# Intro to IBHIS (Prescriber View) & Documentation

- ✓ LACDMH Domains
- ✓ Services that we provide
- ✓ Purpose & Requirements of Documentation
- ✓ How to use our electronic health record (IBHIS)



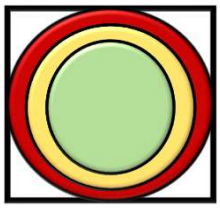
## Domains that Define LACDMH

**(DMH Strategic Plan aimed at bolstering services & resources within these Domains)**

**Crisis System**

Intensive care resources to help individuals in crisis who are falling out of the community (real-time response/services & facility-based for stabilization)

- Emergency Outreach
- Mental health treatment beds
  - Urgent Care
  - Residential
  - Subacute & Acute



**Community**

Proactive & therapeutic resources to address social determinants & outpatient mental health care

- Prevention Services
- Social Support
- Outpatient Mental Health

**Institutions**

Clients who have fallen out of the community

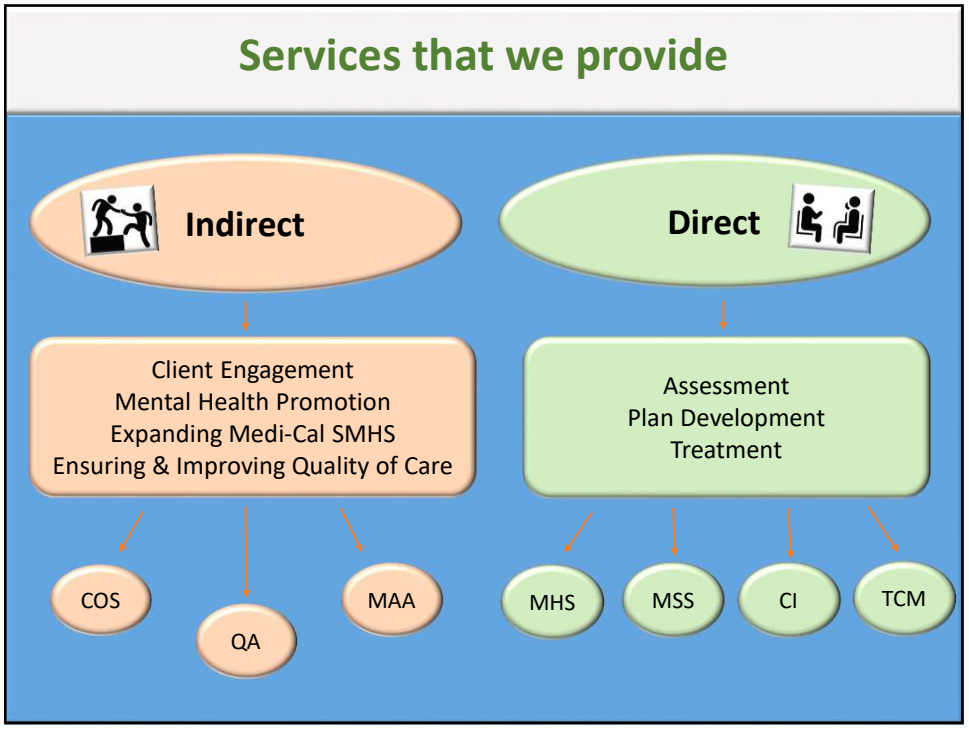
- Open air asylum – streets
- Closed air asylum – jails
- Personal asylum – deep isolation
- For children – prolonged or repeated child welfare involvement & juvenile probation

**Infrastructure**

Departmental engine that provides the foundation for everything we do

- Managing our technology, facilities, budget
- Ensuring that our providers are meeting State & Federal regulations
- Staffing / contracting
- Supporting stakeholder engagement & communications

## Services that we provide




## Indirect Services

**Community Outreach Services (COS) & Medi-Cal Administrative Activities (MAA)**

**Non-Treatment Services provided across all four LACDMH domains**

Mental Health Promotion - Education & Awareness

Early Identification & Engagement

Outreach

Social Support

Disaster Response

Media Outreach

# Direct Services

## Medi-Cal Specialty Mental Health Services

**Medi-Cal**

Insurance for those with limited income & resources

**Specialty Mental Health Services (SMHS)**

Part of the Medi-Cal "carve out"

Provided by mental health specialists

Provided to Medi-Cal beneficiaries through LACDMH

Assessment / Care Planning / Treatment Services provided across the 3 clinical LACDMH domains

