

IBHIS ERROR PREVENTION & CORRECTION

For IBHIS Error Correction Supervisors



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What is IBHIS Error Correction?

IBHIS Error Correction (EC) - refers specifically to correcting information that was incorrect as originally entered in IBHIS and cannot be fixed by practitioners using standard IBHIS forms and procedures for updating existing information. Some examples of EC includes:

"I wrote my progress note for the wrong [appointment, client, episode, etc]."

"My progress note is final but it has the wrong service code."

"I accidentally wrote the same progress note twice."

"There are two clients in IBHIS with the same name and I wrote my [treatment plan, assessment, progress note, etc.] on the wrong one."

"My client is in IBHIS twice, with two different client IDs, and some documentation has been submitted for each client ID."

"My client's Treatment Plan is final but I forgot to get their signature."

These are all examples of the kinds of errors that may come to your attention as an IBHIS error correction supervisor.

This document describes procedures and tools for correcting these and other errors in IBHIS.

Correcting errors in IBHIS can be a complex and challenging task. Care must be taken to ensure that additional errors are not made when correcting the original error, and that clinical documentation and associated service information is appropriate in the context of all relevant regulations. Error correction steps must be communicated to and coordinated with the practitioner and, in some cases, other departments such as Quality Assurance (QA), Central Business Office (CBO) and Health Information Management (HIM).

Error Prevention and Monitoring

Error Prevention is a critical element of working with IBHIS. Since error correction can be challenging and time-consuming, it's very important to prevent errors before they happen.

This is especially true for progress notes, because they are associated with billable service information. And unlike assessments and treatment plans, progress notes cannot be set back to Draft. Once a progress note has been saved as Final, errors can be corrected by using the "supervisor-only" tools available in Avatar to correct the service information and progress note as needed.

IBHIS facilitates early detection of these errors by providing opportunities for checks and balances.

Reviewing of "Tiff" Images

TIFF Images - The TIFF image is a "snapshot" of the progress note, displaying all of the information exactly as it was entered by the practitioner. This snapshot is displayed immediately after submitting the Final progress note, on the screen where the ACCEPT, ACCEPT and ROUTE, and REJECT options are displayed at the bottom. The progress note is not truly "Final" until the user clicks ACCEPT and enters their password. If the practitioner notices any errors on the TIFF, clicking REJECT will simply return them to the progress note form, where they can easily make any needed changes before resubmitting. Practitioners may feel rushed to click ACCEPT and be finished, but they should be reminded that the moment when the TIFF image is displayed is their very last chance to prevent errors from becoming Final and requiring error correction by the supervisor. Practitioners should prioritize, if necessary due to time constraints, but ALWAYS carefully review the client, date, service code, program, location, practitioner(s), and duration before clicking ACCEPT. This review step should become a habit for every practitioner, a best practice to avoid wasting time on reporting and correcting errors.

Error Prevention and Monitoring

Monitoring of errors is a critical step in error prevention. There are many monitoring reports to help monitor and prevent errors. Monitoring reports are available within IBHIS and as COGNOS reports. The “Service Information Check” report is one of many reports that identify potential errors that should be reviewed and corrected prior to the services being claimed. The errors are identified with an “!” at the end of the text in the report (e.g. missing! YES! Or 31!).

Information identified in the Service Information Check report includes:

- Date of service
- Practitioner and Co-practitioner
- Service code
- Note type
- Funding Plan errors
- Missing diagnosis
- Progress note type and statuses (missing, final, draft or pending approval)
- Duration errors
- Financial errors, including missing documents and signatures
- Service statuses – Open, Claimed or Closed
- Appointment statuses – posted or not

Example of report:

ClientID	Service Date	Service Status	Practitioner	Any CoPr	Type of Service	Service Code	FTF Tim	Other Tim	Duration	Note Type	Note Status	DxForS	Funding Plan	Self Pa	LA Coun	Medi C	Posted
	Jul 31, 2020	Open		No	Individual	H2010SC	0	30	30	Medication Service	Final	Yes	MHSA Outpatient Care Services	YES	YES	YES	Yes
	Jun 09, 2020	Open		No	Individual	H2010SC	0	22	30!	Medication Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jun 05, 2020	Open		No	Individual	H0032SC	0	59	59	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	NO	N/A
	Jul 22, 2019	CLAIMED		No	Individual	H0032	0	26	26	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 05, 2019	CLAIMED		No	Individual	T1017SC	0	32	32	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jun 17, 2020	Open		No	Individual	90837GT	0	60	63!	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	NO	N/A
	Aug 14, 2020	Open		No	Individual	90791SC	0	160	160	Individual Service	Final	Yes	MISSING!	YES	YES	NO	N/A
	Aug 20, 2020	Open		No	Individual	T1001SC	0	48	48	Individual Service	Final	Yes	MISSING!	YES	YES	NO	N/A
	Jul 15, 2019	CLAIMED		No	Individual	90791	110	65	175	Individual Service	Final	Yes	MHSA PEI	YES	YES	YES	Yes
	Jul 31, 2019	CLAIMED		No	Individual	90885	0	26	26	Individual Service	Final	Yes	MHSA PEI	YES	YES	YES	Yes
	Jul 15, 2020	Open		No	Individual	H2010SC	0	30	30	Medication Service	Final	Yes	MHSA Outpatient Care Services	YES	YES	NO	N/A
	Jul 11, 2019	CLAIMED		No	Individual	90887SC59	0	15	15	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jul 19, 2019	CLAIMED		No	Individual	90887SC	0	15	15	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jul 22, 2019	CLAIMED		No	Individual	96372	27	25	52	Medication Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jul 30, 2019	CLAIMED		No	Individual	T1017HEHS	37	10	47	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 08, 2019	CLAIMED		No	Individual	H0032SC	0	15	15	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 13, 2019	CLAIMED		No	Individual	H0032	0	10	10	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 14, 2019	CLAIMED		No	Individual	H0032	59	30	89	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 21, 2019	CLAIMED		No	Individual	96372	27	23	50	Medication Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Aug 21, 2019	CLAIMED		No	Individual	99213	25	10	35	Medication Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes
	Jul 02, 2019	CLAIMED		No	Individual	90837	60	14	74	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	No!
	Jul 09, 2019	CLAIMED		No	Individual	90837	75	14	89	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	No!
	Jul 10, 2019	CLAIMED		No	Individual	99212	23	12	35	Medication Service	Final	Yes	MHSA RRR Services	YES	YES	YES	No!
	Aug 06, 2019	CLAIMED		No	Individual	90837	52	10	62	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	No!

O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
Note Status	DxForSvc	Funding Plan	FP FI	Self P	LA Coun	FE Iss	Medi C	CalWor	Medica	Of	Last UMDAP	SAL exp	PFI	PF
Final	Yes	MHSA RRR Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA RRR Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA RRR Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA RRR Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA RRR Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA Outpatient Care Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Final	Yes	MHSA Outpatient Care Services!{CW}!	1	YES	YES	0	YES	YES!	NO	NO	Dec 01, 2019	0	Dec 01, 2019	0
Pending Approval!	Yes	MHSA RRR Services	0	YES	YES	0	YES	NO	NO	NO	Mar 13, 2019	0	Mar 13, 2019	0
	Yes	MHSA FSP	0	YES	YES	0	YES	NO	NO	NO	Jan 13, 2020	0	Jan 13, 2020	0
Final	Yes	MHSA Outpatient Care Services	0	YES	YES	0	NO	NO	NO	NO	EXPIRED!	1	EXPIRED!	1
Final	Yes	MHSA Outpatient Care Services	0	YES	YES	0	NO	NO	NO	NO	EXPIRED!	1	EXPIRED!	1
Final	Yes	MHSA Outpatient Care Services	0	YES	YES	0	NO	NO	NO	NO	EXPIRED!	1	EXPIRED!	1

NOTE –

- Non-billable (00000), blocks and placeholders do not require funding plan, diagnosis or guarantor set-up.
- Missed/Canceled appointments do not require progress notes.

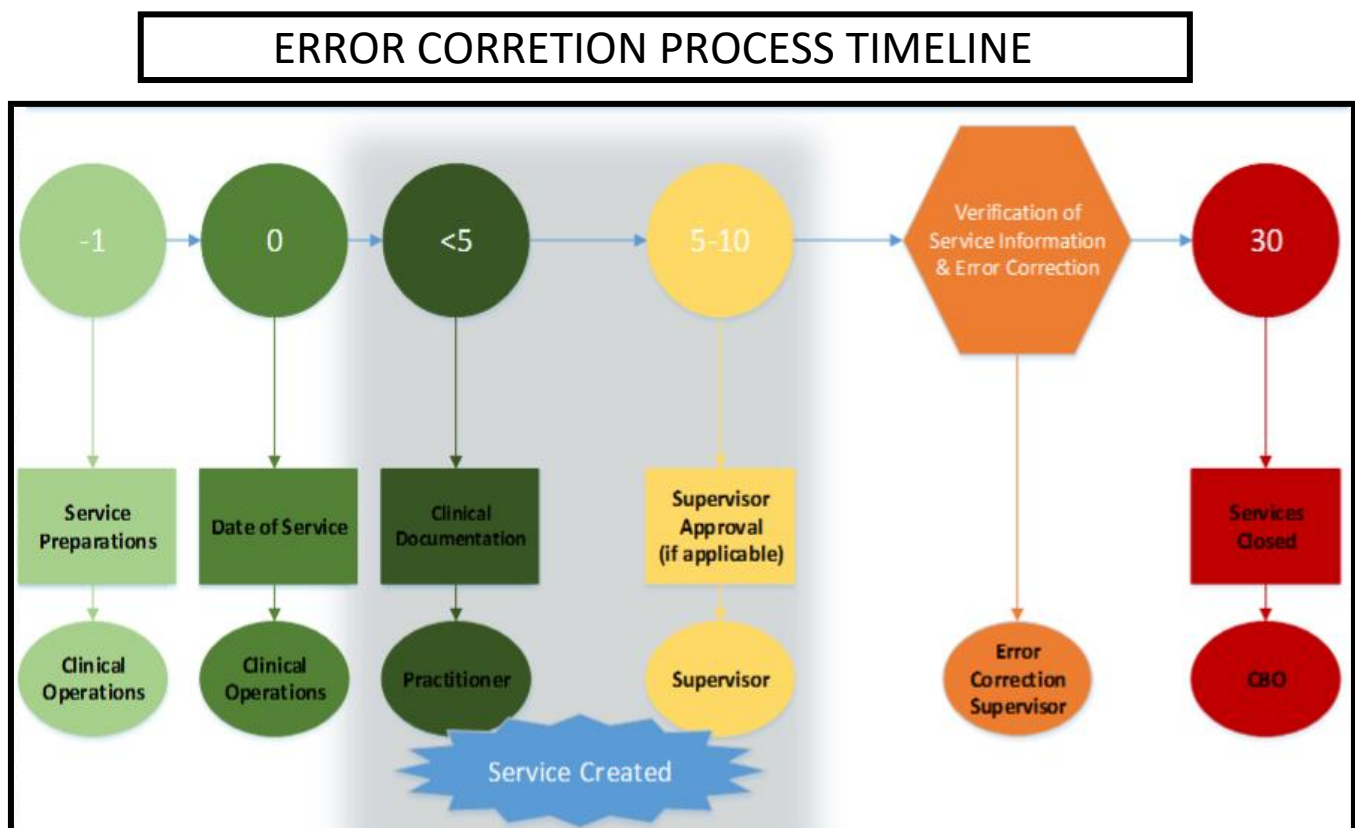
Who is Responsible for Error Corrections?

Everyone is responsible for preventing and identifying errors in IBHIS. Errors may be initially identified and reported by clerical staff, practitioner, supervisor, CBO, Health Information Management, or QA. However, access to IBHIS forms used for error correction tasks is restricted to staff on a clinical supervisor user role, CBO, Health Information Management, and QA. Because the clinical record is a legal document and error correction may impact item(s)/legal documents in Final status that are already signed by the practitioner, clinical supervisors* must be responsible for taking corrective action. It is also essential for error correction supervisors to identify common errors and provide supervision/training accordingly.

- Note: Exceptions may be made regarding the requirement to be a clinical supervisor. If the program needs additional support, QA may approve a licensed super user.

When Should Supervisors Complete Error Correction Tasks?

When errors or potential errors are identified, they must be reported and resolved as quickly as possible. Error correction is easiest when it is done as soon as possible after the date the error is made or the date of service. For errors on progress notes, the service may be closed or claimed (services are closed and claimed approximately **30 days** after the service date). Once this happens, the amount of time and effort required for error correction increases dramatically. Correction may then involve coordination with other agencies in DMH (CBO, QA, HIM) and may require CBO to submit additional electronic transactions to the state.



Reading the Client Ledger

Submitting any progress note type, including the Special Use Progress Note, in final status will create a service. Once a progress note is finalized and the service created, it displays as an OPEN service on the Client Ledger. Approximately 30 days from the date of service, the service is closed and claimed by the Central Business Office.

Note: Use of the Special Use Progress Note should be rare because it bypasses the error prevention checks provided by using the calendar. IBHIS policy permits use of the Special Use Progress Note form only for non-billable services, unscheduled phone calls, record review for preparation of a service when the client/collateral cancels, and consultations where the client is not present.

NAME: [REDACTED]					CASE NUMBER: [REDACTED]				
EPISODE # : 1 OF 1					BALANCE THIS EPISODE : 1482.06				
CLIENT STATUS : ADMITTED					DATE OF LAST S/PAYMENT : NONE				
DATE	SERV	UNT	CHG	GUAR	LIABILITY	AMOUNT RCVD	T	DATE POSTED	CLAIM NUMBER
32 05232014	H2015HEHQ435.00		186.43	10	186.43	-----			UNBILL
33 05302014	H2015HEHQ435.00		186.43	10	186.43	-----			UNBILL
34 06022014	H2015HEHQ135.00		57.86	10	57.86	-----			255205
35 06182014	H2015HEHQ135.00		57.86	10	57.86	-----			OPEN
36 06252014	H2015HEHQ140.00		60.00	10	60.00	-----			OPEN
37 06262014	H2015HEHQ137.00		58.71	10	58.71	-----			OPEN
38 07012014	99212 30.00		179.10	12	179.10	-----			OPEN
39 07012014	H2015HEHQ123.00		61.30	10	61.30	-----			OPEN
40 07092014	H2015HEHQ90.00		67.28	10	67.28	-----			OPEN
41 07142014	H2015HEHQ167.00		71.33	10	71.33	-----			OPEN
42 07162014	H2015HEHQ136.00		58.09	10	58.09	-----			OPEN
43 07182014	H2015HEHQ410.00		175.13	10	175.13	-----			OPEN
44 09022014	H2015HEHQ132.00		56.38	10	56.38	-----			OPEN

- ① **OPEN** means that the service is available for error correction.
- ② **UNBILL** means that the service is **CLOSED**, but can be re-opened.
- ③ If there is a claim **NUMBER**, the service **CANNOT** be opened.

CORRECTING ADMINISTRATIVE ERRORS

Error Correction Scenarios: Non-Progress Note Items

The “Correction Scenarios” described here are the most common examples of errors related to administrative errors. They include errors related to admission information/episode, funding plan assignment, and service request log.

