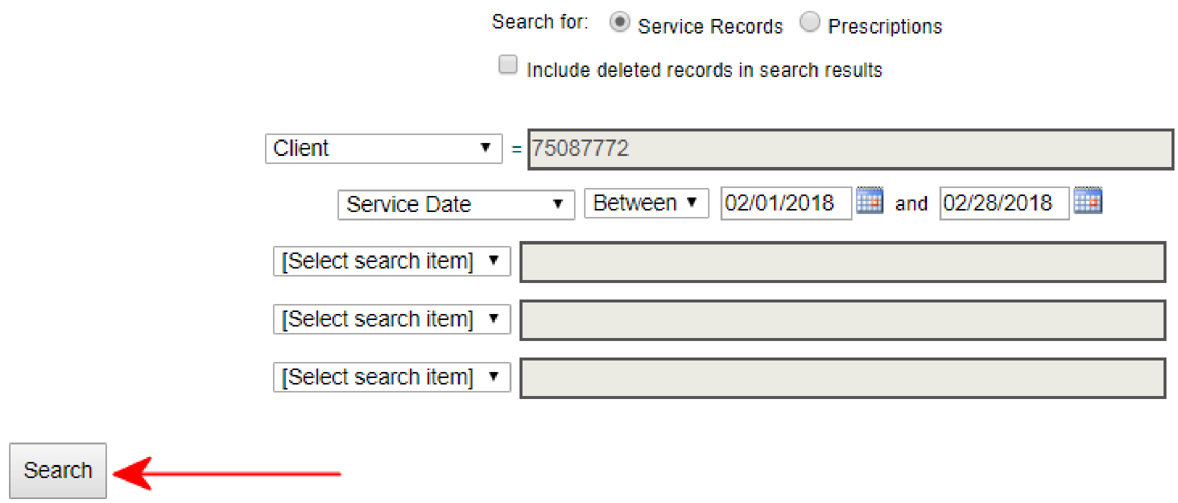


5. Choose your next parameter to narrow your search, by clicking on the "Select Search Item" drop down menu. Click on the parameter that you wish search, such as "Service Date." i.e.. choose whether you would want to see services on, between, after, or before a certain date and click on the calendars icons to define the dates.

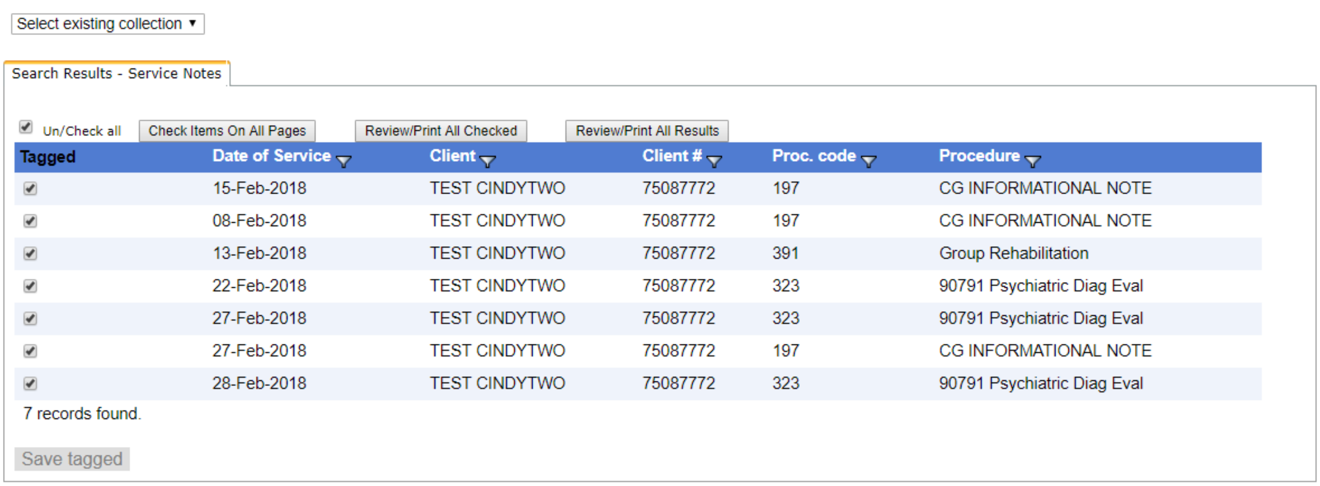


6. Continue until you have narrowed your search as many ways as possible.

7. Click the Search button to assemble your results.



Results:



Tagged	Date of Service	Client	Client #	Proc. code	Procedure
✔	15-Feb-2018	TEST CINDYTWO	75087772	197	CG INFORMATIONAL NOTE
✔	08-Feb-2018	TEST CINDYTWO	75087772	197	CG INFORMATIONAL NOTE
✔	13-Feb-2018	TEST CINDYTWO	75087772	391	Group Rehabilitation
✔	22-Feb-2018	TEST CINDYTWO	75087772	323	90791 Psychiatric Diag Eval
✔	27-Feb-2018	TEST CINDYTWO	75087772	323	90791 Psychiatric Diag Eval
✔	27-Feb-2018	TEST CINDYTWO	75087772	197	CG INFORMATIONAL NOTE
✔	28-Feb-2018	TEST CINDYTWO	75087772	323	90791 Psychiatric Diag Eval

7 records found.

Save tagged

REVIEW, PRINT OR SAVE YOUR RESULTS

1. To sort your items by a certain topic, click the top of that column (e.g. Date of Service)
2. Check the items that you wish to view or save.
3. Click on one of the Review/Print buttons (all checked items or all results).
4. Choose "Open" to view them or "Save" as desired.
5. To read them, use the big blue arrows at the top of the page to move through the documents.
6. Click the Printer Icon or File/Print.

TO SAVE A COLLECTION

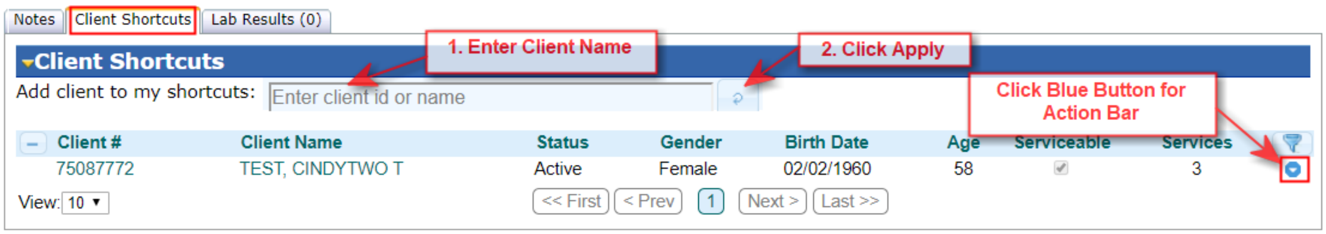
1. To retain your collection in Search and Tag for later reading, click the blue message "click here to add a new collection name"
2. Enter the name of the collection and click OK
3. Click the "Save Tagged" button and all items checked will be moved to the collection. You can do this multiple times or "tag" and move them all together.

TO RETRIEVE A PREVIOUSLY SAVED COLLECTION

1. Click on the words *"select an existing collection name"*
2. The Drop Down menu indicator appears. Click on the down arrow.
3. Click on the collection that you would like to view.

Client Shortcuts

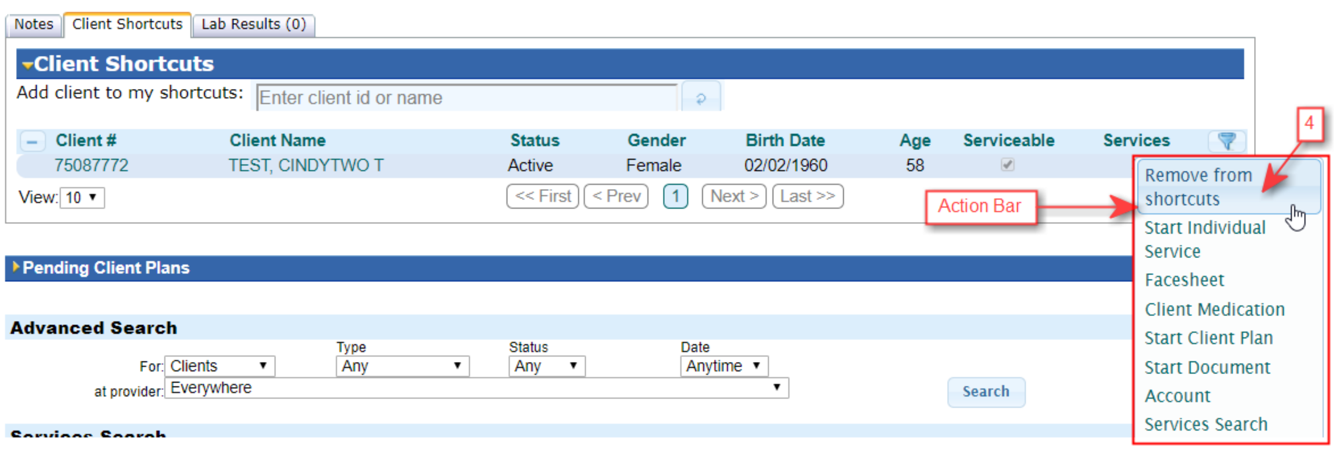
Build your custom client shortcut list on the Home Page (Does not alter InSyst caseload records)



Above is the Client Shortcut tab on your home page. To add a client to you shortcuts; (1) enter client name to add to shortcuts, (2) click the apply button. Once added you can quickly access the Client Action Bar by clicking the Blue Button (3)

The Action Bar gives access to quick client information and common actions: view Facesheet, start a service or client plan, view medication log, etc…

When a client is added to the shortcuts, a new item is added to the top of the action bar. This action will remove this client from your shortcuts list (4)

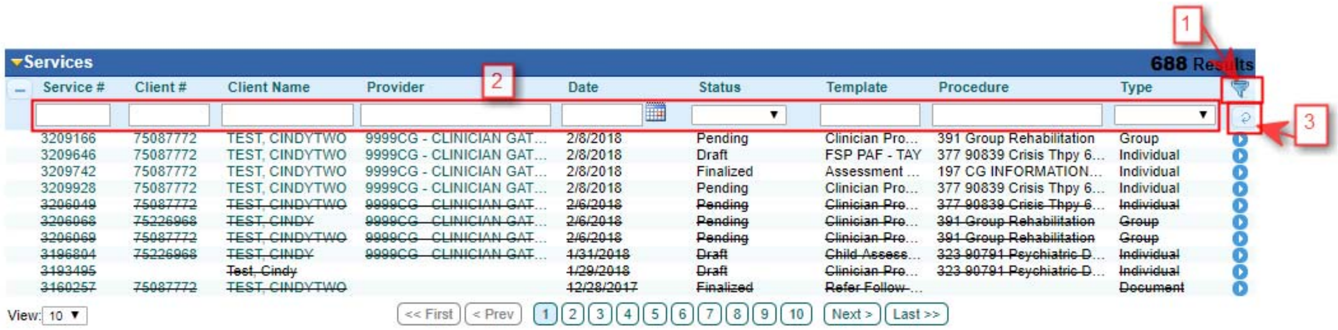


Filtering and Sorting

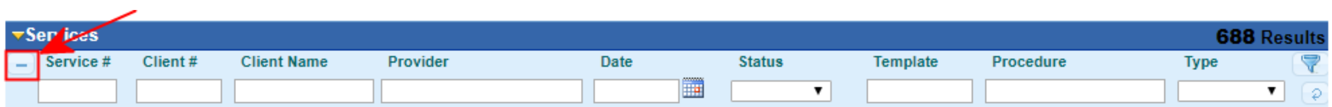
At any point when you have a large list of clients, services, etc. you may want to find specific information. This can be attained with the assistance of the various Filters and sorts.

Enhanced Filtering can be done over multiple parameters at the same time.

1. Click the funnel (filter icon) to open the fields.
2. Then enter the texts you want to filter for.
3. Click the Arrow to activate the filter.



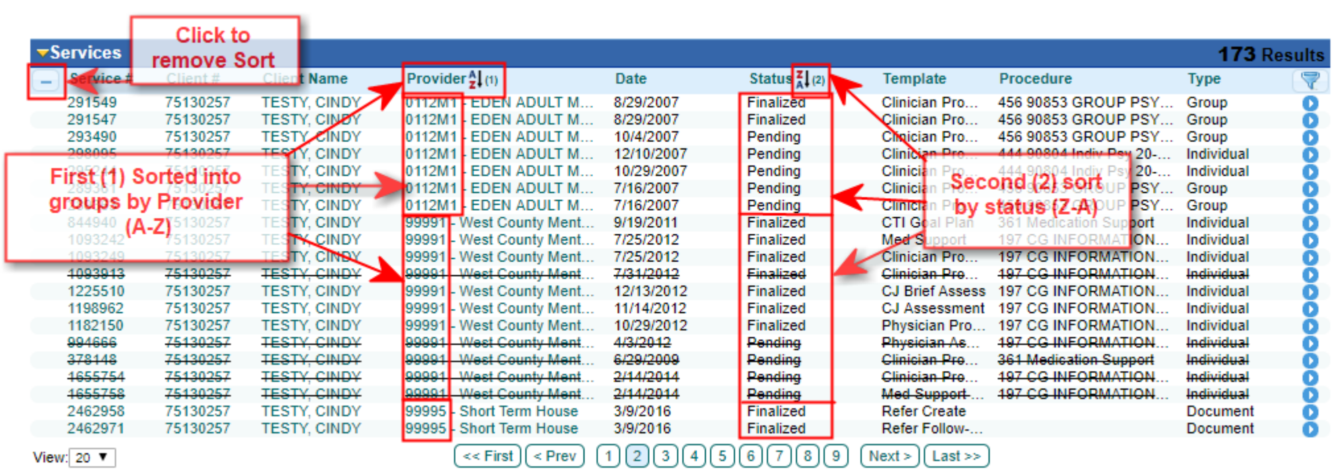
Remove Filters by clicking on the ⊟ button.



Enhanced Sorting can be done over multiple columns, in ascending or descending order.

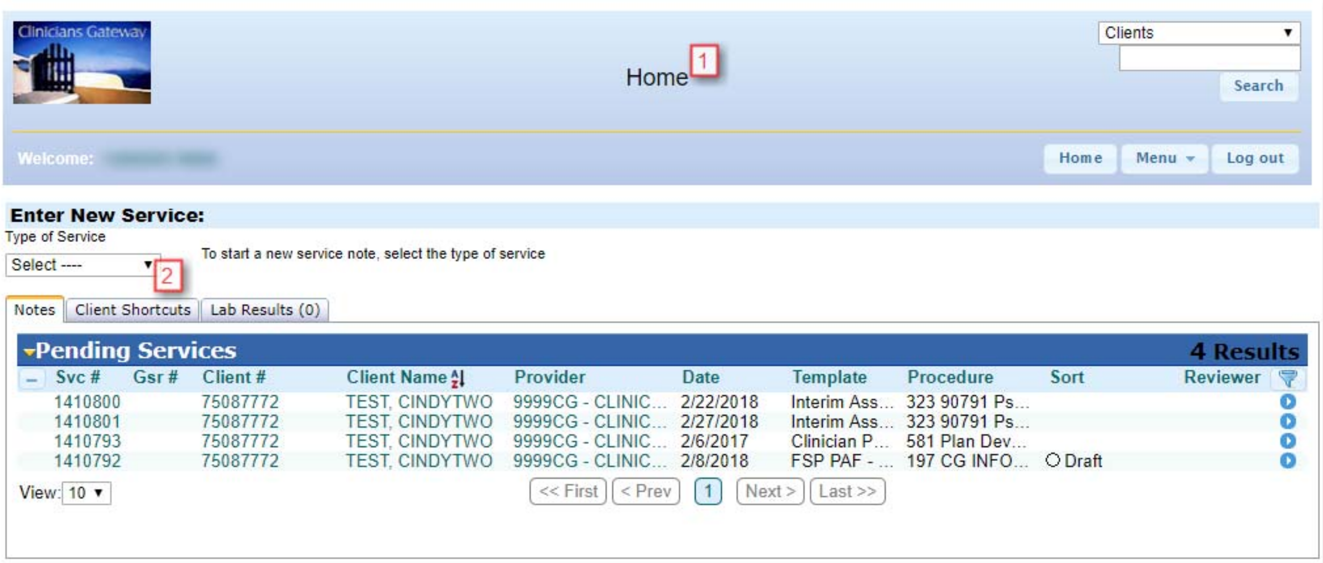
Sort Order will be retained for the next time you search!

- First click = ascending. A second click = descending. Third click = remove the sort.
- Click(s) on the column you want to be the first sort.
- Click(s) on the next column you want to be the second sort, etc.
- Your custom **sort order is retained** and applied to future searches of the same type.
- Minus button clears the sort order and restores date order as default.
- Remove Sort Order by clicking on the ⊟ button.

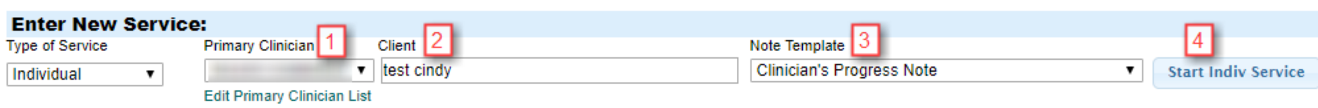


Individual Notes

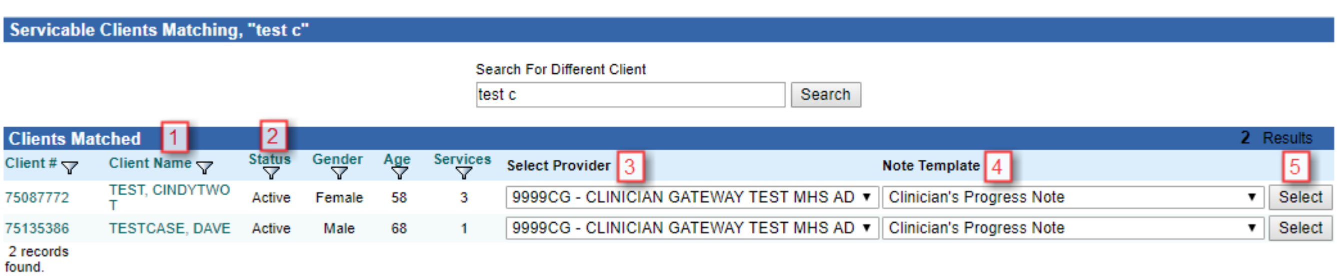
Individual Notes Using Client Name or Number



1. This is your home page.
2. Click on the drop arrow to select "Individual" for the type of service.

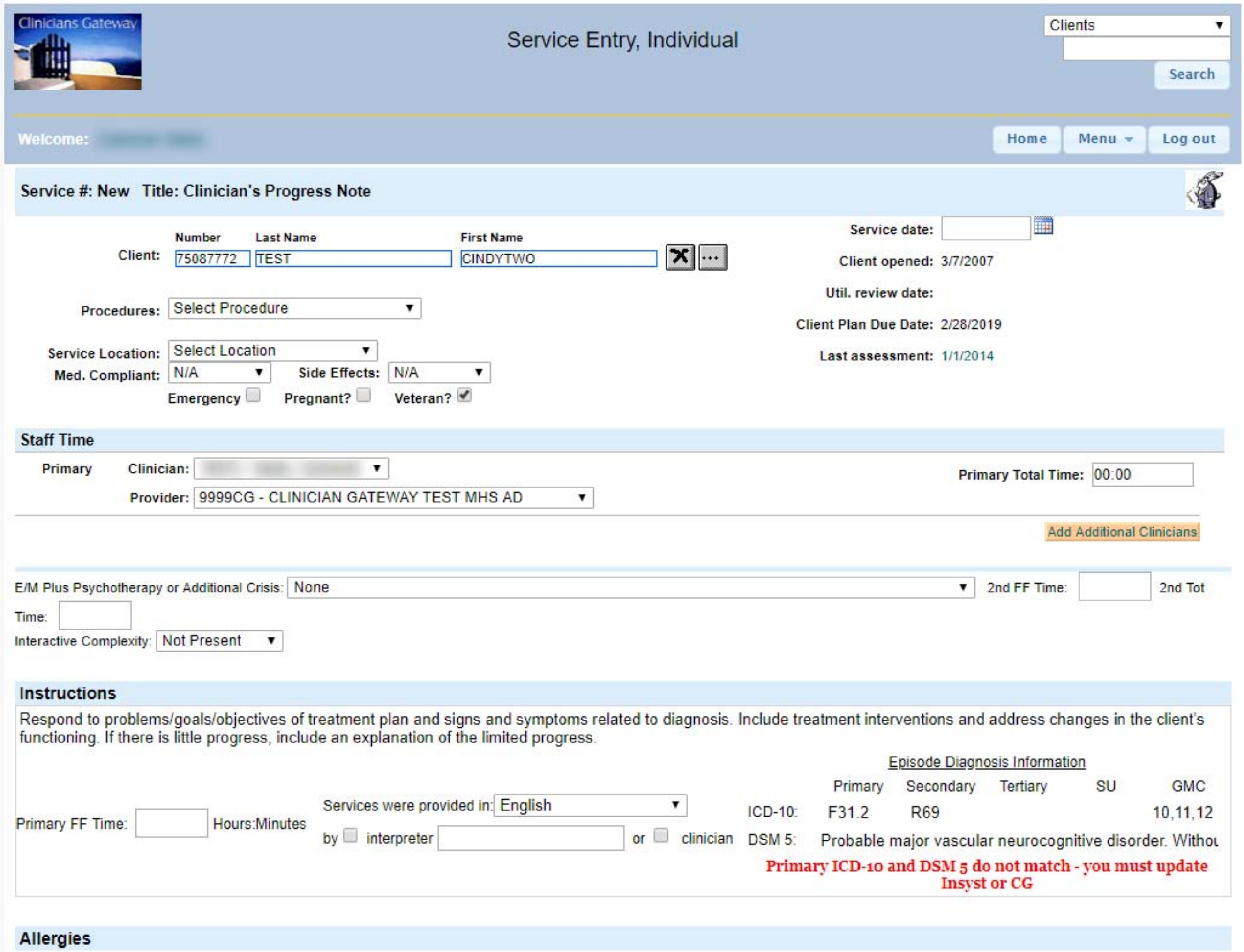


1. Verify the Primary Clinician name is correct.
2. Enter the client name (Last name then First name with no commas, ex. Mouse Mickey) or the client number.
3. Select the template name from the drop list.
4. Click on "Start Indiv Service."



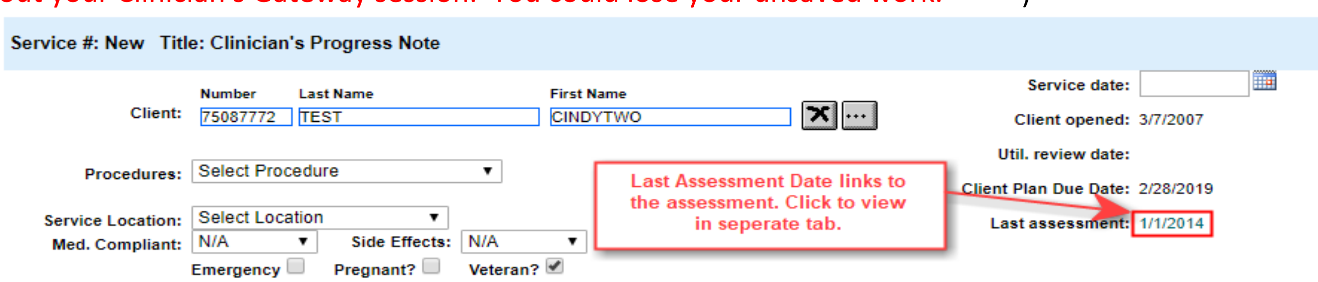
1. Verify the client name.
2. Verify the status for that client. "Active" indicates that the client has an open episode.
3. Verify the appropriate provider name is indicated.
4. Select the Title of the type of note you will enter.
5. Click on "Select"

The Note Entry page looks like this:



<u>Alert for Last Assessment Date</u> displays the last Child, Adult or Physician Assessment. The date links to the assessment, opened on a new tab, for easy access.

(**** Remember to close the tab after viewing the assessment. An unused tab can time out - logging out your Clinician's Gateway session. You could lose your unsaved work. ****)



<u>Alert for Katie A eligibility</u> on note entry screen.

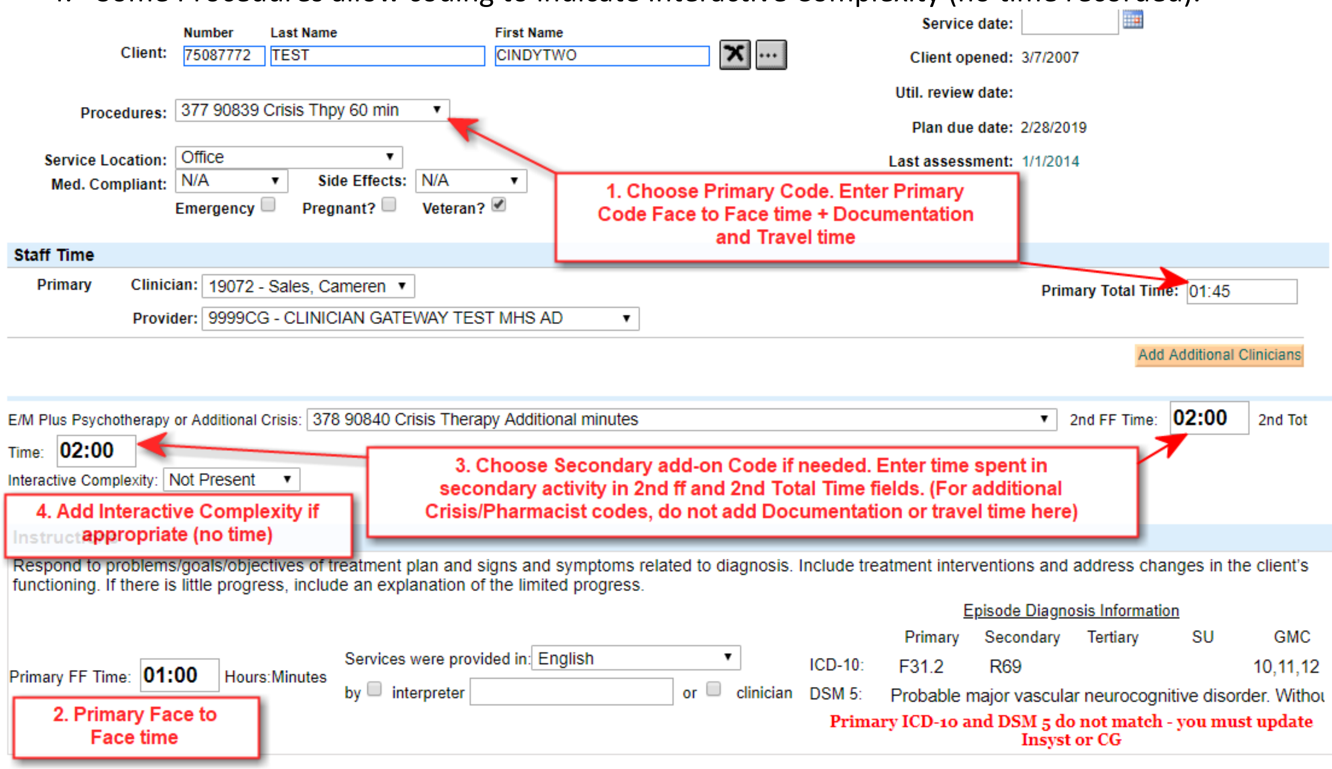
Starting the Note:

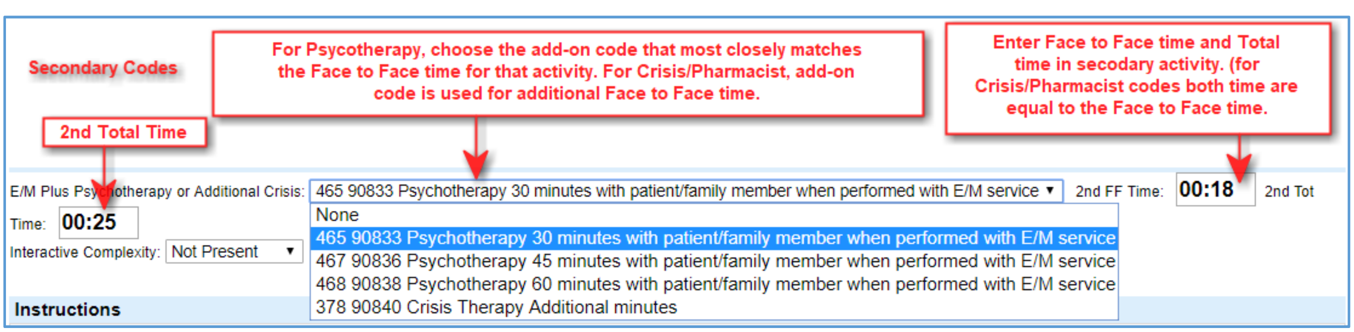
1. When writing a progress note in Clinician's Gateway, first choose the Primary code matching the Face to Face time and complexity of the service. Enter the time spent <u>on that code's activity,</u> including documentation and travel, in the 'Primary Total Time' field. Codes have minimum time requirements. *For Crisis: record ALL Documentation and Travel time in the Primary Clinician time field.*

2. Enter the Face to Face time in the 'Primary FF Time' field below the 'Instructions' line.

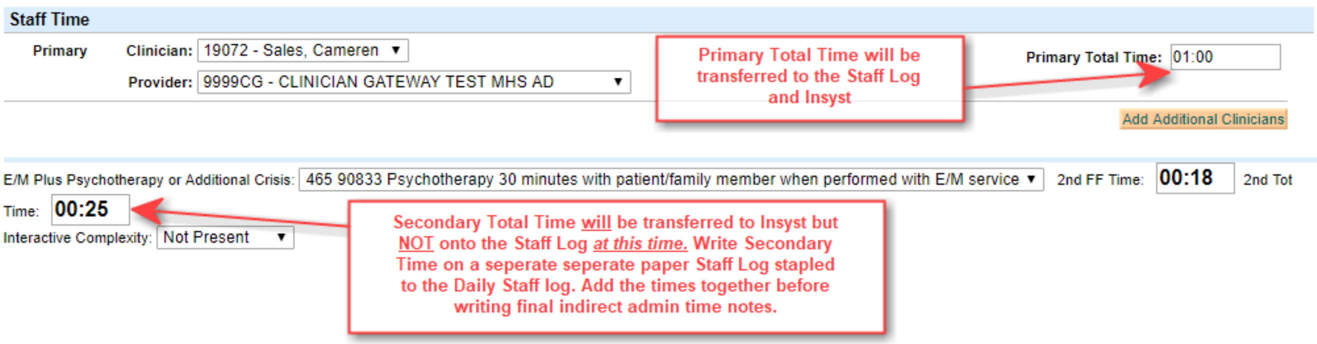
3. Choose the Secondary add-on code for Psychotherapy or Additional Crisis/Pharmacist. Enter the times spent on that activity into both the '2nd Face to Face' and '2nd Total Time' fields. *For Crisis/Pharmacist: 2nd FF time = 2nd Total time (NO documentation/ travel time)*
'Primary Clinician Time' + '2nd Total Time' = Total time for entire service.
'Primary FF Time' + '2nd FF Time' = Total Face to Face time for entire service.

4. Some Procedures allow coding to indicate Interactive Complexity (no time recorded).

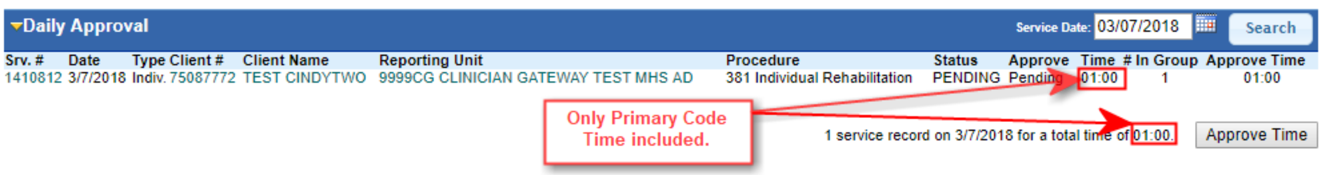


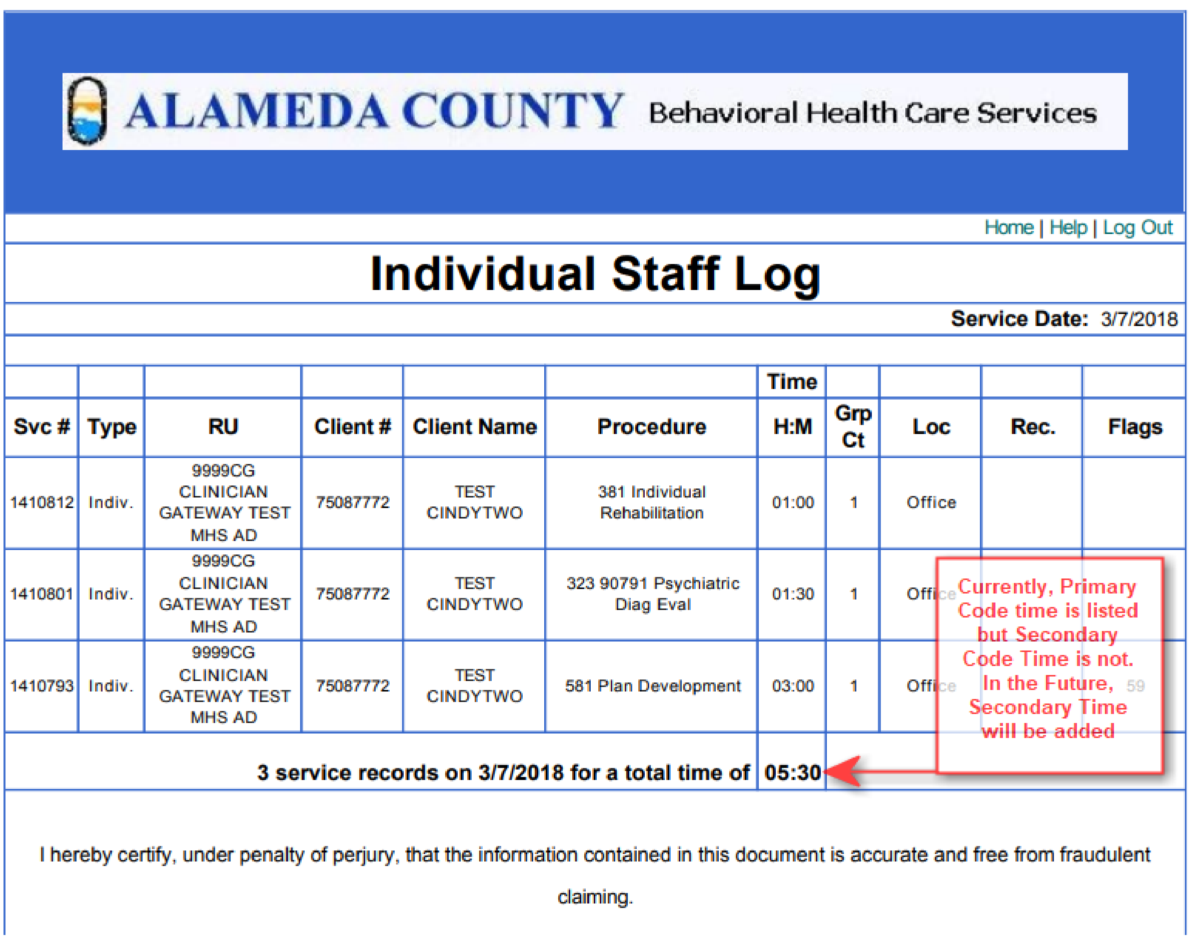


1. Both total Primary Clinician Time and total Secondary Add-On code time and will be transferred to InSyst for billing.



2. Only Primary Clinician Time is reported on the Daily Approval and Daily Staff Log at this time. In the future, secondary time will be included. Report secondary time on an old-style paper staff log form (MAA form) stapled to staff log.