## What outpatient SMHS are covered & provided by directly-operated? (reimbursable services)

Pause the video if you want to review this

| | | |
|---|---|---|
| Mental Health Services (MHS) | Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency | ✓ Assessment<br>✓ Plan Development<br>✓ Therapy<br>✓ Rehabilitation<br>✓ Collateral |
| Intensive Home Based Services (IHBS) | An intensive form of MHS that is predominantly delivered in the home, school or community.<br>IHBS is specifically intended for children/youth who are already receiving Intensive Care Coordination. | ✓ Rehabilitation<br>✓ Collateral |
| Targeted Case Management (TCM) | Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational) | ✓ Assessment<br>✓ Plan Development<br>✓ Referral and Related Activities<br>✓ Monitoring & Follow-Up |
| Intensive Care Coordination (ICC) | An intensive form of TCM that facilitates the assessment, planning and coordination of services.<br>ICC is specifically intended for children/youth who are involved in multiple child serving systems and require cross-agency collaboration through a Child and Family Team | ✓ Planning & Assessment of Strengths & Needs<br>✓ Reassessment of Strengths & Needs<br>✓ Referral, Monitoring, and Follow-Up Activities<br>✓ Transition |
| Medication Support Services (MSS) | Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms | ✓ Evaluation of the Need for Meds<br>✓ Evaluation of Clinical Effectiveness & Side Effects of Meds<br>✓ Obtaining Information Consent<br>✓ Medication Education<br>✓ Collateral<br>✓ Plan Development |
| Crisis Intervention (CI) | Unplanned and expedited services to address a condition that requires more timely response than a regular appointment in order to assist a client to regain/remain functioning in the community. | ✓ Assessment<br>✓ Therapy<br>✓ Collateral<br>✓ Referral |

## What other SMHS are covered & provided by LACDMH?
### (reimbursable services)

Pause the video if you want to review this

| | |
|---|---|
| Therapeutic Behavioral Services (TBS) | An outpatient, intensive, one-to-one behavioral mental health service available to children/youth to teach new ways of managing challenging behaviors |
| Day Rehabilitation (DR) | A structured program intended to restore independence and functioning.<br>The program lasts at least 3 hours a day. |
| Day Treatment Intensive (DTI) | A structured program intended as an alternative to hospitalization.<br>The program lasts at least 3 hours a day. |
| Crisis Stabilization (CS) | Unplanned and expedited services lasting less than 24 hours to address an urgent condition that cannot be addressed in a community setting.<br>The goal is to avoid the need for hospitalization. |
| Adult Residential Treatment | Recovery focused rehabilitative services provided in a non-institutional, residential setting.<br>The service is available 24 hours a day, seven days a week. |
| Crisis Residential Treatment | Rehabilitative services provided in a non-institutional, residential setting which provides a structured program short-term (3 months or less).<br>The service is available 24 hours a day, seven days a week. |
| Psychiatric Inpatient Hospital | Acute psychiatric inpatient hospital services and administrative day services provided in a hospital |

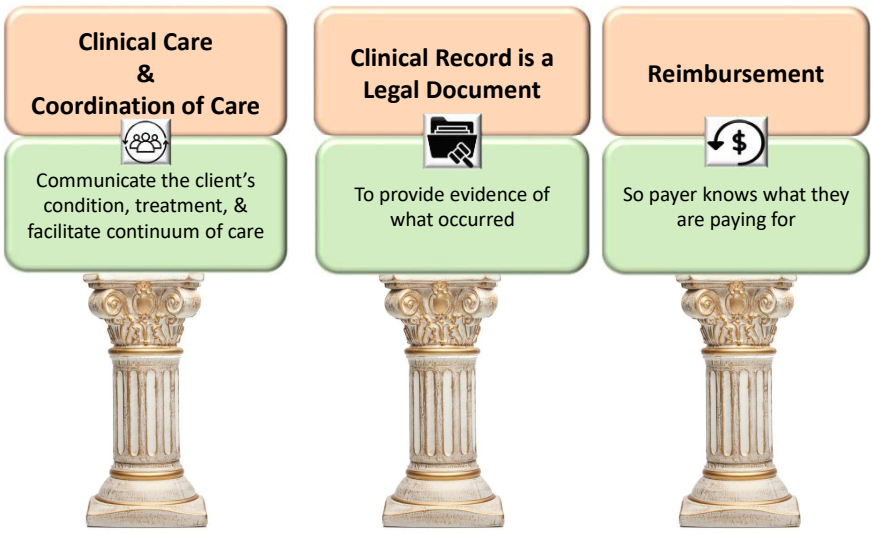
## Who is eligible to receive outpatient SMHS?
### (medical necessity criteria)

Based on a mental health assessment, the client must meet the following criteria to be eligible for treatment services:

- ✓ **Included** primary diagnosis – covered primary diagnosis under outpatient SMHS
- ✓ **Impairment(s)** – at least one of the following impairments as a result of that dx:
  - A significant impairment(s) in an important area of life functioning
  - A probability of significant deterioration in an important area of life functioning
  - A probability that the child will not progress developmentally as individually appropriate
- ✓ **Interventions** – proposed intervention(s) to address the mental health condition and is expected to:
  - Significantly diminish the impairment OR
  - Prevent significant deterioration in an important area of life functioning OR
  - Allow the child to progress developmentally as individually appropriate

**Note**: If the client is under the age of 21 with the Medi-Cal benefit **Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)** and does not meet criteria for impairment or intervention above, medical necessity can be met if SMHS are needed to correct or ameliorate a mental illness/condition.