Type of Error	Steps	Descriptions	Form to Use	Who
Error in Client Demographics – There must be legal document to completely change Name, DOB or SSN	1	Correct the demographics for the client - name, address, telephone contacts.	Update Client Data	Any appropriate staff
Error in Client Living Arrangement (this does not refer to the client’s addresses)	1	Correct the living arrangement	Admission (Outpatient)	Any appropriate staff
Wrong Funding Plan	1	Change the Funding Plan Assignment	Funding Plan Assignment	Any appropriate staff
Wrong Effective Date for the Funding Plan	1	Funding Plan date needs to be EARLIER – delete and add a new Funding Plan	Funding Plan Assignment	Staff who had authorized the entry
	2	Funding Plan date needs to be LATER - delete the existing Funding Plan and add a new one	Funding Plan Assignment	Any appropriate staff
Service Request Log – for errors relating to dispositions, comments, wrong information selected. For wrong date delete SRL and start over.	1	Set Service Request Log back to draft	Final to Draft Override - Avatar PM	Clinical Supervisor
	2	Make Corrections in the Service Request Log – dispositions, comments, wrong info	Service Request Log	Any appropriate staff
	3	Delete Service Request Log (only if done in error, and wrong date)	Service Request Log - Delete at Pre-Display after Log is set back to draft	Any appropriate staff

Correcting Client Demographics

1

Search Forms

Update client Data

Name	Menu Path
Update Client Data	Avatar PM / Client Management / Client Information
Update Client Data	Avatar CWS / Assessments / Duplicate Forms From PM

<= Previous 25 1 through 2 of 2 Next 25 =>

Steps:

- 1 In Search Forms - Search "Update Client Data". Choose the "Avatar PM" version. Double Click to launch form.
- 2 Updating name – Only change if there are legal documents relating to name changes.
- 3 Updating addresses.
- 4 Updating of SSN and other relevant information.
- 5 Adding Smoking Status.
- 6 Adding of Alias – this includes other names and IS/IBHIS identification numbers.
- 7 Hit "Submit" button to save changes.

Update Client Data

2

Update Client Data

Demographics

Alias

Submit

7

Online Documentation

3

Client Name

TEST, KIMMIE

4

Client Last Name

TEST

Client First Name

KIMMIE

Client's Middle Initial

Suffix

Mr Jr III IV V VI

Prefix

Sex

Female Male Unknown

Date Of Birth

10/20/1988

Client's Address - Street

Client's Address - Street 2

Client's Address - Zipcode

Client's Address - City

Client's Address - County

Client's Address - State

Client's Home Phone

Client's Work Phone

5

Client's Cell Phone

Client's Email Address

Communication Preference

Email Regular Mail Home Phone Work Phone Cell Phone

6

Alias

Alias

Alias 6

Social Security Number

Alternate Social Security Number

Maiden Name

Marital Status

Primary Language

Religion

Place Of Birth

Education

Employment Status

LACDMH Race/Ethnicity

African-American American Indian/Alaska Native Armenian Asian Indian Cambodian Central African

Smoker

Smoking Status Assessment Date

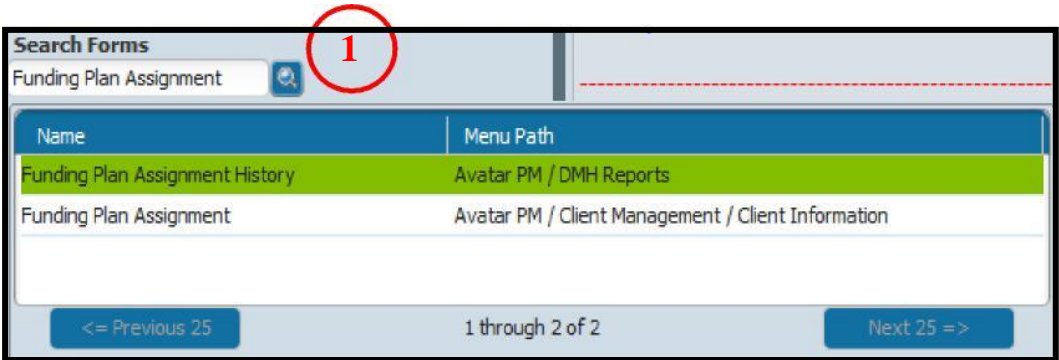
Mother's Maiden Name

Correcting Funding Plans Assignment

Note – there should only be one type of funding plan for each program of service. If there is more than one, all duplicates must be deleted.

Steps:

- ① In Search Forms – Search “Funding Plan Assignment”. double click to launch form.
- A pre-display will pop up, displaying all funding plans that had been entered for the client.
- ② Highlight the funding plan that needs correction (to highlight, put mouse on funding plan and left click).
- ③ Hit the “Edit” button at the end of the page.
This will allow you to edit the practitioner, the practitioner, program and funding plan type.
- ④ To delete a funding plan entered in error - This includes wrong date, duplicates, or ones that should not have been entered. Highlight the funding plan done in error and hit the “Delete” button at the bottom of the page.

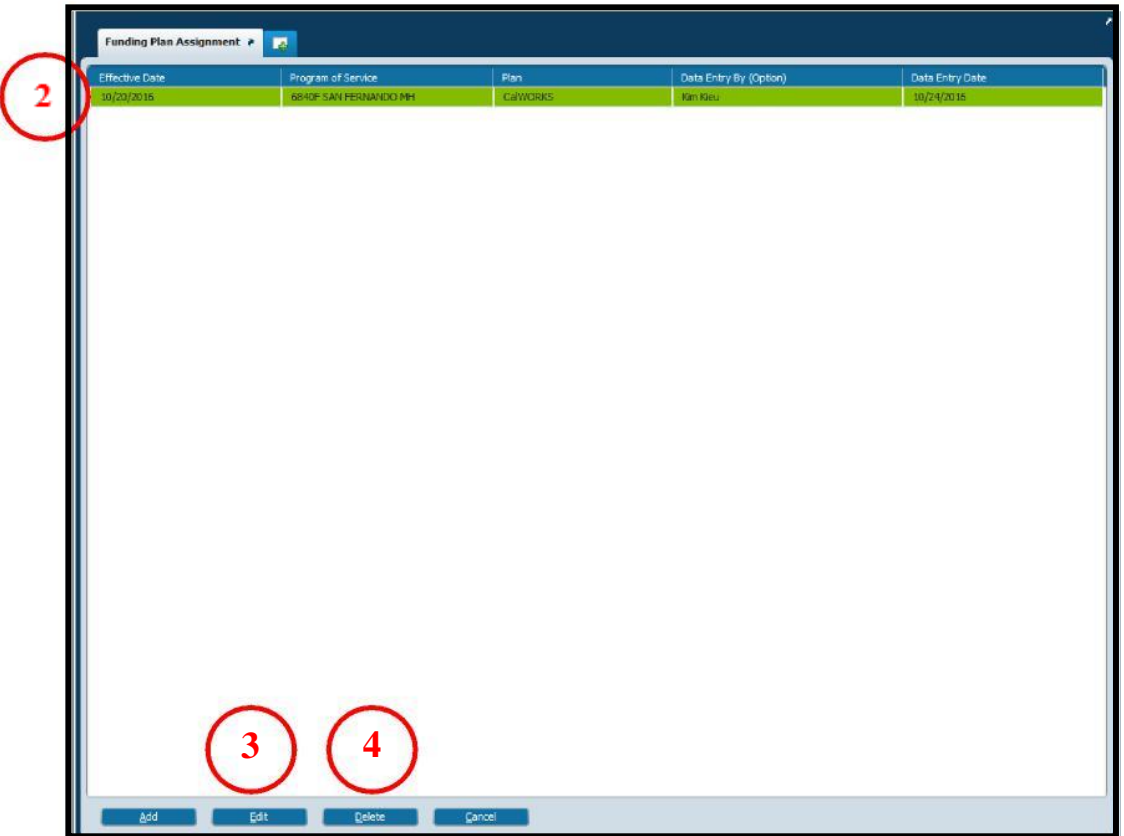


Search Forms

Funding Plan Assignment

Name	Menu Path
Funding Plan Assignment History	Avatar PM / DMH Reports
Funding Plan Assignment	Avatar PM / Client Management / Client Information

<= Previous 25 1 through 2 of 2 Next 25 =>



Funding Plan Assignment


Effective Date	Program of Service	Plan	Data Entry By (Option)	Data Entry Date
10/20/2015	6840F-SAN FERNANDO MH	CalWORKS	Kan Kieu	10/24/2015

3 4

Add Edit Delete Cancel

Correcting Service Request Log

Search Forms

Service Request Log  **1**

Name	Menu Path
Service Request Log	Avatar PM / Client Management / Client Information

<= Previous 25 1 through 1 of 1 Next 25 =>



Service Request Log				
Date of Request	Initiating User	Existing Client	Potential Client Last Name	Form Status
03/17/2016	Koussha - System Administrator	AVATAR,PIERCE JR		Final
02/17/2016	Koussha Ho - System Administrator	BAHNSO,ROD		Final
01/12/2016	Jennifer Hallman	TEST,GENERIC-BHES		Draft
09/09/2015	Jennifer Hallman	TEST,GENERIC-BHES		Final
08/24/2015	Koussha Ho - System Administrator	AVATAR,BOB		Final
05/18/2015	Koussha Ho - System Administrator	AVATAR,BOB		Final
06/08/2015	Koussha Ho - System Administrator	AVATAR,FREDMETR MR		Final
05/26/2015	Koussha Ho - System Administrator		Avatar	Draft
05/12/2015	Jennifer Hallman	HALLS,KOJO M		Final
05/11/2015	Willem Page	STORGE,TEST IV		Final
05/11/2015	Paul Arms	TEST,GENERIC-BHES		Draft
05/08/2015	Paul Arms	NEWCLINT,TOTALY		Final
03/19/2015	Christopher Ross		bob	Final
11/07/2014	Koussha Ho - System Administrator	2012925		Final
10/03/2014	Jonathan Williams	WILL,CHARLES		Draft
10/03/2014	Jonathan Williams	ALEXANDER,ADAM		Draft
10/02/2014	Jonathan Williams	ADRIEN,BRATHARD R		Draft
07/23/2014	Willem Page		smith	Draft
02/05/2014	Willem Page		Truestest	Draft
01/20/2014	Willem Page	TAUINGTON,LORETTA		Draft
01/20/2014	Willem Page	GARCIA,JOSE		Draft

Service Request Log

Initial Request for Service
Requester/Referring Party
Client/Potential Client
ACCESS Center User ONLY

Safari

Update Client Data
Service Request Tracking &

Date of Request: 04/12/2014
Time of Request: [03:44 PM] Current H AM PM A.M./P.M.
Reason for Request: Friend is experiencing hallucinations
Friend is experiencing hallucinations

Submitting User: Jennifer Hudson (jchudson)
Request Type: Call Walk-In Other BRTS
BRTS Reference Number:

Requestor/Referring Party
Last Name: Higgins
First Name:
Identifier:
Contact Number: 213-351-6533

Referring Party Role: Self Collateral Family Member ACCESS Other DCSF Health Provider Unpaid Caregiver School Probation/Law Enforcement AGS Mental Health Provider OHS

Referring Facility / Site / School:

Type of Referral: Friend
In the field/potential client aware of the referral? Yes No

Potential Client
Existing Client: TEST_GENDER=EMHS (2)
Potential Client Not Found/Not Fed: Yes No
Current Requestor: No
Potential Client Last Name:
Potential Client First Name:
Potential Client Contact Number: Potential Client DOB: 01/04/2006

Caregiver (existing mental health services?): Yes No Undetermined
Physician, where / from whom?
Emergency Medication Prescribed?: Yes No Undetermined - Reason:
Require medication appointment scheduled for the same day as a placement appointment agreed below? Yes No If no, justification:

Steps: Make sure that the SRL is in draft status before taking the following steps. If not in draft, use “Final to Draft Override – Avatar PM” to set it back to draft.

- 1 In Search Forms – Search “Service Request Log”. Double click to launch form.
- 2 Pop-up window – Enter Program Number; including the alpha letter (instead of 6840, it should be 6840F).
- 3 In the Pre-display, highlight the service request log entry, and hit the “Edit” button at the bottom of the page. To delete, highlight the entry and hit “Delete”. **Note – use the CTRL + F button to search by client’s name.**
- 4 Corrections can be made in the Service Request Log. Note: You cannot make changes to the date; it needs to be deleted at Pre-display.

CORRECTING COS/MAA/QA SERVICES – Without HK Modifiers

Type of Error	Steps	Descriptions	Form to Use	Who
Any Error in COS/MAA/QA without the HK Modifier	1	Delete the COS/MAA/QA Note	Practitioner Only Service Delete	Clinical Supervisor
	2	Re-write and submit a new COS/MAA/QA service	COS/MAA/QA Service Note	Practitioner

Steps:

- ① In Search Forms - Search “Practitioner Only Service Delete”. Double click to launch form.
- ② Enter the staff’s name in the “Practitioner” field.
- ③ Enter the date or date range for the COS/MAA/QA that needs to be deleted.
- ④ Click on “Display Practitioner” to display all COS/MAA/QA Service Notes written for that date or date range.
- ⑤ In the pop up choose the COS/MAA that needs to be deleted.
- ⑥ Click the “Delete” button to delete the COS/MAA/QA.

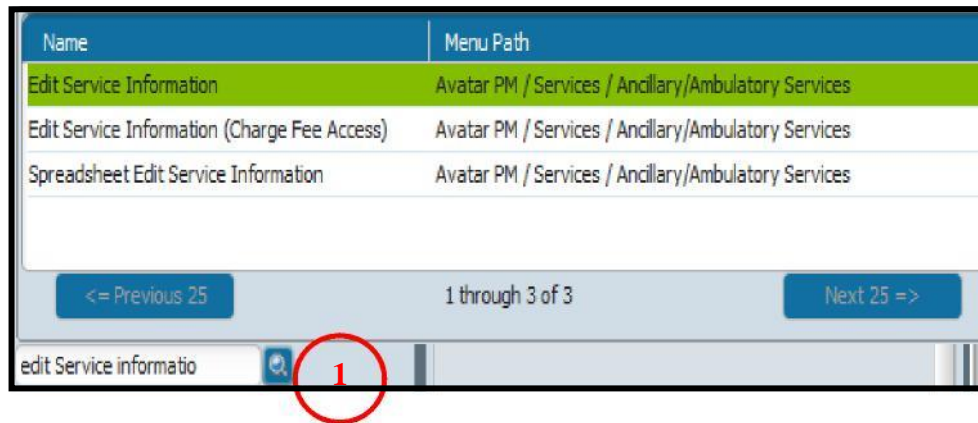
CORRECTING COS/MAA SERVICES - With HK Modifiers

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Service information errors - Time, Duration, co-practitioner, address, wrong code	1	Correct the service information	Edit Service Information	Error Correction Supervisor
Narrative in COS/MAA is wrong	1	Delete the COS/MAA note	Delete Service (Open Service Only)	Error Correction Supervisor
Wrong date	1	Delete the COS/MAA note	Delete Service (Open Service Only)	Error Correction Supervisor
	2	Re-enter the COS/MAA note	COS/MAA/QA Service Note	Practitioner
Duplicate COS/MAA note	1	Delete the COS/MAA note	Delete Service (Open Service Only)	Error Correction Supervisor

Steps: How to correct Service information

- ① In Search Forms – Search for “Edit Service Information”. Double click to launch form.