ALAMEDA COUNTY Behavioral Health Care Services

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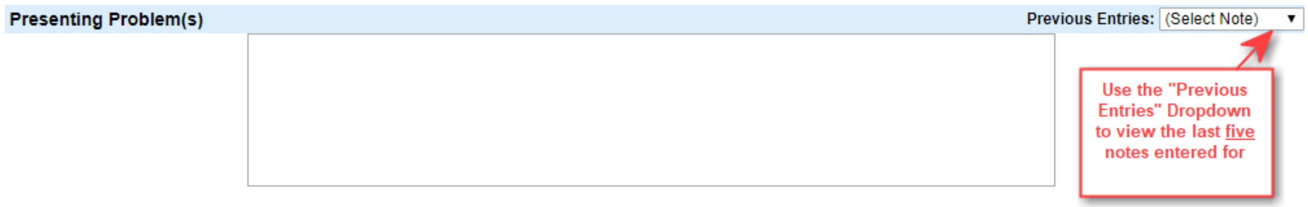
Individual Staff Log

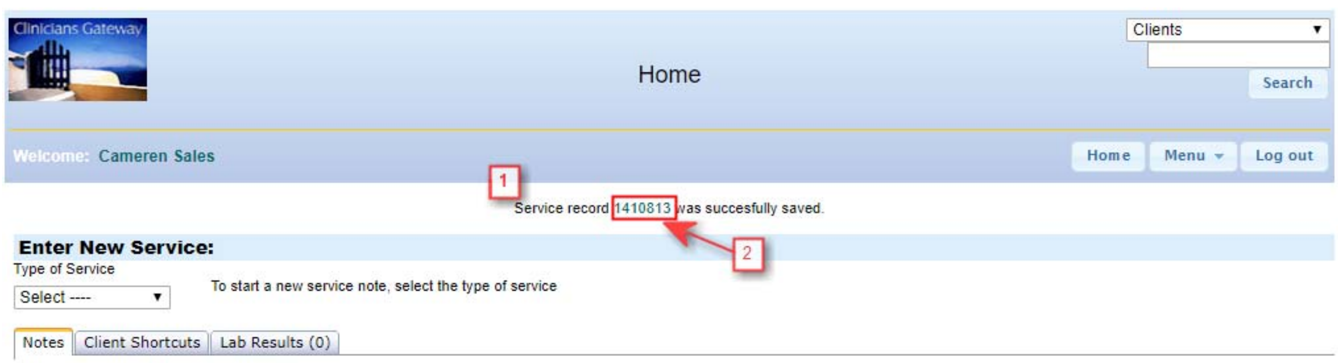
Service Date: 3/7/2018

Svc #	Type	RU	Client #	Client Name	Procedure	Time H:M	Grp Ct	Loc	Rec.	Flags
1410812	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	381 Individual Rehabilitation	01:00	1	Office		
1410801	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	323 90791 Psychiatric Diag Eval	01:30	1	Office		
1410793	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	581 Plan Development	03:00	1	Office		
3 service records on 3/7/2018 for a total time of						**05:30**				

I hereby certify, under penalty of perjury, that the information contained in this document is accurate and free from fraudulent claiming.



- Complete all of the progress note fields.
- Utilize the ‘previous entries’ drop list to review or use information from the last five notes.
- Click on ‘Note is Complete’ if available and ‘Save as pending’ at the bottom of the page. ***Note is Complete is only visible if you have ‘Daily Approval’**



1. The system message at the top of the window notifies you of a successful entry. If you do not see this message, your entry has not been saved.

2. You can click Service Number to return to Note.

CRISIS AND CPT Codes 2014: *Add-on Codes and Time*

Procedure codes now exist that are designed to be used in sets. Total Time (including documentation and travel) and Face-to-Face[1] times are now recorded for each code. Please refer to QA training resources on the ACBHCS Providers website for coding guidelines.

[1]Note Face-to-Face time becomes "contact time" when the work is done on the phone. Follow the same procedures below but be sure to select "telephone" in the "location" field.

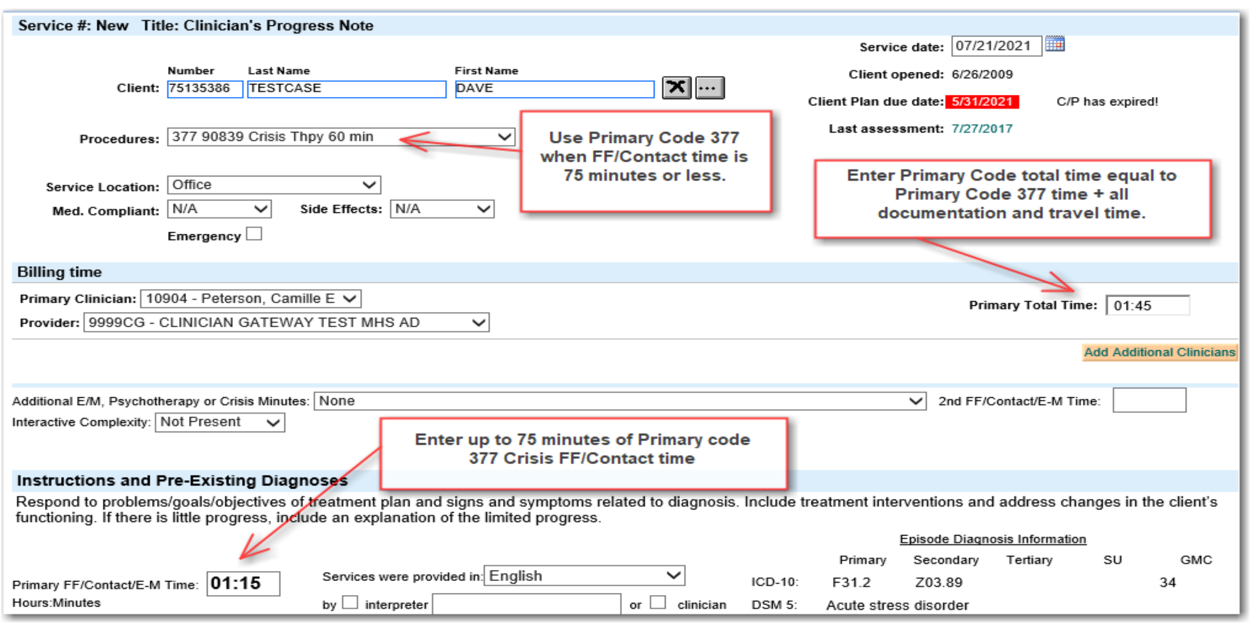
1. When writing a progress note in Clinician's Gateway for a **Crisis service**, **first choose the 377 Primary code.** Documentation and Travel will be added to Primary Code time.

SITUATION ONE: CRISIS TIME = 75 MINUTES or less of FACE TO FACE TIME

2. Enter the total time spent, including all charting and travel, in the "Primary Clinician Time" field.

3. Enter the Face-to-Face time for the Primary Code 377 in the "Primary FF Time" field (below the "Instructions" line). The Primary FF Time field accepts 30 – 75 minutes of time)

Example: 75 minutes (1:15) face to face time and 30 minutes documentation = 1:45 Total time



Service #: New Title: Clinician's Progress Note

Service date: 07/21/2021

Client: Number 75135386 Last Name TESTCASE First Name DAVE

Client opened: 6/26/2009

Client Plan due date: 5/31/2021 C/P has expired!

Last assessment: 7/27/2017

Procedures: 377 90839 Crisis Thpy 60 min

Use Primary Code 377 when FF/Contact time is 75 minutes or less.

Service Location: Office

Med. Compliant: N/A Side Effects: N/A

Emergency

Enter Primary Code total time equal to Primary Code 377 time + all documentation and travel time.

Billing time

Primary Clinician: 10904 - Peterson, Camille E

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Total Time: 01:45

Add Additional Clinicians

Additional E/M, Psychotherapy or Crisis Minutes: None

2nd FF/Contact/E-M Time:

Interactive Complexity: Not Present

Enter up to 75 minutes of Primary code 377 Crisis FF/Contact time

Instructions and Pre-Existing Diagnoses

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Episode Diagnosis Information

	Primary	Secondary	Tertiary	SU	GMC
ICD-10:	F31.2	Z03.89			34
DSM 5:	Acute stress disorder				

Primary FF/Contact/E-M Time: 01:15 Hours:Minutes

Services were provided in: English

by interpreter or clinician

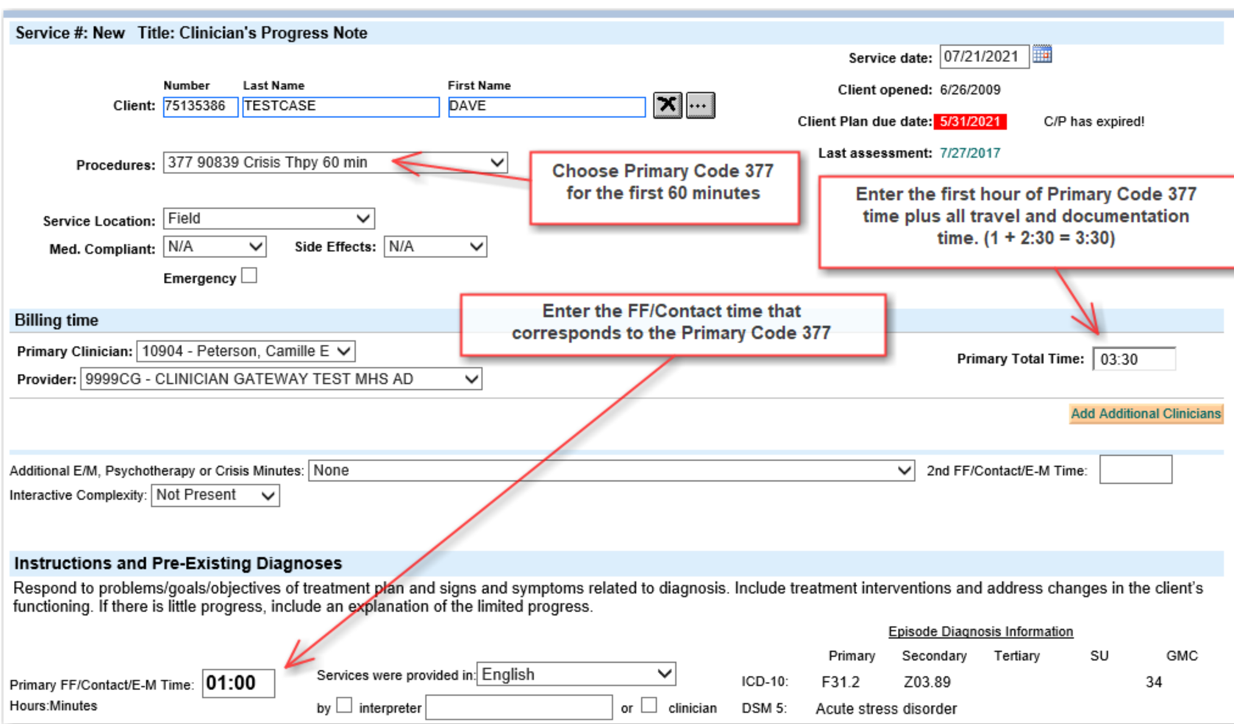
(**Note: Codes have minimum and maximum time requirements.** If Crisis time is more than 75 minutes for Face to Face time, you will be adding a secondary code to the note. We will address that situation next)

SITUATION TWO: CRISIS TIME GREATER THAN 75 MINUTES FACE TO FACE TIME.

Example: 3:00 hours face to face time plus 2:30 documentation/travel time = 5:30 Total

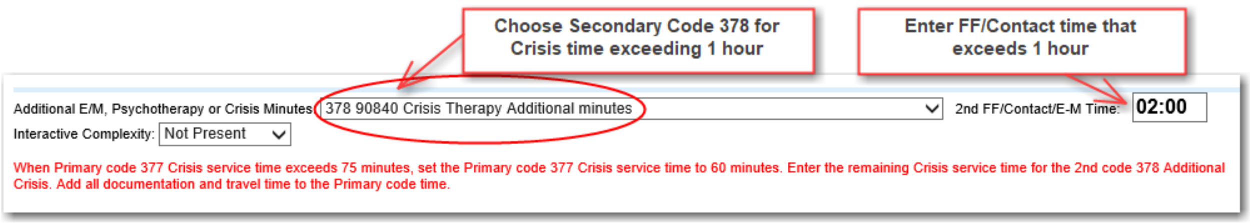
4. If Crisis time is more than 75 minutes for Face to Face time, the time attributed to Primary Code 377 will be stepped down to 60 minutes.

    - Choose Primary code 377 for the first 60 minutes (1 hour) of face to face time
    - Enter 1:00 hour to the Primary FF/Contact/E-M Time field
    - Add ALL Documentation and Travel time to the 1 hour of 377 Primary Time (2:30 + 1:00 =3:30). Enter into the Primary Clinician Time field.



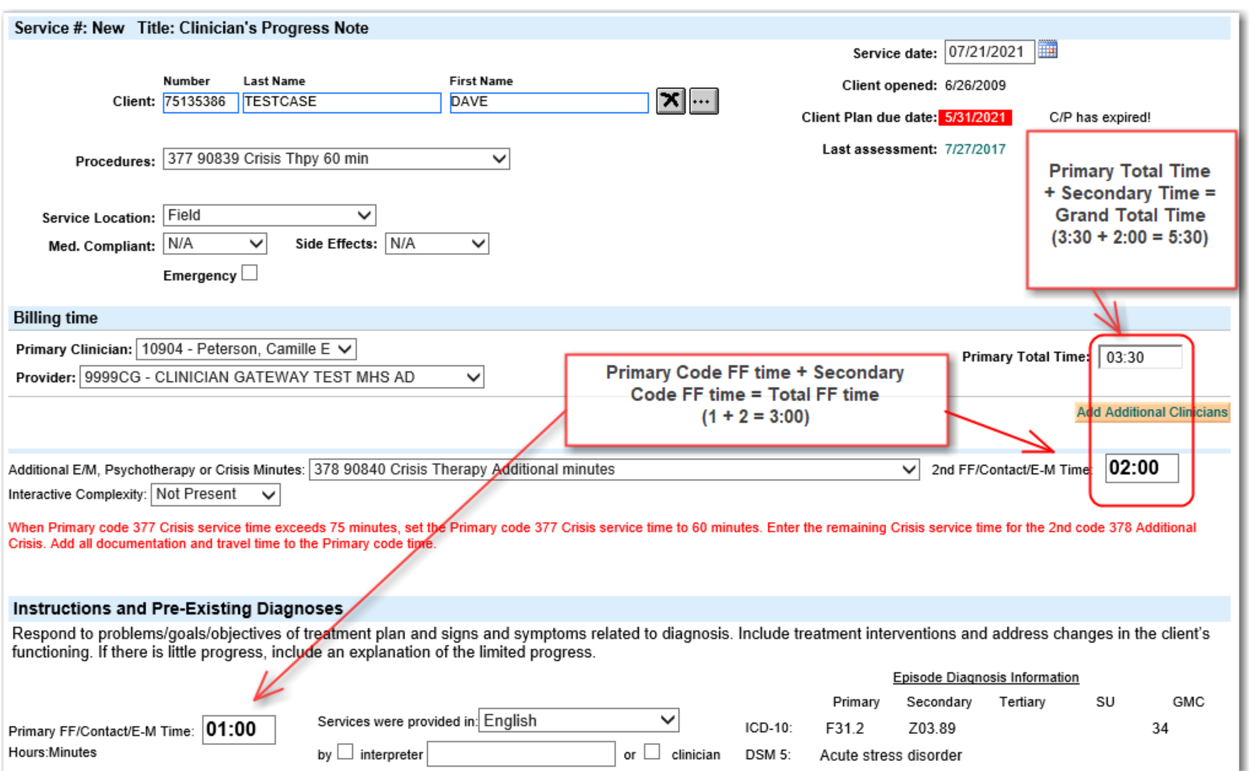
5. Choose the Secondary add-on code 378 for Additional Crisis time.

There are 2 hours of Crisis face to face time remaining. Use Secondary add-on code 378 to document it.



6. Check your Math:

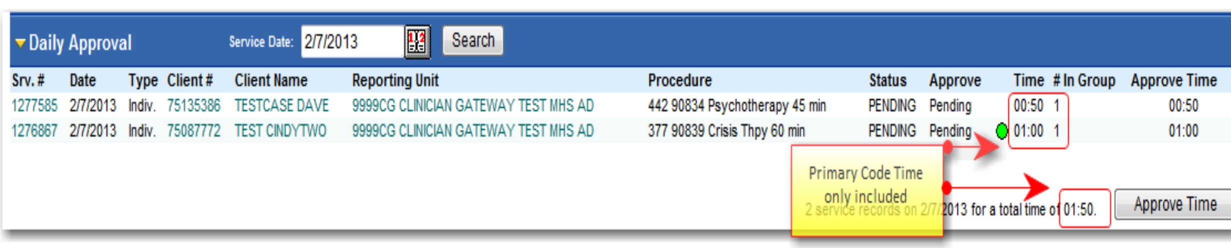
- Primary Clinician Time = 1 hour Face to Face time plus documentation and travel time.
- 2nd Add-on Code 378 = all face to face time exceeding 1 hour (No doc/travel).
- The **two added together** (Primary Clinician Time and 2nd Total Time) will equal the grand total for the entire service.



- The two Face-to-Face times added together = Total Face-to-Face time for entire service. (“Primary FF Time” + “2nd FF Time”
- “2nd FF/Contact Time” will never have documentation or travel time included.

7. Both Primary Code and Secondary Code Times will be transferred to InSyst for billing.

8. **<u>ALERT: Only Primary Clinician Time is reported on the Daily Approval and Daily Staff Log at this time.</u>** In the future, secondary time will be included.



ALAMEDA COUNTY Behavioral Health Care Services

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Individual Staff Log

Service Date: 10/26/2012

						Time				
Svc #	**Type**	**RU**	**Client #**	**Client Name**	**Procedure**	**H:M**	**Grp Ct**	**Loc**	**Rec.**	**Flags**
1182862	Indirect	01028 BACS MHS ADULT SERVICE TEAM			519 Inform At-Risk About MH Svs	03:00	1	School	05	
1182149	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	331 Assessment	00:30	1			76
1182148	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	331 Assessment	00:30	1	Correctional Facility		
3 service records on 10/26/2012 for a total time of						**04:00**				

Currently, Primary Code time is listed but Secondary Code time is not. In the future, Secondary Code time will be added

I hereby certify, under penalty of perjury, that the information contained in this document is accurate and free from fraudulent claiming.

9. <u>**To account for your time currently**</u>:

- Record the time spent doing the secondary activity on a separate old-style manual paper staff log.
- Add the times from the 2 logs together to check your daily total time.
- Add indirect/MAA services as appropriate in Clinician's Gateway.
- Staple the manual paper staff log to the Clinician's Gateway generated staff log.

In the future, Clinician's Gateway will transfer both Primary and Secondary code times to the Daily Approval and Daily Staff Log, calculating the totals again for you. Thank you for your patience as we work through all of the programming changes required due to the new CPT coding structure.

Image of ACBHCS Staff Log form:

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE - MENTAL HEALTH
INDIVIDUAL STAFF LOG

REPORTING UNIT #:
DATE OF SERVICE

CONFIDENTIAL INFORMATION
California W&I Code Section 5328

STAFF NAME:
STAFF #:

				TIME			CO-STAFF			
RU	Client Number	Client Name (Last, First)	Proc. Code	HRS:MIN	Grp Ct	Loc*	Co-Staff Number	HRS:MIN	Recipient	Next Appt

SUBTOTAL

*1=Office, 2=Field, 3=Phone, 4=Home, 5=School Satellite, 6=Satellite

Enter other staff time already entered in PSP from Staff Appointment Roster →

Enter other staff time already entered in PSP from Group Attendance Roster or Day Svcs Log →

Enter your Co-Staff time already entered in PSP from Primary Staff Log →

TOTAL PAID TIME

Signature:______________________ Date:______________ Data Entry Init.

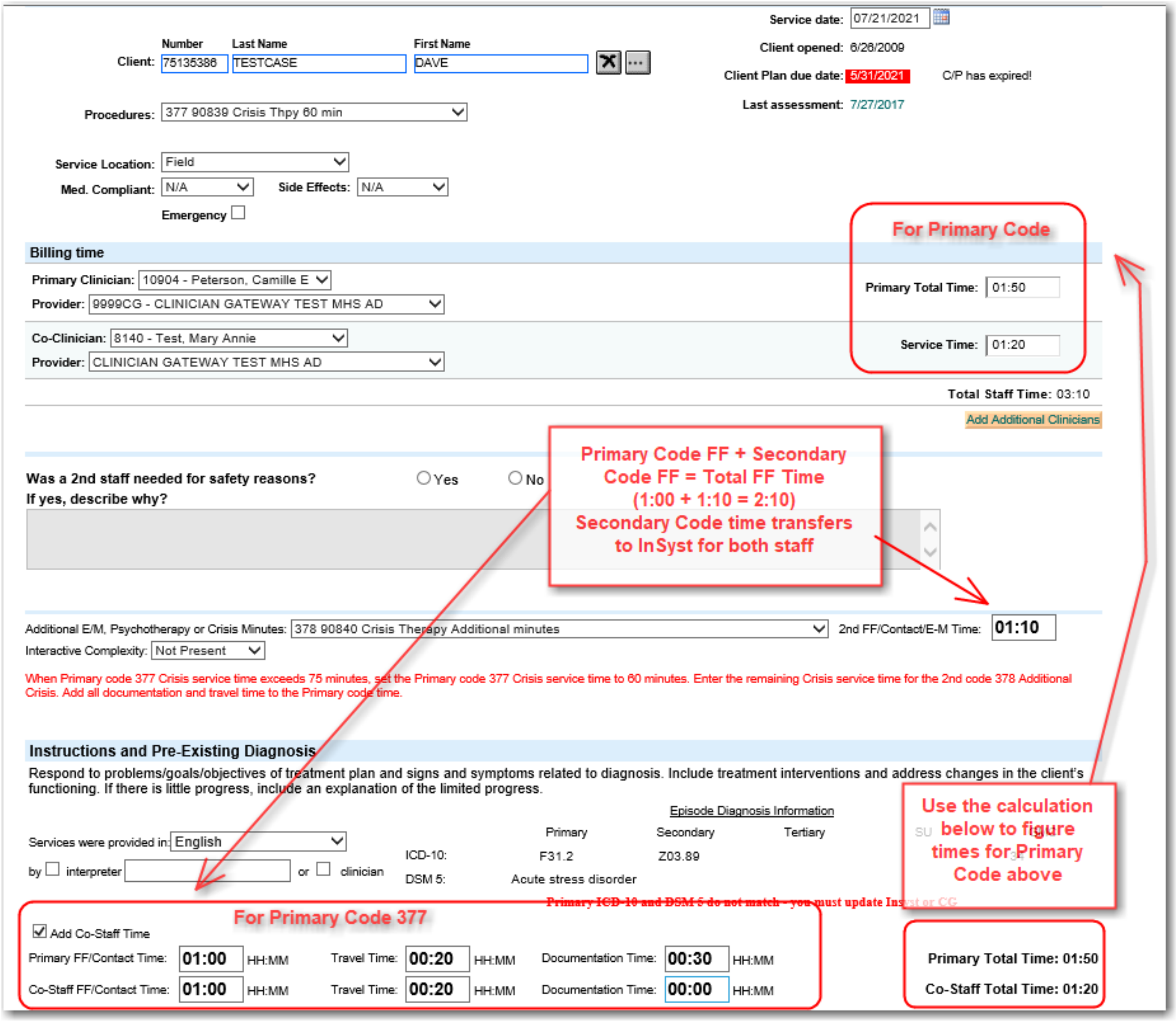
10. Co-staff may be included on the note. Follow the same rules for co-staff time and codes.

SITUATION THREE: CRISIS EVALUATION TEMPLATE

The Crisis Evaluation template has some different fields from the regular Progress Note but will follow the same rules. Co-staff may also be included also. The Primary Code is the code at the top and the time associated with it is the Primary Total Time. When you exceed the limit of FF/Contact time for the Primary Code then the Secondary Code (the add-on code) is used.

Example: 2:10 face to face plus 0:20 travel plus 0:30 documentation = 3:00 total for Author of note and 2:30 for second co-staff.

1. Use the two rows under "Add Co-Staff Time" to calculate the values for the Primary Code time. Add those figures to Primary Total Time and Service Time. The rule still applies to drop the Primary Code 377 Time to 60 minutes if FF time exceeds 75 minutes.
2. All Travel and Documentation Time is still added to the Primary Code Total Time.



Service date: 07/21/2021
Client opened: 6/26/2009
Client Plan due date: 5/31/2021 C/P has expired!
Last assessment: 7/27/2017

Client: Number 75135386 Last Name TESTCASE First Name DAVE

Procedures: 377 90839 Crisis Thpy 60 min

Service Location: Field
Med. Compliant: N/A Side Effects: N/A
Emergency

For Primary Code

Billing time
Primary Clinician: 10904 - Peterson, Camille E
Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD
Primary Total Time: 01:50

Co-Clinician: 8140 - Test, Mary Annie
Provider: CLINICIAN GATEWAY TEST MHS AD
Service Time: 01:20

Total Staff Time: 03:10
Add Additional Clinicians

Primary Code FF + Secondary Code FF = Total FF Time (1:00 + 1:10 = 2:10)
Secondary Code time transfers to InSyst for both staff

Was a 2nd staff needed for safety reasons? Yes No
If yes, describe why?

Additional E/M, Psychotherapy or Crisis Minutes: 378 90840 Crisis Therapy Additional minutes 2nd FF/Contact/E-M Time: 01:10
Interactive Complexity: Not Present

When Primary code 377 Crisis service time exceeds 75 minutes, set the Primary code 377 Crisis service time to 60 minutes. Enter the remaining Crisis service time for the 2nd code 378 Additional Crisis. Add all documentation and travel time to the Primary code time.

Instructions and Pre-Existing Diagnosis
Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Use the calculation below to figure times for Primary Code above

Services were provided in: English
by interpreter or clinician

Episode Diagnosis Information

	Primary	Secondary	Tertiary
ICD-10:	F31.2	Z03.89	
DSM 5:	Acute stress disorder		

Primary ICD-10 and DSM 5 do not match - you must update InSyst or CG

For Primary Code 377

Add Co-Staff Time

Primary FF/Contact Time:	01:00	HH:MM	Travel Time:	00:20	HH:MM	Documentation Time:	00:30	HH:MM
Co-Staff FF/Contact Time:	01:00	HH:MM	Travel Time:	00:20	HH:MM	Documentation Time:	00:00	HH:MM

Primary Total Time: 01:50
Co-Staff Total Time: 01:20

3. Check your math: Does the Primary FF + Secondary FF = Total FF time? Does the Primary Total Time + Secondary FF time = Total Time including documentation and travel?

Pending versus Draft, Archive, and Finalize

Drafts: Save as Draft when you have **incomplete** information. Perhaps you need to leave the note before finishing it. Perhaps you are writing a note for a client before they are registered or may never be registered (Pre-episode Note). Drafts can be found on your Home Page Pending list or the View Staff Page Draft list.

Pending: Save as Pending when the note has been completed, including client ID #. This note is ready to be finalized. Be sure to check the “Note is Complete” box before saving.

Archive: Save to the Archive when you want to store a Draft you *probably* will not need to retrieve. This will unclutter your Home Page Pending list. Only Drafts may be stored to the Archive. Think of the Archive as an attic, a place to store things you *probably* will not need, however, you are not 100% sure. Drafts may be retrieved from the Archive via a services search or from the Drafts list on your View Staff page.

Finalize: When you are sure all of the information on a Note is correct and complete, including the client account # and your time, you may finalize. This will seal it with your electronic signature and add it to your services that are transferred nightly to InSyst for claiming.

Save and Continue: Quick save while continuing to work on Note that may take a few hours to complete. You may want to save frequently if you have lost notes in the past. This saves a draft note, unless already in pending status, with all the current information on note and stays on the edit page so you may continue working. **Please be aware if you leave date blank and use save and continue it will enter todays date**

Archiving Draft Notes

Draft notes that will not be needed immediately can be sent to the Archive to remove them from your pending list. They can be recalled using a Services Search by client name.

Archiving the Note:

1. Write up your Draft Note as completely as possible.
2. Click the “Save as Draft” button.
3. Find the Draft Note in your Pending List on your Home Page or in the Draft List on your View Staff Page
4. Click “Update” or the specific Service # that you want to archive.
5. Click the “Archive” button in the lower right hand corner.
6. The service is no longer listed in your pending services list.

Recalling the Archived Note:

1. You can find the note in three ways:
    a. Do a Services Search from your Home Page (found in the middle of the page) using the client name (last name first name with no comma).
    b. Do a services search using the Search Box in the upper right hand corner by choosing “Services”, entering the client name (last name first name no comma) and clicking “Search”
    c. Look for the service in the Draft List on your View Staff page.

2. A search results list will appear. Find the service in the list.
3. Click on “View” or the service # of the desired Draft note.
4. Click the “Edit” button in the bottom right hand corner.
5. Make changes as needed. (Use the button to search for a new client if they now have a client account #. Use the **[X]** button to delete a client first if you need to replace one client account # with another).
6. Click the “Save as Draft” button to save changes and return it to your Pending List.

Informational Notes

– Procedure Code 197 - No time to be claimed

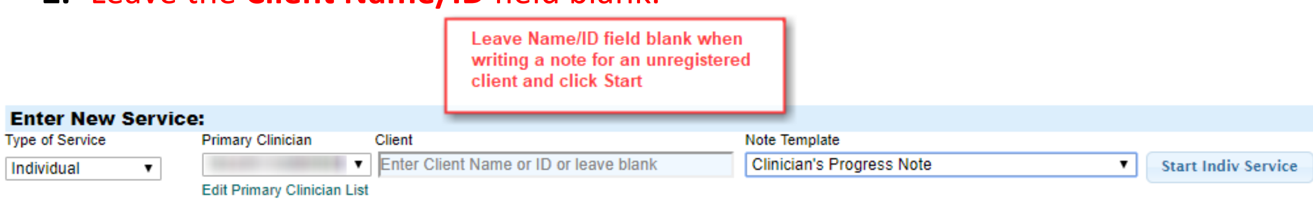
Informational only Notes can be used to write notes for clients using procedure code 197 and claiming zero minutes. Your time is billed as an indirect service. The procedure varies according to whether the client has an open episode or is registered.

To write a note for a registered client with an open episode in your Reporting Unit:

1. Write a progress note as usual, using Procedure Code 197, Informational Note
2. Enter zero minute's time. (actual data entry of 0 minutes required)
3. Write the note, check Note Complete and Save as Pending.
4. This note can be finalized and so will show up as a finalized service in the Electronic Health Record for the client.
5. It will show up on the Staff Log with zero minutes.
6. Write an Indirect service for your time.