## Why do we Document?




## What is IBHIS?

The official clinical record for documentation by directly-operated providers

**I**ntegrated **B**ehavioral **H**ealth **I**nformation **S**ystem

LACDMH's comprehensive behavioral health clinical, administrative and financial information system

LACDMH = directly-operated (DO) + legal entities (LE) + fee for service (FFS)

*LE, FFS, and DO juvenile justice programs use IBHIS for claiming; and use their respective electronic-health records for their clinical record

Other Terms

**Avatar**: software

**Netsmart**: our vendor who developed Avatar

## What goes in the Clinical Record

**Documentation of all Services Provided**

Assessment

Treatment Plan

Progress Notes

**Clinical Correspondence**

If not done within IBHIS, then must be scanned in

*For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry*

## What should NOT go in the Clinical Record

1. Raw data from psychological testing
2. Administrative documents for the internal use of the program
3. Critical incident reports/investigations
4. Suspected abuse reports

   NOTE: A progress note in the clinical record may be written to state simply that on that date a report was made. Any clinical relevance related to the abuse allegations may be documented as well.
5. Staff conflicts and workload problems
6. Other client's full name(s)
7. Requests for supervision

*For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry*

# When do you Document

Clinical documentation must be written and finalized by the end of the next scheduled work day following the date of service.

*If the practitioner's next scheduled work day will exceed five (5) calendar days, then documentation must be completed by the end of the work day on the date of service.

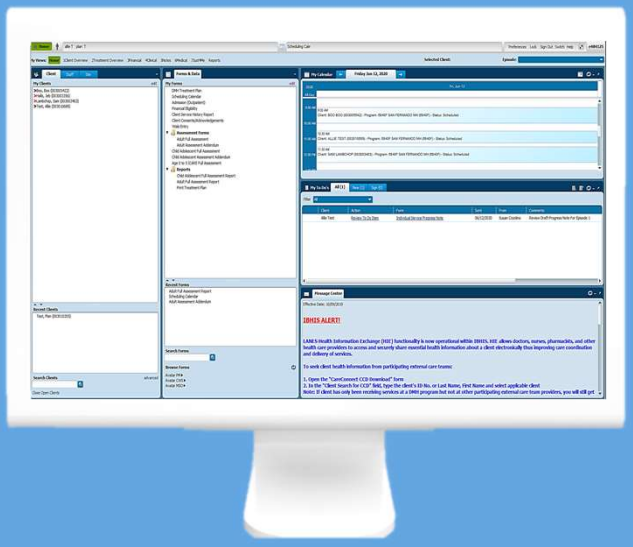
Clinical documentation requiring supervisor approval must be

- reviewed by the end of the next scheduled work day (following the date the practitioner finalizes it) and
- co-signed within five (5) business days (from the date the practitioner finalizes it)

*Students require co-signature as well as practitioners without a bachelors degree or 2 years experience.

*For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry*

# IBHIS Navigation



# How to log in to IBHIS

Click on the Avatar icon on your desktop or laptop:

Click **Start myAvatar**

Enter **Username** (letter + employee #) & **Password**
Click **Sign In**

# Menu Bar

**(located at the upper right)**

**Lock** – click when you step away so PHI is not visible

**Sign Out** – click to sign out at the end of your day

**Switch** – click when 2 or more users are sharing the same computer…allows separate log ins without needing to 'sign out'

# Layouts & Level of Access

(user-role)

Based on your user-role in IBHIS, which is determined by your job duties, you will have:

- assigned layout views
- access to forms/functions/information

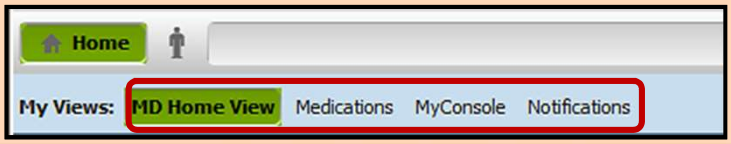
- co-signature on clinical documents either required or unrequired

There are currently 3 different layouts:

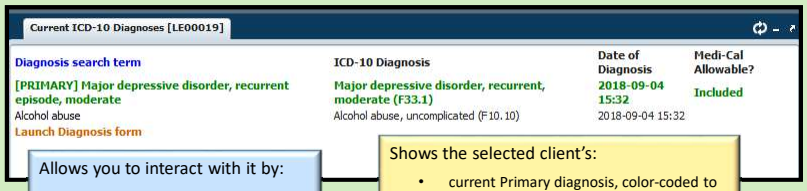
- **Clinical** – non-prescribing practitioners and their supervisors
  - Refer to the Intro to IBHIS (Clinical View) & Documentation module
  - This module will be covering the Clinical layout
- **Prescriber** – practitioners who are prescribing medication
  - This module will be covering the Prescriber layout
- **Front Desk** – clerical staff who are working at the 'front desk' for a program
  - Refer to the Front Desk module offered by the Central Business Office

# Consoles / Widgets

**Consoles** – views displayed in a row next to My Views




**Widgets** – small rectangles on your consoles that allow you to quickly view key information and in many cases interact with it.