Steps continued on the next page



The screenshot shows the 'Edit Service Information' form. A red circle 2 is around the Client ID field (TEST, KIMMIE (3096382)). A red circle 3 is around the 'Select Service(s) To Edit' button. A red circle 4 is around the 'OK' button in the 'Avatar 2016 - Select Service(s) To Edit' pop-up window. The pop-up window shows a table with columns: Service Date, Service Code, Program, Practitioner, Status, and Document. The first row is highlighted in green: 10/20/2016, COS-COMMUNITY CLT SP, 68407 SAN FERNANDO, KIBU, KIM, Open, -.

The screenshot shows the 'Edit Service Information' form. A red circle 5 is around the 'Duration (Minutes)' field (30). A red circle 6 is around the 'Submit' button. The form includes fields for Client ID, Episode Number, Service Start Date, Service End Date, Service Selection Default, Service Code, Program, Episode Number (Edit), Location, Facility Location Name, Facility Location Address - Street, Facility Location City, Facility Location State, Facility Location Zip Code, Emergency Indicator, Co-Practitioner, Co-Practitioner 1 Face-to-Face Time, Co-Practitioner 1 Other Time, Co-Practitioner 1 Duration (Minutes), Co-Practitioner 2 Face-to-Face Time, Co-Practitioner 2 Other Time, Co-Practitioner 2 Duration (Minutes), and Evidence-Based Practices / Service Strategies (CSG).

Steps:

- ② In the form, enter the Client ID, Episode information, Service Start and End Date.
- ③ Hit the “Select Service (s) To Edit” Button.
- ④ Pop-up will appear with all services, highlight the service that needs correction (you can set one or multiples if the correction is the same type – e.g. if code is the same). Hit “OK” button at the end of the pop-up page to populate all service information relating to the COS/MAA.

- ⑤ Corrections can be made to all service information – Duration, Remove co-practitioner, Location of Service, service code, and program of Service.
- ⑥ When all corrections have been completed, hit the “Submit” button to update the changes.

Note: This form is also used for moving services from incorrect episode to correct episode. To move, select incorrect episode and select the service (steps 2-4). Once back in the Edit Service Information form, select correct episode, enter program of service if it’s missing, and then hit submit button.

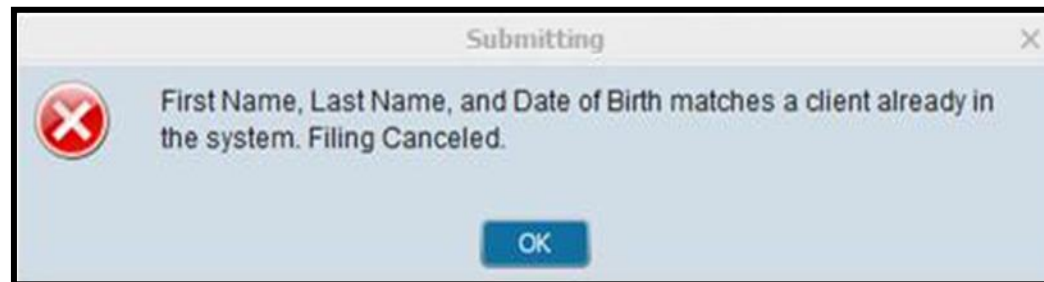
CORRECTING CLIENT ADMISSION/EPISODES

Scenarios outlined in the table below assume no services have been submitted under the incorrect episode. If services have been submitted under the incorrect episode, contact IBHIS Error Correction to get guidance on how to fix the error(s).

Type of Error	Steps	Descriptions	Form to Use	Who
Incorrect Admission Date	1	Date entered does not cover services or appointments	Change Program/Admission Date	Supervisor or Designated staff
Incorrect Discharge Date or remove a discharge	1	Change Discharge Date or delete discharge	Delete Last Movement	Supervisor or Designated staff
	2	Add New Discharge Date if required	Discharge (Outpatient)	Supervisor or Designated staff
Enter Wrong Admission Episode (Choose another provider instead of LE0019)	1	Delete the incorrect episode - Only if there is no document. Contact Error Correction if there is document	Delete Last Movement	Supervisor or Designated staff
	2	Add Correct LE0019 - LA County Episode	Admission (Outpatient)	Supervisor or Designated staff
Duplicate IDs/Medical Records	1	Client has more than one IDs or medical records	Send Email to: DMHHIM@dmh.lacounty.gov	Supervisor or Designated staff
	2	Health Information Management staff will response with instructions on how to proceed	Email Response	Supervisor or Designated staff

UNABLE TO CREATE ADMISSION EPISODES

IBHIS prevents the creation of duplicate client IDs for the same client or two different clients with same client information (same exact first name, last name and date of birth). Users will receive an error message when trying to create the LE00019 episode:



Type of Error	Steps	Description	Form to Use	Who
Unable to create a Pre-admit or LE00019	1	Duplicate Client - Same client with multiple ID/records.	Send an email to Health Information management DMHHIM@dmh.lacounty.gov with the subject line "[SECURE] Unable to Create Episode". Records will be merged.	Any Appropriate staff
	2	Two different clients	Send and email to Health Information management DMHHIM@dmh.lacounty.gov with the subjecy line "[SECURE] Unable to Create Episode" and proivde the steps taken to verify they are different clients. HIM will create episode.	Any Appropriate staff

CORRECTING DIAGNOSIS

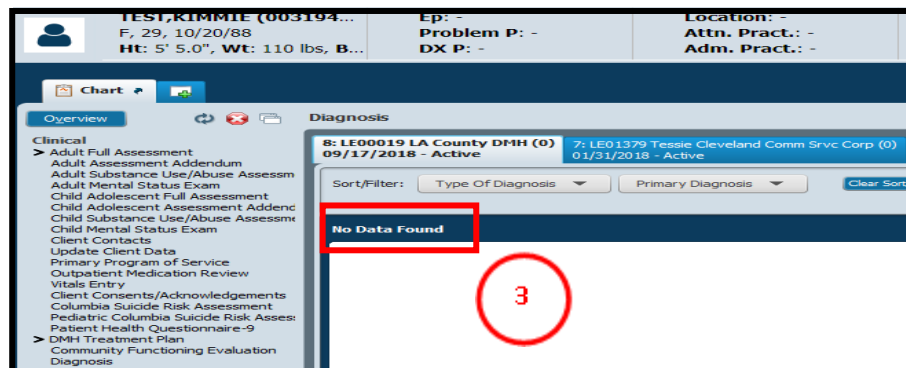
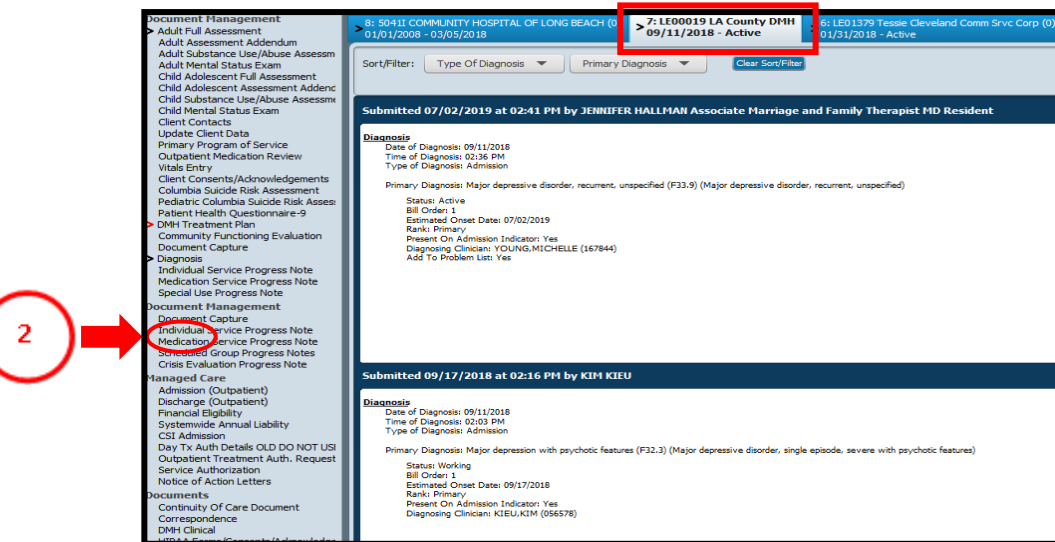
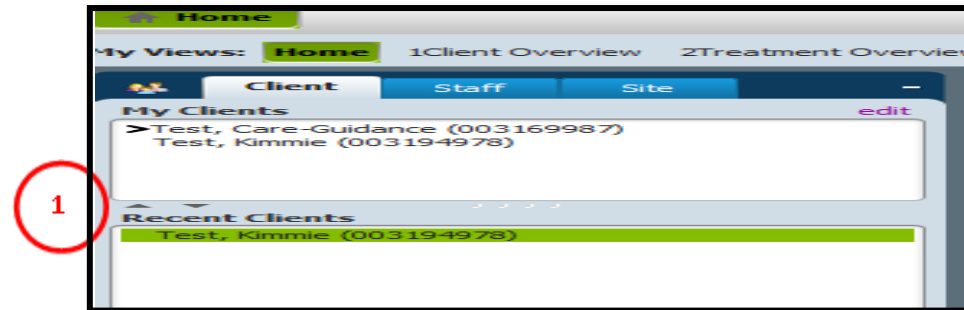
Editing/and or voiding diagnoses should be done with extreme caution as doing so will impact past and future claims. Never edit/void diagnoses entered by another clinician or from another program. Below are common errors relating to diagnosis, please consult with IBHIS error Correction for additional guidance. Steps on how to correct missing diagnosis errors are on the next page.

Type of Error	Steps	Descriptions	Form to Use	Who
Enter Wrong Diagnosis Date	1	Void diagnosis	Diagnosis Form - In the status section change the status from "active" to "void"	Practitioner or Error Correction Supervisor
	2	Enter new diagnosis with correct date	Diagnosis Form - Choose Add at the pre-display (make sure to choose LE00019 if more than one episodes)	Practitioner or Error Correction Supervisor
Marked Diagnosis as Working or Void	1	Change diagnosis to Active	Diagnosis Form - In the status section change the status from "working/void" to "active"	Practitioner or Error Correction Supervisor
Enter Diagnosis in Error (this includes entered excluded when it's not or to the wrong episode)	1	Void diagnosis	Diagnosis Form - In the status section change status from "active" to "void"	Practitioner or Error Correction Supervisor
	2	If enter to wrong episode, enter to correction episode	Diagnosis Form	Practitioner or Error Correction Supervisor
Missing Diagnosis - No Diagnosis was entered	1	Add Diagnosis	Diagnosis Form	Practitioner or Error Correction Supervisor

Steps continued on the next page

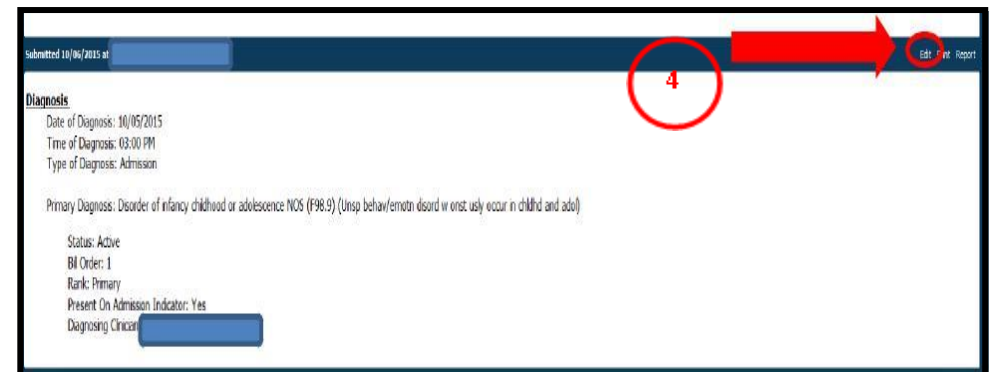
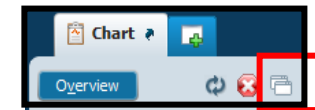
Please contact IBHISerrorCorrection@dmh.lacounty.gov for all other errors relating to diagnosis

Correcting Missing Diagnosis



Steps: How to access the diagnosis

- 1 Open the client's chart. Double click on the client's ID to launch either from the Home view or Console view in the recent client or My Clients widget. Chart can also be open by right click on ID.
- 2 Locate the diagnosis link on the left-hand of the chart, put mouse and click on the word "Diagnosis" to display all the diagnoses entered for the client. **Select the LE00019 tab.** If unable to locate the diagnosis link, click on the white files icon to add:
- 3 If "No Data Found" is displayed, it means no diagnosis was entered. Use Diagnosis form and enter a diagnosis.
- 4 Look through all of the diagnosis forms listed and find the diagnosis that you want to edit based on the date and time. On the right of the Submitted Date, you will see the following buttons: EDIT, PRINT, and REPORT. Select the **EDIT** button.



Correcting Missing Diagnosis – Voiding diagnosis

This step is for correcting wrong date, entered to wrong episode (not an LE00019), in error (wrong client or should not have been entered).

Steps:

- ① In the diagnosis form, select the diagnosis you want to edit by highlighting it with your mouse. To highlight put your mouse on the row and click the left button.
- ② Locate the “status” section in the diagnosis form, and use your mouse to change the status from “Active” to “Void”. Selecting “Void” will cross-out the diagnosis. If more than one diagnosis listed needs voiding, highlight each row and change status to “Void”.
- ③ Once all diagnoses are crossed-out, hit “submit” on the left to update changes.

Steps continued on the next page

The first screenshot shows the 'Diagnoses' table with three rows. The first row is highlighted. A red circle with the number '1' is next to the table. Below the table, the 'Status' section shows 'Active' selected. A red circle with the number '2' is next to the 'Status' section. A red arrow points from the 'Status' section to the second screenshot.

The second screenshot shows the 'Diagnoses' table with the first row highlighted. The 'Status' section shows 'Void' selected. A red circle with the number '2' is next to the 'Status' section.

The third screenshot shows the 'Diagnoses' table with the first row highlighted. The 'Status' section shows 'Void' selected. A red circle with the number '3' is next to the 'Status' section.

The fourth screenshot shows the 'Diagnoses' table with the first row highlighted. The 'Status' section shows 'Void' selected. A red circle with the number '3' is next to the 'Status' section.

Correcting Missing Diagnosis – Voiding Diagnosis

Date of Diagnosis	Type of Diagnosis	Time of Diagnosis	Primary Diagnosis
10/05/2015	Admission	03:00 PM	

Diagnosis

Date of Diagnosis: 10/05/2015
Time of Diagnosis: 03:00 PM
Type of Diagnosis: Admission

Diagnosis: Behavioral and emotional disorders with anxiety disorder
Status: Void
Present On Admission Indicator: Yes

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1								

Steps:

- ④ If done correctly, in the Pre-Display in the “Primary Diagnosis” column, the ICD-10 code will be blank.
- ⑤ In the chart view, the status will be labeled “Void” and will not appear in the diagnosis table.
- ⑥ In the Diagnosis Form, any voided diagnosis will not appear in the diagnosis table.