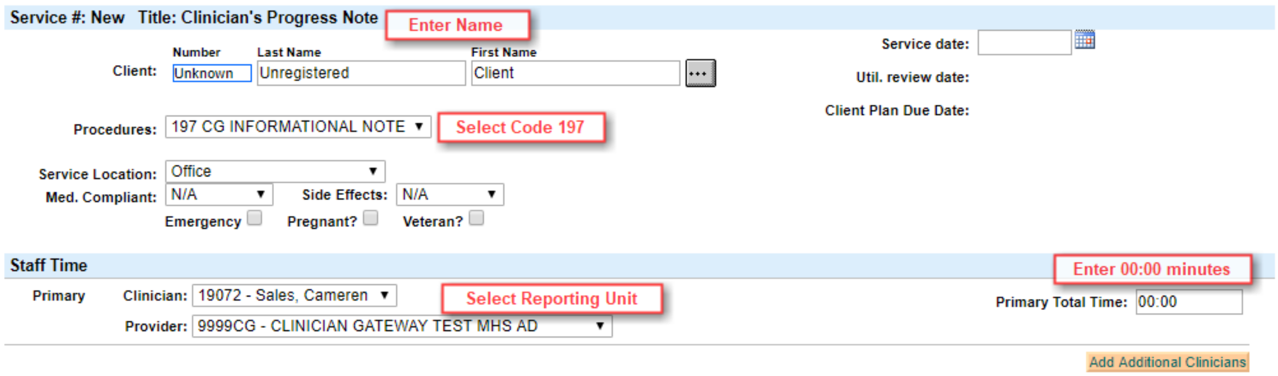
To write a note for a client who is not yet registered (Outreach – Treatment Refused by Prospective Client):

1. **Choose Individual Service** as you normally would on the Home page but
2. Leave the **Client Name/ID** field blank.



3. **Choose your template**
4. Click the **Start Individual Service** button.

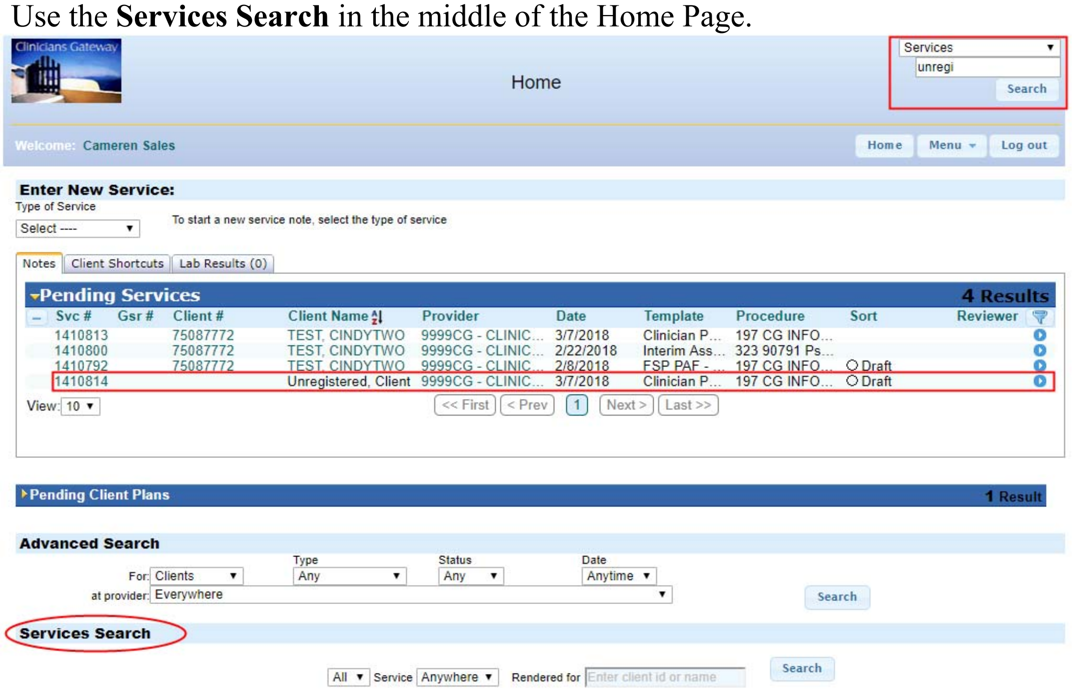
5. On the Service Entry Screen, **enter the client's Last Name and First Name** in their respective data field boxes.
6. USE PROCEDURE CODE 197 – INFORMATIONAL NOTE and enter 0 MINUTES time. Designate the Provider Reporting Unit from the drop down menu.



7. The **Procedure Code, Location, Provider, Date, and Clinician's time must be entered** in order to save it as a draft.
8. Fill in as much or as little of the form as appropriate.
9. **Save as a Draft!** Write an Indirect Service for your time.

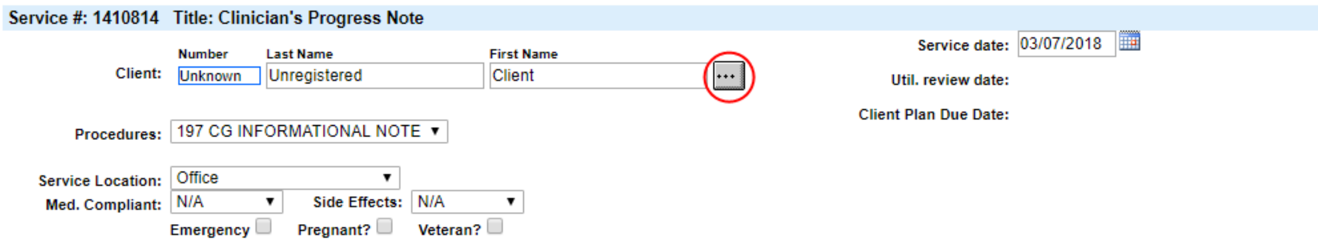
To recall the Draft note: (To add the client's # when available) Find the note in one of three ways:

- Use the **Global Search** box in the upper right hand corner by choosing "Services" from the drop down menu and entering the client name (last name first name – no comma). Click the "Search" button.
- Look in the author's **Home Page Pending** List (or Staff View page Drafts list).
- Use the **Services Search** in the middle of the Home Page.



To update the Draft Note

Update the client's name and number (after they have had an episode opened in your RU). You cannot type in the client's PSP number. Use the button to search for the client (enter last name first name, click Search, wait). Choose the new client from the search results.



Updates to the note can also be made in the fields of:

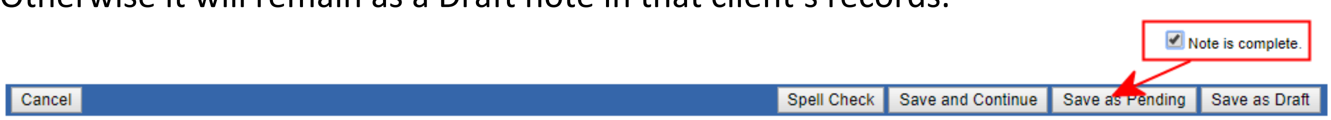
Procedure Code (do not change it if you claimed time on an indirect)
Location
Clinician (if you have built a customized Primary Clinician List)
Provider (RU = Reporting Unit)
Clinician's Time (do not change if you claimed time on an indirect)
Face-to-Face Time
Additions to the text of the Progress Note

If you claimed your time on an Indirect service note, do not claim time now, or you will double claim.

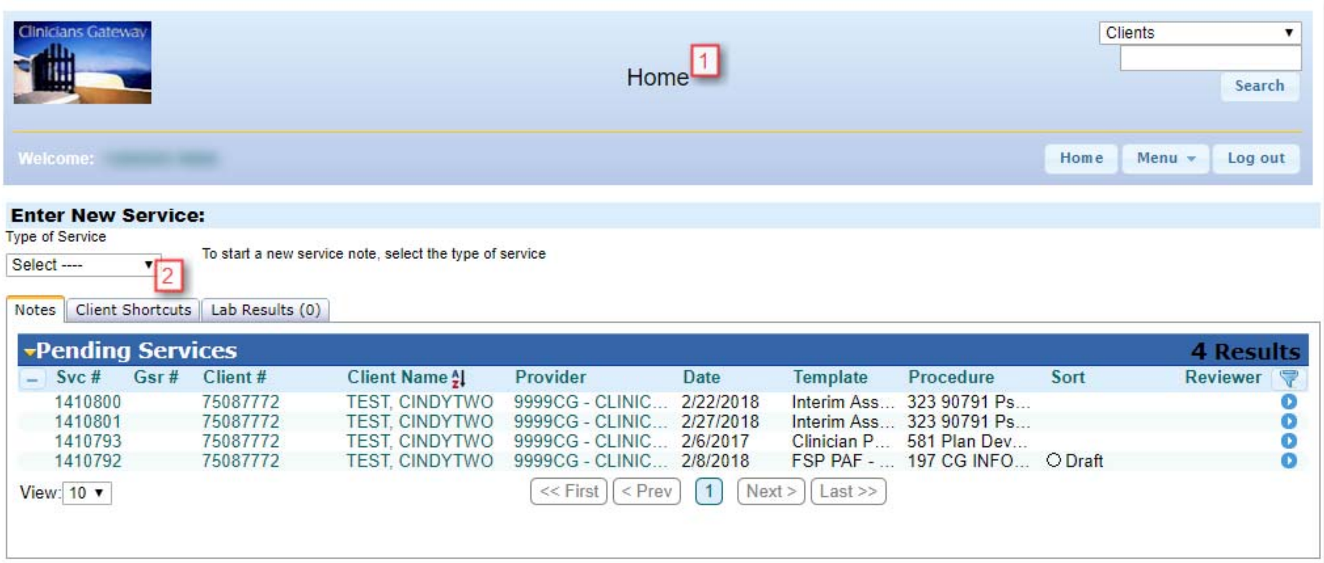
If the note is complete: (And the service falls within an open episode)

When the note is complete, check the "**Note Complete**" box.
***Note is complete is only visible if you have 'Daily Approval'**

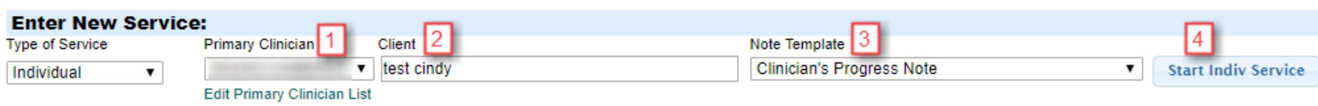
Click "**Save as Pending.**" The note can be finalized if the service is within the episode dates. Otherwise it will remain as a Draft note in that client's records.



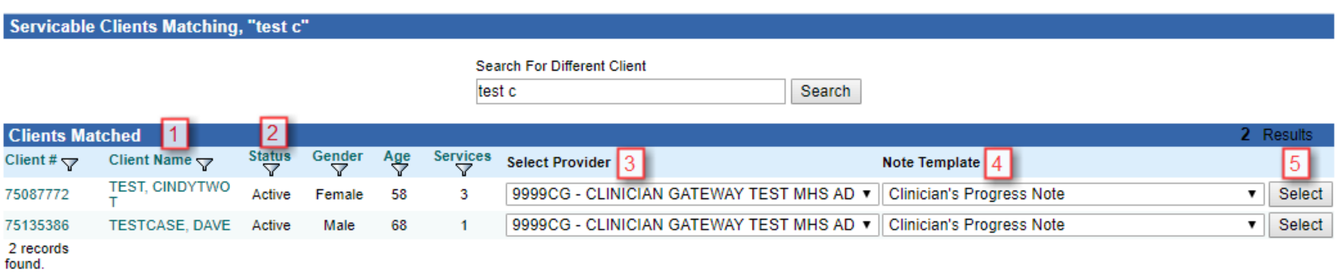
Co-staffed Individual Notes



1. Start all notes from your home page.
2. Click on the drop arrow to select "Individual" for the type of service.

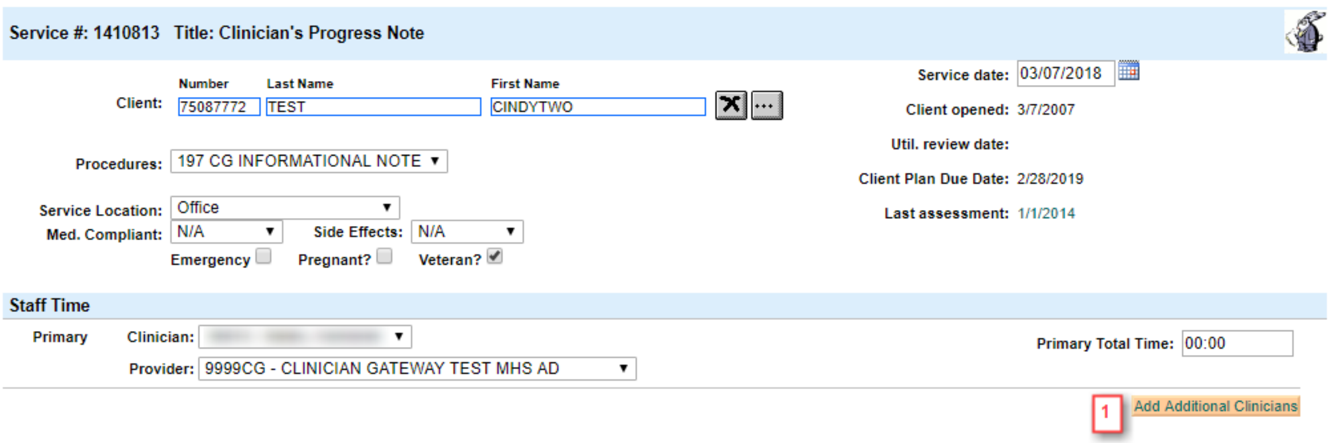


1. Verify the Primary Clinician name is correct.
2. Enter the client name (Last name then First name with no commas, ex. Mouse Mickey) or the client number.
3. Select the template name from the drop list.
4. Click on "Start Indiv Service."

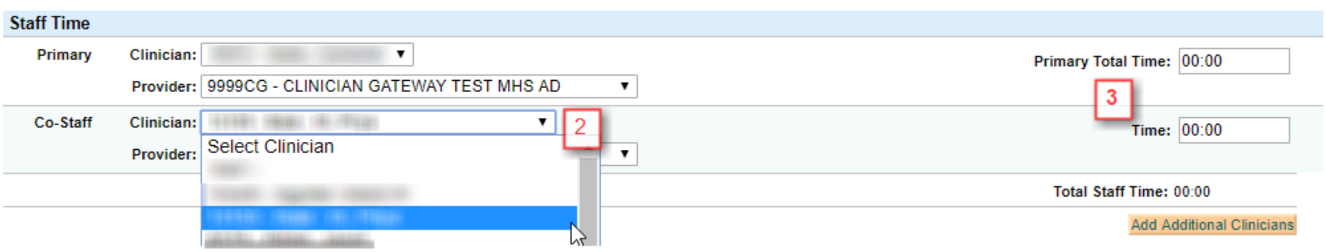


1. Verify the client name.
2. Verify the status for that client. "Active" indicates that the client has an open episode.
3. Verify the appropriate provider name is indicated.
4. Select the Title of the type of note you will enter.
5. Click on "Select"

- Complete the billing information above the Staff Time Section.



1. Click on “Add Additional Clinician’s.”
2. Choose the Co-staff from the drop down menu.
3. Enter time for both clinicians

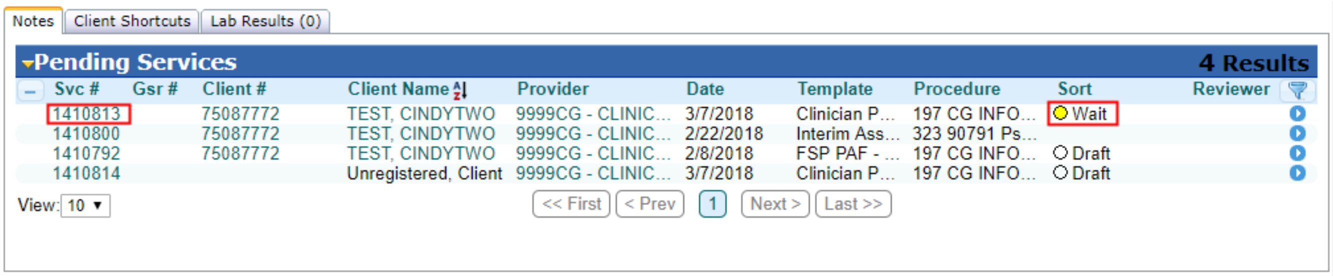


- Complete all of the progress note entries. Check “Note is Complete.” ***Note is complete is only visible if you have ‘Daily Approval’**
- Click on “Save as pending.”

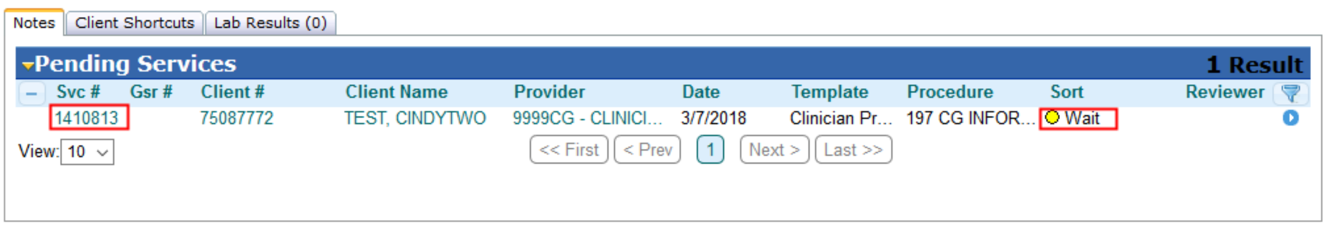
- The note will be listed on the primary and co-staff's pending lists with a yellow dot and the word "wait" which displays the message "Waiting for clinicians to approve this service" when pointed at with the cursor. This is an advisory message only.

- Best Practice is that co-staff review and approve their addendum to the notes before the Primary Clinician finalizes this service.

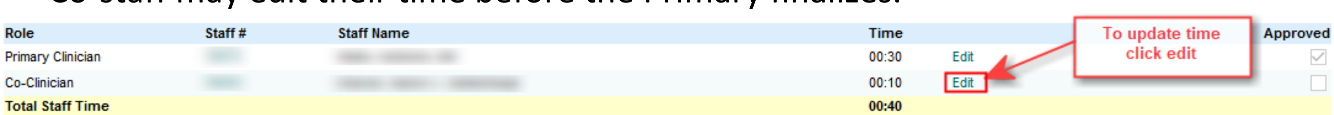
- **Primary Staff**:

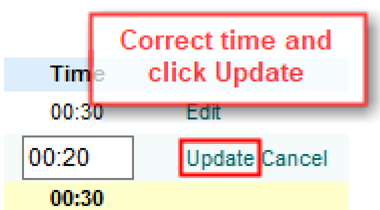


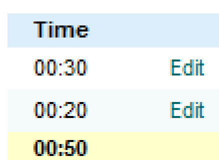
- **Co-Staff:**



- The co-staff have the opportunity to edit their time and add an <u>optional</u> addendum to the note <u>before the Primary finalizes</u>.
- To edit, click the service #
- Co-staff may edit their time before the Primary finalizes.

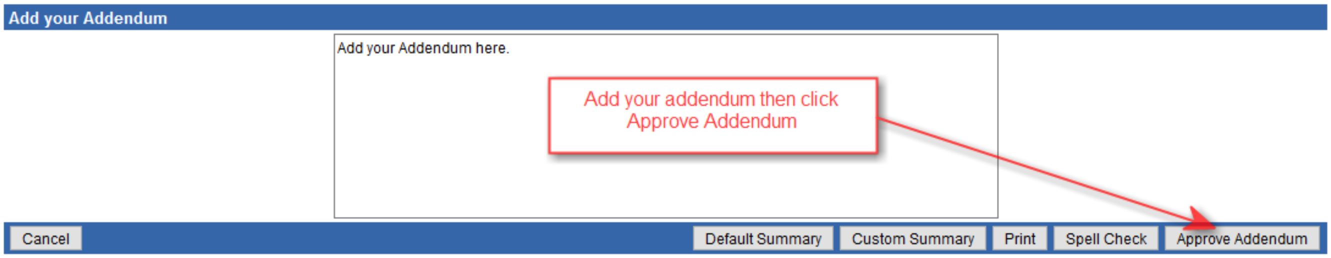






- Add the addendum at the bottom of the note and click "Approve Addendum"

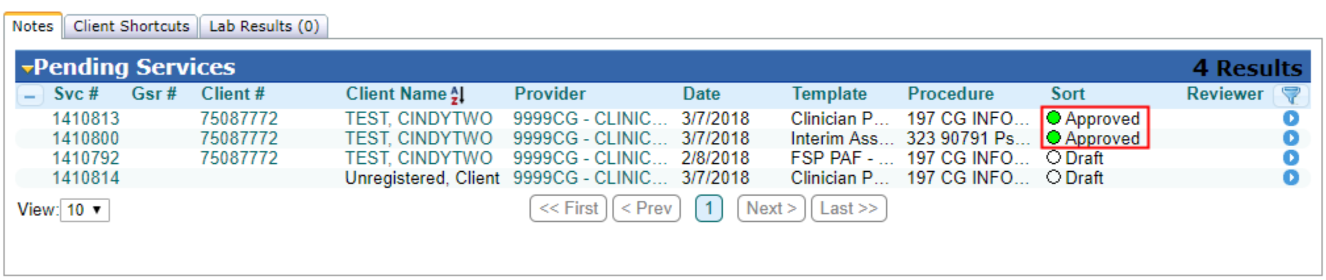
- Best Practice is that co-staff review and approve their addendum to the notes before the Primary Clinician finalizes this service.



- When the co-staff approve their addendum
    1. A checkmark is placed in the "Approved" checkbox at the top of the note *Note: Co-staff approval is optional.

2. The note will disappear from the Co-Staff's Home Page Pending service list. It is no longer available for editing.

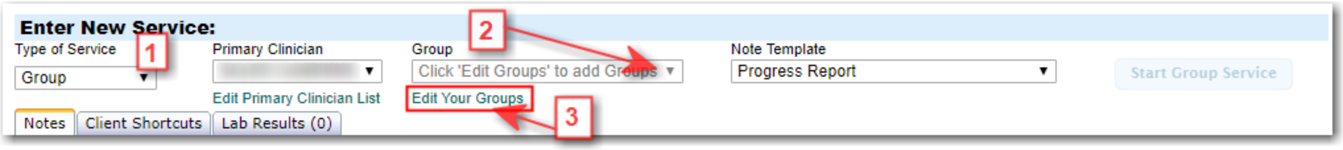
3. The dot on the Primary's Home Page Pending list then turns green.



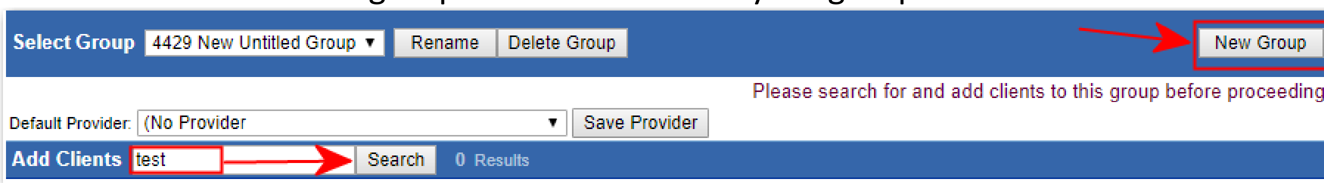
4. The Primary Clinician then finalizes the note and the services drop into InSyst for both primary and co-staff.

Group Notes

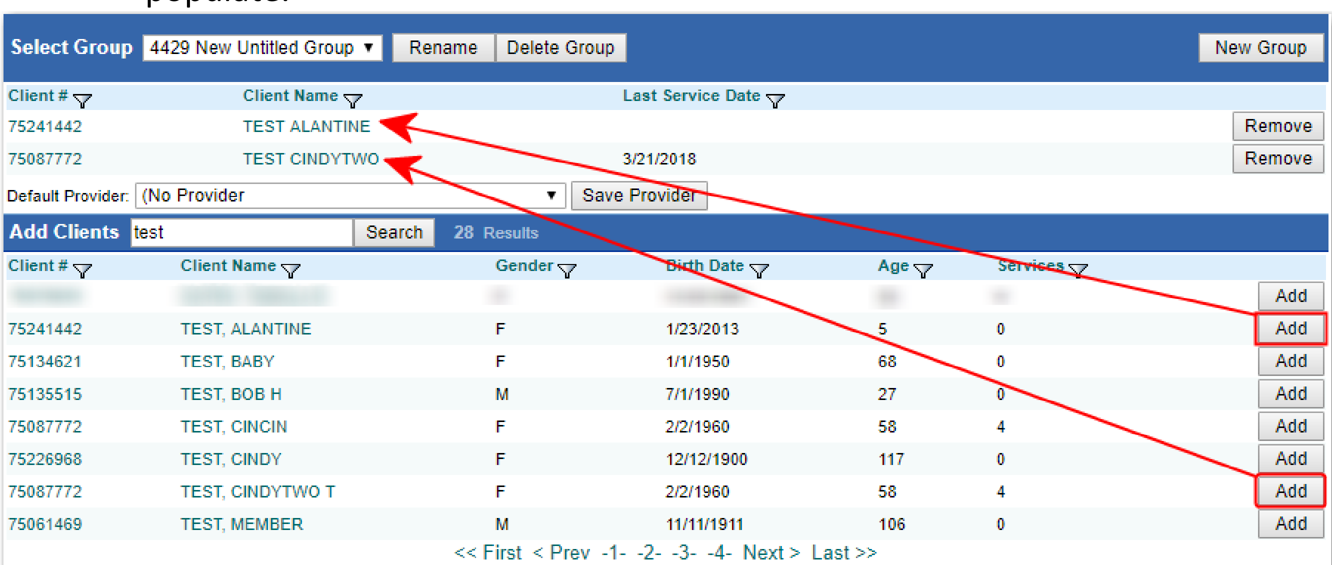
Creating Groups



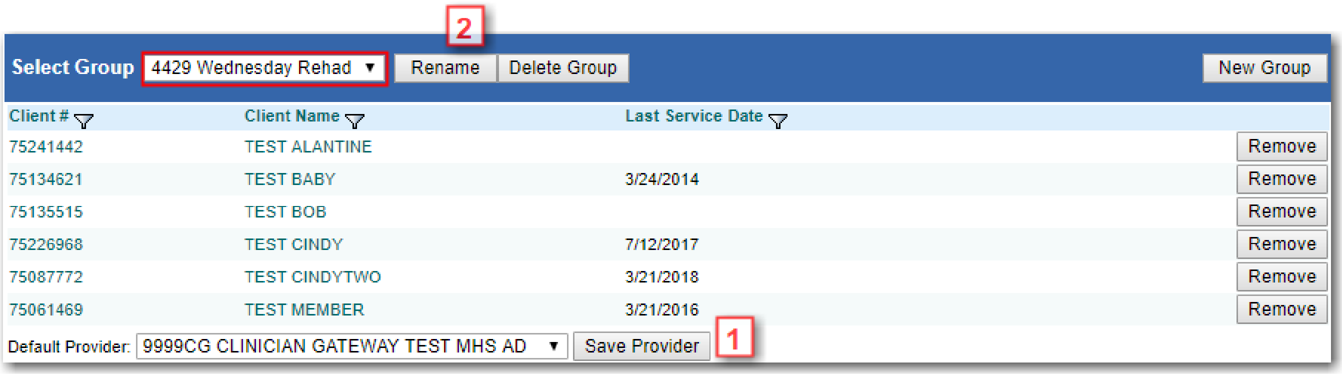
1. Select “group” under “type of service.”
2. Select group description.
3. If this is a new group then click on “Edit your groups”



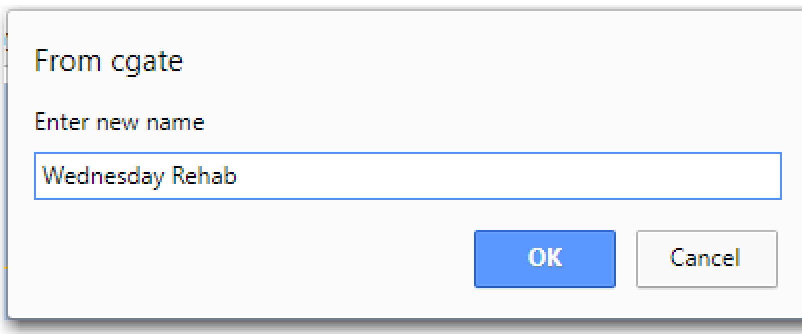
- Click on the “New group” button.
- Type in the client’s name in the “Add Clients” field (Last name then first name, with a space between) then click on the “Search” button and wait for the list to populate.

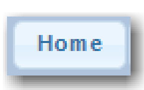


- When the client information appears, click on the “Add” button.
- The client will move above to the group section
- Follow the same steps to add all of the other members to the group listing.



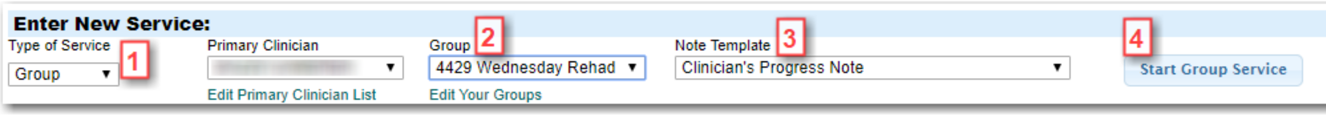
1. Select a default provider from the drop list and click on Save Provider
2. Click on Rename to enter the name of the group you have created. When naming the group, you can use names that remind you of the days the group meets, and the type of group they are…e.g. "Wednesday Rehab" or "Tue&Thu Skill Building"



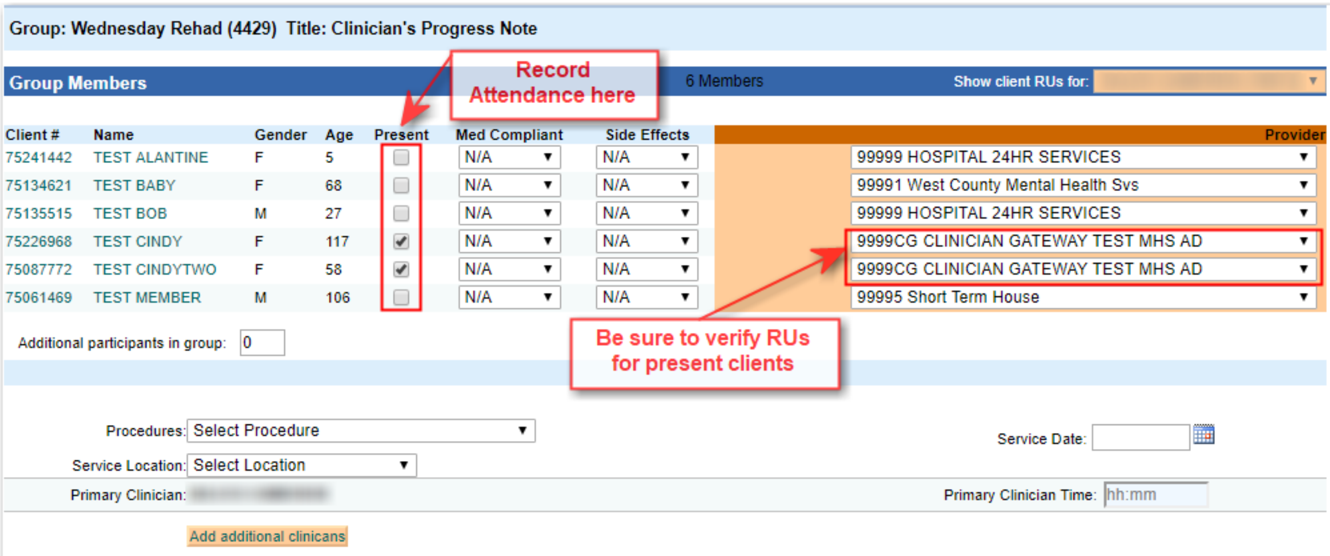
- Click on "OK" to save the name of the group.
- Click on home 

to go back to the home page and start the group note.

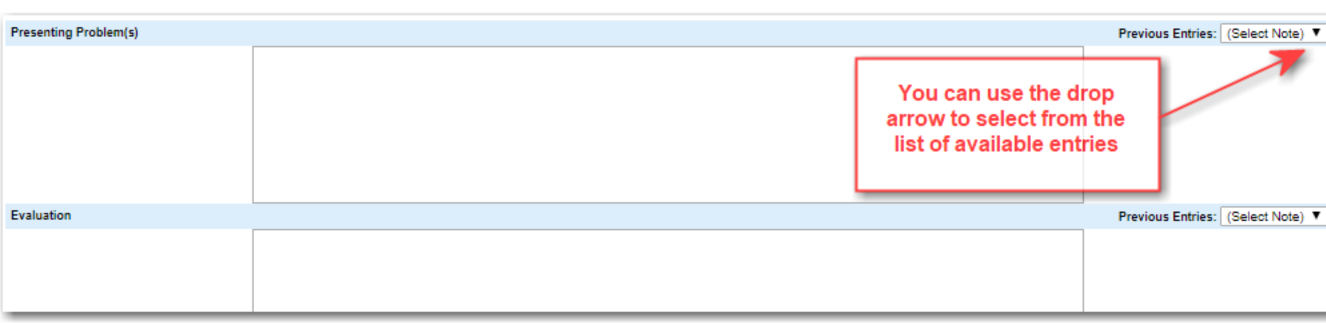
Writing the Group Note



1. Select group under "Type of service."
2. Select the group.
3. Select note template.
4. Click on "Start group service."