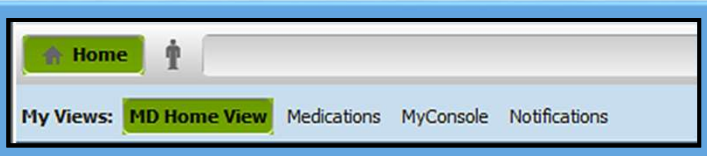

Allows you to interact with it by:

- launching the Dx Form for this client to update it

Shows the selected client's:

- current Primary diagnosis, color-coded to indicate whether or not it's a covered dx;
- and any current secondary or tertiary dx

# Consoles




**MD Home View**
Your schedule for the day and salient info about the selected client
*customize – add/remove widgets

**Medications**
Client medications, labs, vitals

**MyConsole**
Your console to add any widgets that would be useful for your workflow
*customize – add/remove widgets

**Notifications**
Your My To Do's, the IBHIS Message Center, & your Just4me Portal Inbox

# Widgets – Key Functions

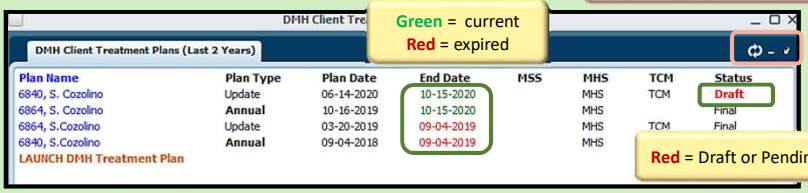
Blue font – click to open that specific form

Refresh Minimize **Undock**

Orange Launch links – click to launch a new form for the selected client

Refresh Minimize **Dock**

Green = current
Red = expired



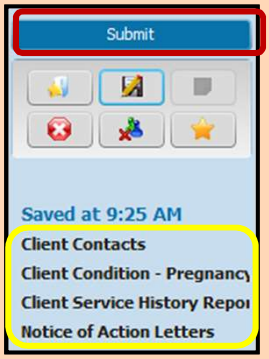

Red = Draft or Pending

# Forms – Key Functions

After putting your form in DRAFT or FINAL click Submit to save & close

Clinical documents and progress notes should always be saved in DRAFT or FINAL

Closes out of a form without saving your work




Some forms include links to other forms that are commonly used when completing that specific document

Autosave – automatically saves your work every 5 minutes (or any time you click on this icon)

In cases where a document or note was not yet submitted in DRAFT or FINAL and something unexpected happened (e.g., freezing), then autosave provides a backup of your work.

The backup will include data entered at the time of the most recent autosave

# Forms – Key Functions

**Lightbulb**
Provides helpful info about filling in a particular field or question

**Date fields**

- **T** for Today
- **Y** for Yesterday
- Calendar icon – opens a calendar

**Square** boxes are multi-select

**Circles** are radio buttons and are single-select

- F5 – to clear a radio button
- Logic – there can be logic tied to radio buttons

Forms may include radio buttons to launch other forms while working within a form

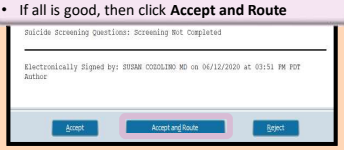
# Forms – Document Routing

## (obtaining co-signature)

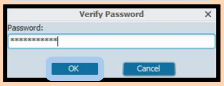
**1** Put to FINAL status and Submit

**2** Review the .tif image

- If it's not good, then click Reject to put to DRAFT
- If all is good, then click **Accept and Route**

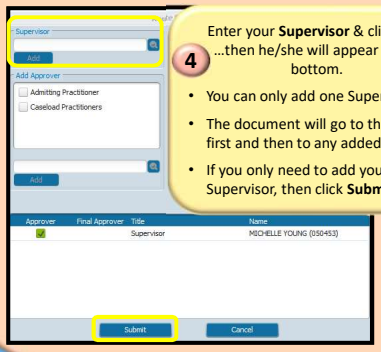



**3** Enter your Password (electronic signature)



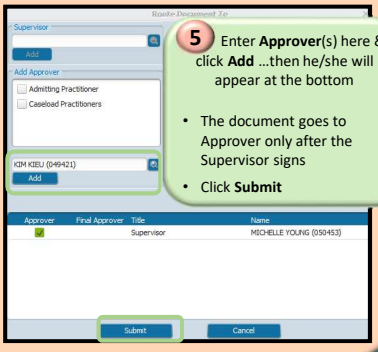

**4** Enter your **Supervisor** & click **Add** …then he/she will appear at the bottom.

- You can only add one Supervisor
- The document will go to this person first and then to any added Approver
- If you only need to add your Supervisor, then click **Submit**




**5** Enter **Approver**(s) here & click **Add** …then he/she will appear at the bottom

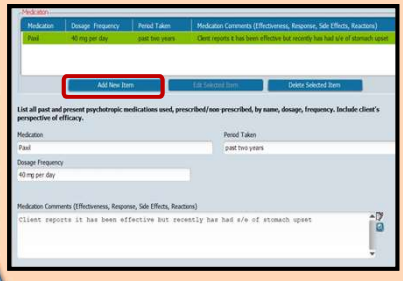
- The document goes to Approver only after the Supervisor signs
- Click **Submit**