If none of the display looks as indicated, review to make sure that all diagnoses were voided.

Diagnosis was voided in error, follow the steps on the page 22 to change it to active.

Steps continued on the next page

Please contact IBHISerrorCorrection@dmh.lacounty.gov for all other errors relating to diagnosis

Missing Diagnosis – Rule-out, Working, and Voided

Marking a diagnosis “rule-out, and void” will show the diagnosis as missing. A client’s diagnosis should always be active. If you are ruling out, still working to give a definite diagnosis, it should be documented in the progress note.

Steps:

- 1 If the diagnosis was marked, “Rule-out”, or “Void”, it will initially not show up on the diagnosis table.

- 2 To make a rule-out, or voided diagnosis show up, select “NO” under the “Show Active Only”

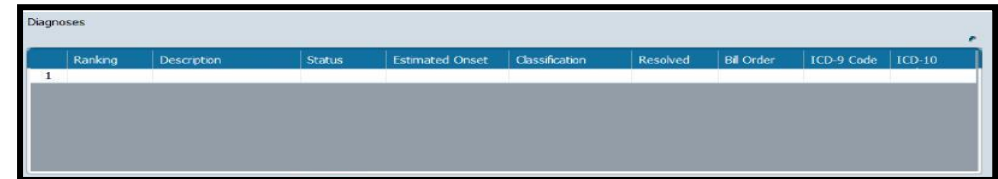
Select the diagnosis that needs editing by highlighting the row with the mouse. Information about the diagnosis will automatically populate.

- 3 Change the status to “active” and hit “submit”.

Follow the same steps for any other diagnosis that was incorrectly marked “working”
Or “void”.

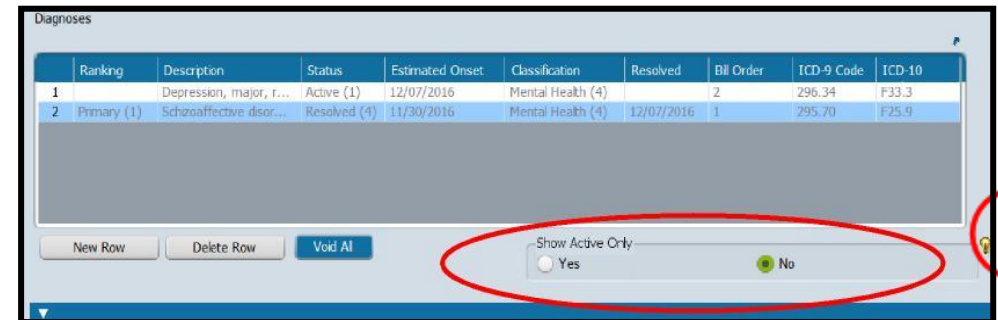
- 4 In the remark section enter information about why the diagnosis was edited. For example, “Diagnosis was originally given on 12/3/2016 but incorrectly marked “void.” On 2/1/17, clinician edited the diagnosis to change the status from “void” to “active.”

- 5 Hit “submit” once correction has been made.



Diagnoses

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
---------	-------------	--------	-----------------	----------------	----------	------------	------------	--------

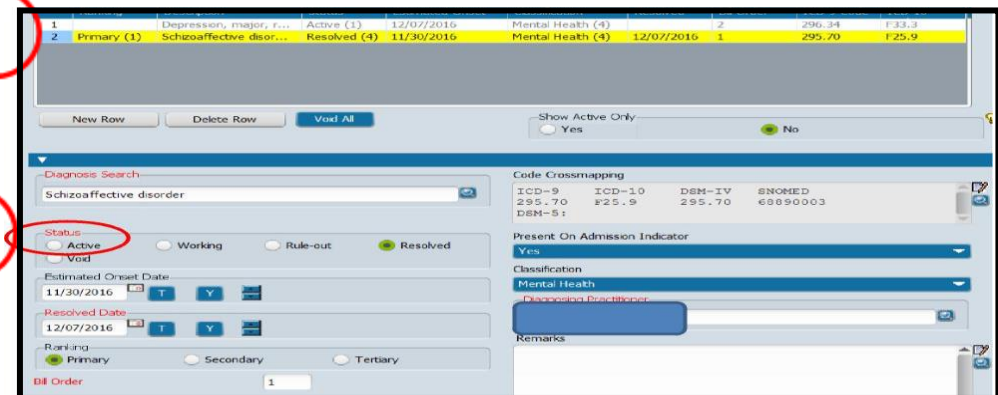


Diagnoses

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Depression, major, r...	Active (1)	12/07/2016	Mental Health (4)		2	296.34	F33.3
2	Primary (1) Schizoaffective disor...	Resolved (4)	11/30/2016	Mental Health (4)	12/07/2016	1	295.70	F25.9

New Row Delete Row Void All

Show Active Only
☐ Yes ☒ No



1 2

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Depression, major, r...	Active (1)	12/07/2016	Mental Health (4)		2	296.34	F33.3
2	Primary (1) Schizoaffective disor...	Resolved (4)	11/30/2016	Mental Health (4)	12/07/2016	1	295.70	F25.9

New Row Delete Row Void All

Show Active Only
☐ Yes ☒ No

Diagnosis Search
Schizoaffective disorder

Status
☒ Active ☐ Working ☐ Rule-out ☐ Resolved

Estimated Onset Date
11/30/2016

Resolved Date
12/07/2016

Ranking
☒ Primary ☐ Secondary ☐ Tertiary

Bill Order
1

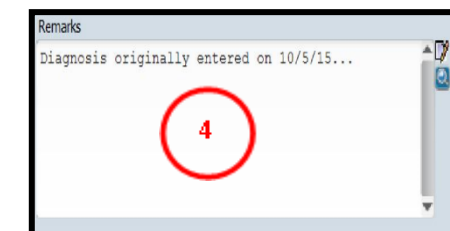
Code Crossmapping
ICD-9 ICD-10 DSM-IV SNOMED
295.70 F25.9 295.70 60090003
DSM-5:

Present On Admission Indicator
Yes

Classification
Mental Health

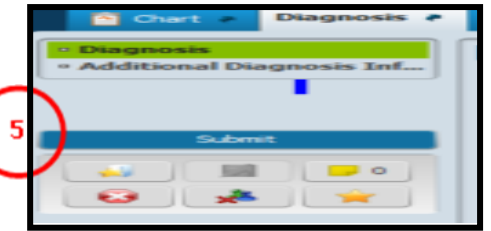
Diagnosis Practitioner

Remarks



Remarks

Diagnosis originally entered on 10/5/15...



Submit

Correcting Excluded Diagnosis

The following steps are for correcting excluded diagnoses. If unsure or need additional support is needed, please contact:

IBHISErrorCorrection@dmh.lacounty.gov

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Client was given a "Deferred" Diagnosis (R69)	1	All services were for the purpose of assessment	No correction is needed	N/A
Client was given a "Deferred" Diagnosis (R69) after the assessment	1	Verify if the diagnosis needs to be updated	Diagnosis Form	Practitioner or Error Correction Supervisor
	2	If Update diagnosis was on or before first date of treatment	No correction is needed	N/A
	3	If any treatment services was provided prior to the Update diagnosis date	Change all services to non-billable (00000) using Edit Service Information	Error Correction Supervisor
Choose the wrong diagnosis (instead of choosing an included, choose an excluded diagnosis in error)	1	Update the diagnosis - review assessment to verify that an included diagnosis was given	Diagnosis Form	Practitioner or Error Correction Supervisor
Accurate Excluded Diagnosis - Client assessed and does not meet medical necessity and is not CalWorks or PEI Expansion	1	Services were provided after client was given an excluded and determined to not meet medical necessity, but client is no longer receiving treatment	All services after the assessment needs to be changed to non-billable (00000) using Edit Service Information. In situations where services have been claimed a request must be made to IBHISErrorCorrection@dmh.lacounty.gov to void the claims	Error Correction Supervisor
	2	Client is still receiving services as it has been determined that it is clinically appropriate to keep the client at DMH	All services after the assessment needs to be changed to non-billable (00000) using Edit Service Information. In situations where services have been claimed a request must be made to IBHISErrorCorrection@dmh.lacounty.gov to void the claims	Error Correction Supervisor
Accurate Excluded Diagnosis - Client is CalWorks or PEI Expansion	1	CalWorks and PEI Expansion can have an excluded diagnosis	All services after assessment should be non-billable to Medi-cal service codes (00001, 00002, 00003 etc.) Change service if necessary using Edit Service	Error Correction Supervisor

Steps continued on the next page

Correcting Excluded Diagnosis

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Original Diagnosis was included, another staff updated the diagnosis to an excluded diagnosis	1	Make determination which diagnosis is correct (may need to consult with other staff who changed the diagnosis)	Verify document to support the correct diagnosis, and complete progress note or assessment addendum with rationale for diagnosis decision	Practitioner or Error Correction Supervisor
	2	Exclude diagnosis still stands	All services from date of excluded diagnosis must be changed to non-billable. Use Edit Service Information form to change code or contact IBHISerrorcorrection@dmh.lacounty.gov and request to void any claims that were paid	Error Correction Supervisor
	3	Determined that Included is correct	Add and "Update" type diagnosis for the date determination was made, and change all services under the excluded diagnosis to non-billable (00000) or request IBHISerrorcorrection@dmh.lacounty.gov to void any claims already paid	Error Correction Supervisor
Excluded was entered but upon reviewing of assessment a different included could be given	1	Make determination which diagnosis is correct (may need to consult with other staff who changed the diagnosis)	View all assessment to fully support the correct diagnosis	Practitioner or Error Correction Supervisor
	2	Assessment does not support support excluded diagnosis	Complete an Assessment Addendum with rationale for changes of diagnosis. Use diagnosis form and add an "Update" type diagnosis	Practitioner or Error Correction Supervisor
	3	Assessment supports excluded diagnosis	All services from date of excluded diagnosis must be changed to non-billable. Use Edit Service Information form to change code or contact IBHISerrorcorrection@dmh.lacounty.gov and request to void any claims that were paid	Error Correction Supervisor

Steps continued on the next page

Correcting Excluded Diagnosis

The following steps are for addressing issues relating to entering of an Excluded Diagnosis. Before taking steps to addressing the error, please verify if the diagnosis entered is correct. In many situations, an excluded diagnosis is correct and does not need correcting. If the diagnosis is correct, following instructions on page 24. If the excluded was entered incorrectly, then take the following steps:

Steps:

- ① Highlight the diagnosis that needs to be updated. this is done by using your mouse and pointing on row and clicking the left button.
- ② In the “Diagnosis Search” box, enter the correct diagnosis (you can type the description or ICD-10 Code) and hit enter on your keyboard.

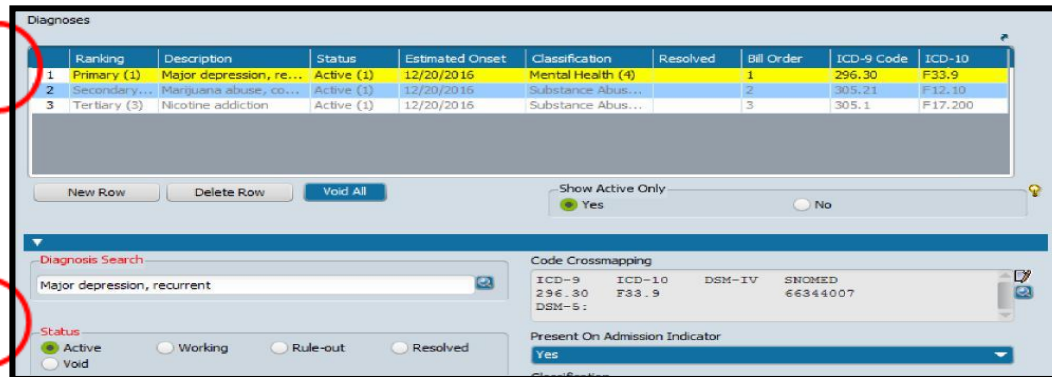
Choose the correct diagnosis from the drop down list.

- ③ Choose “Active” in status field for the new diagnosis.

Make sure to ranking and Bill order are correct. The Primary diagnosis should be ranked as “Primary”, and listed as Bill order “1”.

- ④ In the Remarks section, enter information about why the diagnosis was edited. For example, diagnosis was originally given on 12/3/16 but was entered incorrectly. On 2/1/17, clinician edit to the accurate diagnosis.”

- ⑤ Hit “Submit” once correct has been made.



Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary (1) Major depression, re...	Active (1)	12/20/2016	Mental Health (4)		1	296.30	F33.9
2	Secondary... Marijuana abuse, co...	Active (1)	12/20/2016	Substance Abus...		2	305.21	F12.10
3	Tertiary (3) Nicotine addiction	Active (1)	12/20/2016	Substance Abus...		3	305.1	F17.200

Buttons: New Row, Delete Row, Void All

Show Active Only: ☒ Yes ☐ No

Diagnosis Search: Major depression, recurrent

Code Crossmapping:

ICD-9	ICD-10	DSM-IV	SNOMED
296.30	F33.9		66344007

Present On Admission Indicator: Yes

Status: ☒ Active ☐ Working ☐ Rule-out ☐ Resolved ☐ Void



Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary (1) ANXIETY DISORDER ...	Active (1)	03/16/2015	Axis I~INACTIV...		1	300.00	F41.9

Buttons: New Row, Delete Row, Void All

Show Active Only: ☒ Yes ☐ No

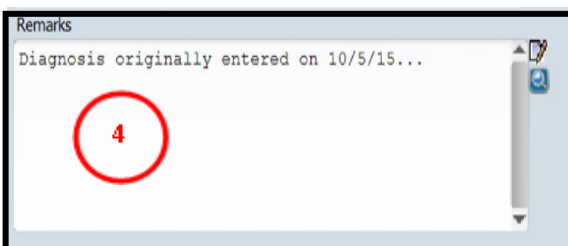
Diagnosis Search: adhd

Code Crossmapping:

ICD-9	ICD-10	DSM-IV	SNOMED
300.00	F41.9	300.00	19749006

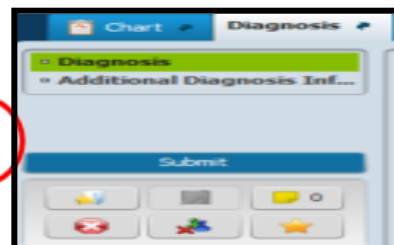
Diagnosis List:

Diagnosis	ICD-9	ICD-10	DSM-5
ADHD (attention deficit hyperactivity disorder)	314.01	P90.9	Unspecified attention deficit/hyperactivity disorder
ADHD (attention deficit hyperactivity disorder) evaluation	V79.8	Z13.89	
ADHD (attention deficit hyperactivity disorder), combined type	314.01	P90.2	Attention-deficit/hyperactivity disorder, combined type
ADHD (attention deficit hyperactivity disorder), inattentive type	314.00	P90.0	Attention-deficit/hyperactivity disorder, predominantly inattentive type



Remarks

Diagnosis originally entered on 10/5/15...