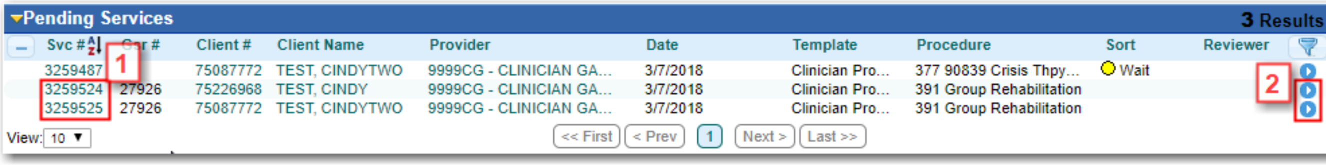


- Click on the square box under the "Present" column for each client in attendance. A check mark should appear.
- Complete the fields for the procedure, service location, co-staff, service date, primary clinician time, and co-staff time (if co-staff were entered).
- **Be sure to select the correct provider for the client from the Drop list!**
- Enter the number of additional participants (clients without open episodes)

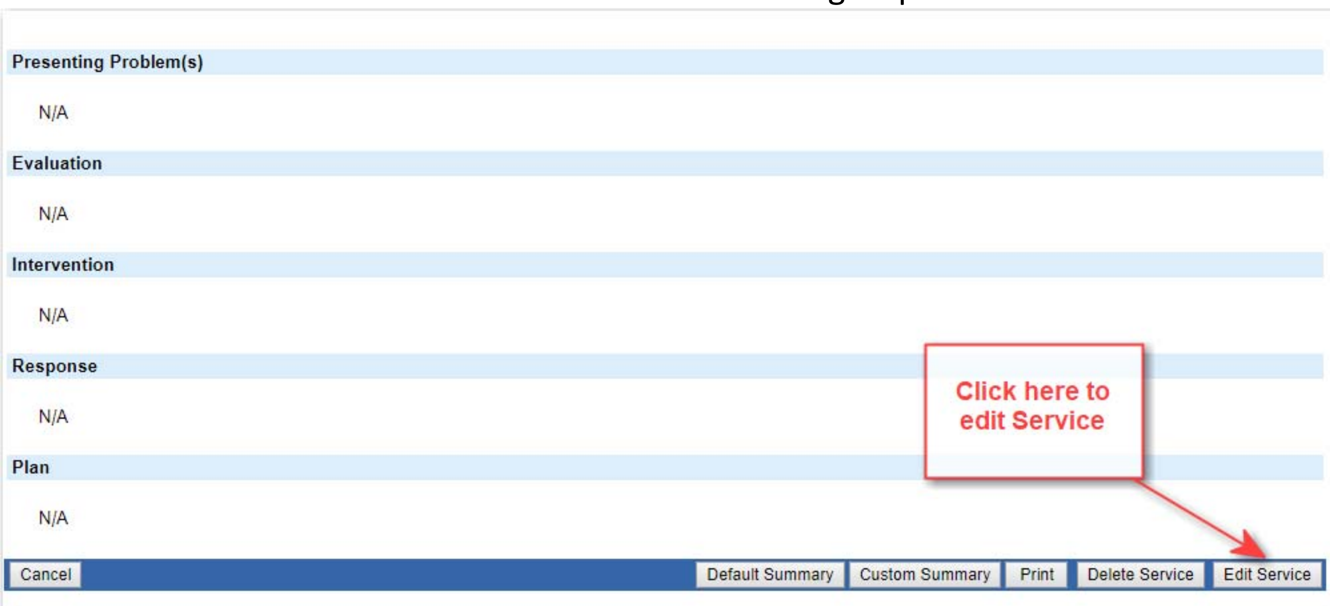


- Complete each text box as appropriate.
- View previous notes if desired.

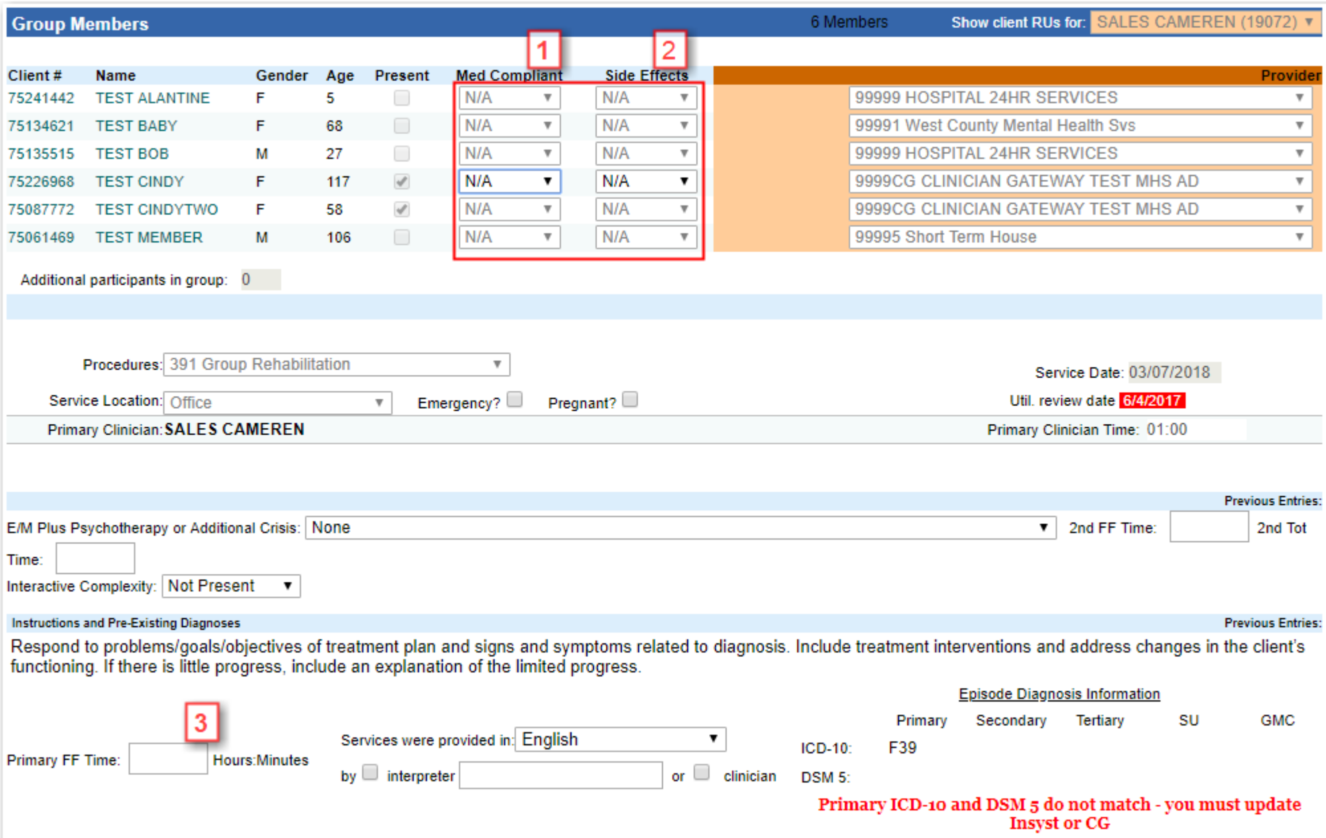
- When all of the fields have been completed click on the "Save as pending" button. (If your notes require review, refer to the notes review section of this users guide).

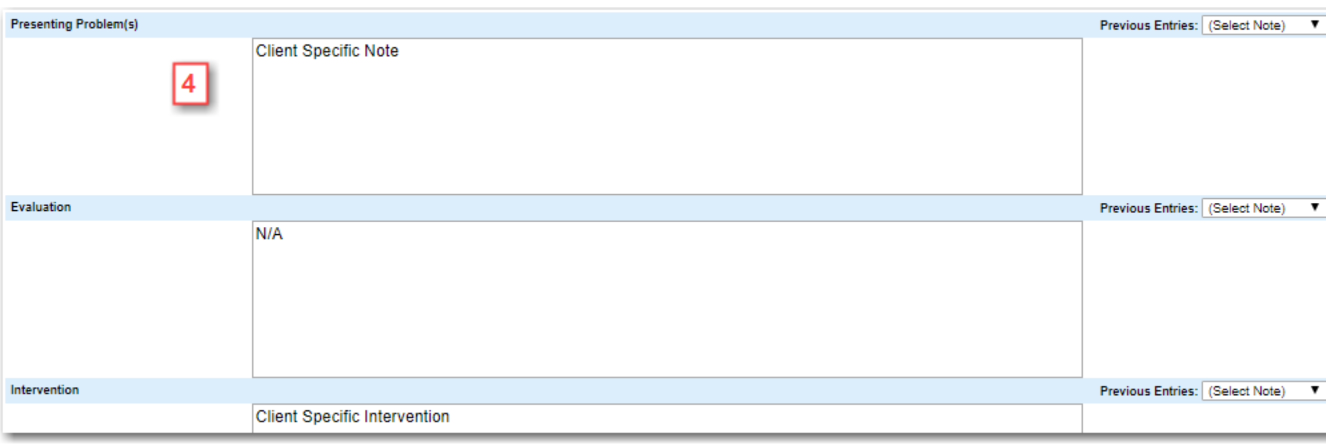


- You will see your group service listed in your 'Pending Services' split into individual notes for each client present.
- Click on the Service Number (1) or the blue action button (2) to view/edit the individual notes for each of the clients in the group.



On the next screen, click on "Edit Service" to add information for the client you have selected.



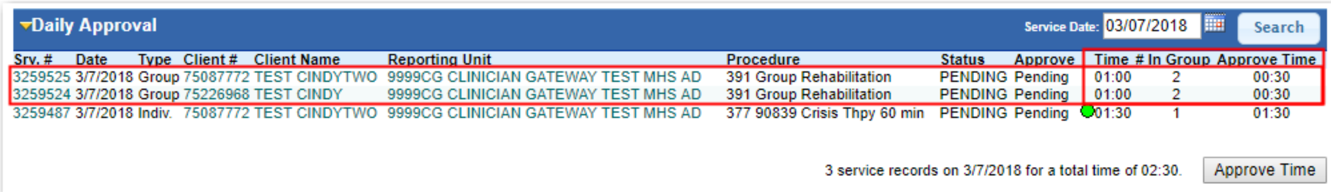


Now you can enter client specific notes for the group service. You will see that the (**1**) Med compliant and (**2**) Side effects drop lists can be utilized, (**3)** Face-to-Face time will need to be entered, and the (**4**) note fields can be used to enter additional information specific to that client.

Click on "Save as Pending" when your entries are completed.

Each individual service note will be listed separately on your Daily Staff Log.

Each service will be given part of the time, according to how many participants attended. If you gave services to clients who did not have an open episode, their time will not be added to your staff log. Write up their time as an indirect service.


Daily Approval

Service Date: 03/07/2018 Search

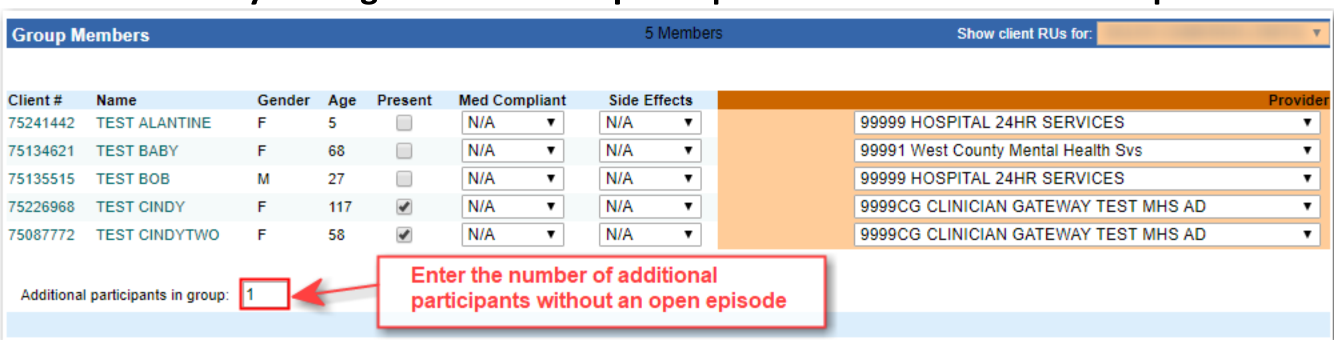
Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259525	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259524	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:30	1	01:30

3 service records on 3/7/2018 for a total time of 02:30. Approve Time

Additional Participants Feature

Occasionally, there will be a client in a group who does not have an open episode and cannot be claimed. Using the Additional Participants feature, the additional clients are added into the group total, increasing the accuracy of the claim for Medical billing. Only the part of the time dedicated to clients with open episodes is claimed. The remainder of the time can be reported using an Indirect service note for the clients without an open episode.

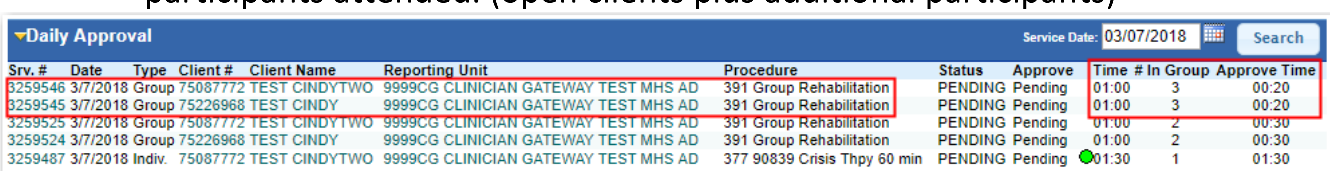
- Start the group note as usual. Click on the square box under the "Present" column for each open client in attendance. Verify the Reporting Units.
- **Enter the number of additional participants (clients without open episodes) into the "Additional Participants in group" field. CG will calculate the group total by adding the additional participants to the clients checked present.**



Client #	Name	Gender	Age	Present	Med Compliant	Side Effects	Provider
75241442	TEST ALANTINE	F	5	☐	N/A	N/A	99999 HOSPITAL 24HR SERVICES
75134621	TEST BABY	F	68	☐	N/A	N/A	99991 West County Mental Health Svs
75135515	TEST BOB	M	27	☐	N/A	N/A	99999 HOSPITAL 24HR SERVICES
75226968	TEST CINDY	F	117	☑	N/A	N/A	9999CG CLINICIAN GATEWAY TEST MHS AD
75087772	TEST CINDYTWO	F	58	☑	N/A	N/A	9999CG CLINICIAN GATEWAY TEST MHS AD

Additional participants in group: 1

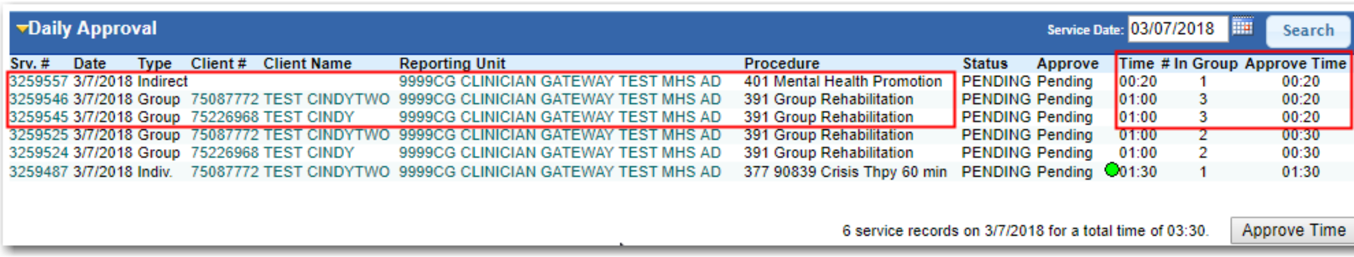
- Complete the group note and the individualizations as usual.
- Each individual service will be listed separately in Daily Approval.
- Each service will be given part of the total time, divided by how many total participants attended. (open clients plus additional participants)



Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259546	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259545	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259525	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259524	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:30	1	01:30

- If you gave services to clients who did not have an open episode, their time will not be added to your staff log. Notice two services were given 20 minutes for the 01:00 spent. Time given to each note equals the total time divided by the number in group. 01:00/3 = 00:20.
- Note: To add the time to your Staff Log for the additional participants, write an indirect note for group time not given to opened clients listed on the Log. (see next page)

- To add the time to your Staff Log for the additional participants:
  - Write an indirect note.
  - Use an appropriate procedure code.
  - Use the amount of group time not given to opened clients already listed on your Daily Approval list and Staff Log



Daily Approval

Service Date: 03/07/2018 Search

Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259557	3/7/2018	Indirect			9999CG CLINICIAN GATEWAY TEST MHS AD	401 Mental Health Promotion	PENDING	Pending	00:20	1	00:20
3259546	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259545	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259525	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259524	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:30	1	01:30

6 service records on 3/7/2018 for a total time of 03:30. Approve Time

The opened client's time plus the indirect time should equal your total group time. (In this example, 2 open clients at 20 minutes each, plus the indirect time for the unopened client at 20 minutes = 60 minutes total group

Groups with Mixed Procedure Codes

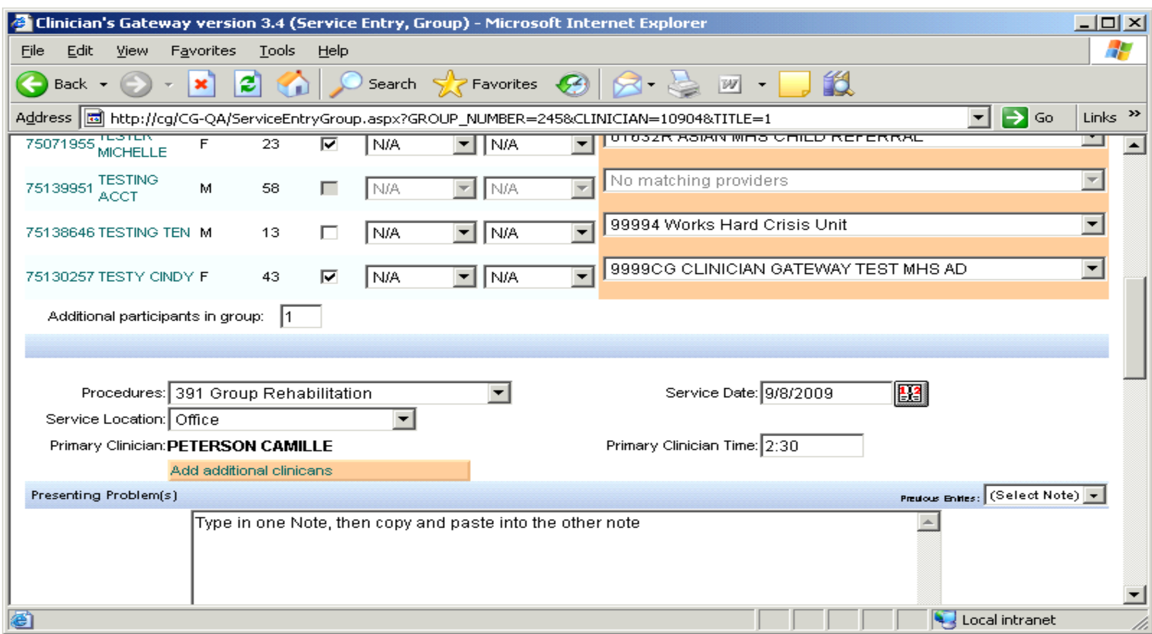
When different procedure codes are needed for individuals in a group such as an AB3632/non-AB3632 mixed group, the Additional Participants feature can be used to write group notes even when only one individual per code is present. The progress note will be in each client's electronic health record.

The note is written twice with each note having its correct procedure code. The clients who require the other procedure code are counted as "Additional Participants." CG will calculate the correct time for each individual.

For example: A group of three clients meets:

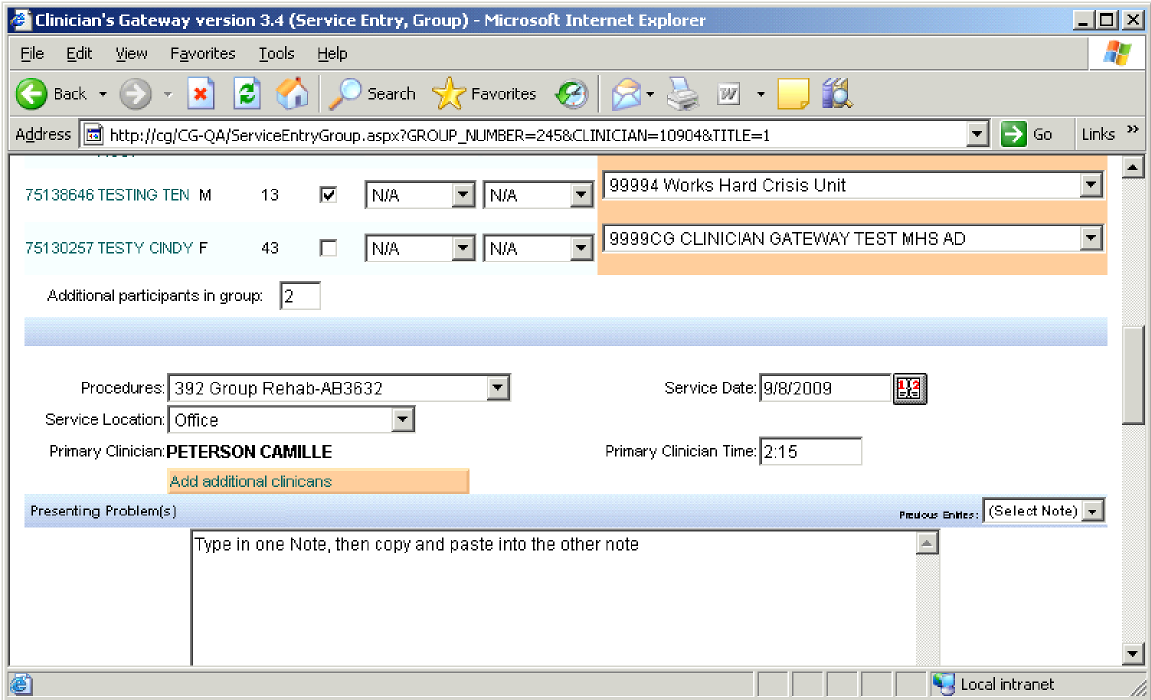
Two are not AB3632 eligible.
One is AB3632 eligible.

- Note One: Write the first note marking the two non-AB3632 clients present.
- Indicate that there is one additional participant (the AB3632 client) in the group.
- Use the non-AB3632 procedure code.



- CG will calculate that there are three total in the group and give 1/3rd of the time to each of these two clients).

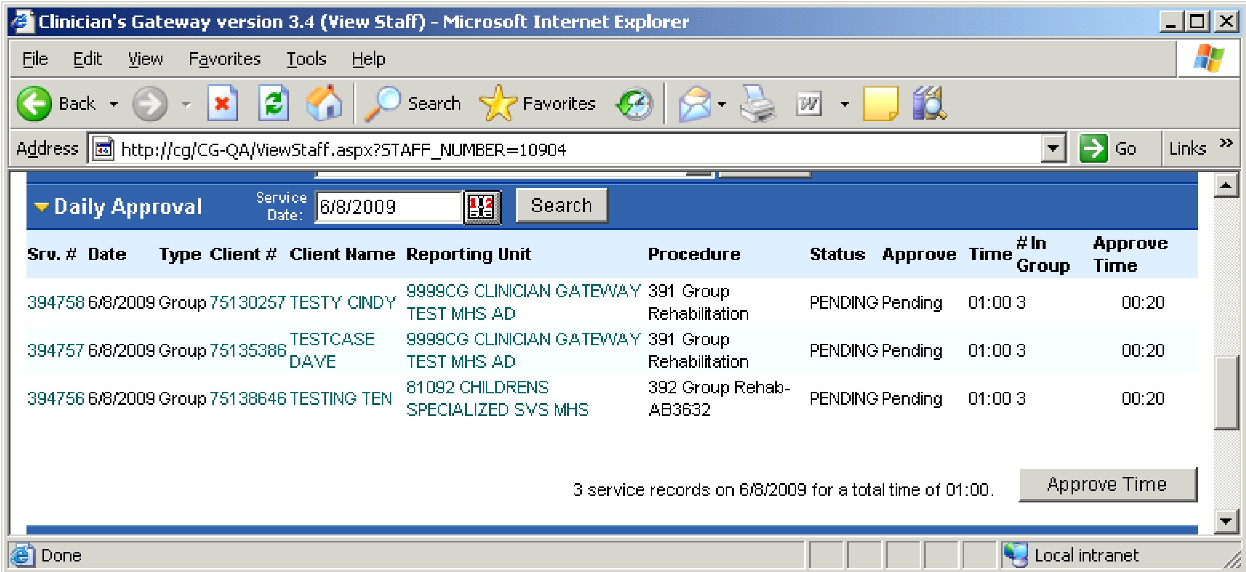
- Note Two: Write a second note marking the one AB3632 client present.
- Indicate that there are two additional participants (the non-AB3632 clients) in the group.
- Use the AB3632 procedure code.



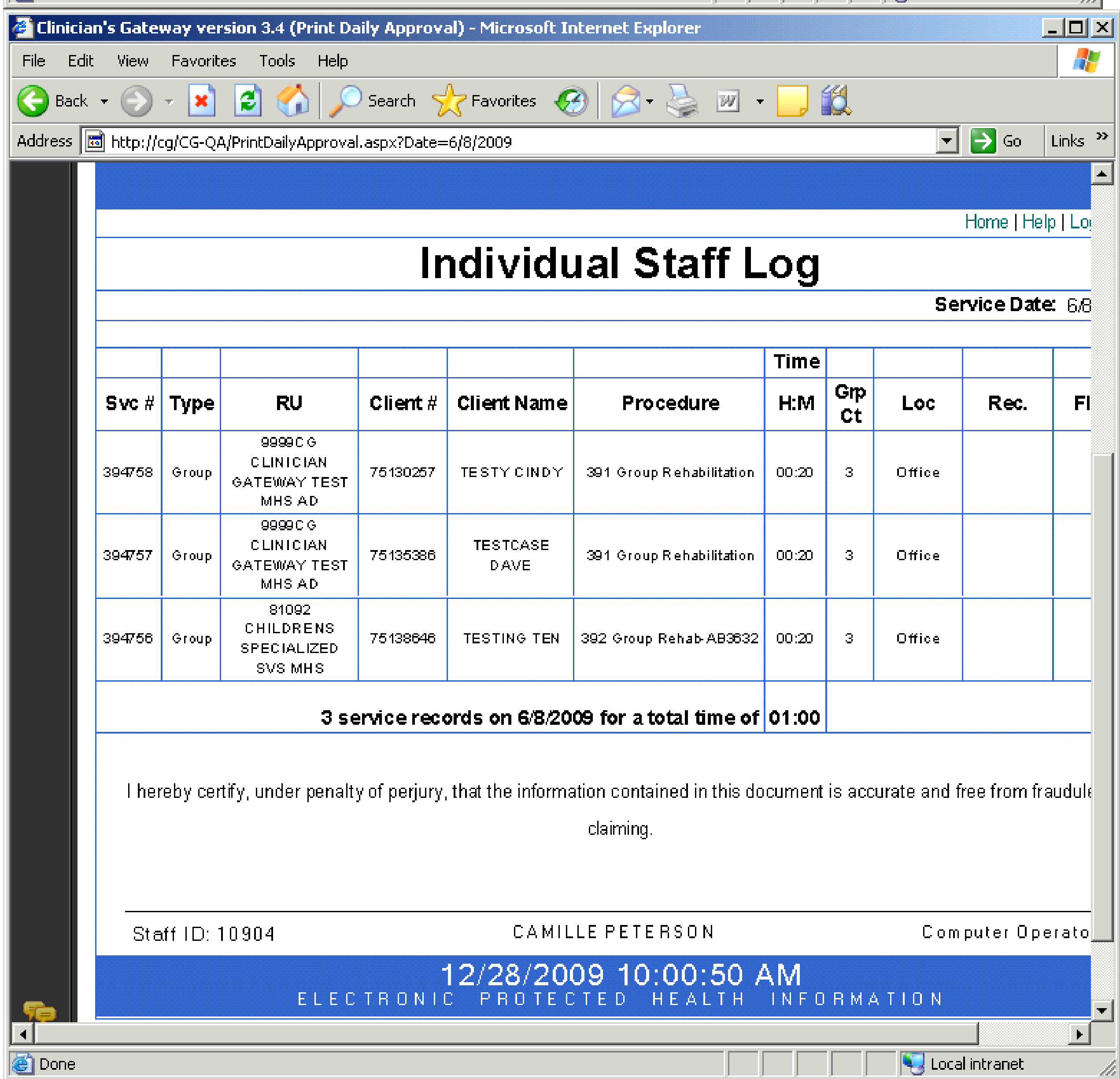
- This client will also be given 1/3rd of the time.
- You can copy and paste the text from one note into the other. (You may want to open two sessions of CG and write these simultaneously.)

Make sure to write both notes!

Both notes will appear on the Daily Approval list and the Staff Log with the total time divided equally between all the attendees.



Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
394758	6/8/2009	Group	75130257	TESTY CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
394757	6/8/2009	Group	75135386	TESTCASE DAVE	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
394756	6/8/2009	Group	75138646	TESTING TEN	81092 CHILDRENS SPECIALIZED SVS MHS	392 Group Rehab-AB3632	PENDING	Pending	01:00	3	00:20

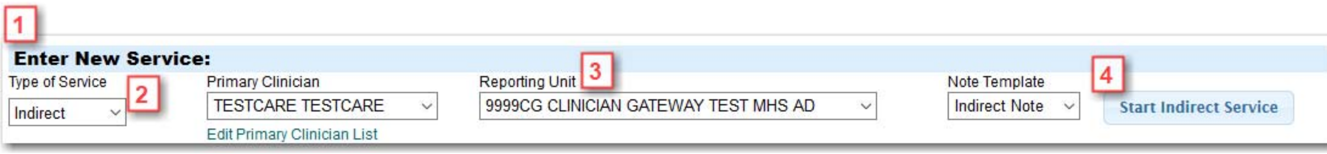


Svc #	Type	RU	Client #	Client Name	Procedure	Time H:M	Grp Ct	Loc	Rec.	Fl
394758	Group	9999CG CLINICIAN GATEWAY TEST MHS AD	75130257	TESTY CINDY	391 Group Rehabilitation	00:20	3	Office		
394757	Group	9999CG CLINICIAN GATEWAY TEST MHS AD	75135386	TESTCASE DAVE	391 Group Rehabilitation	00:20	3	Office		
394756	Group	81092 CHILDRENS SPECIALIZED SVS MHS	75138646	TESTING TEN	392 Group Rehab-AB3632	00:20	3	Office		
3 service records on 6/8/2009 for a total time of						01:00				

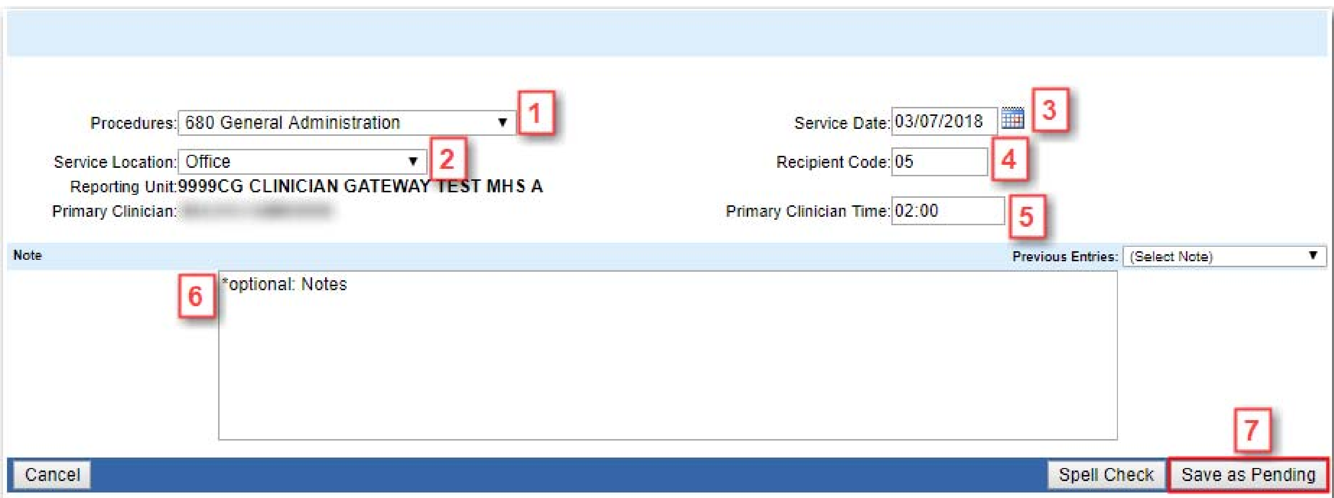
Indirect Notes

Indirect Notes

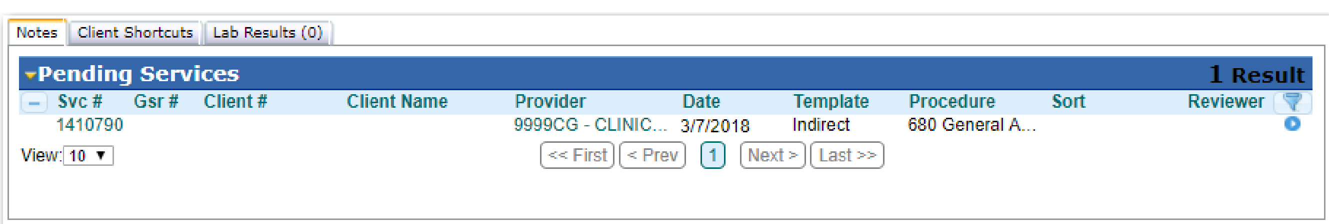
- From the "Enter new service" (**1**) section, click the "Type of service" (**2**) drop arrow and select "Indirect"; click the "Reporting unit" (**3**) drop arrow and select the appropriate RU.
- Click on "Start indirect service."(**4**)



- Select the appropriate procedure code (**1**), service location (**2**), Service date (**3**), Recipient code (**4**), time (**5**), and any notes (**6**) *optional.
- Click on "Save as pending." (**7**)



- After you click "Save as pending" you will be returned to your "Home" screen, where you will see the pending services listed.



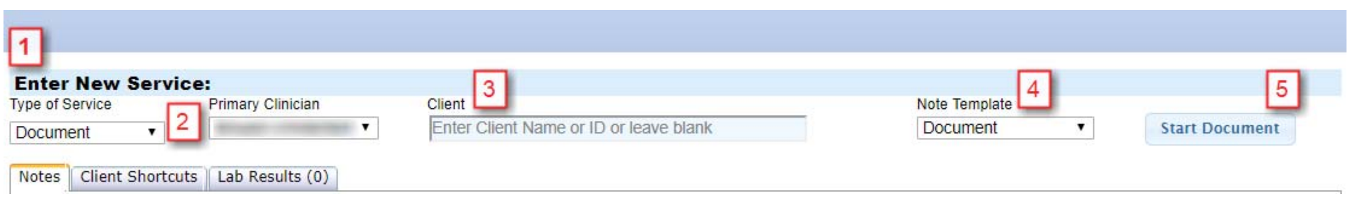
Documents

What is a Document?