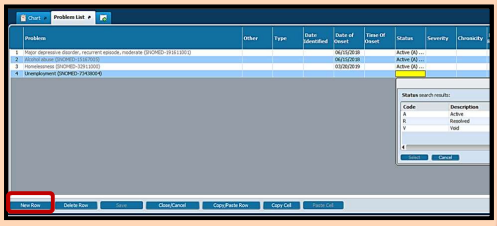



# Forms – Multi-Iteration Table

Multi-Iteration Table – allows you to add multiple rows of information

- The layouts may vary but the end result is the same
- Click the **Add New Item** or **New Row** button to start a new row
- Enter the fields below or within the table
- To add a new item click the **Add New Item** or **New Row** button



# Forms – Templates

Templates allow you to pull information into a text field with a **right click**

There are 3 types of templates:

**System Templates**

- **Who set it up**: system administrator
- **What forms**: within specific fields on specific forms (e.g., text field on progress notes)
- **What info**: generic statements or outlines (e.g., COVID-19 statement, consultation outline)

**User-Defined Templates**

- **Who set it up**: user (i.e. you)
- **What forms**: all text fields on all forms
- **What info**: generic statements or outlines with availability to pull in some specific info about the selected client (e.g., age & gender of client in an assessment progress note)

**Widget Templates**

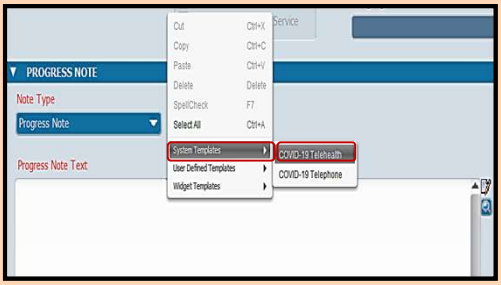
- **Who set it up**: clinical informatics
- **What forms**: within specific fields on specific forms (e.g., med field on med consent/tx plan)
- **What info**: pulls current info entered in IBHIS specific to the selected client (e.g., names of active meds in Order Connect)

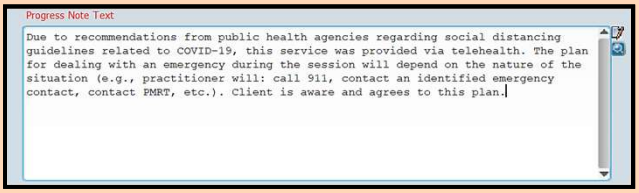
# Forms – Templates

(REFERENCE SLIDE)

Pause the video if you want to review this

**Sample System Template**



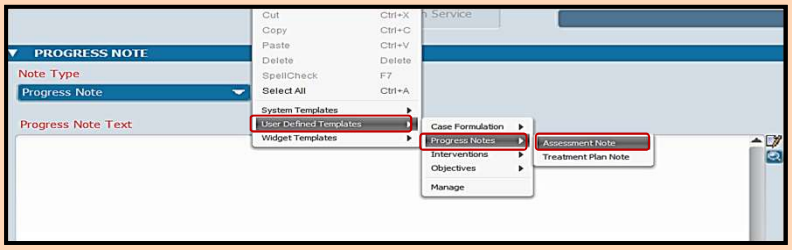



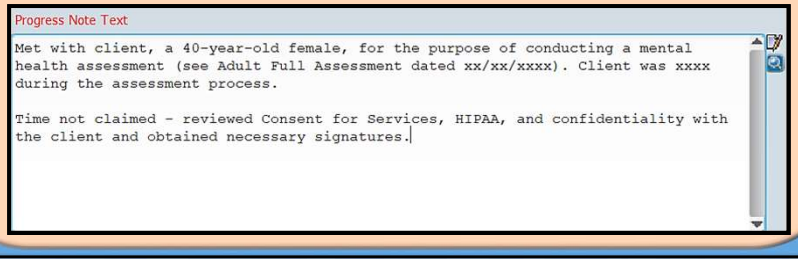
# Forms – Templates

(REFERENCE SLIDE)

Pause the video if you want to review this

## Sample User-Defined Template



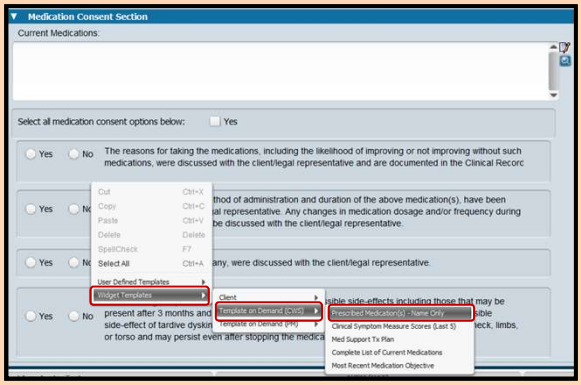



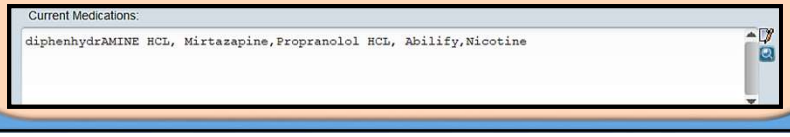

# Forms – Templates

(REFERENCE SLIDE)