Submit

CORRECTING DIAGNOSIS

Things to remember:

- A client should only have 1 Admission Diagnosis. Any new diagnoses should be Update Diagnoses.
- The Status of a Primary diagnosis should never be “resolved,” “working,” or “rule-out.” The Status of a Primary diagnosis should always be “active.”
- Editing a diagnosis will change the submission date. Make sure to add information in the Remarks section of the Diagnosis Form.
- List of Included ICD-10 Diagnoses can be found in the Organizational Providers Manual

CORRECTING TREATMENT PLANS

Steps for correcting errors relating to treatment plans are in the following document located in the DMH IBHIS Project Communication Intranet Page:

<https://lacounty.sharepoint.com/sites/DMH/ibhis/tools/Shared%20Documents/Treatment%20Plan%20ERROR%20Scenarios%208-12-16.pdf>

Once you have reviewed the above documents and determined that you need additional assistance please contact QA at the following email address: IBHISerrorCorrection@dmh.lacounty.gov

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Treatment Plan in Draft or Final Status (wrong client, duplicates, entered in error)	1	Delete - take caution when deleting, Verify that the client has a valid treatment plan.	Treatment Plan Deletion for draft, and if in Final status contact IBHISerrorcorrection@dmh.lacounty.gov	Error Correction Supervisor
The Plan date is wrong	1	If in draft status delete the treatment plan and start over	Treatment Plan Deletion	Error Correction Supervisor
	2	If the treatment plan is final - Append the treatment plan, stating the plan date entered is wrong and it should be.....	Append Documents	Error Correction Supervisor
The Plan End date is wrong	1	If in draft status delete the treatment plan and start over	Treatment Plan Deletion	Error Correction Supervisor
	2	If in final status - append the treatment plan, stating the end date entered is wrong and it should be....	Append Documents	Error Correction Supervisor

CORRECTING CLINICAL DOCUMENTS/ASSESSMENTS/MEDICATION CONSENT/TREATMENT PLANS/MHT

Clinical Documents/Assessments/Treatment Plans are legal document and once finalized cannot be altered. The scenarios below provide guidance on what steps to take when there are errors in an assessment. This is not for assessment addendum requirements. Steps on how to use the "Append Document" form are on the next page. Please contact IBHIS Error Correction for additional guidance:

IBHISErrorCorrection@dmh.lacounty.gov

Type of Error	Steps	Descriptions	Form to Use	Who
Error(s) in narrative in the assessment/MHT (excluding Date of First Assessment)	1	Append Assessment	Append Documents	Practitioner
Wrong Date entered in assessment/mental health triage	1	Append Assessment	Append Documents	Practitioner
	2	Identify in the body (first text field) of the assessment that the date of assessment was incorrectly entered as (x/x/xx) and should be (x/x/xx)	Correct date of service is used for documentation using relevant progress note type (e.g. Individual Progress note)	Practitioner
Assessment/Mental Health Triage on wrong client	1	Set assessment to draft	Final to Draft Override - Contact IBHISErrorCorrection@dmh.lacounty.gov	QA Staff
	2	Move to correct client	Move Selected Data - CWS Note: Entity field in this form is the client ID	Supervisor
	3	Finalized the Draft Assessment	Appropriate Assessment form	Practitioner
Delete the Assessment (Only if it was done in error). Please consult with Error Correction	1	Set assessment back draft	Final to Draft Override -Contact IBHISErrorCorrection@dmh.lacounty.gov	QA Staff
	2	Delete the Draft assessment	Appropriate assessment from Pre-Display	Supervisor or Practitioner
Medication Consent and Treatment Plan done to the wrong client	1	Set document back to draft	Final to Draft Override - Contact IBHISErrorCorrection@dmh.lacounty.gov	Supervisor
	2	Move to correct client	Move Selected Data - CWS Note: Entity field in this form is the client ID	Supervisor

How to Use Append Documents Form

The screenshot shows the 'Append Documents' form in a web application. The top section is titled 'Search Forms' and contains a search bar with 'append do' entered, a magnifying glass icon, and a red circle with the number 1. To the right of the search bar is the 'Effective Date: 09/15/2017'. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains one row: 'Append Documents' and 'Avatar PM / RADplus Utilities / Document Routing'. Below the table are navigation buttons: '<= Previous 25', '1 through 1 of 1', and 'Next 25 =>'. The main section of the form is titled 'Append Documents' and contains several fields and buttons. On the left side, there is a vertical sidebar with a red circle and the number 7 around the 'Append Document' button, a 'Submit' button, and a group of icons. The main area contains a 'Form Type' dropdown menu with 'DMH Clinical' selected, a red circle with the number 2 around it. Below this is an 'Entity' field with 'TEST,PLAN (3139103)' entered, a red circle with the number 3 around it. Below the entity field are 'From Date' and 'To Date' fields. The 'From Date' field has '01/01/2017' and the 'To Date' field has '07/10/2018'. A red double-headed arrow with a red circle and the number 4 is between the two date fields. Below the date fields is a 'List of Documents' section with a red circle and the number 5 around it. It contains a button 'Option: Adult Full Assessment' and 'Date Created: 01/20/2017'. Below this is a 'Display Document' button. At the bottom is a text area titled 'New Comments to Be Appended to the Original Document' with the text 'This clinician finalized this assessment before adding the following salient psychosocial history' and a red circle with the number 6 around it.

Steps:

- ① In Search Forms – enter “Append Documents”
Double click to launch the form.
- ② In the Form Type drop down menu, select
“DMH Clinical.”
- ③ In the “Entity field”, enter the client’s ID or name.
- ④ In the “From Date” field and “To Date” field,
enter the date the clinical document was submitted
(finalized). If you are unsure of the exact submission
date, then enter a date range.
- ⑤ In the “List of Documents” drop down menu,
select the clinical document that you want to
append (e.g., Adult or Child/Adolescent Full
Assessment, Mental Status Exam, Community
Functioning Evaluation, etc.
- ⑥ In the “New Comments to Be Appended to the
Original Document” text box, enter the missing
or corrected information that needs to be added
to the existing clinical document.
- ⑦ Hit Submit to complete.

How to Move Clinical Documents, Measurement tools

Steps:

- ① In search forms, search “Move Selected Data”.
Click on the Avatar CWS type and double click to launch form. Use Avatar PM for SRL, Consent, Access/fro
- ② In the form, entered all required fields:
 - Select “Client” under entity database.
 - In “Form” drop down select from to be moved.
 - In “Old Entity” field enter incorrect client’s ID.
 - Click on “Select Row to be Moved”. Pop up will appear highlight the draft form and hit “OK”
 - In “New Entity” enter correct client ID.
 - In “Reason for Moving” enter your initial and Last name, date doing correction and reason why you are moving the document.
 - Hit “submit” to complete.

Please contact IBHISerrorCorrection@dmh.lacounty.gov if PHQ-9 is on wrong episode, It can be moved.

Search Forms

move selected data

Name	Menu Path
Move Selected Data	Avatar PM / RADplus Utilities / Database Management
Move Selected Data	Avatar CWS / RADplus Utilities / Database Management
Move Selected Data	Avatar MSO / RADplus Utilities / Database Management

<= Previous 25 1 through 3 of 3 Next 25 =>

Move Selected Data

Submit

Entity Database: Client Form: Mental Health Triage

Old Entity: TEST, KIMMIE (3096382)

Select Row to be Moved Print Row Details

Row Details

Page No. 1
09/04/2020

Reason for Moving Data

6840 - KKieu 9/4/20 Moving to correct client

myAvatar 2020 - Mental Health Triage

Date of Triage	Form Status	Assessing Practitioner	Program Of Service	Data Entry Date
09/04/2020	Drafts	KIM, KIM	6840F SAN PER	09/04/2020

OK

CORRECTING PROGRESS NOTES

The “Correction Scenarios” described here are only the most common, generic examples of progress note and service errors. Specific corrections may require action on a combination of errors or involve unique circumstances not specifically outlined here. Careful attention to error correction is critical due to the potential impact on the clinical record and revenue management.

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Wrote progress note instead of COS	1	Change service code to non-billable	Edit Service Information. Please consult with IBHIS Error Correction	Error Correction Supervisor
Error in narrative (final status)	1	Forgot to include or need to add pertinent informaton	Append Progress Notes	Person who wrote the note
Progress in draft status (this step is not for staff who are no longer at DMH or on leave)	1	Delete note	Relevant progress note type used for writing note. Refer to page 69 for how to access draft notes	Staff who wrote note or Error Correction Supervisor
Progress note left in draft by staff who are no longer at DMH or on leave	1	Progress note maintance requirements	Refer to page 63 to 67 for steps on Unavailable Practitioners, and consult with IBHIS Error Correction	Error Correction Supervisor

Steps:

- ① In Search Forms – Search “Append Progress Note”. Double click to launch form.

Steps continued on the next page

Name: KIMMIE TEST
ID: 3056382
Sex: Male
Date of Birth: 10/20/1988

Episode	Program	Start	End
2	LA County DMH PreAdmit	05/28/2015	
3	QA ERROR CORRECTION ONLY	05/24/2015	
1	LE00019 LA County DMH	04/15/2015	

OK Cancel

② Use mouse to highlight the episode that the progress note was written to.

③ Hit the “OK” button at the end of the pre-display.

Append Progress Notes

Note Type: Progress Note

List of Notes: 1 - Service date: 06/28/2016 Service: CASE MANAGEMENT SUPPORT

Original and Appended Notes

Note Date (Original): 06/28/2016
Last Updated by: Kim Kieu On: 06/28/2016 At: 02:54 PM

Testing report for 6000 codes

New Comments to Be Appended to the Original Note

Appending the original note to added pertinent information

Submit

Online Documentation

④ Enter all red and required fields - Note type and List of notes. Select the progress note that requires appending from the drop down menu.

⑤ Enter the additional pertinent information that needs to be added to the existing progress note.

⑥ Hit the “Submit” button once additional information has been entered. This will update the existing progress note.

Correcting Progress Notes – Wrong Date of Service

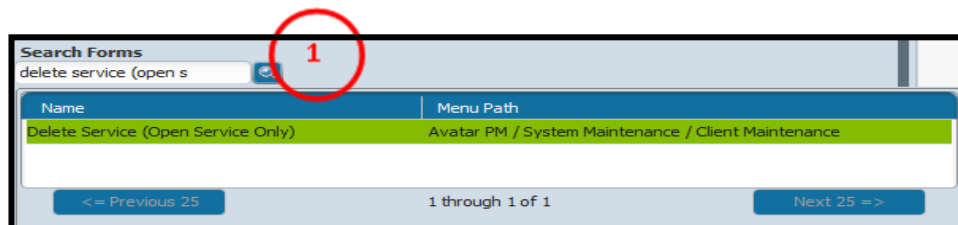
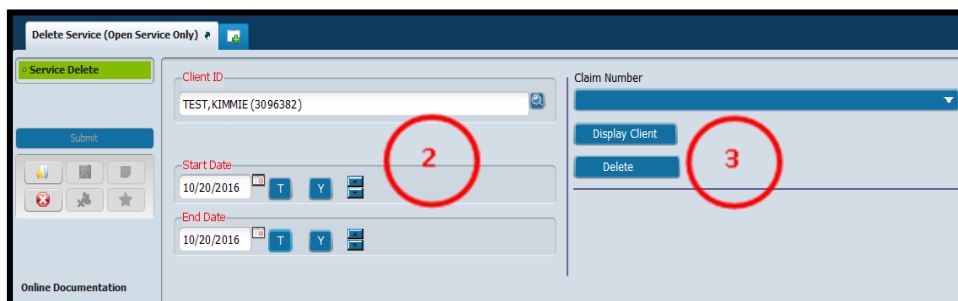
Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Wrong date of Service	1	Note is in draft status - Delete the note	Type of progress note used for documentation (eg. Special use, Individual, Medication, Crisis Intervention progress note)	Staff who wrote note or Error Correction Supervisor
	1	Note is final - Contact QA EC	IBHISerrorcorrection@dmh.lacounty.gov	Error Correction Supervisor

All requests to move a progress to correct date must include the following information (clinics no longer can correct errors relating to dates):

1. Client ID:
2. Incorrect date of Service:
3. Correct Date of Service:
4. Face to face and other time:
5. Procedure code:
6. Practitioner:
7. Program of service:
8. Location of Service:

NOTE: Due to the removal of posting if the note contains a co-practitioner, the co-practitioner will need to schedule an appointment and write a separate note for their service and time.

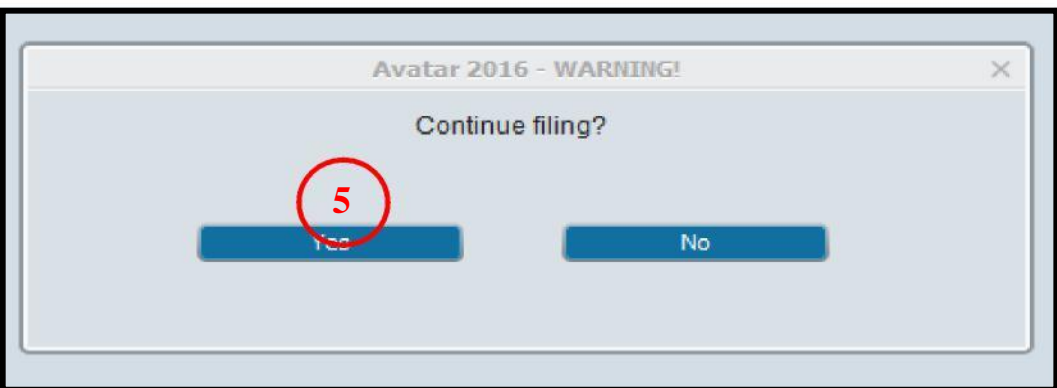
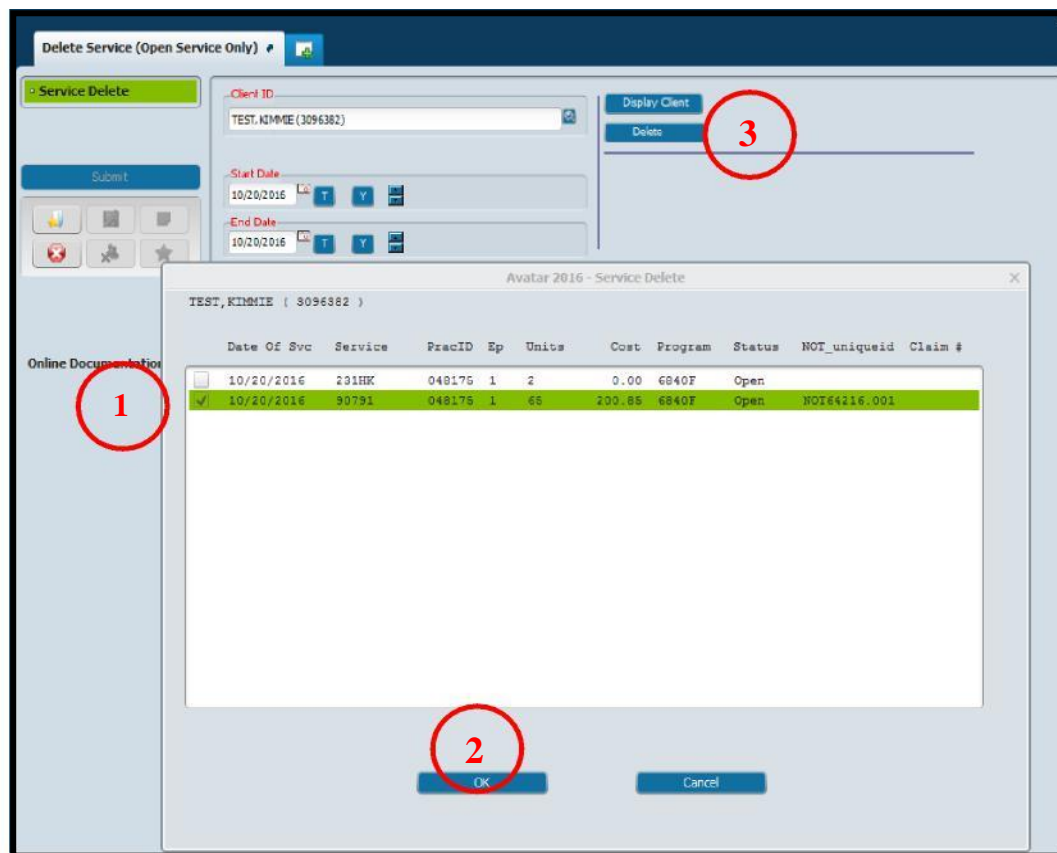
Wait for IBHIS Error Correction to response to request to correct wrong date of servcie, then take steps to delete the service and appointment.