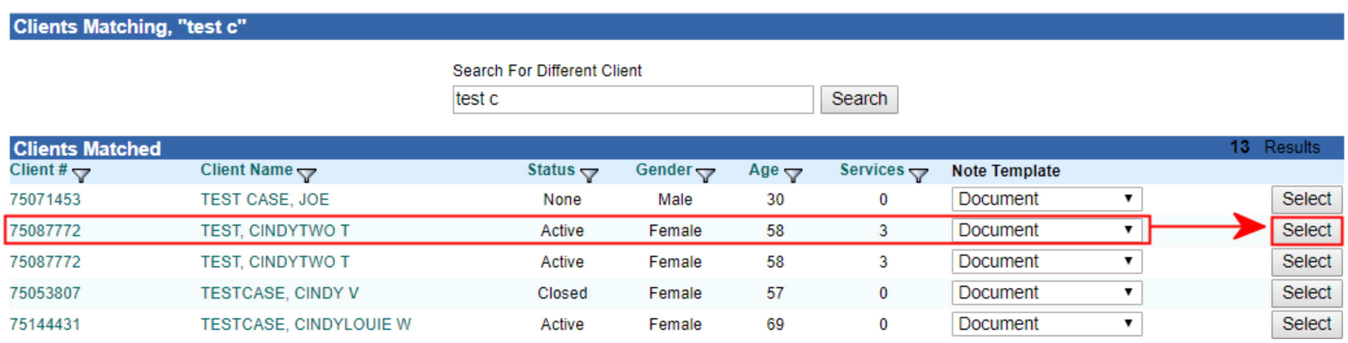
A Document is a note for a client that will not be tracking time or entered under a procedure code. Depending on the agency, Environment (MHS or SUD), and Staff configuration you will only see a select set of templates under Documents.

Starting a document

- From the ‘Enter new service’ section (**1**); click the ‘Type of service’ (**2**) drop arrow and select ‘Document’; enter the clients name or number (**3**); Select the correct ‘Note Template’.
- Click on ‘Start Document.’(**5**)

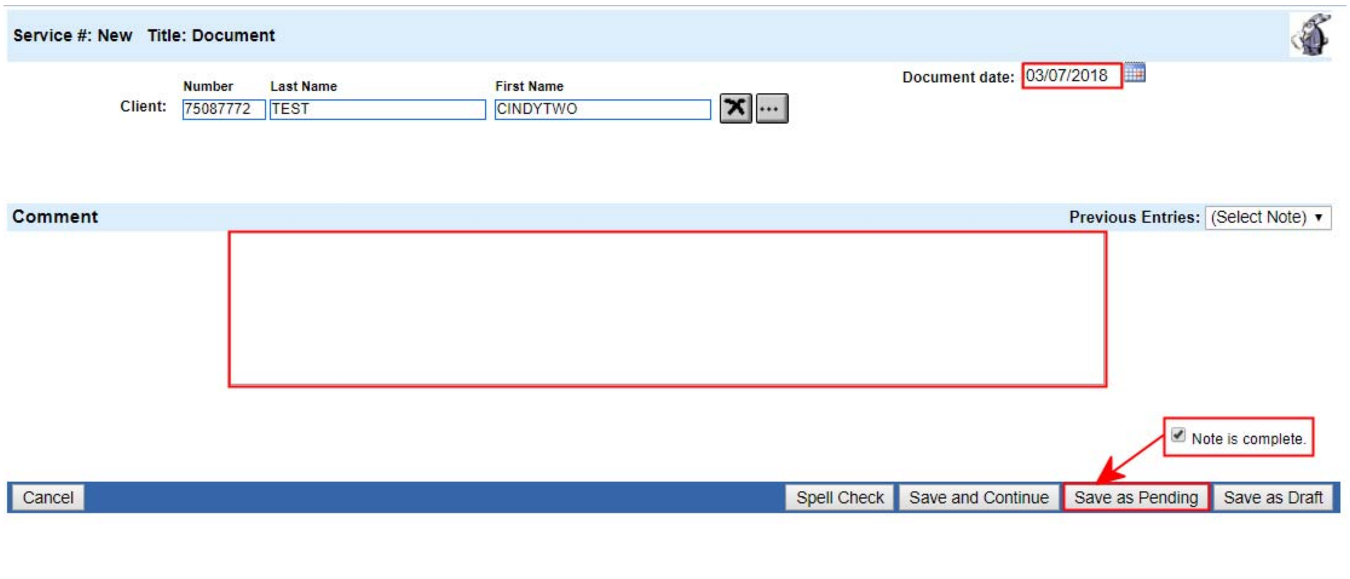


- If there are multiple results find the correct client and click select



Completing the Document

- The Document Must have a Client
- Fill in the Document Date
- Complete all Notes Fields that may be required based on the document Template
- Follow the same procedures to finalize a document as you would a Note.



SUD Specifics Notes, Forms, and Authentication

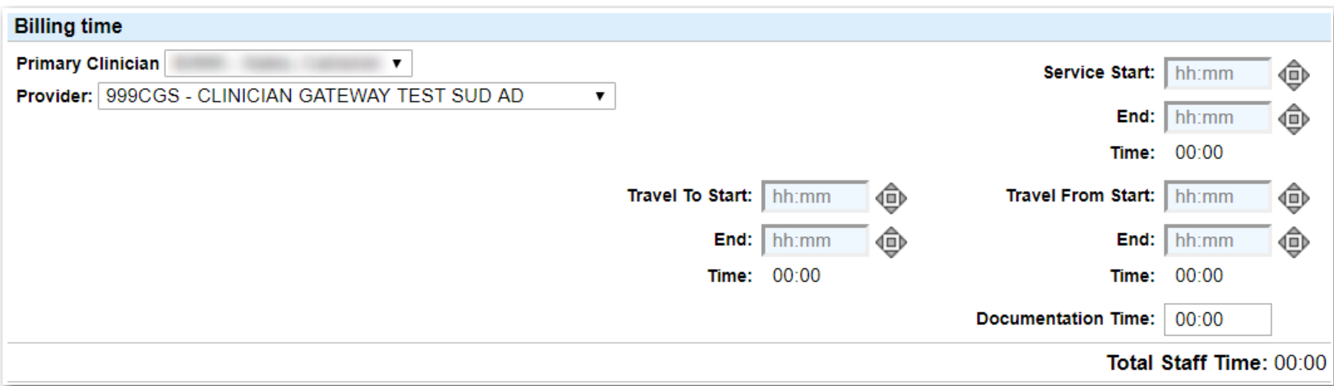
Notes

In the SUD Environment, there are much stricter rules, and you will notice there are minor changes in the input of services than described in the previous pages.

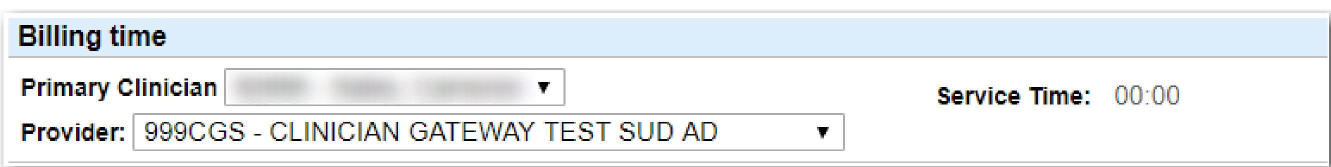
Time Entry

Depending on the Services provided, you may see the following Time Entry Fields.

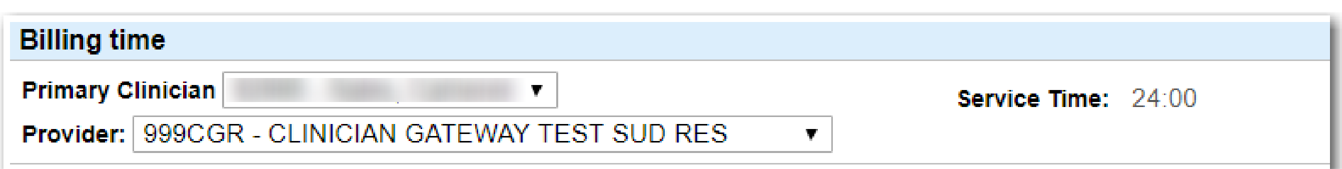
- Standard Billing Time Entry (On Progress/Service Note Daily) will Display fields for start and end time for Service Time, Travel to, and Travel From, as well as an overall Documentation Time.



- When zero minute codes are used (tracking codes, info only 197, or no show), no Billing Time will be required, zero minutes will be defaulted.



- When 24 hr Residential Day codes are used, no additional Billing Time will be entered, 24 hours will be defaulted.



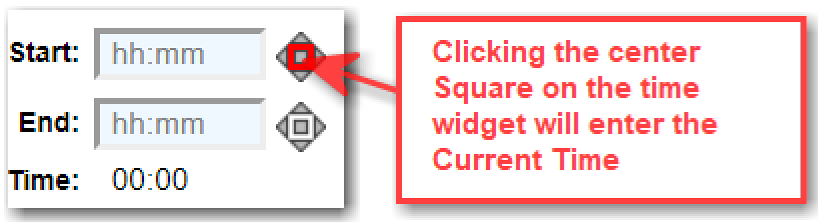
Using the Time Entry Widget

The format for all time entry fields are HH:MM AM/PM.

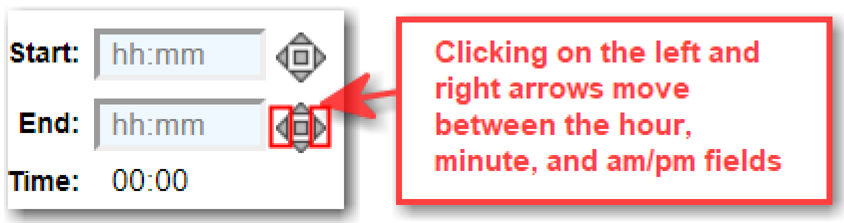
1. When typing directly into the fields use a zero when necessary, (e.g typing 0806pm will display as 08:06 PM)

2. The widget to the left of the text box con default and adjust time

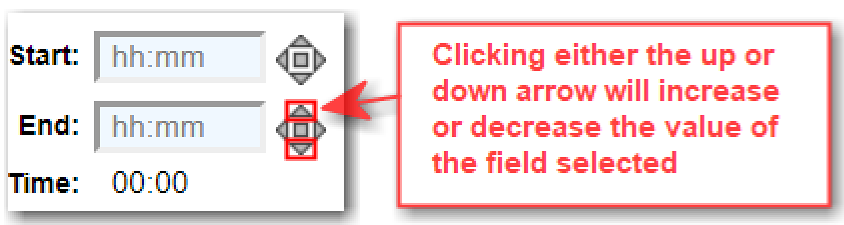
    - Clicking the center square will enter the Current Time



    - Clicking on the left and right arrows move between the hour, minute, and am/pm fields



    - Clicking either the up or down arrow will increase or decrease the value of the field selected



Documentation Time:

When writing specific notes there may also be a Documentation Time Log:

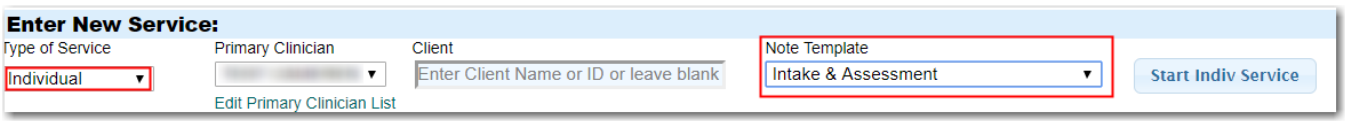
- Date, Time Start, and End are required.
- Format HH:MM AM/PM ***Note the Space in the format**
- You **MUST** enter a space between the minute and AM/PM
- If you are writing a Service Note Daily covering multiple services, denote time spent on each type of Form documented

Forms

Some Service Note Types will be referred to as Forms. These Notes will all have Zero time and time spent will be entered on your Progress/Service Daily Note.

Forms will still be entered under Individual Services with the following Templates:

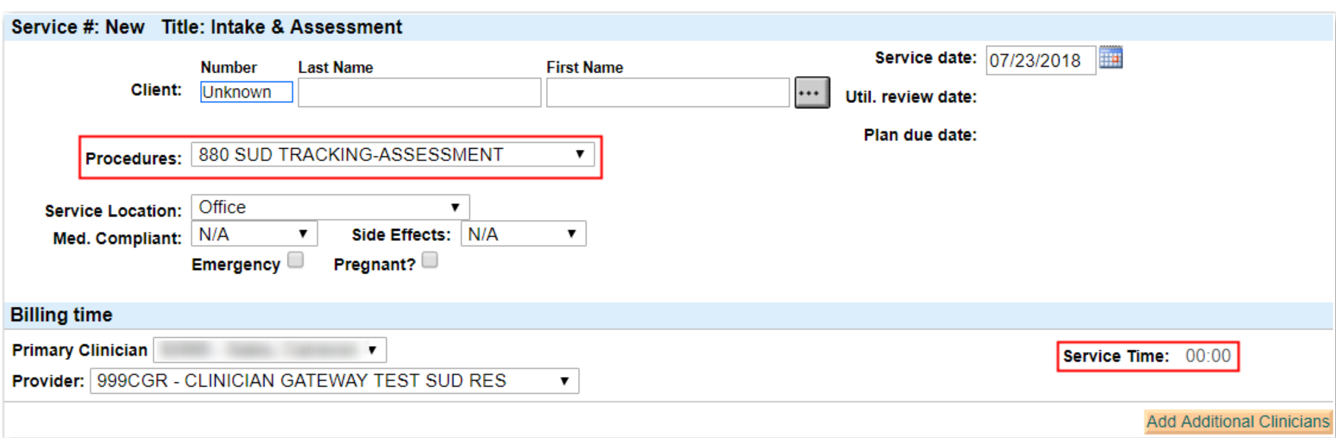
- Intake and Assessment
- Initial Medical Necessity
- ALOC Assessments
- Discharge Plan
- Discharge Summary



When entering one of these forms you will be required to select a tracking code, this will ensure the service will transfer to Insyst in a meaningful way without double billing any time on separate service, e.g. daily residential.

The Tracking codes included are:

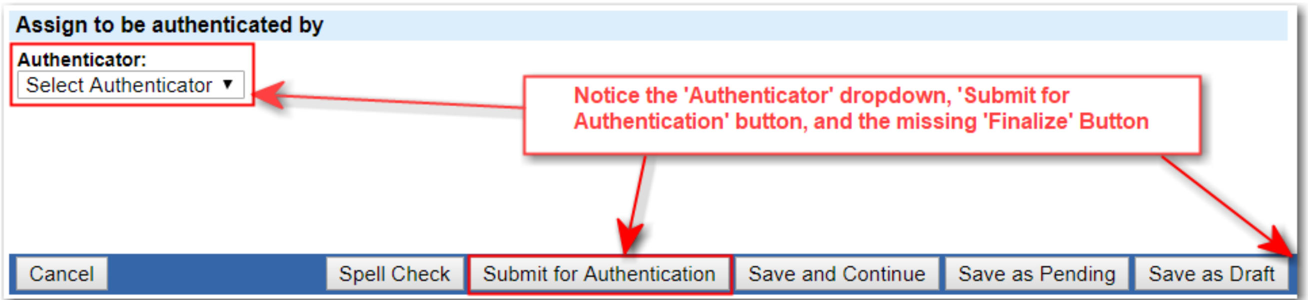
- 880 – SUD TRACKING-ASSESSMENT
- 881 – SUD TRACKING MED NECESS/JUSTIF
- 882 – SUD TRACKING ALOC



When a form is completed, it may be require to be submitted for Authentication in order to be finalized. (e.g. Intake and Assessment, and the Initial Medical Necessity)

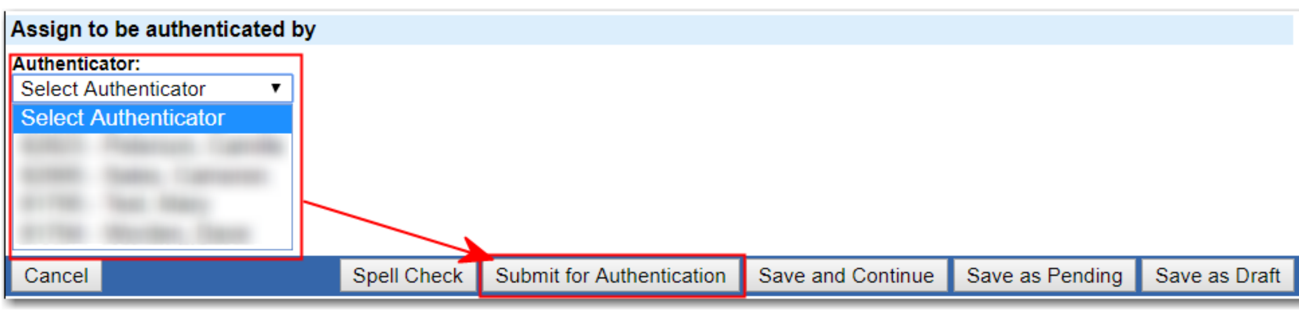
Authentication

At the bottom of specific Forms you will notice you are unable to finalize. You will need to use the 'Submit for Authentication' button.

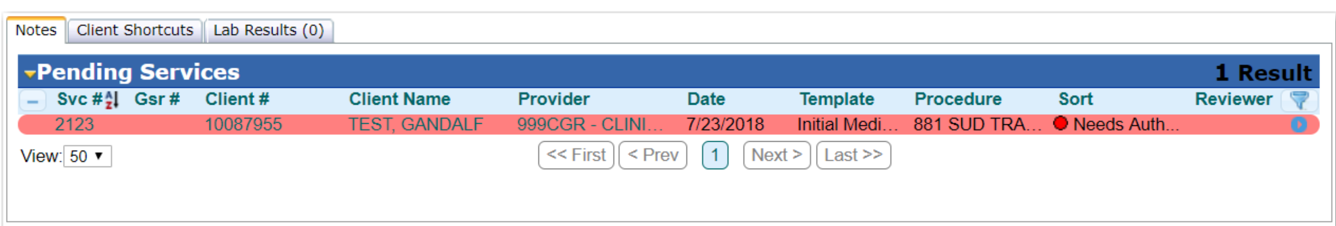


The Steps for Authentication are similar to notes that require review:

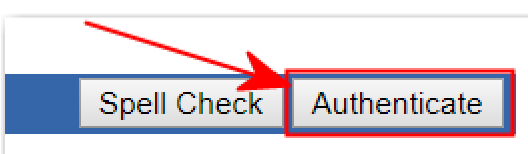
1. Complete the form
2. Select Authenticator from the drop down and click 'Submit for Authentication'
    - **Note the dropdown will have specific staff based on the Note Template, RU, and Staff Mask in Insyst**
    - **If you are included in the dropdown you may submit to yourself**



3. There will be a 'Pending Authentication' service on your home page and the home page of the Authenticator.



4. The Authenticator will then open the service and select 'Edit Service'.
5. After reviewing and making any necessary edits the Authenticator can then click 'Authenticate'. ***Authenticate will Finalize the Note.**

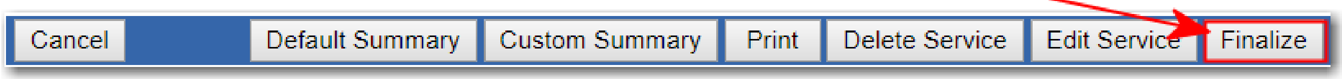


Finalizing Notes

Without Review Required

When you are not required to submit your notes for review, you will Finalize your Note one of two ways:

1. At the bottom of each service, select the 'Finalize' button.



2. Or if your profile is setup with Daily Approval Follow the steps in the section [Individual Staff Log (Daily Approval)]

Note in SUD 'Authenticate' will also Finalize a Note

With Review Required

CG account Setup for Review Required

For Staff who need their notes approved by Supervisor:

Add 'Review Required' to their CG account

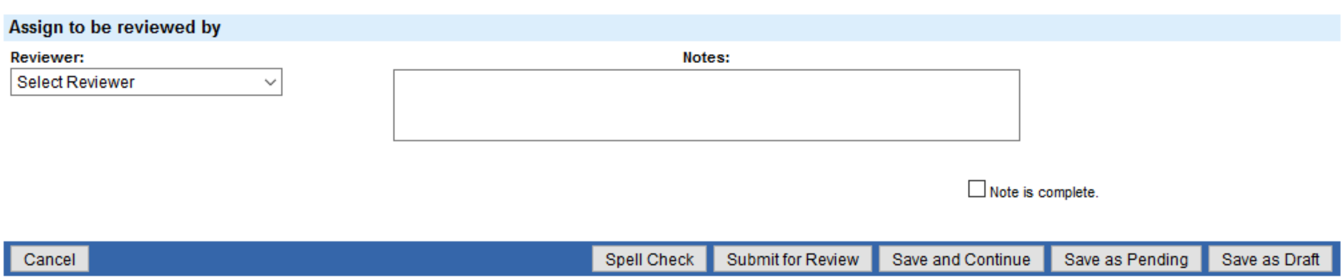
For Supervisor who will review the notes for Staff:

Add 'Can Review' to their CG account

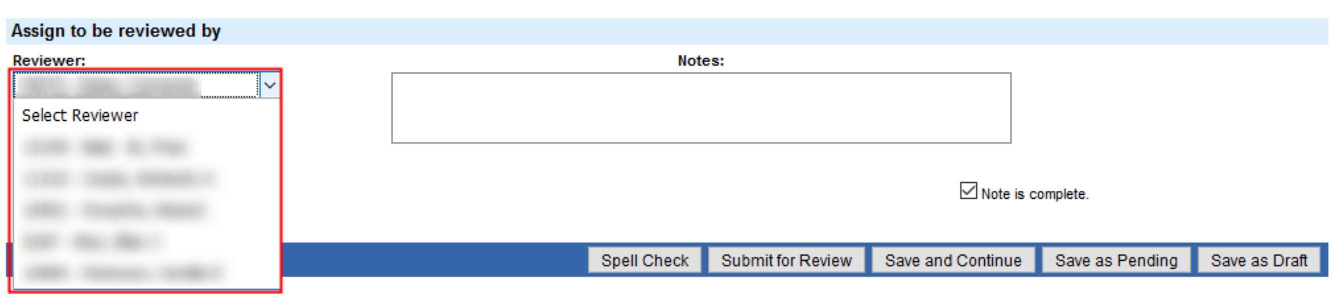
RU# required to be added to Staff and Supervisor CG accounts

Procedure: Staff creates Progress note and Supervisor "Accepts" the notes

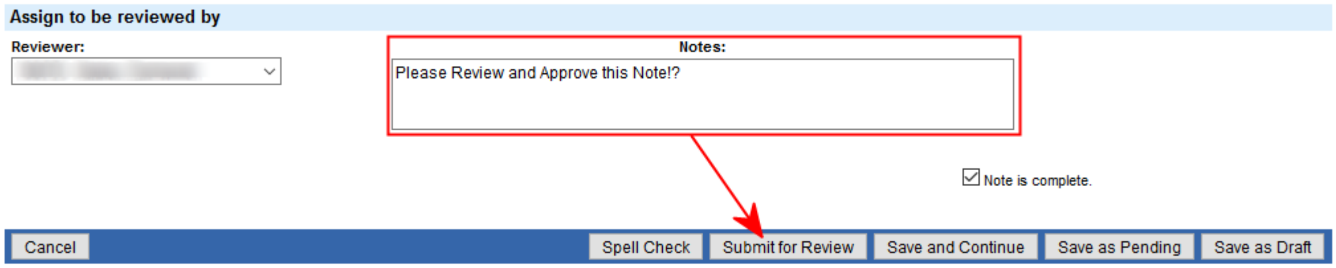
1. At bottom of the Progress note (after completing the note boxes), complete the "Assign to be reviewed by" section:



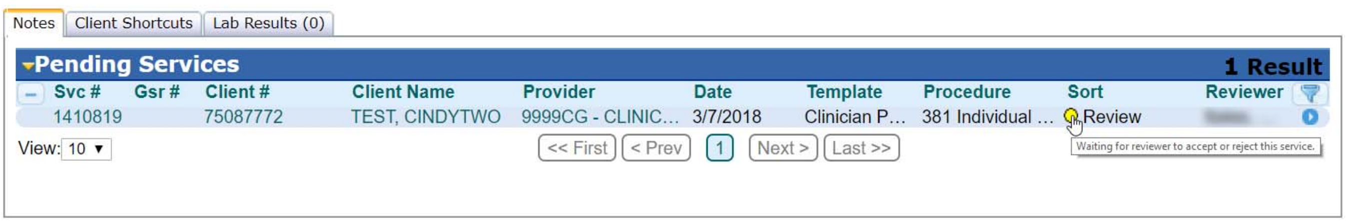
2. Select Reviewer from the drop down box:



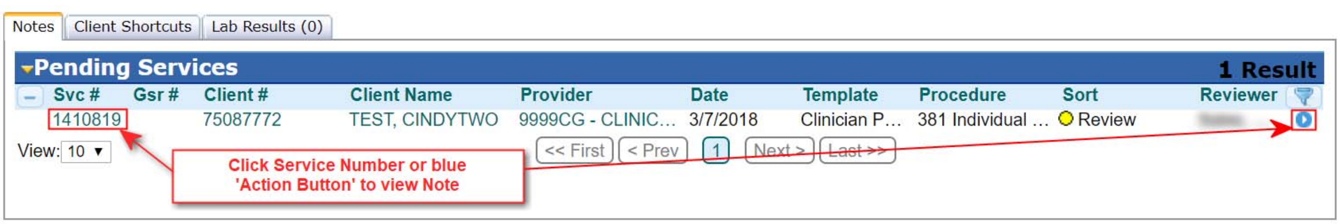
3. Complete Notes and click "submit for review." Note is sent to Supervisor for review and approval:



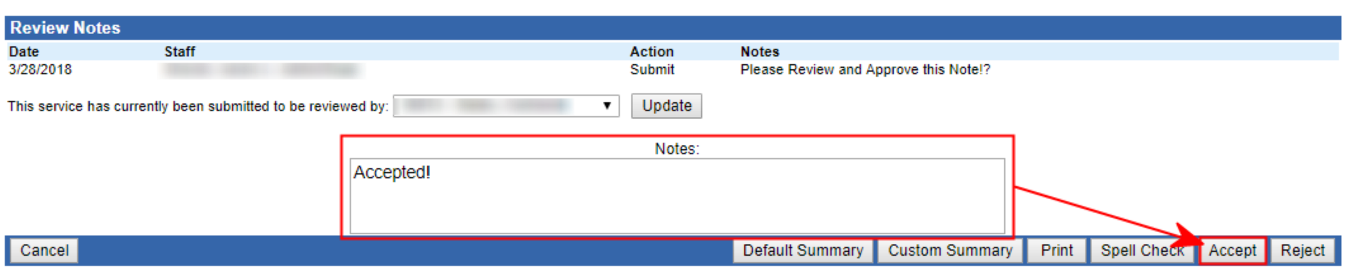
4. The Progress Note appears in "pending services" of the Supervisor's home page and waiting for approval:



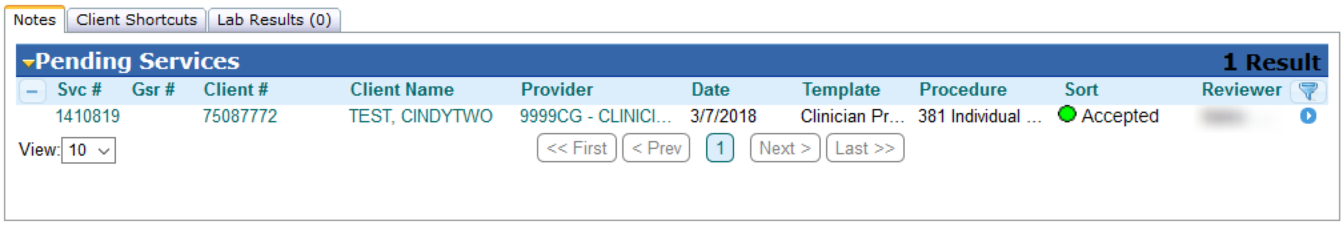
5. The Supervisor will need to review the note. First click the service # or the Blue Button

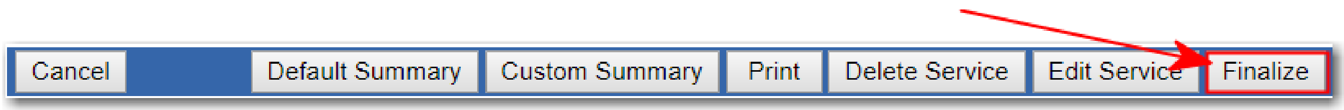


6. At the bottom of the note complete 'Review Notes' section with comments, then click 'Accept'. The note will be removed from the Supervisor's 'Pending Services' section of their home page and updates the note on the Staff's 'Pending Services'



7. Note is now ready to be "Finalized" via Individual Staff Log (Daily Approval) or opening the note and selecting 'Finalize': *Do not click 'Edit Service' if you have review required and it's been approved, or you will be required to resubmit for approval.