Pause the video if you want to review this

## Sample Widget Template



## Before going into IBHIS, remember…

- ✓ Be cautious – you have access to protected health information (PHI)
- ✓ Do NOT randomly look people up (e.g., neighbors, family members, yourself)
- ✓ Need to know only
- ✓ IBHIS tracks all activities

- ✓ Never test/experiment in the LIVE environment; use the UAT training environment

## Let's go into IBHIS…

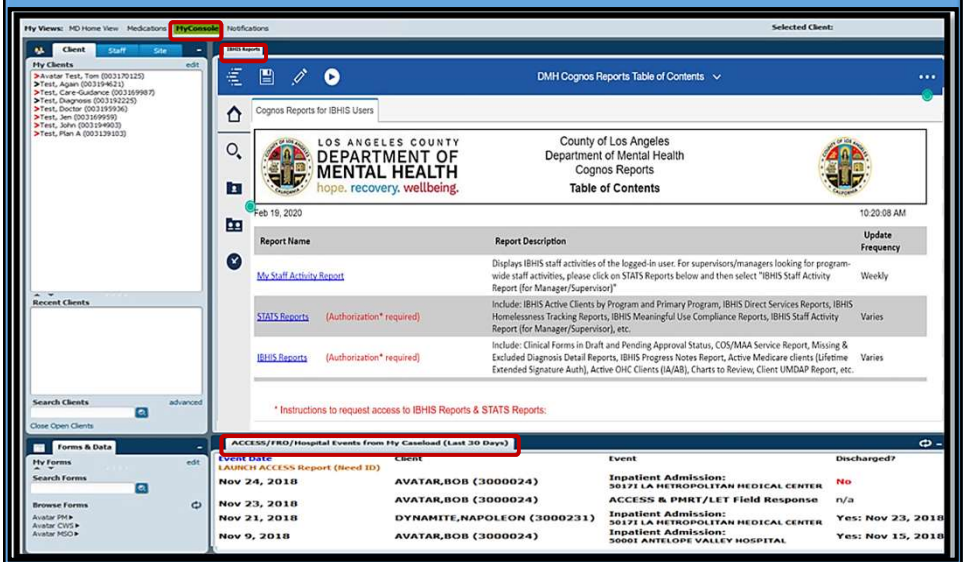
**View consoles and widgets**

**Create a user-defined template**

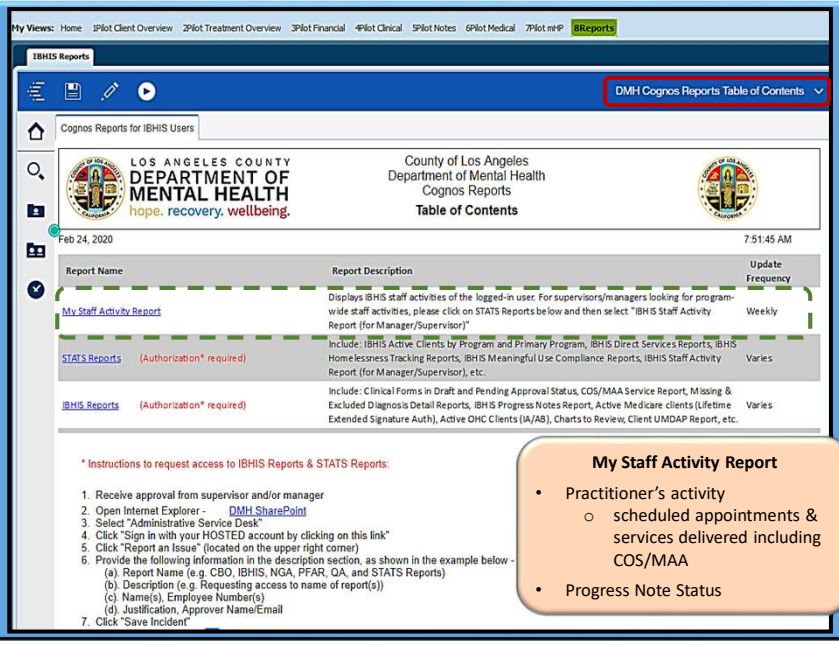
**Complete a few forms**

**Go into a client's chart**

# My Console




# IBHIS Reports widget




**My Staff Activity Report**

- Practitioner's activity
  - scheduled appointments & services delivered including COS/MAA
- Progress Note Status