Steps – Delete the Service:

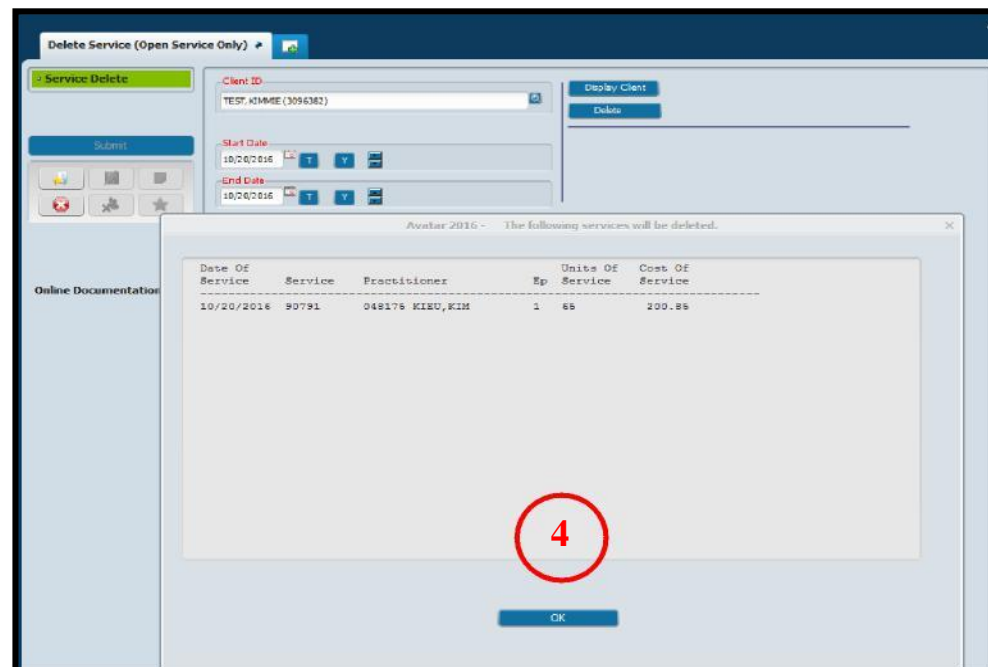
- ① In Search Forms – search “Delete Service (Open Service Only)”. Double click to launch form.
- ② Enter all required information – Client ID, Start and End Date.
- ③ Hit the “Display Client” tab to display service to be deleted. A pop-up screen will display all open services.

Steps continued on the next page



- ① In the Pop-Up Screen, check the service that needs to be deleted.
- ② Hit the "OK" button at the end of the page to confirm the service to be deleted.
- ③ Hit the "Delete" button, to delete the service.
- ④ Pop-up screen displays the service to be deleted. Review and hit the "OK" button.
- ⑤ Hit "Yes" to continue with service deletion.

Steps continues on the next page



Steps: Deleting Appointment once service is created or note is in final status

① In Search Form – Search “Appointment Move/Delete”. Double click to launch form.

② In the form enter all required information:

- Practitioner – staff who wrote the note
- Pick Individual under “Individual or All Clients”
- Pick “Individual” under “Individual or All Sites”, then select the program in the drop down.
- Enter the client’s ID in the “Client ID
- Enter Appointment Start date (date of service)
- Enter Appointment End date (date of service)
- Select “Yes” in the “Posted Appointment” section.
- Click “None” under “Appointment Selection Default”
- Click the “Appointment select” tab

③ A pop up will display. **Verify the appointment**, and hit “OK” to delete the appointment.

If no appointment shows, the service has not been deleted, follow steps on pages 32-33 on how to delete service

④ Appointments can also be deleted in the Scheduling Calendar if note was not final. To delete, put mouse on the appointment and right click to show list of prompts, select “delete” to delete the appointment.

If unable to delete appointment, contact
IBHISerrorCorrection@dmh.lacounty.gov

VOIDING PROGRESS NOTES

Progress notes are legal documents and should only be voided for the reasons listed below. Duplicate notes will only be voided, if they are the same word for word. These are directives given in consultation with County Counsel and the Assistant Director of Medical Records.

Type of Error	Steps	Descriptions	Form to Use	Who
Progress notes written to the Wrong Client, Duplicate Notes, and Error in Narrative that cannot be appended.	1	Void the progress note	Email: IBHISerrorCorrection@dmh.lacounty.gov	Clinical Supervisor
	2	Delete the service - if appointment was posted	Delete Service (Open Service Only)	Clinical Supervisor
	3	Delete the appointment	Appointment Move/Delete	Supervisor
	4	Schedule new appointment to create new progress note	Scheduling Calendar	Practitioner

Steps:

- ① All Requests to void a progress note needs to be in the following format:

Client ID/S:

Date of Service:

Date note written/time:

Procedure code:

Practitioner:

Reason for void:

Group ID (if voiding notes for a group):

- ② Sending a screen shot will also be accepted. Use the Snipping tool and sending the picture of the note and stating the reason, example of below:

The screenshot displays a clinical management system interface. At the top, it shows the patient's name, NATALIE, and her date of birth, 01/21/01/99. Below this, there's a section for 'Individual Service Progress Note' with a list of services. The note is dated 09/15/2020 and was submitted by KIM KIEU. The interface includes a sidebar with a list of document types, a main area with patient information and a list of services, and a bottom section for the progress note details.

- Please verify the status of the service/s (OPEN, CLOSED or CLAIMED) before making void requests, as the status can lead to additional corrections that need to be completed. This includes coordination with the Central Business Office (CBO) to possibly void claims.

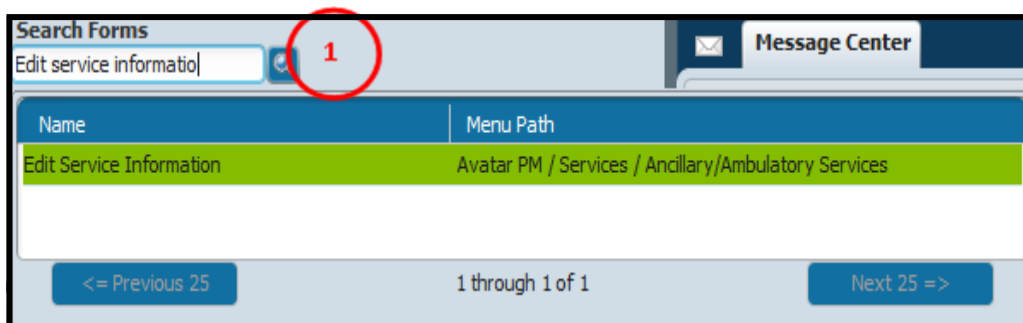
MOVE COS/MAA/PROGRESS TO THE CORRECT EPISODE

Before taking steps to move the episode, make sure that the client's chart has either a Pre-Admit or a LE00019. If there is no episode, one must be added. This can be done using either the Pre-Admit for or Outpatient (Admission) form.

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Wrote a COS/MAA or Progress note to the wrong episode (not a pre-admit or LE0019)	1	Move note to correct episode	Edit Service Information	Error Correction Supervisor

Steps:

- ① In Search form field, search for "Edit Service Information."
Highlight the form and double click to launch for.



The screenshot shows a web application interface for searching forms. At the top, there is a 'Search Forms' section with a text input field containing 'Edit service informatio'. A red circle with the number '1' is drawn around the search button. To the right of the search bar is a 'Message Center' icon. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains one row with the text 'Edit Service Information' under 'Name' and 'Avatar PM / Services / Ancillary/Ambulatory Services' under 'Menu Path'. At the bottom of the interface, there are navigation buttons: '<= Previous 25', '1 through 1 of 1', and 'Next 25 =>'.

Steps continued on the next page

Edit Service Information

Client ID: TEST, KIMMIE (3096382) Service Start Date: Service End Date: Episode Number: Episode # 3 Admit: 05/24/2015 Discharge: None Prog▼

Service Selection Default: All None Select Service(s) To Edit

Avatar 2016 - Select Service(s) To Edit

Client: TEST, KIMMIE (3096382) Episode Number: 3

Service Date	Service Code	Program	Practitioner	Status	Document
<input type="checkbox"/> 05/28/2015	GROUP REHAB	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input checked="" type="checkbox"/> 07/22/2015	E+M ESTABLCLT LOW/M	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 11/02/2015	COS-COMMUNITY CLT SP	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 02/01/2016	GROUP THERAPY	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 02/16/2016	GROUP REHAB	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 03/31/2016	NON-BILLABLE TO MEDI	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 04/05/2016	ASSESSMENT-PSYCH DIA	QA ERROR CORRECTION	KIEU, KIM	Open	-
<input type="checkbox"/> 04/06/2016	TARGETED CASE MANAGE	QA ERROR CORRECTION	KIEU, KIM	Open	-

OK Cancel

Steps:

- Enter the client's ID and choose the Episode that the COS/MAA or progress note is written under (in most case you'll chose the incorrect episode). Hit the "Select Service(s) to Edit" button.
- Pop-Up will appear with all notes. Check the COS/MAA or progress note that needs to be moved to the correct episode. Hit the "OK" button to confirm selection.
- In the "Episode Number (Edit)" drop down, pick the episode that you want the COS/MAA or progress note to move to.
- In the "Program" drop down bar, pick the program for the note. Note: If moving to a Pre-Admit Episode, the only choice is Pre-Admit (which is correct).
- Hit "Submit" button to save to new episode.

Edit Service Information

Client ID: TEST, KIMMIE (3096382) Service Start Date: Service End Date: Episode Number: Episode # 1 Admit: 04/15/2015 Discharge: None Prog▼

Service Code: CASE MANAGEMENT SUPPORT (6000) Practitioner: KIEU, KIM (048175)

Program: You must enter BOTH Face to Face and Other time to update Total Duration.

Episode Number (Edit): Episode # 3 Admit: 05/24/2015 Discharge: None Prog▼

Practitioner Face-to-Face Time:

CORRECTING ERRORS RELATING TO GROUPS and CO-PRACTITIONERS

Before taking steps to address errors relating to groups. Please contact IBHIS Error Correction via email to get feedback, as group error corrections can be complicated. In most cases, the notes need to be voided and re-written.

Option 1: Forgot to Remove Client(s) - Notes are still in Scratch/Draft

Type of Error	Steps	Descriptions	Form to Use	Who
Forgot to remove client(s)	1	Notes are still in Scratch or Draft Status	Contact Error Correction, as notes can be deleted	Clinical Supervisor
	2	Remove client(s) from appointment	Scheduling Calendar (client(s) can be removed in the calendar by right clicking on the appointment)	Any Staff
	3	Re-write group notes	Scheduled Group Progress Notes	Practitioner

Option 2: Forgot to Remove Client(s) – Notes are Final

Type of Error	Steps	Descriptions	Form to Use	Who
Forgot to remove client(s)	1	Notes are in Final Status	Contact Error Correction, as note(s) needs to be voided for the client(s) who were not in the group	Clinical Supervisor
	2	Delete the service for the client (s) who were not in the group	Delete Service (Open Service Only)	Clinical Supervisor
	3	Change group number - to remove client(s) not in group	Edit Service Information - must re-enter the procedure code to get Pop-up to enter group numbers	Clinical Supervisor

Option 3: Forgot to Include Client(s) – Notes are still in Scratch/Draft

Type of Error	Steps	Descriptions	Form to Use	Who
Forgot to include client(s)	1	Notes are in Scratch or Draft Status	Contact Error Correction, as note(s) needs to be voided	Clinical Supervisor
	2	Add client(s)	Scheduling Calendar (client(s) can be added in the calendar by right clicking on the appointment)	Any Staff
	3	Re-write group notes	Scheduled Group Progress Note	Practitioner

Option 4: Forgot to Include Client(s) – Notes are Final

Type of Error	Steps	Descriptions	Form to Use	Who
Forgot to include client(s)	1	Notes are in Final Status	Contact Error Correction, as note(s) needs to be voided	Clinical Supervisor
	2	Delete the Service	Delete Service (Open Service Only)	Clinical Supervisor
	3	Schedule new appointment with correct clients.	Scheduling Calendar (client(s) can be added in the calendar by right clicking on the appointment)	Practitioner
	4	Re-write group notes	Scheduled Group Progress Note	Practitioner

Correcting Errors Relating to Co-practitioners

In IBHIS the co-practitioner billing is always tied to the main practitioner. The main practitioner billing is referred to as the “Parent Service” and the co-practitioner is called the “Child Service”. Because they are tied, error correction will always be completed using the parent service. The parent service will always have the note attached.

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Forgot to include co-practitioners	1	Co-practitioner will write separate note	Relevant progress note type (CI, Individual, Medication, groups)	Practitioner
Errors in Service Information	1	Correct Service Information	Edit Service Information	Clinical Supervisor
Forgot to remove co-practitioners	1	Note is final - remove co-practitioners	Edit Service Information	Clinical Supervisor

Steps: Removing co-practitioners

- 1 In Search form field, search for “Edit Service Information.” Highlight and double click to launch form.