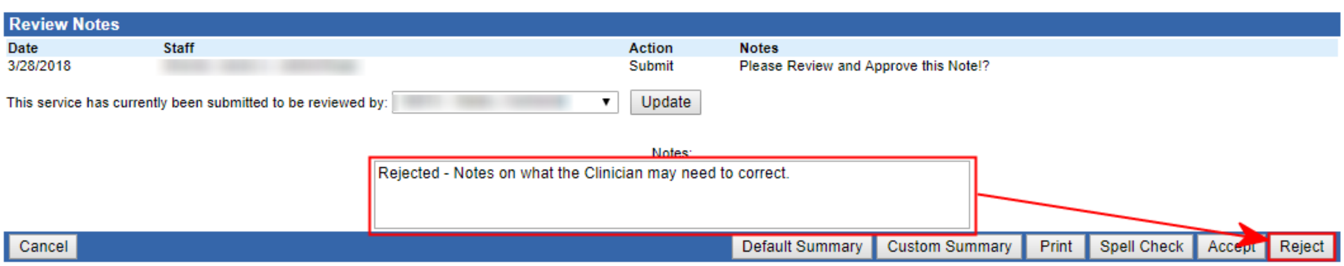




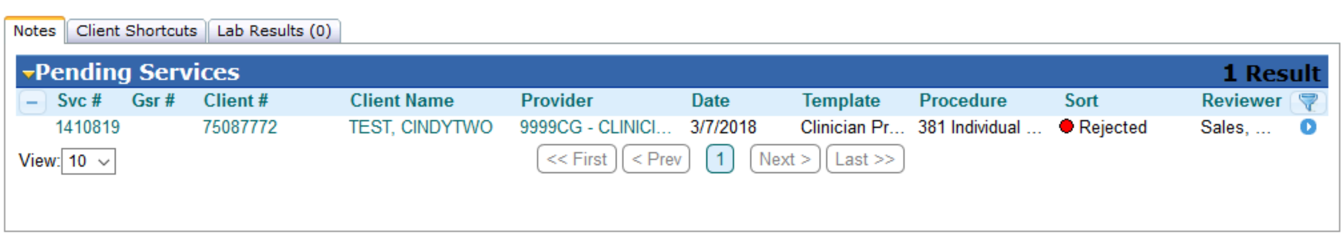
Procedure: Staff creates Progress note and Supervisor "Rejects" the notes before "Accepting" the note

1. Follow steps 1 through 5 above

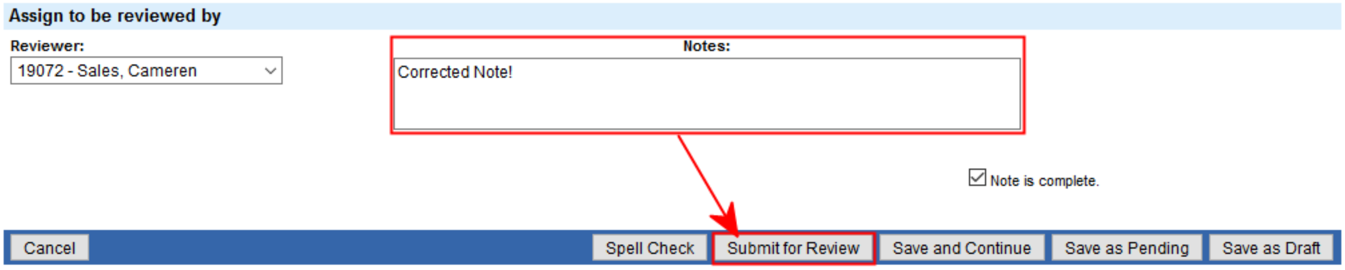
6. At the bottom of the note complete 'Review Notes' section with comments, then click 'Reject'. The note will be removed from the Supervisor's 'Pending Services' section of their home page and updates the note on the Staff's 'Pending Services'



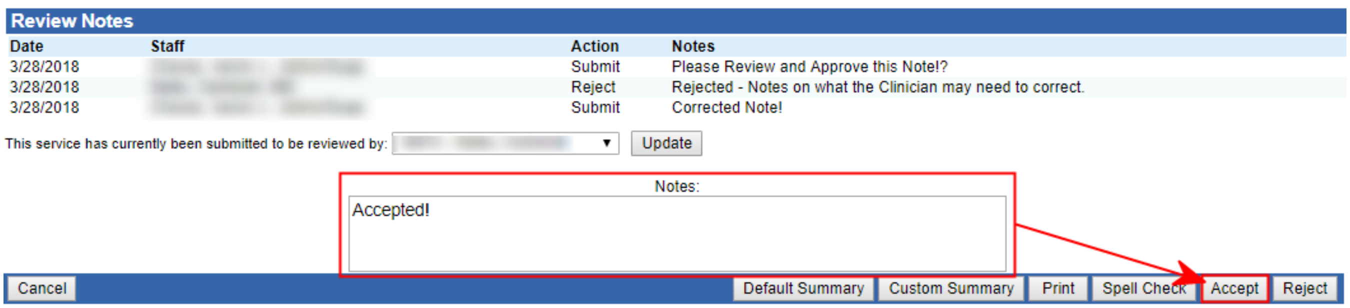
Supervisor 'Rejected' the note:



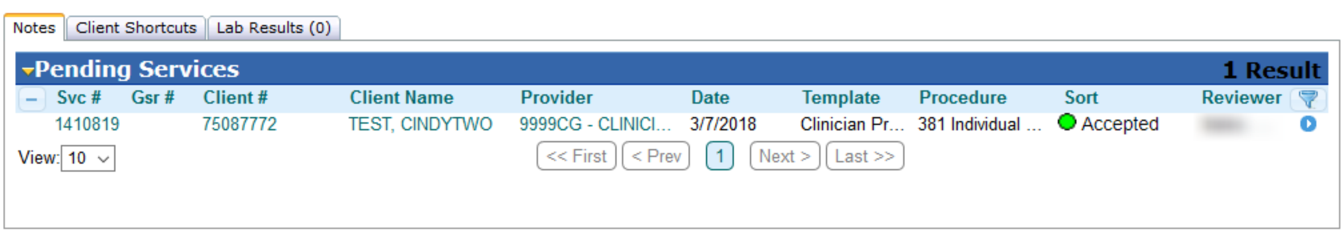
7. Staff will open note to view. Click ‘Edit service’, Make necessary changes, verify the correct Supervisor is listed in the ‘Reviewer’ box and complete the ‘notes’ section with comments back to the Supervisor. Click ‘Submit for Review’. The note is sent to Supervisor for review and approval:



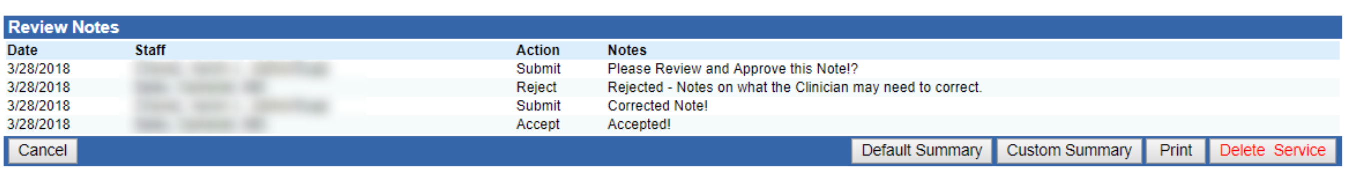
8. Supervisor will open the note. At the bottom of note complete ‘Review Notes’ section with comments, then click ‘Accept’. The note will be removed from the Supervisor’s ‘Pending Services’ section of their home page and updates the note on the Staff’s ‘Pending Services’



Supervisor ‘Approved’ the note: ***In SUD Approving will Finalize this Note**



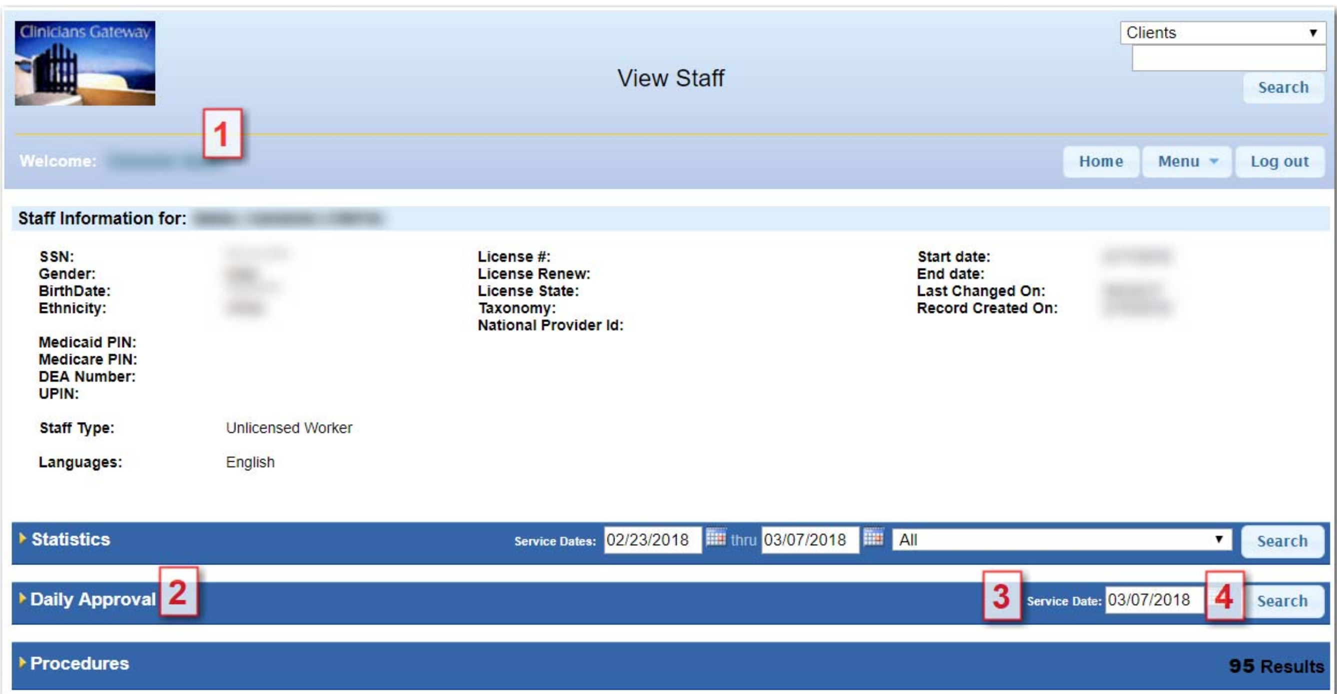
9. Note is now ready to be ‘Finalized’ and the Staff can view the note to see Supervisor’s comments:



Individual Staff Log (Daily Approval)

Approval printout and Finalizing Notes

1. From your home screen, click on your name to get the “View staff screen.
2. In the daily approval section of the screen,
3. Enter the service date for the Staff Log (MAA) you wish to create.
4. Click on “Search.”



IMPORTANT!

It is very important that you review all of the information on the daily log before approving!

When you click on "APPROVE TIME", you are finalizing all of the services listed.

Finalized services cannot be changed!

IMPORTANT!

IMPORTANT!

Please be sure to

REVIEW THE DAILY LOG BEFORE YOU CLICK ON “APPROVE TIME”

Once you click on “Approve Time,” the Services are finalized.

Daily Approval

Service Date: 03/07/2018 Search

Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259557	3/7/2018	Indirect			9999CG CLINICIAN GATEWAY TEST MHS AD	401 Mental Health Promotion	PENDING	Pending	00:20	1	00:20
3259546	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259545	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	3	00:20
3259525	3/7/2018	Group	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259524	3/7/2018	Group	75226968	TEST CINDY	9999CG CLINICIAN GATEWAY TEST MHS AD	391 Group Rehabilitation	PENDING	Pending	01:00	2	00:30
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:30	1	01:30

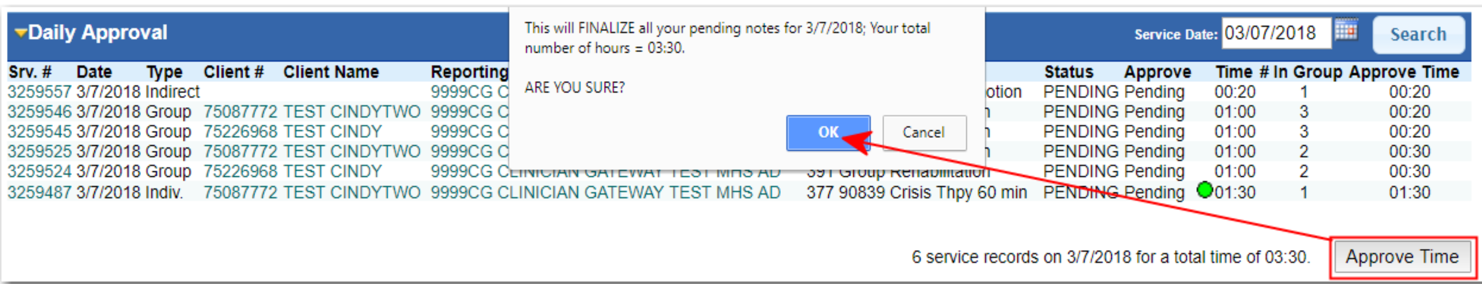
6 service records on 3/7/2018 for a total time of 03:30. Approve Time

- To edit any “Pending” note click on the “Srv. #”
- Add any additional service to the log, click on “Home,” and enter a new note.
- Continue to repeat these steps until you are satisfied with the log----then click on the “Approve Time” button.

IMPORTANT!

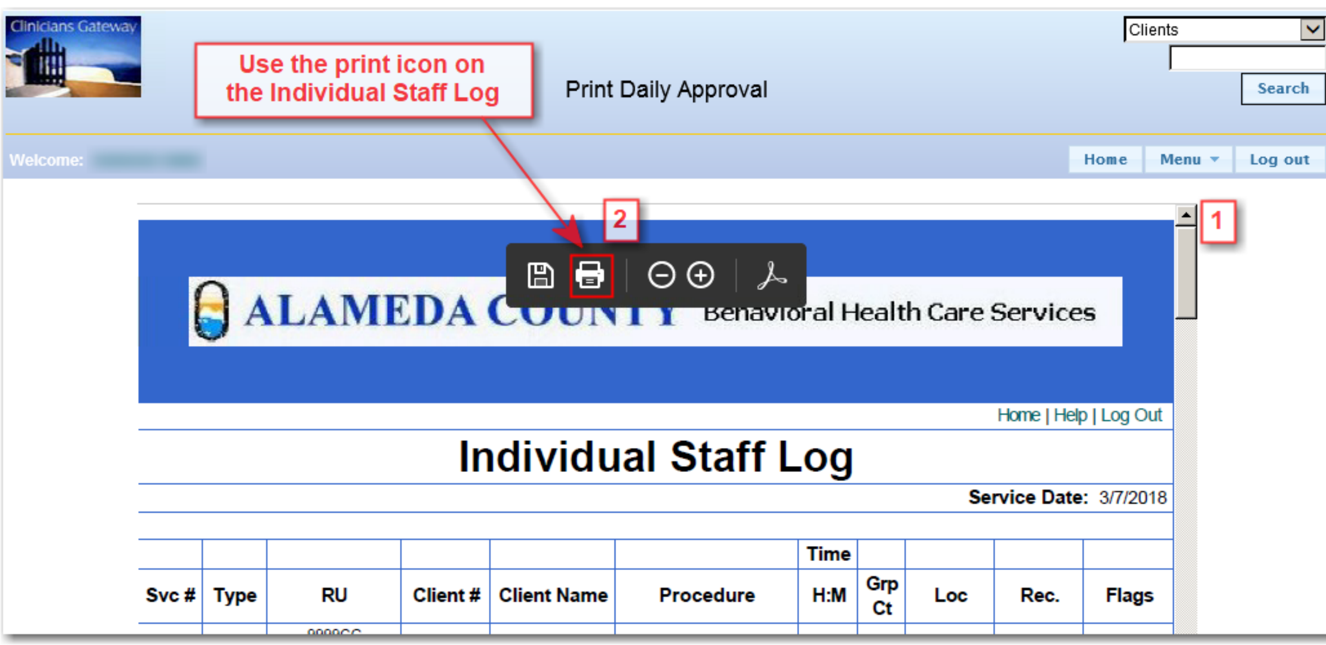
IMPORTANT!

REVIEW THE DAILY LOG BEFORE YOU CLICK ON "APPROVE TIME"



Once you click on "Approve Time," the service notes are finalized.

Service Notes are sealed with the clinician's Electronic Signature



1. Decide which pages to print using the blue arrows and page numbers.
2. Click on the printer icon – this will print the electronic Individual Staff Log form (MAA) as well as direct and indirect services. You may specify which pages to print, eliminating unneeded pages.

All printed electronic Individual Staff Log (MAA) forms must be signed!

Co-staff Individual Logs

PRIMARY CLINICIANS MUST FINALIZE THE NOTE FIRST. CO-STAFF WILL BE UNABLE TO GET TIME ON THEIR STAFF LOG UNTIL THE PRIMARY FINALIZES. (Time will ONLY be transferred into Insyst on the day the Primary finalizes.)

- The Co-staff and Primary will both see the service listed on their Daily Approval tally and added into their total time. In the example below, the co-staff is given credit for the one hour of co-staff time, even though the Primary has not finalized. ("Waiting on Finalization")

Daily Approval Service Date: 03/07/2018 Search

Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Waiting on Finalization	01:00	1	01:00
3259682	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:00	1	01:00

2 service records on 3/7/2018 for a total time of 02:00. Approve Time

- If you attempt to Approve Time before the primary you will notice the service will not be displayed on your Staff Log's print out

Individual Staff Log

Service Date: 3/7/2018

Svc #	Type	RU	Client #	Client Name	Procedure	Time H:M	Grp Ct	Loc	Rec.	Flags
3259682	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	377 90839 Crisis Thpy 60 min	01:00	1	Office		
1 service record on 3/7/2018 for a total time of						**01:00**				

I hereby certify, under penalty of perjury, that the information contained in this document is accurate and free from fraudulent

- Inform the Primary clinician they will need to finalize their service
- Once the service is Finalized (**1**) return to Daily Approval and View Report (**2**)

Daily Approval Service Date: 03/07/2018 Search

Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
3259682	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	FINALIZED	Approved	01:00	1	01:00
3259487	3/7/2018	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	FINALIZED	Approved	01:00	1	01:00

2 service records on 3/7/2018 for a total time of 02:00. View Report

Individual Staff Log

Service Date: 3/7/2018

Svc #	Type	RU	Client #	Client Name	Procedure	Time H:M	Grp Ct	Loc	Rec.	Flags
3259682	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	377 90839 Crisis Thpy 60 min	01:00	1	Office		
3259487	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	377 90839 Crisis Thpy 60 min	01:00	1	Office		
2 service records on 3/7/2018 for a total time of						**02:00**				

****Note:**

Both primary and co-staff times are transferred to InSyst, the evening that the note is finalized by the primary clinician.

The time will appear on the InSyst reports the day after the Primary clinician finalizes, not on the day that the Co-Staff clinician finalizes.

The service is listed in the Primary Clinician's Finalized Services, not the Co-Staff's Finalized Services.

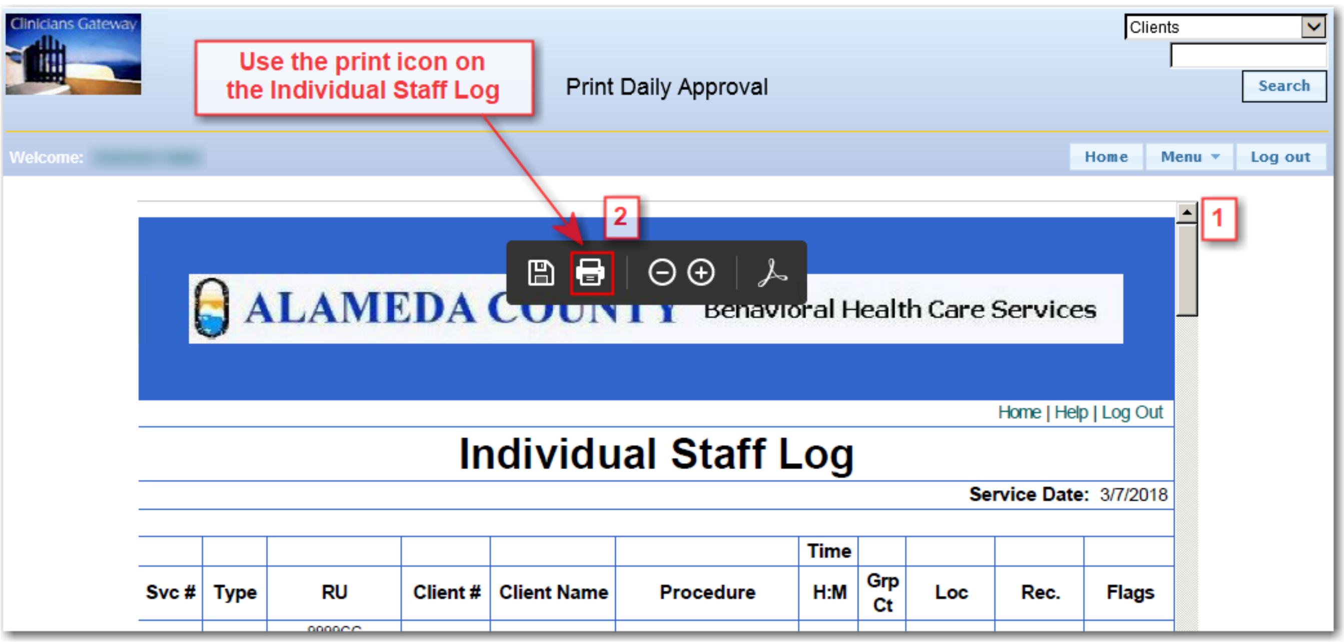
Printing

Printing from Daily Approval

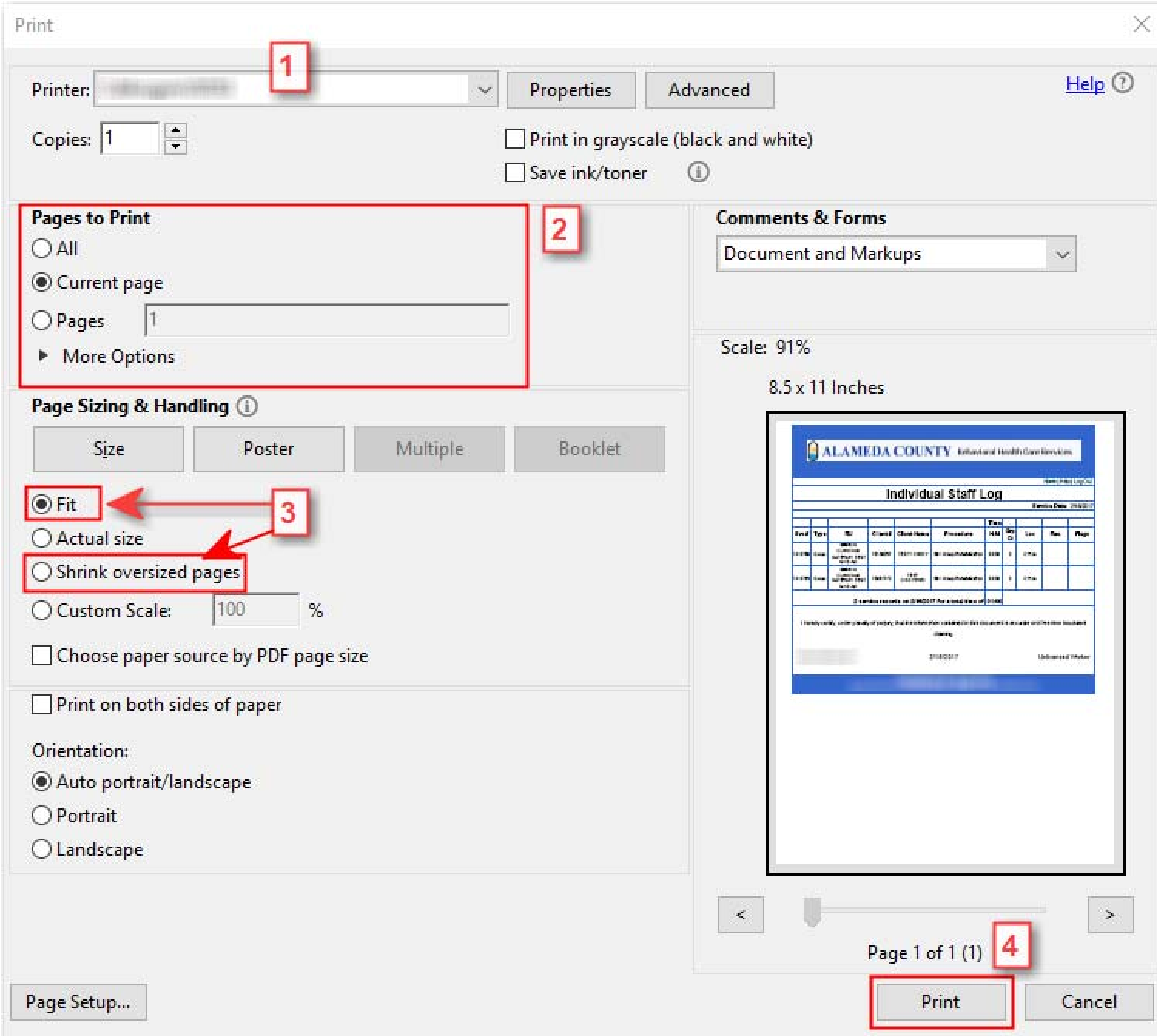
To print your Staff Log and progress notes after Daily Approval, use the printer icon adjacent to the image. Do not use File/Print

1. First, decide which pages to print. You can scroll through document using the iner

2. Then use the printer icon to bring up the printing menu.



After clicking the Print icon next to the Staff Log image, choose the pages you wish to print in the Print Range box. The Staff Log will be the first page.



1. Select your Printer

2. Chose which pages to print (I selected current page to print only page 1)

3. Set Page Scaling to either ‘Fit’ or ‘Shrink oversized pages’

4. Click ‘Print’

Gateway Tips

Here are some special Tips to help you to get the full benefits from Clinician’s Gateway.

Creating a Larger Font for Viewing on Screen and for Printing…

•In Internet Explorer, you can set the Font Size Larger by selecting “View-Font Size-Largest” on the Menu Bar. This feature may need to be reset whenever you login to your PC.

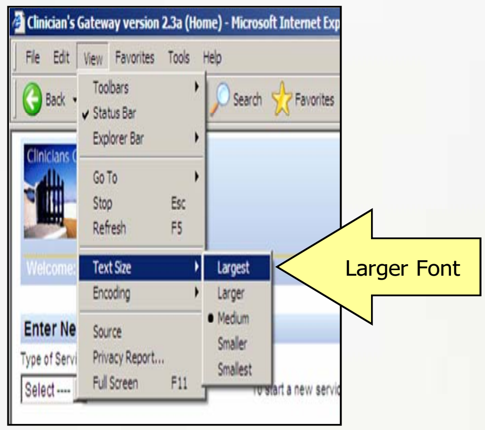
Setting Margins so all the Information is Displayed when Printing…

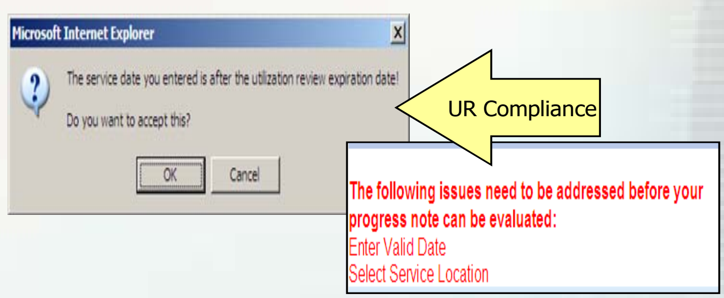
•In Internet Explorer, you can change your Margins by selecting “File-Page Setup”, change the Left=0.25, Right=0.25, Top=0.25, and Bottom-0.25. This feature should stay once it is set.

•The Header is needed to print client info on the OLPN

UTILIZATION REVIEW..

•It is very important that you keep all Client Record in Compliance. When ever you see the Utilization Review up-to-date. Make sure your Client Assessments and Service/Treatment Plans are completed in a timely manner.





Deleting a Note

Are there any requirements for having a note deleted?

- Yes. If an error is made to any billing information, the note has to be deleted from Insyst and redone by the clinician/physician in Clinician's Gateway. We cannot modify any notes that have been finalized. Notes are deleted **ONLY** if there is an error in any of the billing information such as:
    - Wrong client number
    - Wrong staff number
    - Wrong procedure code
    - Wrong reporting unit
    - Wrong service hours
    - Wrong service date
    - Wrong treatment location
    - Wrong number of clients in group
- Incorrect text is **NOT** an acceptable reason for deleting electronic notes.

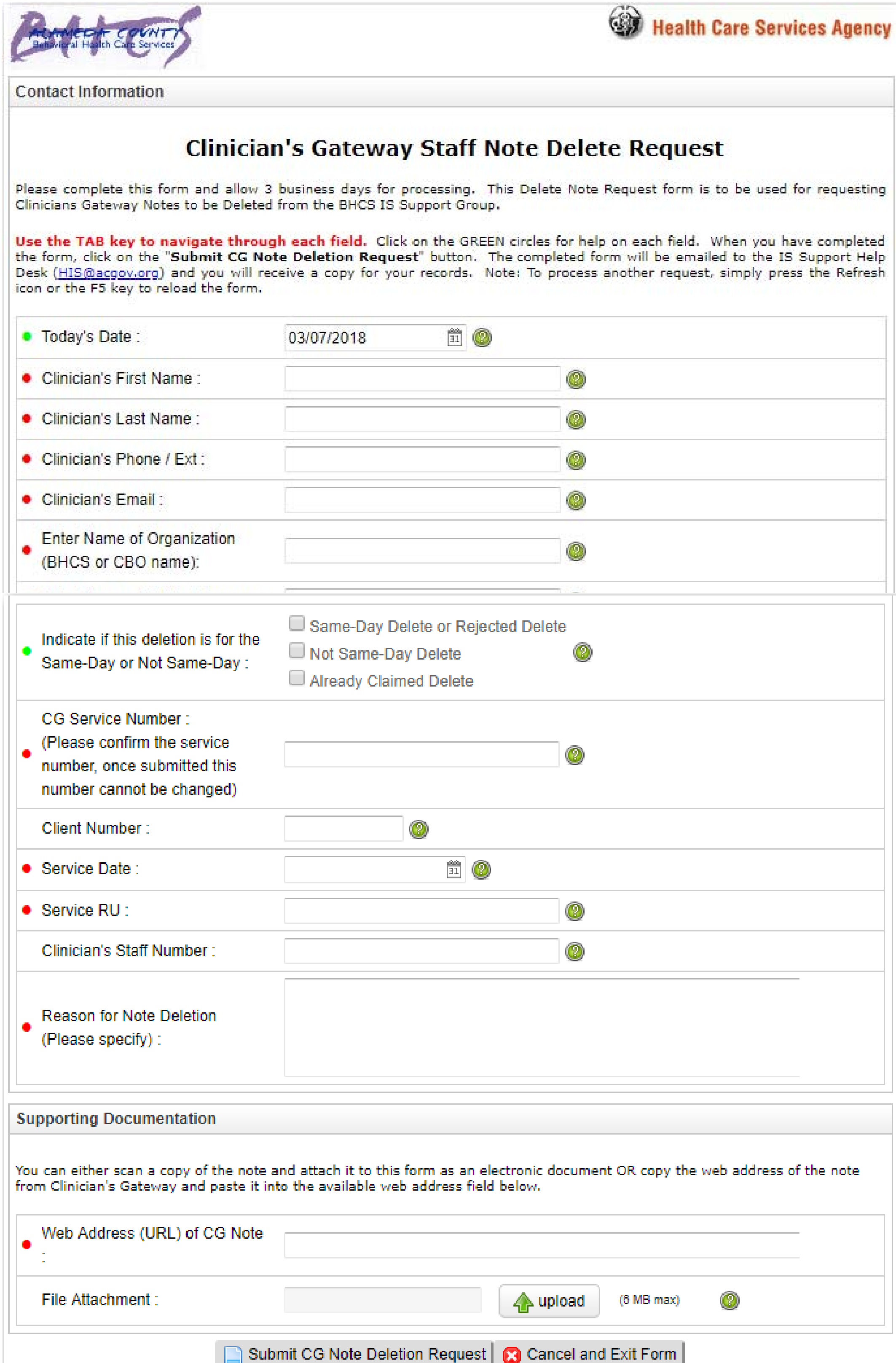
What do I do to get my note deleted?

- If it is before 4:00pm on the day that the note has been finalized:
    - Submit a '**Clinician's Gateway Staff Note Delete Request'** and make sure to mark it as a 'Same-Day Delete'
    - Complete the form and click submit
    - You will receive a Pending request in your email
    - Contact the Help Desk via phone at (510) 567-8181 (tie line 38181) to inform them that a "Clinician's Gateway Same Day Delete has been Submitted
- If it is after 4:00pm of the day that the note has been Finalized:
    - Submit a '**Clinician's Gateway Staff Note Delete Request'** and make sure to mark it as a 'Not Same-Day Delete'
    - Complete the form and click submit
    - You will receive a Pending request in your email
    - Ensure your Insyst support staff received a copy in order to delete the service from Insyst

The contact on the e-form will be notified when the note has been marked as deleted.

Be sure to submit delete requests as soon as an error is discovered. If note deletes are submitted after the service has been claimed, the note cannot be deleted.

Note Delete Requests are found in BHCS E-Forms in the Clinicians Gateway section.



ALAMEDA COUNTY Behavioral Health Care Services

Health Care Services Agency

Contact Information

Clinician's Gateway Staff Note Delete Request

Please complete this form and allow 3 business days for processing. This Delete Note Request form is to be used for requesting Clinicians Gateway Notes to be Deleted from the BHCS IS Support Group.

Use the TAB key to navigate through each field. Click on the GREEN circles for help on each field. When you have completed the form, click on the "**Submit CG Note Deletion Request**" button. The completed form will be emailed to the IS Support Help Desk (HIS@acgov.org) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.

Today's Date :	03/07/2018
Clinician's First Name :	
Clinician's Last Name :	
Clinician's Phone / Ext :	
Clinician's Email :	
Enter Name of Organization (BHCS or CBO name):	
Indicate if this deletion is for the Same-Day or Not Same-Day :	Same-Day Delete or Rejected Delete Not Same-Day Delete Already Claimed Delete
CG Service Number : (Please confirm the service number, once submitted this number cannot be changed)	
Client Number :	
Service Date :	
Service RU :	
Clinician's Staff Number :	
Reason for Note Deletion (Please specify) :	

Supporting Documentation

You can either scan a copy of the note and attach it to this form as an electronic document OR copy the web address of the note from Clinician's Gateway and paste it into the available web address field below.

Web Address (URL) of CG Note :	
File Attachment :	upload (6 MB max)

Submit CG Note Deletion Request | Cancel and Exit Form

Consumer/Client Life Plan – Treatment Plan

Starting the Client Plan

The **electronic treatment plan** in Clinician's Gateway is based on the principles of Wellness, Recovery and Resilience with family, client and consumer involvement while also addressing the need to establish medical necessity for treatment.

The Consumer/Client Life Plan consists of two plan types: the <u>Medication</u> Plan and the <u>Universal</u> Client Plan. Throughout these Plans, some items will be brought forward for reference, such as Risks and Needs to address, and Goals and Objectives to reference.

The GENERAL PROCEDURE is:

1. Write the Plan (using correct RU and End Dates to match InSyst episode cycle. Include Client Participation information before submitting for approval.)
2. Submit for approvals by licensed, supervisor and medical staff as needed.
3. **<u>Obtain approvals</u>** in Clinician's Gateway.
4. Print for Client Signature. (After submitting for approval the Plan doesn't say "Pending")
5. Add the client signature date in CG.
6. Finalize the Plan.
7. Submit all the required Annual Documents with the Approved Treatment Plan signed by the client to supervisorial staff.
8. Support staff enters Plan approval into InSyst and scans the entire plan.
9. "Edit" the Plan when objectives are achieved. Minor edits are allowed without re-approval.
10. **<u>Revise:</u>** modify current plan and obtain new signatures/approvals as needed during the plan year.
11. **<u>Renew:</u>** Renew the Plan, before the end date of the current plan, for the next year as needed.

<u>A special note from the BHCS QA Department:</u>

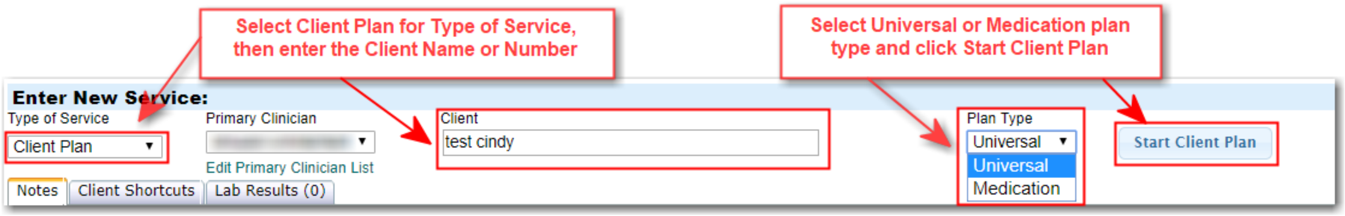
Once a Licensed, Waivered or Registered LPHA (including doc's) sign the Plan and then have the Client sign the Plan it is compliant for documentation requirements (if done by due date).

This can be accomplished by printing, have the client sign and routing to be scanned for data entry.