## Progress Note Status on Staff Activity Report

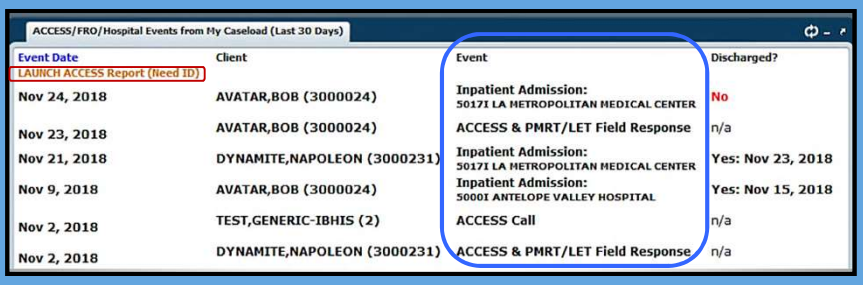
Pause the video if you want to review this

| | |
|---|---|
| **N/A** | Appointment Status of Cancelled by Client, Cancelled by Clinician, No-Show<br>(unless a note was started) |
| **Not Started** | No note started<br>(and Appointment Status is Scheduled/Unscheduled/Scheduled-No Appointment Reminder) |
| **Service w/o Note** | Posted service with no note started<br>(and Appointment Status is Scheduled/Unscheduled/Scheduled-No Appointment Reminder) |
| **Draft** | Note in Draft status |
| **Pending** | Note has been routed to supervisor and still Pending |
| **Final** | Note in Final status |
| **COS/MAA Note Submitted** | Client-specific COS and MAA entered on COS/MAA/QA Service Note |
| **Error** | COS and MAA incorrectly entered on Scheduling Calendar |
| **N/A JJMH** | Service from Juvenile Halls & Camps (notes are not visible) |

## ACCESS/FRO/Hospital Events from my Caseload (Last 30 days)

Will flag any client on your caseload where that client (within the prior 30 days):

- has been associated to a call to the Access Center, and/or
- had contact with a PMRT or Law Enforcement Team (LET), and/or
- had a psychiatric inpatient admission



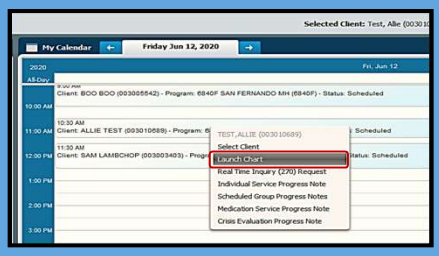
# Chart View

## (opening a client's chart)

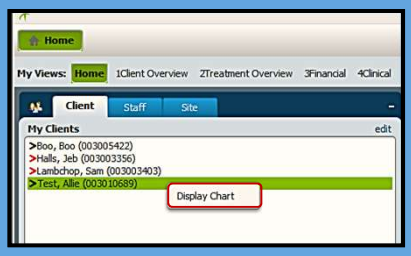
**Open a client's Chart by:**

1. Right clicking a client in your My Calendar widget and choose *Launch Chart,* OR
2. Right clicking a client in your My Clients widget and choose *Display Chart,* OR
3. Double clicking a client in your My Clients widget

1




2

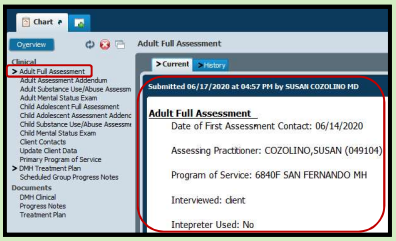



# Chart View

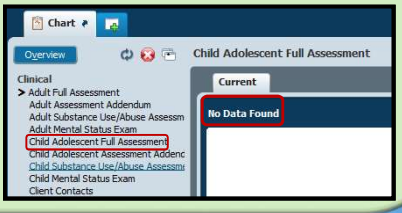
## (client's clinical record)

View the client's information that has been entered into IBHIS

Click on a form on the left side and view it on the right side




If the form that you clicked was not entered in IBHIS , you will see **No Data Found**

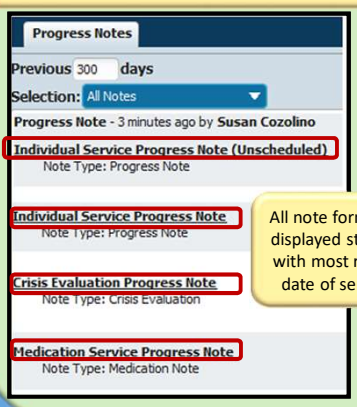


# Chart View

## (client's clinical record)

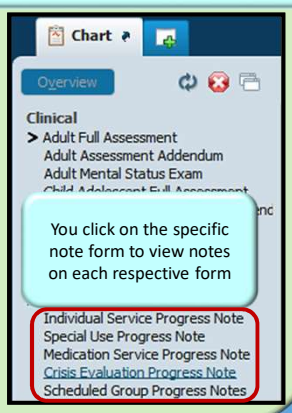
Viewing Progress Notes:
Progress Notes widget vs Chart View

**Progress Notes widget**




All note forms are displayed starting with most recent date of service

**Chart View**

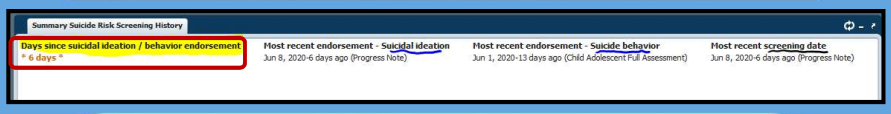



You click on the specific note form to view notes on each respective form

# Summary Suicide Risk Screening History

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

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




*ORANGE* = endorsed ideation and/or behavior within 90 days
-- ***required** to complete suicide screening