Steps continued on the next page

Client ID: TEST,KIMMIE (3096382) 2

Service Start Date: 04/29/2020

Service End Date: 04/29/2020

Episode Number: 8

Service Date	Service Code	Program	Practitioner	Status	Document	Claim Number
04/29/2020	H2015	6940F	KIRU,KIM	Open	Final	
04/29/2020	H2015	6940F	HALLMAN,JENNIFER	Open	-	
04/29/2020	H2015	6940F	KIRU,KIM	Open	Final	
04/29/2020	H2015	6940F	HALLMAN,JENNIFER	Open	-	

Steps:

- ② In the form, enter the Client ID, select the LE00019 episode and enter service start and end date.
- ③ Pop-up will appear with all services, highlight the service that needs correction. Pay attention to the pop-up, in instances where there are co-practitioners, all services will be displayed. Because any co-practitioner services tied to the main practitioner, Select the main practitioner's service (it will always be the one with "final" indicated under document), and hit "OK".
- ④ Service information will be displayed for both the practitioner and co-practitioners. Scroll down to the co-practitioners section and delete the co-practitioner name, delete the co-practitioner face to face and other time, and hit the tab button on the keyboard.
- ⑤ Hit "submit" to complete the removal of the co-practitioner.

Emergency Indicator: ☐ Yes ☐ No

Cost Of Service: 270.75

Co-Practitioner: HALLMAN,JENNIFER (047990)

Co-Practitioner 2:

Co-Practitioner 1 Face-to-Face Time: 4

Co-Practitioner 1 Other Time:

Co-Practitioner 2 Face to Face Time:

Co-Practitioner 2 Other Time:

Co-Practitioner Duration (Minutes): 30

Co-Practitioner 2 Duration (Minutes):

Evidence-Based Practices / Service Strategies (CSI)

- ☐ Age-Specific Service Strategy
- ☐ Assertive Community Treatment
- ☐ Delivered in Partnership with Health Care
- ☐ Delivered in Partnership with Law Enforcement
- ☐ Delivered in Partnership with Social Services

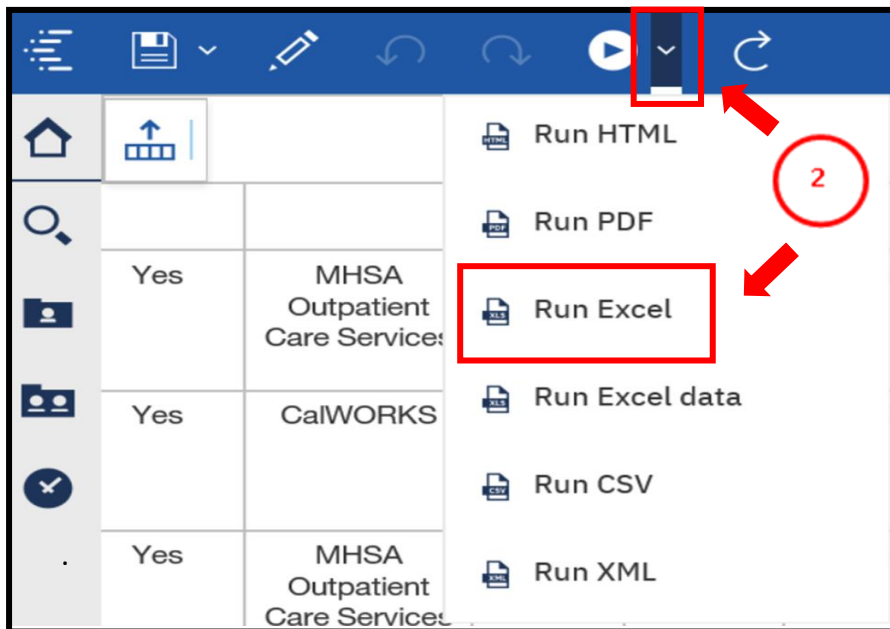
Note: If the services are claimed, follow the instructions on how to void claims on page 68. Void must be submitted for both the practitioner and co-practitioner.

CORRECTING ERRORS RELATING TO GROUPS FOR CALWORKS

Due CalWORKS requirements to utilize Non-Billable to Medi-Cal Service codes. The following steps must be taken whenever a CalWORKS client is receiving group services with non-CalWORKS clients. The changes in service codes impact claiming, thus, it is required that these steps be taken minimally once per week by an Error Correction Supervisor. If assistance is needed, please contact IBHISerrorcorrection@dmh.lacounty.gov

Steps:

- ① Run the “Services Information Check” report.
 1. Select the program of service.
 2. Select the date Range. It is recommend that the A date range of 7 days is recommended.
 3. Select “No” in the “Restrict to Services with Issues”.
 4. Hit “Finish” to generate service data.



The screenshot shows the 'Service Information Check' form. The 'Program of Service' dropdown is set to '1926Y LONG BEACH CHILD ADOLESCENT CLINIC'. The 'Service Date Range' is set from 'Oct 1, 2020' to 'Oct 6, 2020'. The 'Restrict to Services with Issues?' dropdown is set to 'No'. A red circle with the number '1' is next to the 'Service Date Range' section.

- ② Once the Service Information Check report displays data, export the data to Excel format. Click on “arrow” and then select “Run Excel”. Having data in Excel format allows the user to easily filter information and will make it easier to identify CalWORKS clients.

Steps continues on the next page

Steps:

- ③ After the Excel data is downloaded, format the excel spreadsheet for easy filtering of information.

1. Click on “Format as Table”.
2. Pop-up will appear select a color.
3. Hit “OK” in “Where is the data for your table?” pop-up.

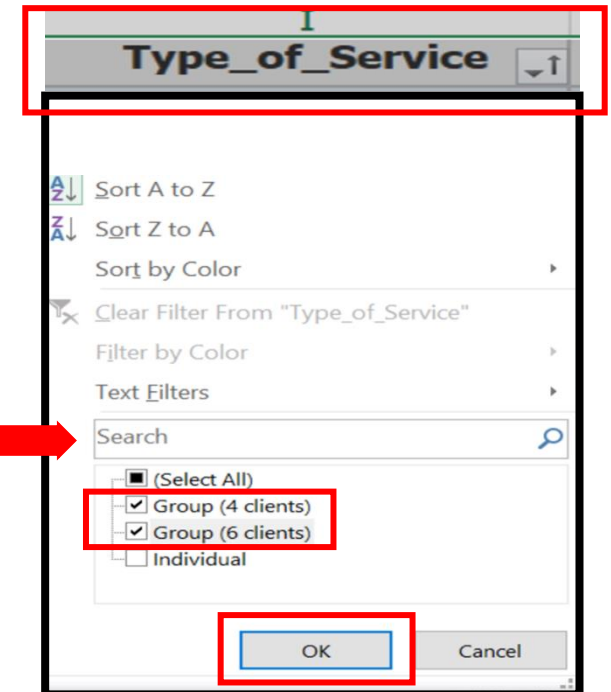
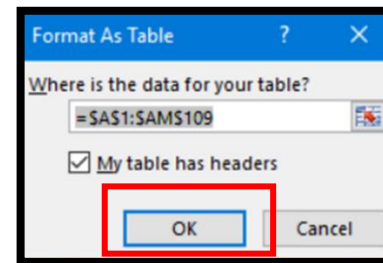
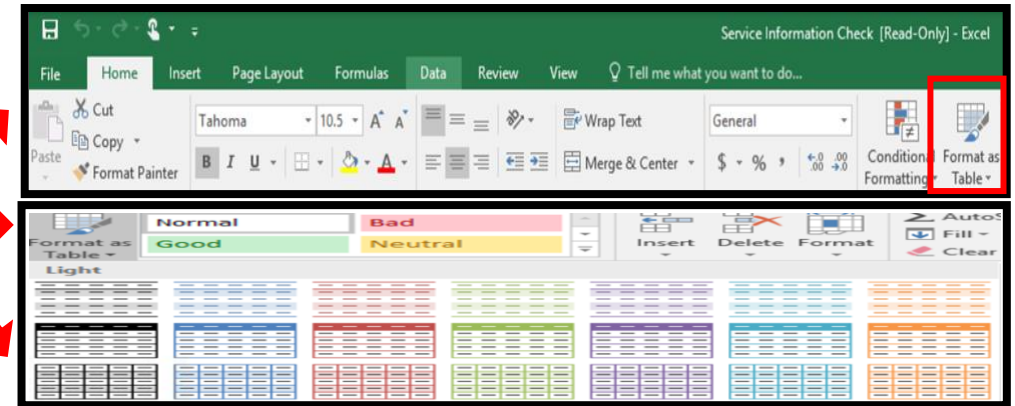
- ④ Once the Excel data is formatted for filtering, complete the following Steps:

1. Locate the “Type of Service” column and select “Group” services, and hit the “OK” button.
2. The excel spreadsheet will display all clients who were in the group.
3. Identify the clients who has “CalWORKS” in the Funding Plan, and “YES” in CalWORKS columns, and correct the service code for these clients. Steps to correct are on the next page.

Note: If the client has “CalWORKS!” in funding plan and “NO!” in CalWORKS column. Verified if the client is CalWORKS. If yes, then correct service code and consult with CBO to update FE. If no; then do not correct the service code, but instead change the funding plan.

Example of Services Information Check data Excel spreadsheet:

ClientID	Service Date	Service	Practitioner	Any Co	Type of Service	Service Code	FTF	Other T	Duration	Note type	Note Status	Funding Plan	T Self Pay	LA Cd	Medi Cd	Poste	CalWork
	Jul 14, 2020	Open		No	Individual	00001	0	40	40	Individual Service	Final	CalWORKS!	YES	YES	YES	Yes	NO!
	Jul 30, 2020	Open		No	Individual	00001	0	40	40	Individual Service	Final	CalWORKS!	YES	YES	YES	Yes	NO!
	Jul 07, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	10	70	Scheduled Groups	Final	CalWORKS	YES	YES	YES	Yes	YES
	Jul 08, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	10	70	Scheduled Groups	Final	CalWORKS	YES	YES	YES	Yes	YES
	Jul 08, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	40	100	Scheduled Groups	Final	CalWORKS	YES	YES	YES	Yes	YES
	Jul 24, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	45	105	Scheduled Groups	Final	CalWORKS	YES	YES	YES	Yes	YES
	Aug 06, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	45	105	Scheduled Groups	Final	CalWORKS	YES	YES	YES	Yes	YES
	Jul 01, 2020	Open		No	Group (6 clients)	H2015HEHQGT	60	137	137	Scheduled Groups	Final	CalWORKS!	YES	YES	YES	Yes	NO!
	Jul 15, 2020	Open		No	Individual	00001	0	45	45	Individual Service	Final	CalWORKS!	YES	YES	YES	Yes	NO!
	Jul 17, 2020	Open		No	Individual	00001	0	9	9	Individual Service	Final	CalWORKS!	YES	YES	YES	Yes	NO!
	Jul 07, 2020	Open		No	Individual	00001	0	139	139	Individual Service	Final	CalWORKS!	YES	YES	YES	Yes	NO!



Steps continued on the next page

Steps:

⑤ Open the “Edit Service Information” form, and complete the following steps:

1. Enter the client’s ID that was identified as a CalWORKs client.
2. Select the episode – LE00019.
3. Enter service date and service end date. The service date should match the date in the Service Information Check report.
4. Select services to edit – highlight and select ok.
5. Delete and then change the current code in the Service Code field (e.g. 90853 or H2015HEHQ etc.) to Non-Billable to Medi-Cal MHS Group (0001HQ).
6. Once service code is changed a pop-up will ask for the total number of clients in the group (refer to the Service Information Check Report or Scheduling calendar for the total number of clients in the group), and enter the number in the pop-up and hit OK.
7. Hit Submit to update the claim.

⑥ Repeat all the steps in number 5 for **every identified as a CalWORKS client.**

RE-ROUTING PROGRESS NOTES/DOCUMENTS TO A DIFFERENT STAFF or APPROVALS NOT IN MY TO DO BOX

Progress note or any other document was routed to the wrong staff/supervisor. These steps are also for re-routing to another supervisor, and approval not showing in “My to Do” box.

Type of Error	Steps	Descriptions	Form to Use	Who
Routed Progress Note(s)/Document to the wrong staff or approval is not showing in my to do inbox	1	Re-route progress note/document to another staff or back to same staff	Approver Override	Clinical Supervisor
	2	Approve progress note/Document	My to Do's Box	Practitioner

- Steps:**
- ① In Search Form – Search “Approver Override”. Double click to launch form.
 - ② In the “Form Type” drop down, choose the type of document that needs to be re-routed.
 - ③ In the “Entity” field, enter the client’s ID (do not enter the zeros, instead of 001234567 use 1234567)
 - ④ In the “From Date” and “To Date” enter the date the note was written.
 - ⑤ In the “List of Documents” drop down menu, select the document that needs re-routing. The current approver will be displayed in the “List of Approvers” once document is selected.
 - ⑥ Hit the “Update Approvers” button. Pop-Up will appear to change approver.
 - ⑦ Enter new staff in either “Supervisor” or “Add Approver” field then hit “Add” button. Pop-up will ask if you want to make, hit “yes”.
 - ⑧ Hit “Submit” button to complete the process.

These steps can be used to re-send approver(s), if the co-practitioner/supervisor did not get a “My to Do” for approval. In these cases, re-enter the original approver’s name and submit.

The image contains two screenshots of a software interface. The top screenshot shows a 'Search Forms' page with a search bar containing 'approver override'. A table lists forms, with 'Approver Override' selected. The bottom screenshot shows the 'Form Type' dropdown set to 'Assessment'. The 'Entity' field contains 'LAMBCHOP.SAMB(3000052)'. The 'From Date' is '04/12/2016' and the 'To Date' is '11/28/2016'. The 'List of Documents' dropdown is open, showing a list of documents. The 'List of Approvers' section shows 'Supervisor: KIM KIEU (048175)'. A 'Route Document To' pop-up is displayed, showing 'Supervisor: SUSAN COZOLINO (047993)' and 'Add Approver: KIM KIEU (048175)'. The 'Update Approvers' button is highlighted. The 'Route Document To' pop-up has a 'Submit' button and a 'Cancel' button.

CORRECTING ACCESS/FRO

Due to DMH policy, once ACCESS/FRO is created it cannot be deleted. Therefore, staff should not be re-writing, instead consult with IBHIS EC.

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
ACCESS/FRO - Done to the Wrong Client	1	Move to the correct client	Final to Draft Override - Avatar PM	Clinical Supervisor
	2	Move from incorrect client to correct client	Move Selected Data	Clinical Supervisor
Duplicate ACCESS/FRO or entered in error	1	Send back to Draft	Final to Draft Override - Avatar PM	Clinical Supervisor
	2	Add comment to ACCESS/FRO indicating that it's a duplicate or entered in error	Add the following comment to the ACCESS/FRO - "This ACCESS/FRO is a duplicate or entered incorrectly, the correct incident number is "	Any Appropriate staff
Wrong Date on ACCESS/FRO	1	Send back to Draft	Final to Draft Override - Avatar PM	Clinical Supervisor
	2	Add comment to ACCESS/FRO indicating that the date entered is incorrect.	Add the following comment to the ACCESS/FRO - "The date entered is incorrect, the correct date should be "	Any Appropriate staff

Steps:

- 1 In Search Forms – Search “Final to Draft Override – Avatar PM”. Double click to launch form.
- 2 In the “Form” drop down choose “Access/FRO Incident Tracking.”
- 3 In the “Entity Lookup” field, enter the client’s ID or name.
- 4 Hit the “Select Row” button, and select the ACCESS/FRO that needs to be sent back to draft for either moving to correct client or to correct.
- 5 In the “Pop-up” highlight the ACCESS/FRO that needs to be sent back to draft, and hit the “OK” button.
- 6 In the “Override Reason” box, write reason why ACCESS/FRO is being back to draft, date and staff name.
- 7 Hit “Submit” button to complete process.