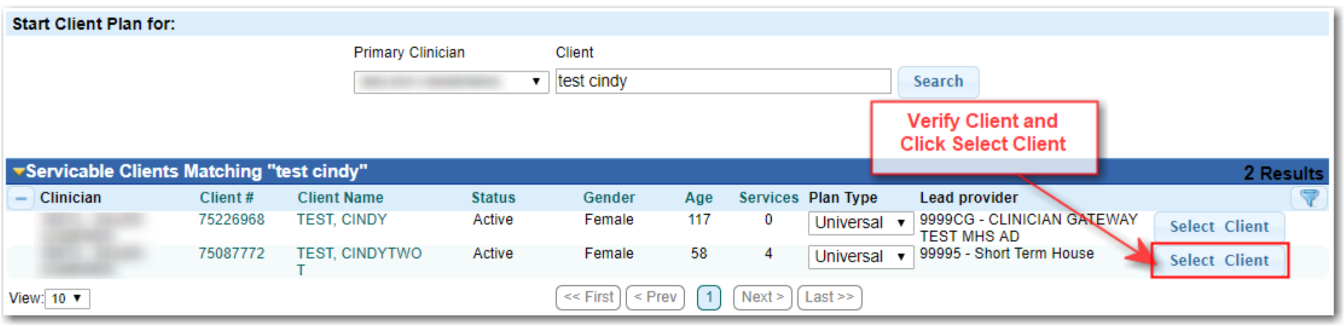
We have Clinic supervisors who are doing a great job of reviewing Plans by requiring the Plans to be forwarded to them for review. However, this does not need to hold up the finalization process for Licensed, Waivered and Registered LPHA's. Please note, if a revision is requested by the Supervisor—then the clinician will need to do so, re-sign with the new date, and again obtain the client signature. This too will be scanned into the client record (an auditor will see both Plans, but audit the most recent).

Please remember--It is crucial that anytime a printed CG document is modified by hand (such as a client signature) that it be scanned into the client record as this becomes part of the Medical Record. It MUST be uploaded—or we are not maintaining an accurate Medical Record. Regardless of the reason (such as the document says "pending", "draft", etc.) a document routed for uploading into Laserfiche by a clinicians—MUST always be uploaded.

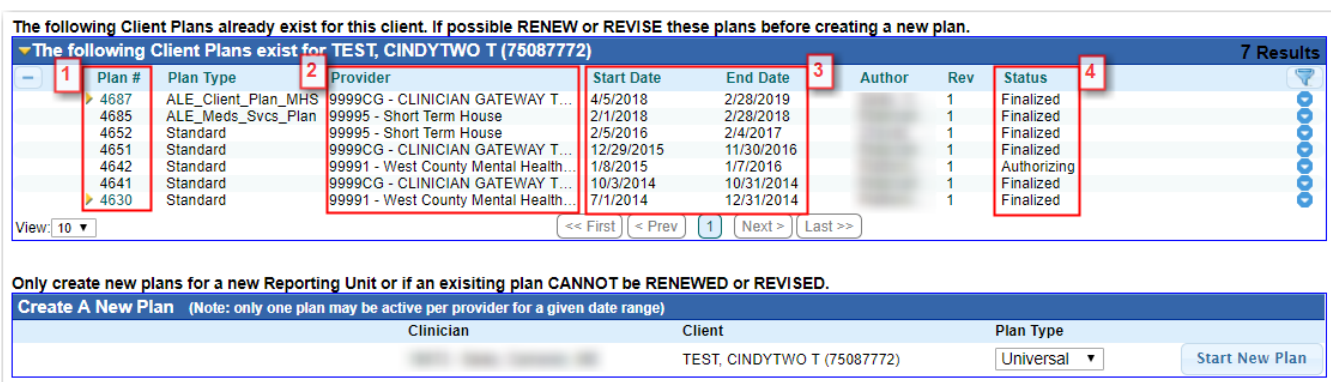
To start writing a Plan, Choose “Client Plan” from the Enter New Service menu on your Home page, enter the client # or name. Choose plan type and click “Start”.



Select the line with the correct client, you may get multiple clients. *Ignore the RU listed as the Lead Provider.



The View Client Plans window will display Plans that already exist: Note the Plan # (**1**), the reporting unit (**2**), the start and end dates (**3**), and the status(**4**) of the plan (New, Authorizing, or Finalized)

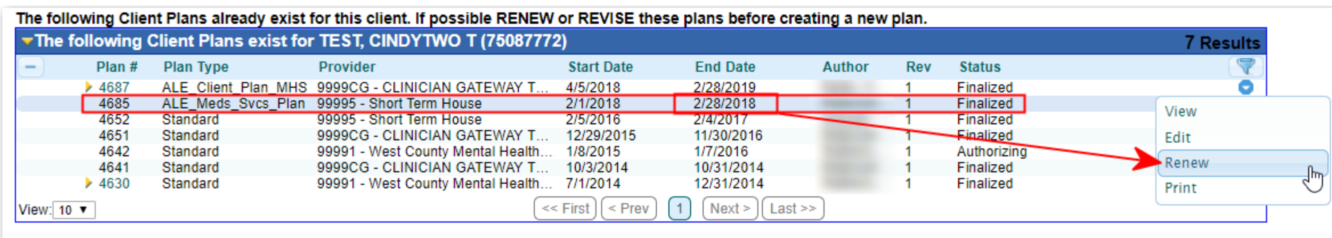


First, Try to Renew or Revise.

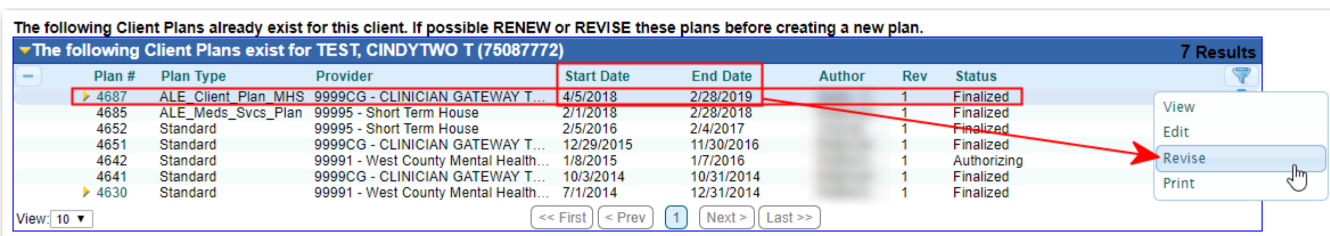
Revise a plan in the same reporting unit that is still in effect.

Renew a plan in the same reporting unit that has ended within the last six months or will be ending soon.

This Plan can be RENEWED because its End Date is recent;

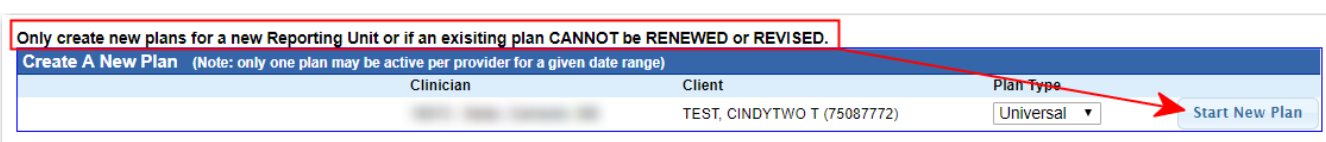


This Plan can be REVISED because it is still in effect:

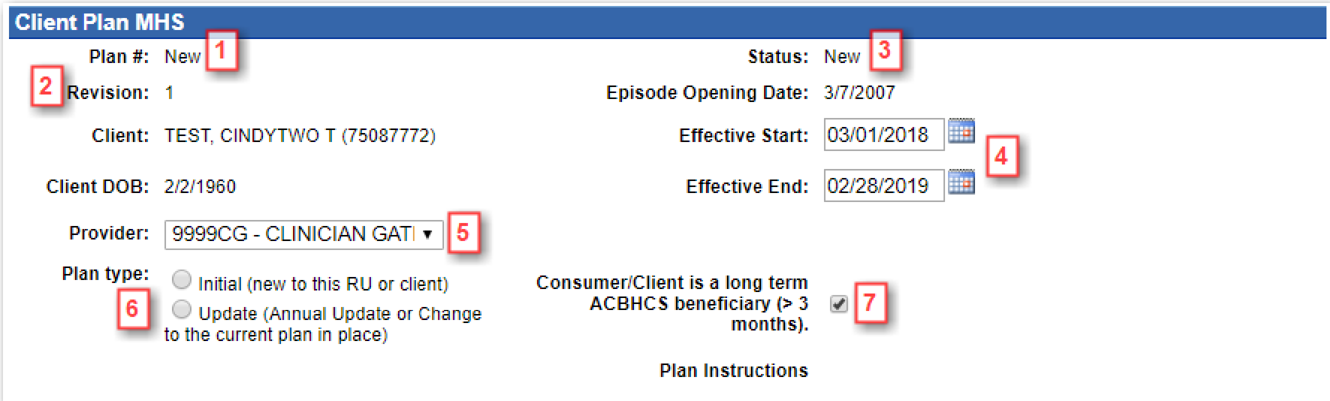


***SUD Will only use New and Revise**

<u>Only Use Start New Plan</u> for a new reporting unit or if a previous plan can't be Revised or Renewed!



This will bring up the Client Plan entry screen.



1. The Plan # is “New” before it is submitted for authorization. When submitted, it will be given a unique identifying number. Each time the plan is revised, the plan # will change.

2. The “Revision” number will tell you if it is revision #1, 2, 3, etc.

3. The Status will be “New” before submitting for authorization, “Authorizing” if submitted, or “Finalized” after approved by approvers and finalized by the clinician.

4. The Effective Start and Effective End automatically default to cover the one year starting with the first day of the episode opening month. End dates can be changed if your program uses shorter time frames. ***Verify the dates are correct (SUD will be 90 day plans)**

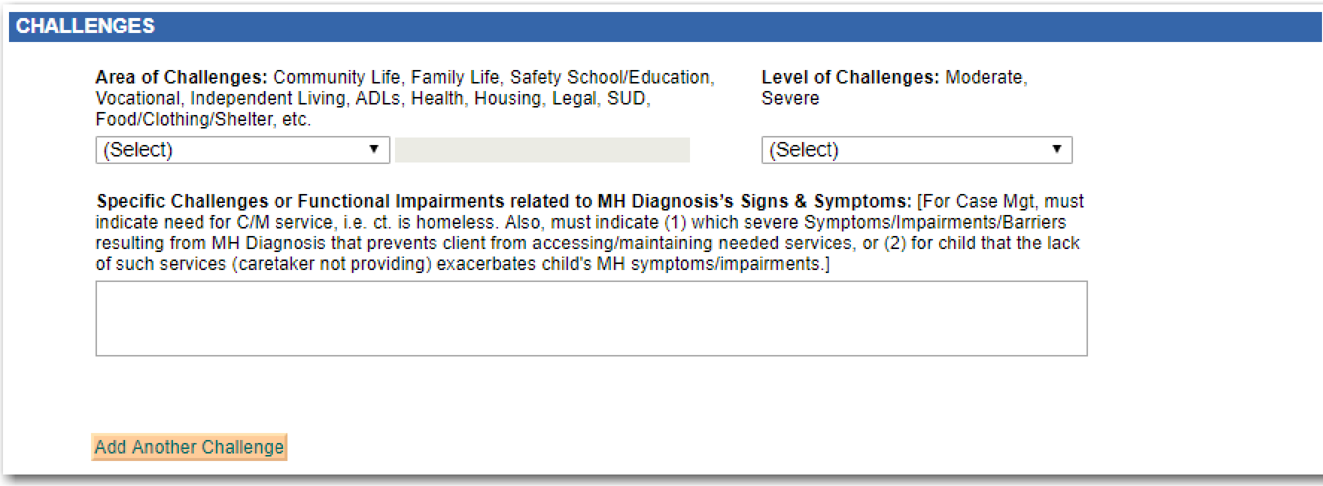
5. **Choose the Correct Reporting Unit** for the client.

6. Mark Initial if it is the first plan for the client in this Reporting Unit. Mark Update if it is an annual update or a revision of the current plan during the effective period.

7. If the Client is not a long term beneficiary of Alameda County BHCS (receiving services less than 3 months), then uncheck the box.

Fill in Goals, Strengths, Challenges*, Objectives, Modalities, and Specific Services.

<u>*Challenges section is specific to Universal Plan</u>



CHALLENGES

Area of Challenges: Community Life, Family Life, Safety School/Education, Vocational, Independent Living, ADLs, Health, Housing, Legal, SUD, Food/Clothing/Shelter, etc.

(Select)

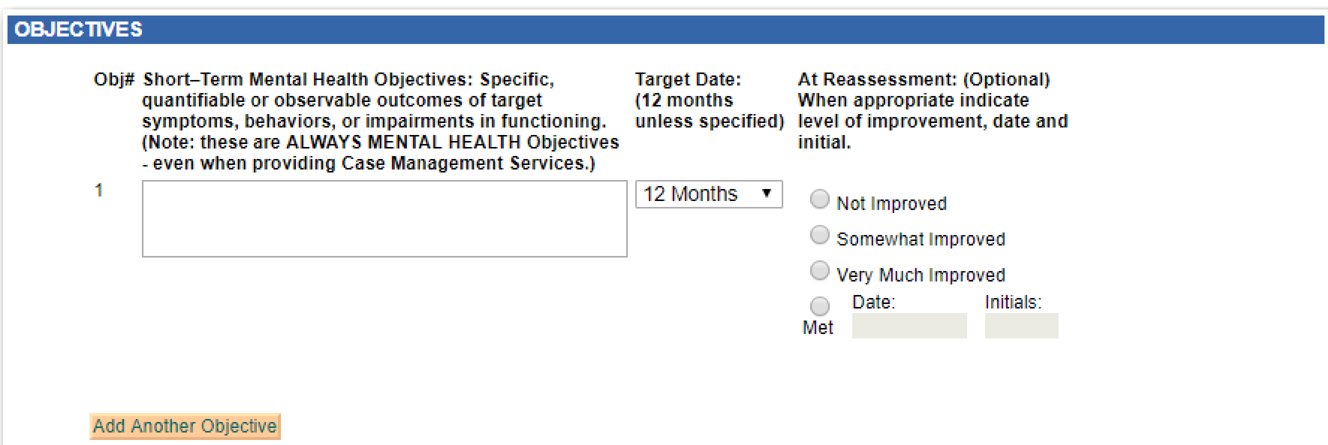
Level of Challenges: Moderate, Severe

(Select)

Specific Challenges or Functional Impairments related to MH Diagnosis's Signs & Symptoms: [For Case Mgt, must indicate need for C/M service, i.e. ct. is homeless. Also, must indicate (1) which severe Symptoms/Impairments/Barriers resulting from MH Diagnosis that prevents client from accessing/maintaining needed services, or (2) for child that the lack of such services (caretaker not providing) exacerbates child's MH symptoms/impairments.]

Add Another Challenge

<u>Use 'Add Another Challenge' button to add more challenges as needed.</u>



OBJECTIVES

Obj#	Short–Term Mental Health Objectives: Specific, quantifiable or observable outcomes of target symptoms, behaviors, or impairments in functioning. (Note: these are ALWAYS MENTAL HEALTH Objectives - even when providing Case Management Services.)	Target Date: (12 months unless specified)	At Reassessment: (Optional) When appropriate indicate level of improvement, date and initial.
1		12 Months	Not Improved Somewhat Improved Very Much Improved Met Date: Initials:

Add Another Objective

<u>Use 'Add Another Objective' button to add more objectives as needed.</u>

The Objecitves will be displayed on the progress notes for reference.

Revisions can be made during the Effective Period to add or change Objectives, or mark the level of improvement, or accomplishment of the Objective.

Service Modality and Specific Services for each modality

1. Select the correct Service Modalities as needed.
2. For each Modality selected, there will be a section to annotate the specific services for that modality

The Modality and Services sections vary based on Plan type

Modality and Services sections specific to the Medication Plan:

SERVICE MODALITIES

MODALITY	FREQUENCY	DURATION
☑ Medication Mgmt	Every / Month and As Needed	12 Months
☑ Other: Testing	Every / Week and As Needed	12 Months
☐ Other:	Every / Week and As Needed	12 Months

SPECIFIC SERVICES FOR EACH MODALITY

MODALITY

Medication Mgmt

Detailed Intervention(s)

Detailed Interventions provided to client and/or significant support may include but are not limited to:

- ☑ Evaluation of clinical effects of medication.
- ☑ Medication regimen adjustment.
- ☑ Obtaining informed consent for medication (inform of risks and benefits, discuss alternative treatments and obtain signed informed consent).
- ☑ Medication education (re proper use, benefits, risks and side effect management of medications).
- ☑ Medication prescribing, administration or dispensing.
- ☑ Medication related consultation with providers.
- ☑ Phone calls to client and/or significant support persons about medications.
- ☑ Phone calls to pharmacy and transmitting medication orders (re communicate with pharmacy, prepare prescription orders for transmission, authorize prescription refills, and resolve issues related to client's prescriptions).
- ☑ Counseling (Supportive Psychotherapy) and Coordination of Care (Referrals).

Additional Comments:

Testing

Modality and Services sections specific to the Universal Plan:

SERVICE MODALITIES

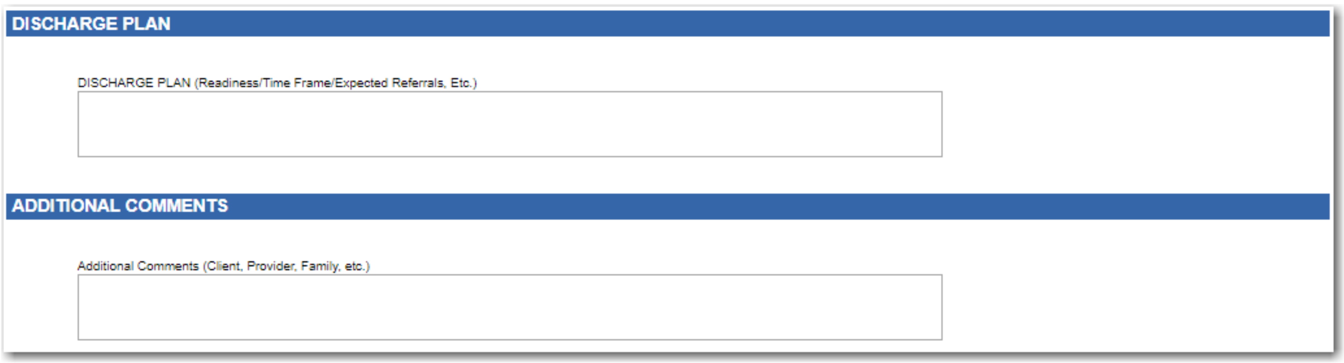
MODALITY	FREQUENCY		DURATION
☑ Collateral	Every	Week and As Needed	12 Months
☑ Case Mgmt	Every	Week and As Needed	3 - 12 Months
☐ Indiv Rehab	Every	Week and As Needed	12 Months
☐ Group Rehab	Every	Week and As Needed	12 Months
☐ Indiv Therapy	Every	Week and As Needed	12 Months
☑ Group Therapy	Every	Week and As Needed	12 Months
☐ Family Therapy	Every	Week and As Needed	12 Months
☐ Multi Family Grp Therapy	Every	Week and As Needed	12 Months
☐ Medication Mgmt	Every	Month and As Needed	12 Months
☐ Collateral Family Grp	Every	Week and As Needed	12 Months
☐ TBS	Every	Week and As Needed	3 - 12 Months
☐ Katie A. (ICC)	Every	Week and As Needed	3 - 12 Months
☐ Katie A. (IHBS)	Every	Week and As Needed	3 - 12 Months
☐ Day Rehab	Every	Day and As Needed	6 - 12 Months
☐ Crisis Residential	Every	Week and As Needed	3 - 12 Months
☐ Adult Residential	Every	Week and As Needed	6 - 12 Months
☐ Crisis Stabilization	Every	Week and As Needed	3 - 12 Months
☑ Other: Testing	Every	Week and As Needed	12 Months
☐ Other	Every	Week and As Needed	12 Months

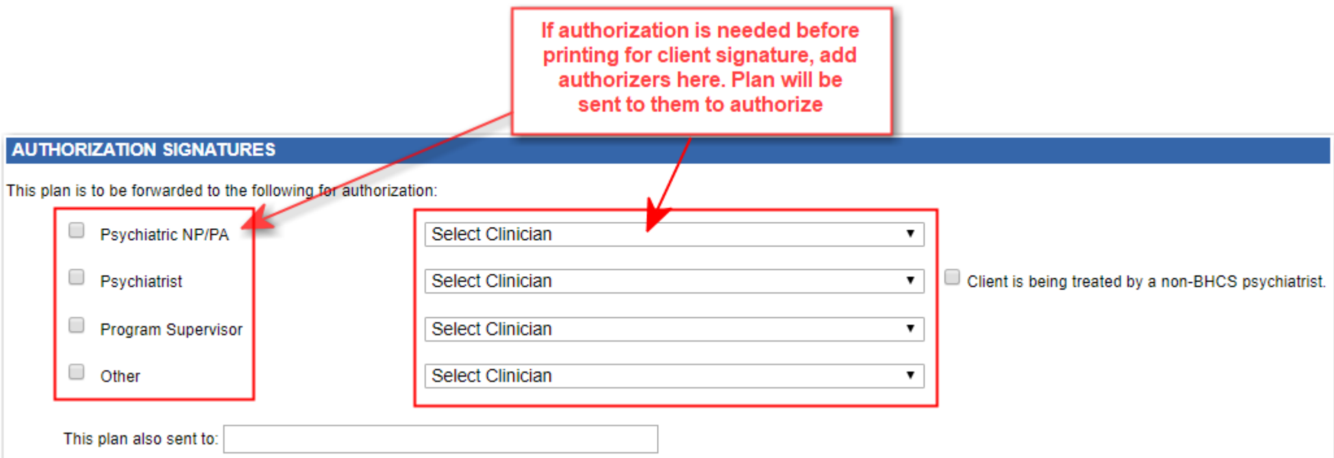
SPECIFIC SERVICES FOR EACH MODALITY

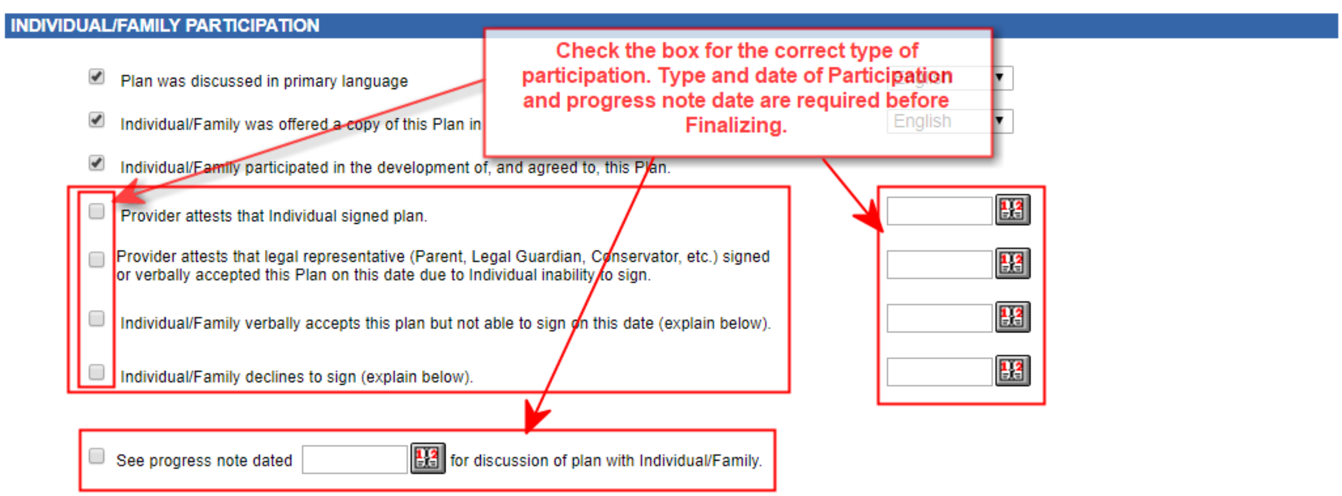
MODALITY	Detailed Intervention(s)(For Case Management indicate as relevant: linkage to and monitoring of community support services for ________ (i.e. homeless, joblessness, medical illness, or substance abuse) will result in client achieving their Mental Health Objectives # and # listed above)
Collateral	
Group Therapy	
Case Mgmt	
Testing	

Discharge Plan, Authorizing, and Client Participation

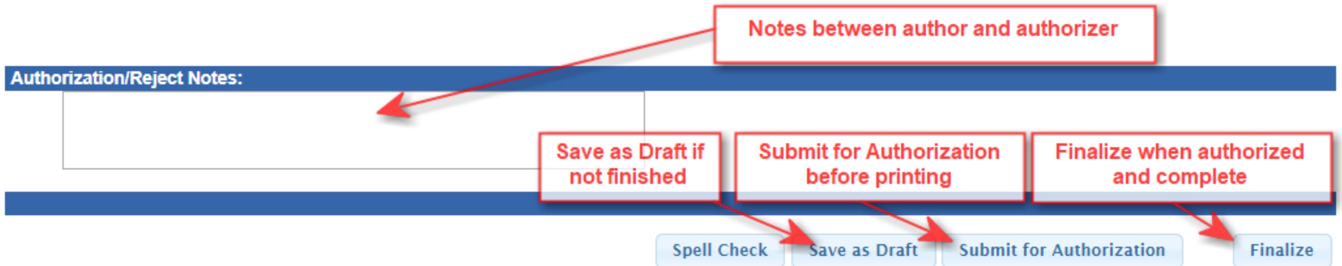
Finish by entering the Discharge Plan, Additional Comments, Authorizations, and Participation sections.



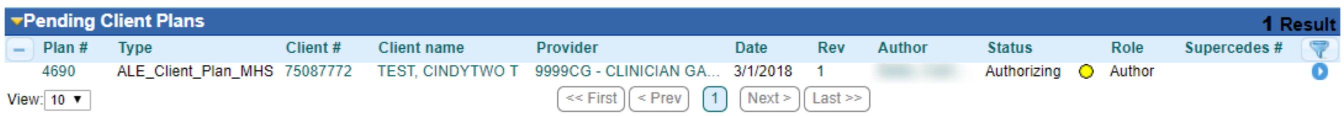




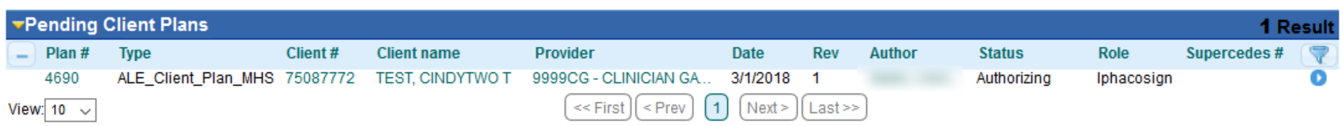
After completing the plan, “Submit for Authorization”. (At this point you could bring up the plan and “Print for Signature”. This procedure is described later after authorizations are described.)



When the Plan is “Saved” or “Submitted”, it will appear on the Home page of the author and the authorizers. Notice the yellow dot near Authorizing, this means it has been submitted but not authorized by one the selected Authorizers.

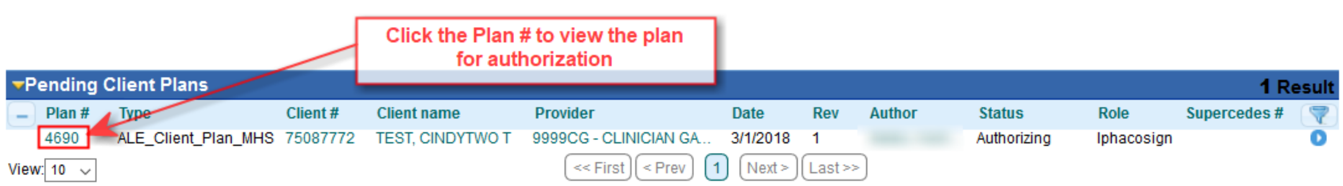


The role column displays if you are the author or one of the authorizers.

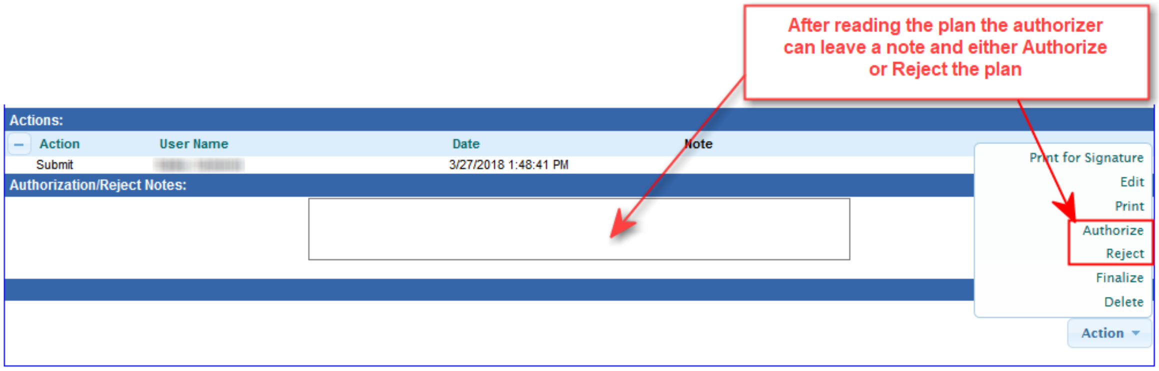


Obtain Authorizations. After “Submit for Authorization”, the plan appears on the Pending Client Plans list on the authorizer’s Home page. The authorizer should click the plan ID # or its blue button to open the plan for approval.

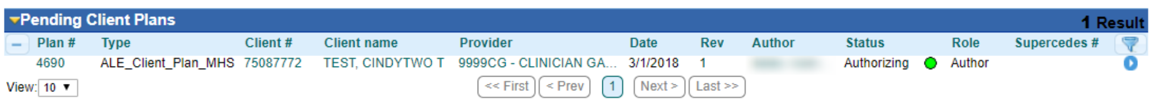
***If the author of the plan doesn’t need any approvers, they may Finalize the plan after the client or representative signature date has been added to the Participation section.



The authorizer brings up the plan to review it. Using the Action Button they either Authorize, Reject, or possibly Finalize the Plan. (Only Finalize if all authorizers have approved the plan, and you are the last one.)

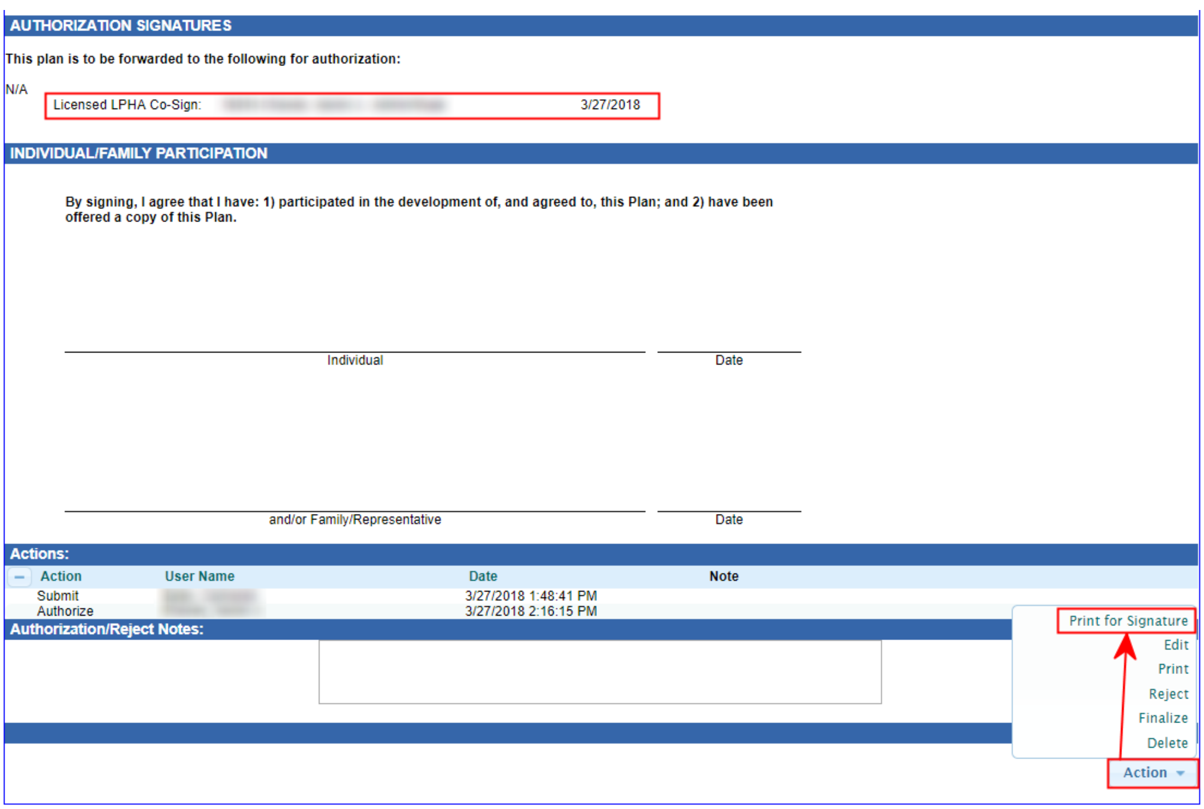


The Green dot tells me my plan was authorized. All it needs is the individual or family signature.