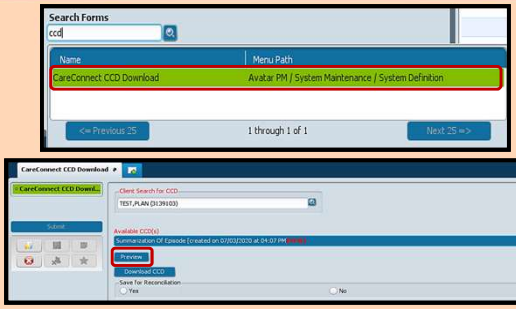
**BLACK** = endorsed ideation and/or behavior more than 90 days ago
-- not required to complete suicide screening;
but based on your clinical judgement, you can always do it

Blank – client has not endorsed suicidal ideation or behavior
-- not required to complete suicide screening;
but based on your clinical judgement, you can always do it

# LANES – Health Information Exchange (HIE)

**Los Angeles Network for Enhanced Services (LANES)**

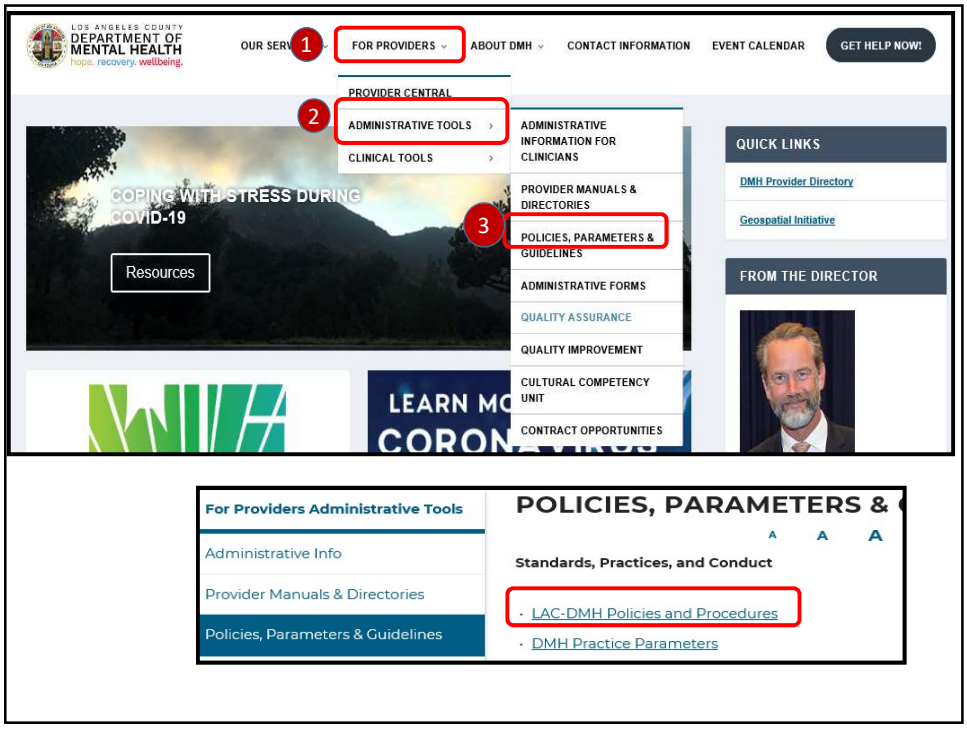
Our HIE that allows us to securely gather & aggregate client clinical information received via Continuity of Care Documents (CCDs) from network participants.



Demographic Information
Allergies
Medications
Lab Results
Radiology & Imaging Reports
Diagnoses / Problems List
Vitals
Immunizations
Services / Encounters

# Resources

- Policy 401.02 - Clinical Records Content & Documentation Entry
  - ✓ What it is: Provides policy and procedures related to the contents of the clinical record as well as the entry of documentation into the clinical record.
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies
- Policy 302.13 - Suicide Risk Screening, Assessment, & Mitigation
  - ✓ What it is: Provides policy and procedures for the use of a standardized suicide risk screening (Columbia Suicide Severity Rating Scale [C-SSRS]) as a component of suicide assessment
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies


LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.
OUR SERV
1
FOR PROVIDERS
ABOUT DMH
CONTACT INFORMATION
EVENT CALENDAR
GET HELP NOW!
PROVIDER CENTRAL
2
ADMINISTRATIVE TOOLS
CLINICAL TOOLS
ADMINISTRATIVE INFORMATION FOR CLINICIANS
PROVIDER MANUALS & DIRECTORIES
3
POLICIES, PARAMETERS & GUIDELINES
ADMINISTRATIVE FORMS
QUALITY ASSURANCE
QUALITY IMPROVEMENT
CULTURAL COMPETENCY UNIT
CONTRACT OPPORTUNITIES
COPING WITH STRESS DURING COVID-19
Resources
QUICK LINKS
DMH Provider Directory
Geospatial Initiative
FROM THE DIRECTOR


For Providers Administrative Tools
Administrative Info
Provider Manuals & Directories
Policies, Parameters & Guidelines
POLICIES, PARAMETERS &
Standards, Practices, and Conduct
LAC-DMH Policies and Procedures
DMH Practice Parameters