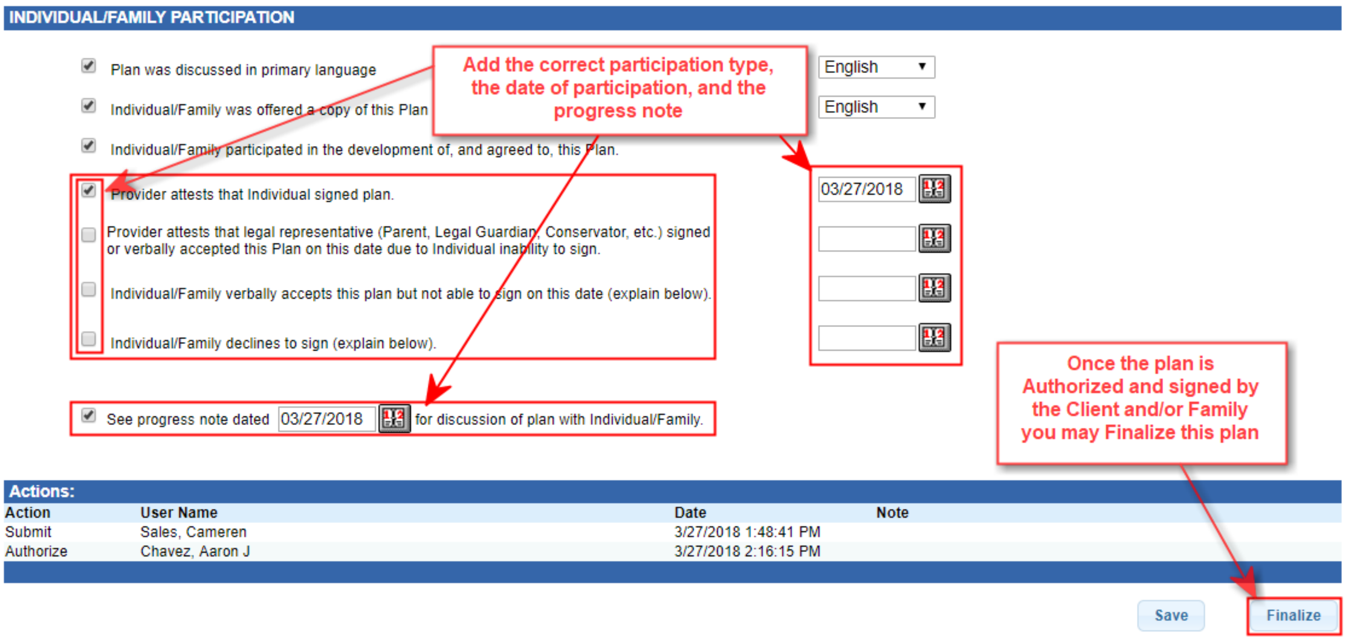


***If the author of the plan doesn't need any approvers, they may Finalize the plan after the client or representative signature date has been added to the Participation section.

Authorizers and their signature dates are shown in the Authorization Signature section near the end of the plan. After Authorization then bring up the plan and "Print for Signature" of the client or representative. (After "Submit", the "Pending" banner disappears and you can print it for the signature without "Pending" splashed across it.)



After the Client/Family Signs, bring up the plan and enter the client participation. From the Action bar choose "Edit". This is a "Mini-Edit" which will not require you to submit for authorization again.



After the plan is authorized and signed by the individual and/or family, you can click 'Finalize'.

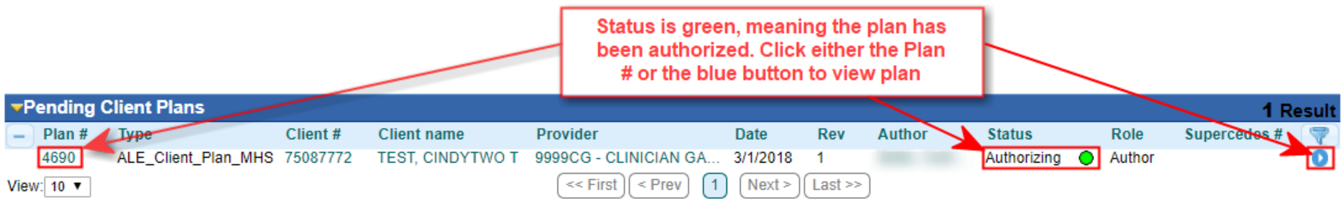
***** FINALIZE IT. *****

CONGRATULATIONS!

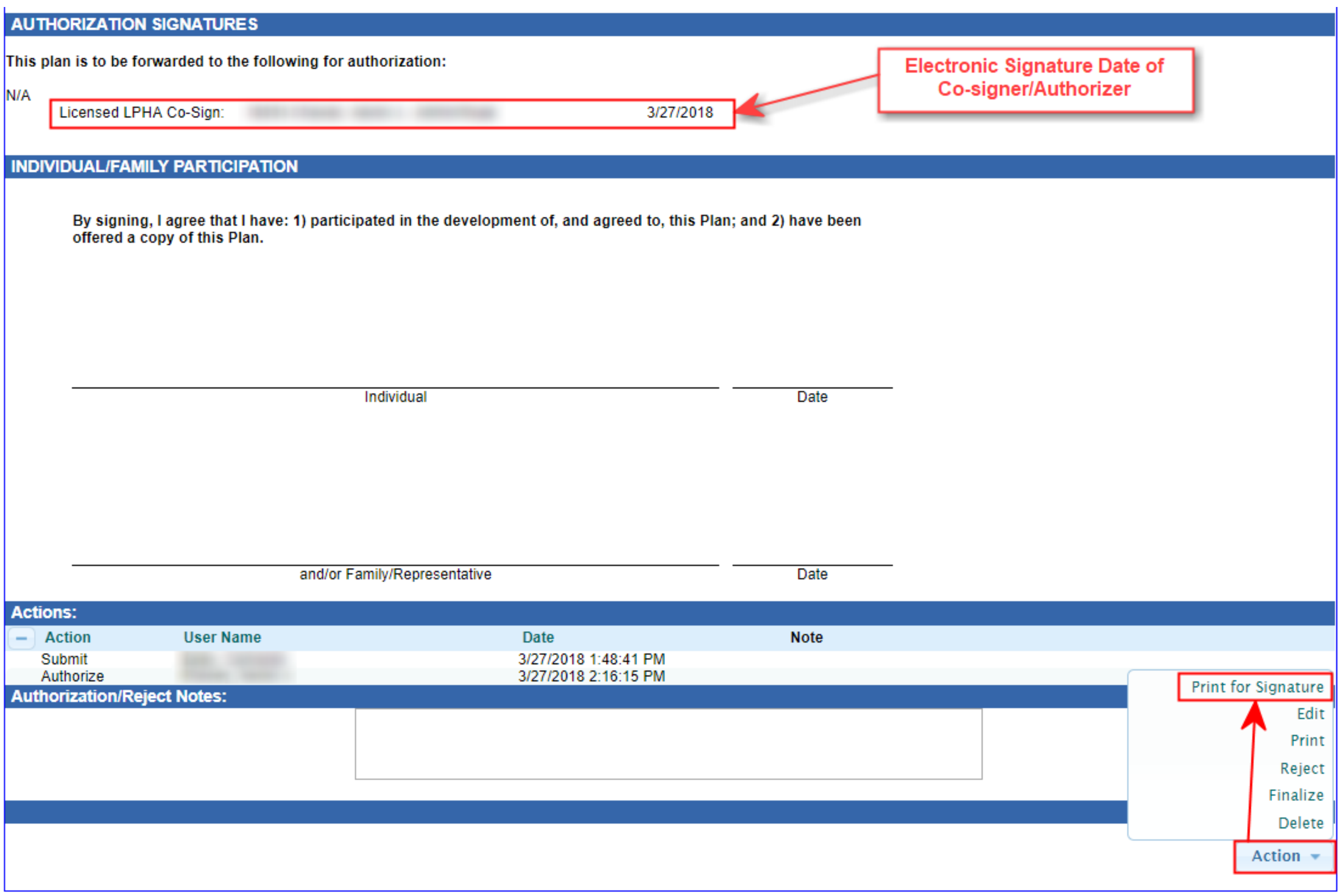
Print for Client Signature

BEFORE PRINTING, SUBMIT THE PLAN AND GET APPROVALS. (When the Plan has not yet been submitted for approval the Plan will have "Pending" splashed across it)

AFTER APPROVED, VIEW IT TO ACCESS THE "PRINT FOR SIGNATURE" BUTTON. To view the Plan, click on its Plan Number or the blue button.

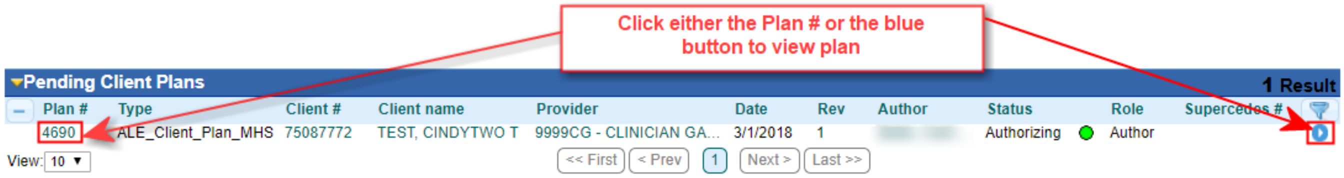


The Plan appears on your screen. From the Action Bar, Click "PRINT FOR SIGNATURE".

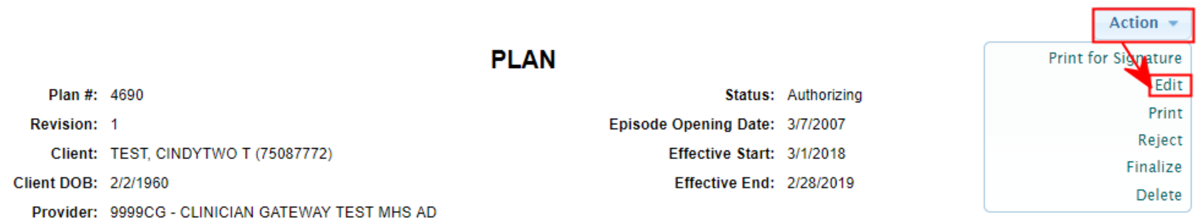


(You can Print, Edit, Reject, Finalize or Delete from this screen via the Action bar. "Edit" will allow you to Submit for Authorization. Editing also requires you to resubmit the Plan for authorization.)

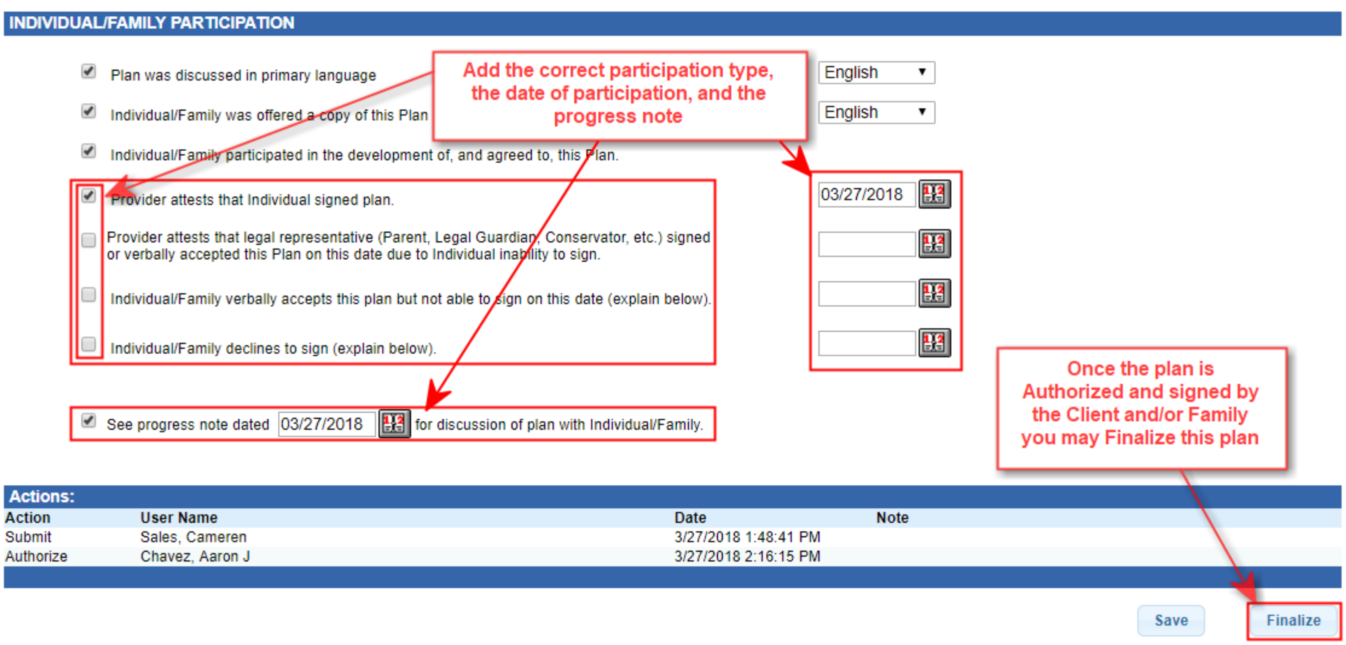
RETURN TO THE PLAN TO ADD THE CLIENT SIGNATURE DATE AFTER IT IS OBTAINED. This edit will not trigger another round of authorizing. First, View the Plan by clicking on the Plan Number.



Click "Edit" on the Action bar.



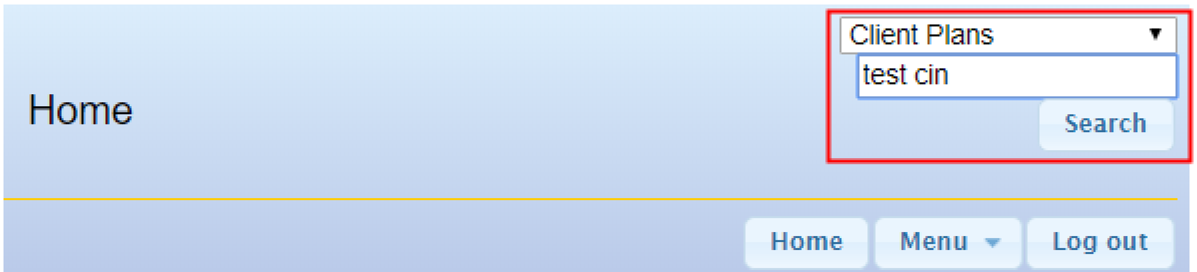
Add Individual/Family Participation and date the signatures. Then you can click 'Finalize'.



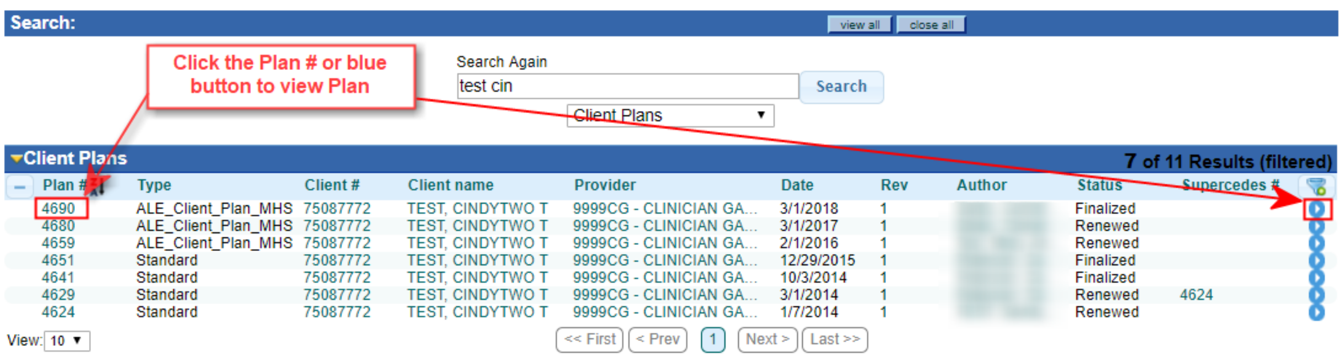
The Plan is removed from the Pending Client Plan list on the Home page after it is finalized.

Viewing, Editing, and Revising a Finalized Plan

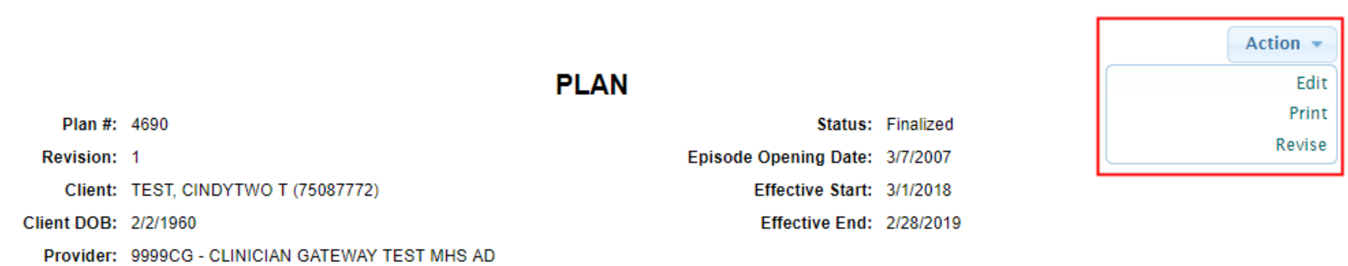
Use the Global Search function to Search for a Plan. Choose "Client Plans" from the drop down menu. Enter the Client's name and click "Search".



Search Results are displayed. Click on the Plan number or its blue button to view it. Note that this Plan's Status is now "Finalized".

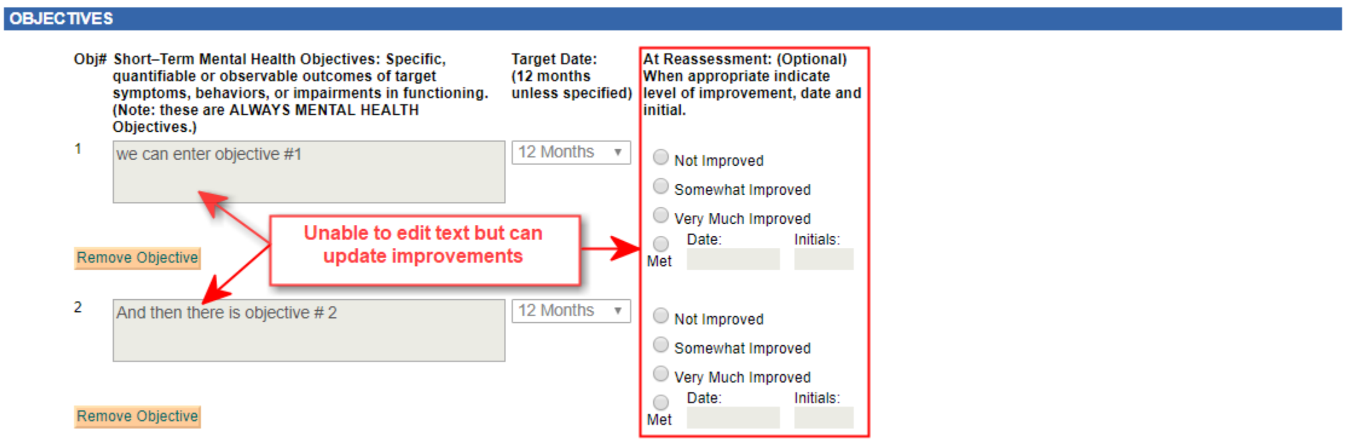


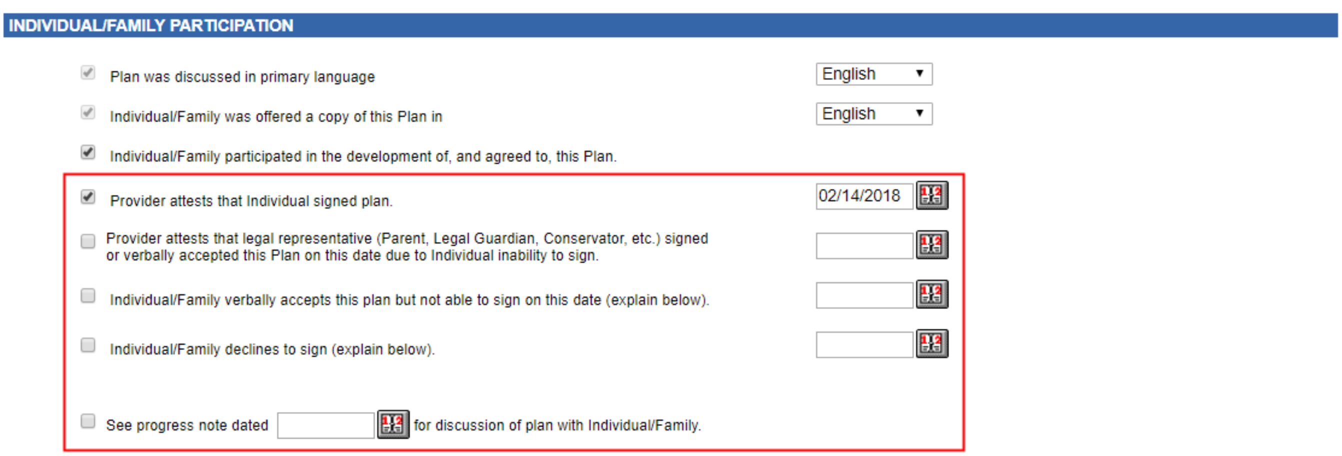
If the plan is in the middle of the Effective Period, then the Finalized Plan may be Printed, Edited or Revised. (can't renew it yet)



<u>Edit</u>: A **Finalized Plan** may be **edited in minor ways only**.

- Objectives may be marked as achieved,
- Plans sent to an additional person may be noted,
- Addenda for future planning may be written.
- Client signatures may be added.





Revise: Any substantial change is a Revision and

- Revisions must be re-authorized and re-signed by the client.
- Revisions are given a new Plan #.
- New Revisions of Plans supersede earlier versions.

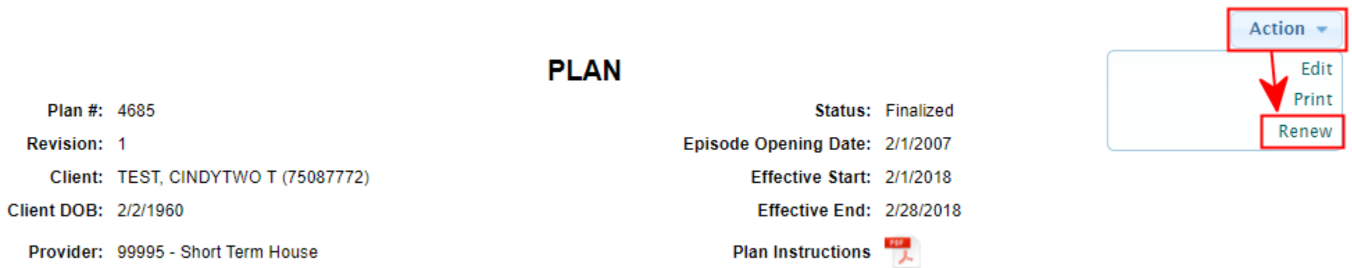
From the Action Bar, click on Revise.

- Change **any** of the fields in the plan.
- Send for Authorization
- Obtain authorizer's signatures.
- Print for Signature.
- Add Client signature information to Plan.
- Finalize Plan.

Renewing Client Plan

During the 30 days preceding and following a plan's expiration date, an additional button will appear. A "Renew Plan" button will be available.

- From the Action Bar, click the Renew button.



- All of the entries from the previous plan will be brought forward into the new plan.
- After you make revisions, obtain the signatures and approvals just the same as when you make a new plan or revise a plan.

CHANGING THE AUTHOR OF THE PLAN

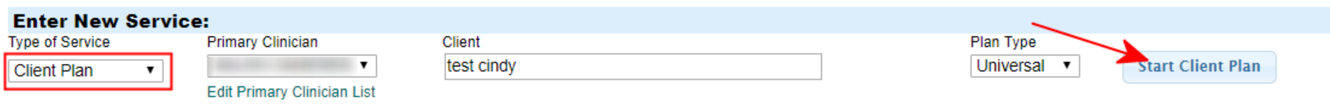
1. Once a note is Finalized, it may be viewed and revised by any clinician. If the clinician revises the Plan, they are the new author of the Plan.

2. The Information Systems Help Desk can change the author of the Plan on request.

Concurrent Treatment Plans

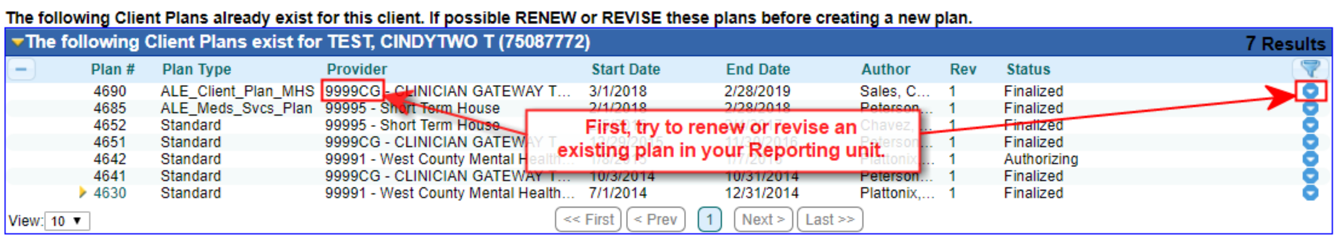
Plans may now be active in more than one reporting unit concurrently.

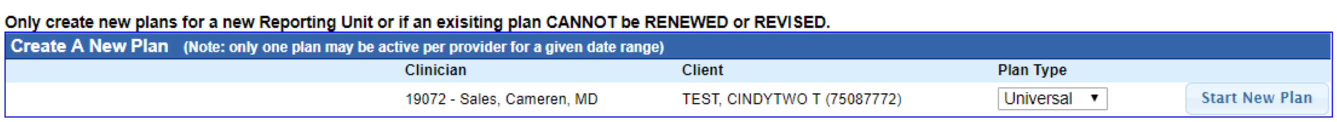
Start writing the plan as usual



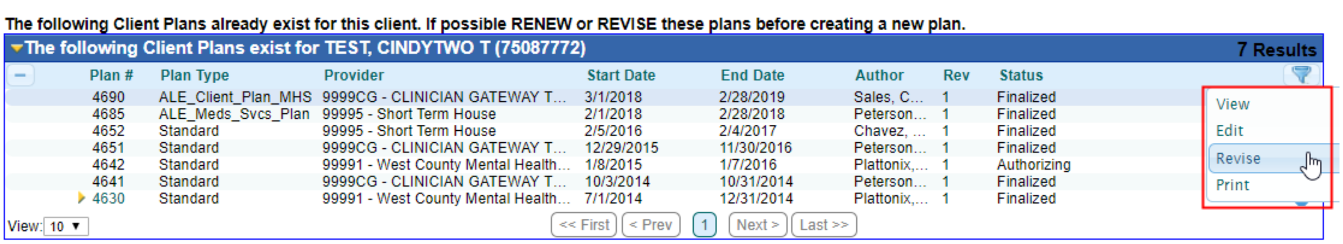
A grid of existing plans will be presented from which to choose.

- **First try to renew or revise an existing plan in your reporting unit.**



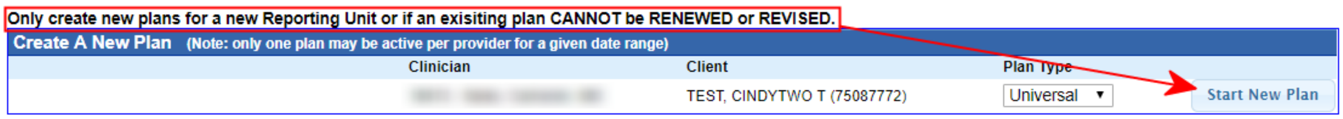


- **The Action Menu will tell you if you can Renew or Revise the plan**

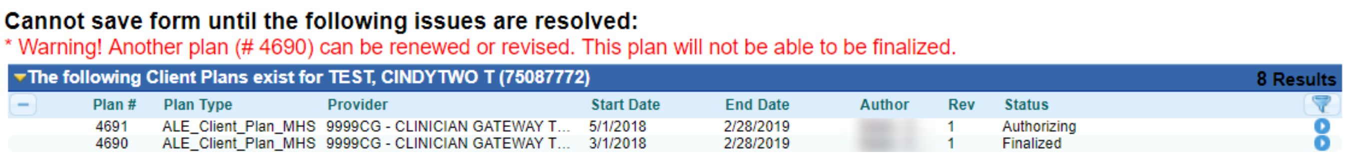


(Continued on next page)

Use "Start New Plan" only if you need a new RU or the existing plan is too old.



You will be warned if the "New Plan" cannot be finalized due to a pre-existing plan



If you work on a plan that cannot be finalized, you will not be able to finalize it.

Your work will be lost!

Troubleshooting

Client Plan End Dates:

Normally clinician's will have to set the end date to the end month 12 months from the Start Date, but sometimes this data is entered incorrectly.

If the plan has been finalized, the user must send a Treatment Plan Change Request to the BHCS Help Desk at 567-8161 or his@acbhcs.org .

Client Plan Start Dates:

These can usually be changed by doing a Revision or Renewal. Revision allows a new start date to be entered during the plan year. A Renewal starts after the end of the existing plan. Start Dates cannot be back dated.

If the Start Date needs to be earlier, then we must have a Change Request along with a signed paper Plan faxed or emailed to the Helpdesk indicating an earlier client signature. We can then do a QA override to attest to the Start Date change.

Incorrect Reporting Unit:

If the Plan has not been finalized, reject the Plan, Edit it, and change the RU. If the Plan has been finalized, either do a new revision to change the RU, or submit a Treatment Plan Change Request form to the Help Desk.

Revision being used when a Renewal was intended: (Revisions keep the same end date while Renewals start after the current plan's end date)

Delete the Revision, go to the previous plan and click Renew.

If the dates don't match up we can adjust the end Date of the previous plan to cover the period for auditing purposes only.

Plan Submitted for Authorization not appearing on Supervisor's Home page:

Verify the Reporting Unit is set correctly. If not Staff must Reject the plan and update to the correct Reporting Unit and Submit for Authorization again.

Verify that the Checkboxes are checked next to the authorizer's names in the "Authorization Signatures" section. Click "Submit for Authorization" button.

Client Signature details are incorrect:

Edit the plan. Go to the Consumer/Client Life Plan

Go down to Consumer/Client Participation and fill out the appropriate responses.

Authorizer Signatures not showing:

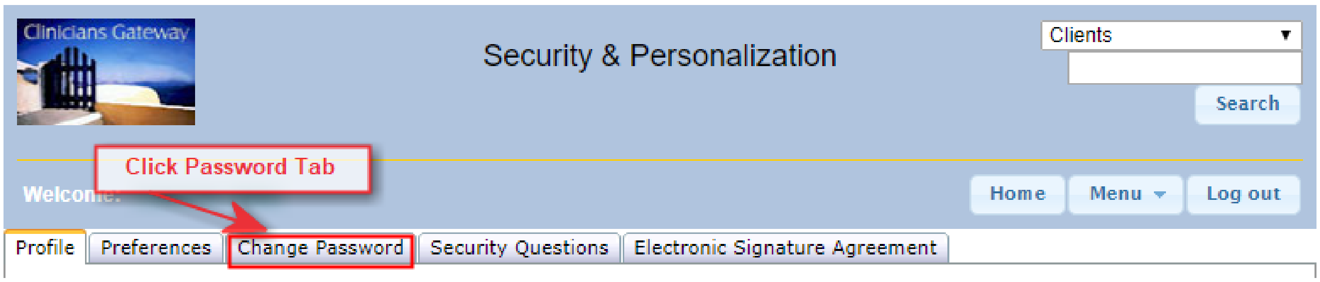
Verify that the Checkboxes are checked next to the authorizer's names in the "Authorization Signatures" section. Then click "Submit for Authorization".

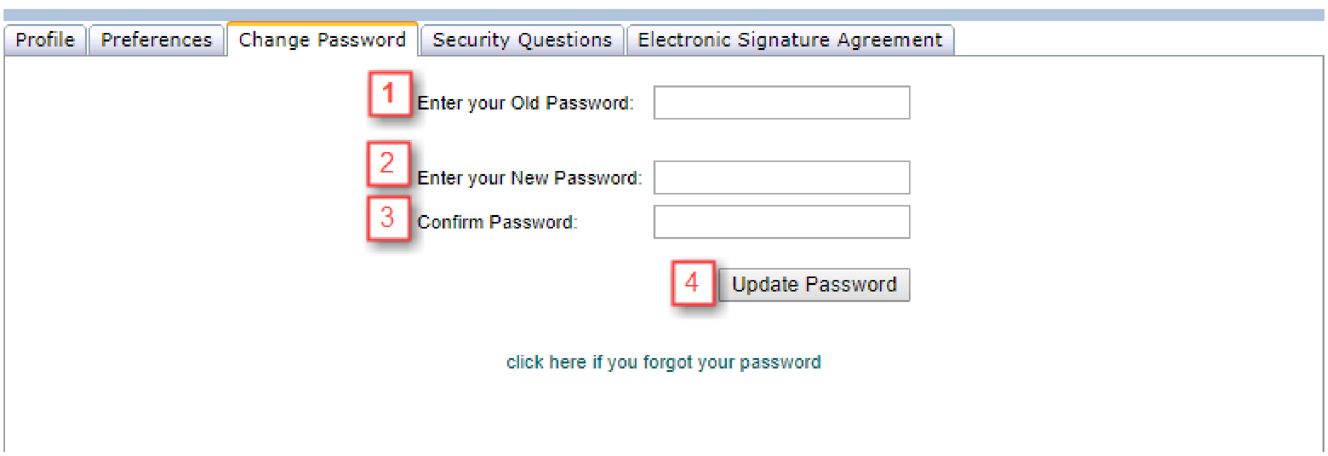
Changing your Password

Changing your password

- Click on security from the bottom of the home page.

- Choose the “Change Password” tab





1. Enter your current password in the first field.
2. Enter your new password in the second field. (Your password must contain at least one uppercase alpha, one lowercase alpha, and one numeric character. It also must be at least eight characters in length).
3. Re-enter your new password in the third field to confirm the change.
4. Click on “Update password”

If you have any questions or problems operating the Clinician's Gateway program, please do not hesitate to call our Help Desk, which is available from 8:30 AM until 5:00 PM Monday through Friday.

Help Desk Telephone:	**(510) 567-8181**
County Tie Line:	38181
E-mail: (7:30AM-4PM)	his@acgov.org
Fax Number:	(510) 567-8161
County Tie Line Fax:	38161