Steps continued on the next page

Steps: Move ACCESS/FRO to correct chart

- ① In Search Forms – Search “Move Selected Data – Avatar PM”
Double click to launch form.
- ② In the “Entry Database” drop down menu, select “Client.”
- ③ In the “Form” drop down menu, select “ACCESS/FRO Incident Tracking.”
- ④ In the “Old Entity” field, enter the client ID in which the incorrect ACCESS/FRO was submitted.
- ⑤ Click on the “Select Row to be Moved” button. A pop-up window will come up, in the pop-up, highlight the ACCESS/FRO that needs to be moved and hit the “OK” button.
- ⑥ In the “New Entity” field, enter the ID for the correct client.
- ⑦ In the “Reason for Moving Data”, write a statement regarding reason for moving the ACCESS/FRO, date and staff name.
- ⑧ Hit the “Submit” button to complete the
 - Do not forget to re-finalized the ACCESS/FRO

Name	Menu Path
Move Selected Data	Avatar PM / RADplus Utilities / Database Management
Move Selected Data	Avatar CWS / RADplus Utilities / Database Management
Move Selected Data	Avatar MSO / RADplus Utilities / Database Management

< Previous 25 1 through 3 of 3 Next 25 >

Move selected Data 1

The screenshot shows the 'Move Selected Data' form with the following elements highlighted by numbered red circles:

- 1: The 'Move selected Data' button at the bottom of the search results table.
- 2: The 'Entity Database' dropdown menu set to 'Client'.
- 3: The 'Form' dropdown menu set to 'ACCESS/FRO Incident Tracking v2.0'.
- 4: The 'Old Entity' text field containing 'TEST.KIMMIE (3170094)'.
- 5: The 'OK' button at the bottom of the 'myAvatar 2017 - Incident Tracking' pop-up window.
- 6: The 'New Entity' text field containing 'TEST.PLAN (3194891)'.
- 7: The 'Reason for Moving Data' text field containing 'KKieu 9/12/17 - Move to correct client'.
- 8: The 'Submit' button on the left side of the form.

The pop-up window 'myAvatar 2017 - Incident Tracking' displays a table with the following data:

Incident Call Date	Incident #	Incident Agent	Data Entry By (Login)	Form Status
09/12/2017	100006	Huong (Kim) K	Huong (Kim) K	Draft

CORRECTING AUTHORIZATION FOR PHI DISCLOSURE/CONSENT FOR SERVICES

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Enter to the wrong client	1	Move to the correct client	Move Selected Data - PM	Error Correction Supervisor
Duplicate Entries	1	Delete the duplicate	Aunthorization for PHI Disclosure - Delete button at pre-display	Error Correction Supervisor
Incorrect Information	1	Edit Authorization - Please take caution when making edits as the client already signed the authorization	Aunthorization for PHI Disclosure - Edit button at pre-display	Error Correction Supervisor

Steps: The steps below are the same for consents

Search Forms

authorization for Phi dis

Name	Menu Path
Authorization for PHI Disclosure Report	Avatar PM / DMH Reports
Authorization For PHI Disclosure	Avatar PM / Client Management / Client Information

Authorization For PHI Disclosure

Date of Authorization	Name of Health Care Provider/Plan	Expiration Date	Authorization Recording Program of Se
11/09/2017		01/09/2018	7458A JUVENILE COURT MENTAL HLTH SVS
01/12/2017	Pip Squeak Elementary School	01/11/2018	6841A WEST VALLEY MH/Wellness Center
10/11/2017	Young Oak Kim Academy Middle School	10/27/2018	6864L AUGUSTUS F HAWKINS FAMILY MHS
12/07/2017	Martha Baldwin Elementary School	12/07/2018	6840F SAN FERNANDO MENTAL HEALTH CENTER
12/07/2017		12/08/2018	6840F SAN FERNANDO MENTAL HEALTH CENTER
01/29/2018		01/31/2018	7191B EDMUND D EDELMAN W MHC CH + PM
03/07/2018		01/01/2019	7458A JUVENILE COURT MENTAL HLTH SVS
05/24/2018		06/28/2018	1906A EDMUND D EDELMAN WESTSIDE MHC
08/15/2018	Marqueta Elementary School	08/15/2019	6840F SAN FERNANDO MENTAL HEALTH CENTER
08/15/2018	St. John's	08/15/2019	7057B DOWNTOWN MENTAL HEALTH CENTER
08/15/2018	Dr. Test Medical Group	08/15/2019	7458A JUVENILE COURT MENTAL HLTH SVS

Add Edit Delete Cancel

Move Selected Data

Entity Database: Client

Form: Authorization For PHI Disclosure

Old Entity: TEST,PLAN (3139103)

New Entity: TESTING,JASON (4732920)

Reason for Moving Data: New - 11/3/18, Entered to wrong client, moved to correct client

To delete:

- 1 In Search form, search "Authorization for PHI Disclosure", double click on mouse to launch form. If correcting Consent for Services, the search this form.
- 2 A pre-display will pop-up, highlight the authorization to delete.
- 3 Hit "Delete" at end of page to delete the authorization.

To move authorization, search for "Move Selected Data – PM" In search form:

- 4 Select "Client" under the "Entity Database".
- 5 Select "Authorization for PHI Disclosure" under the "Form" dropdown.
- 6 Select the Authorization to move from the "select Row to be moved" tab.
- 7 Enter correct ID in the "New Entity" field.
- 8 Enter a reason for moving the data in the "Reason for Moving Data" field. Hit "Submit" to complete the move.

MONITORING REPORTS

Monitoring reports are found in IBHIS and in COGNOS/STATS.

Because a service is created as soon as a progress note is finalized, supervisors must ensure that staff are completing documentation as outlined in **Policy 401.02 – Clinical Records Contents and Document Entry**. Per policy, documentation must be written in the clinical record by the next scheduled work day following the date of service, and no later than 5 calendar days. The following reports will assist with the monitoring of timeliness of documentation and **should be run a least once per week**:

- [Service Information Check] – COGNOS AND
- [Staff Activity Report]- COGNOS **or**
- [Clinical Forms in Draft and Pending Approval Status] – COGNOS

The reports below can be used for additional monitoring (**first two reports should be run at least once a month**):

- [Services Missing Face to Face Time]- COGNOS
- [Non-mental health Diagnosis]- COGNOS
- [Active Clients by Primary Program of Service]- COGNOS
- [Staff Activity Report]- COGNOS
- Other STATS Reports (posting lag time, IBHIS Progress Note Timeliness Practitioner Summary)

Make sure you clearly identify WHO will be running them, WHEN they will be run and WHAT the process will be for follow up.

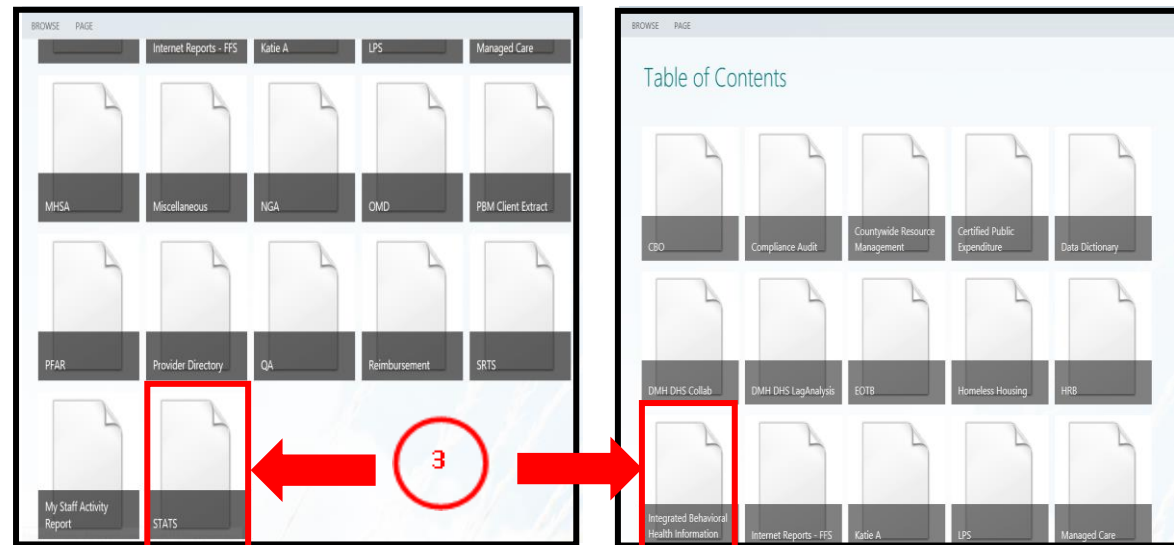
HOW TO LOCATE STATS AND COGNOS REPORTS?

The following steps assume that the staff has been given access to STATS/COGNOS reports. If you need access, create a heatticket (refer to page 51 for how to create a heatticket) to have access granted. Please note the request needs to be made by the Program Manager.



Steps:

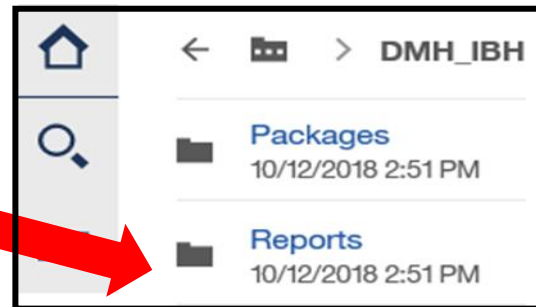
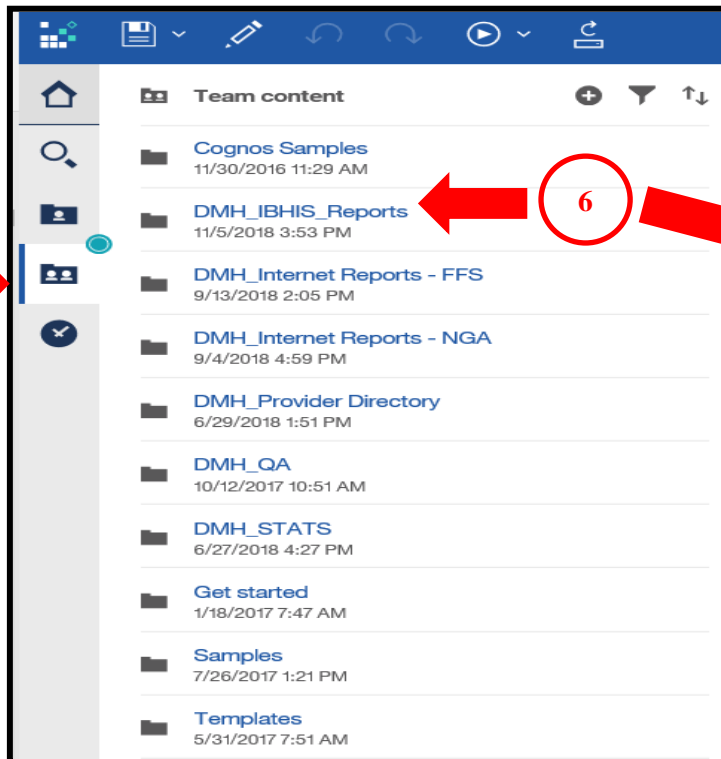
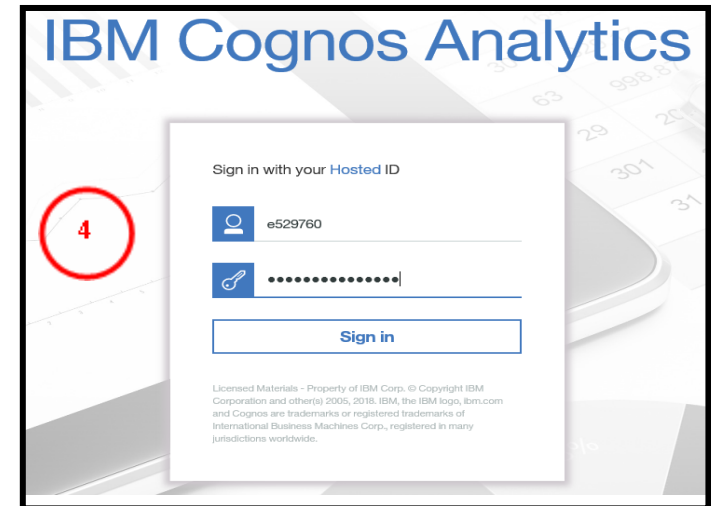
- ① On the DMH homepage double click on “Applications” icon.
- ② Once in the “Application” page, locate the “Cognos Reports” icon, click mouse to launch.
- ③ Click on “STATS” to access the reports or click on “Integration Behavioral Health Information (for the Service information Check Report for non-supervisors and PM)



Steps continued on the next page

Steps:

- ④ Log onto the “STATS table of Contents” if prompted, by using the credentials for logging into your workstation (e.g. employee number and password). Hit “Sign In” button once information is entered.
- ⑤ Click on the team content folder (second folder) to open available reports.
- ⑥ Click on “DMH IBHIS Reports”, and then click on “Reports”.



Available reports

- ⑦ Click on the report(s) that needs to be run. Please refer to sections in this manual on how to run the reports.



Launching STATS and COGNOS Reports within IBHIS

Steps:

- ① On your IBHIS Home screen locate tab/widget “Reports”, click on mouse to enter tab/widget.
 - ② Click on “STATS Reports” to launch STATS reports.
 - ③ Click on “IBHIS reports” to launch IBHIS reports.
- Note if you are not able to launch the above links, it means that you do not have access to the reports. Access is only given to supervisors or staff approved by the Program Managers or QA Unit. Follow instructions in the tab/widget to request access.

My Views: Home Client Overview Treatment Overview Financial Clinical Notes Medical Just4Me **Reports**

IBHIS Reports

DMH Cognos Reports Table of Contents

1/1 Alerts What's New To read about what's new in Cognos Analytics, click More Info.

Cognos Reports for IBHIS Users

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

County of Los Angeles
Department of Mental Health
Cognos Reports
Table of Contents

Mar 16, 2020 2:06:34 PM

Report Name	Report Description	Update Frequency
My Staff Activity Report	Displays IBHIS staff activities of the logged-in user. For supervisors/managers looking for program-wide staff activities, please click on STATS Reports below and then select "IBHIS Staff Activity Report (for Manager/Supervisor)"	Weekly
STATS Reports (Authorization* required)	Include: IBHIS Active Clients by Program and Primary Program, IBHIS Direct Services Reports, IBHIS Homelessness Tracking Reports, IBHIS Meaningful Use Compliance Reports, IBHIS Staff Activity Report (for Manager/Supervisor), etc.	Varies
IBHIS Reports (Authorization* required)	Include: Clinical Forms in Draft and Pending Approval Status, COS/MAA Service Report, Missing & Excluded Diagnosis Detail Reports, IBHIS Progress Notes Report, Active Medicare clients (Lifetime Extended Signature Auth), Active OHC Clients (IA/AB), Charts to Review, Client UMDAP Report, etc.	Varies

*** Instructions to request access to IBHIS Reports & STATS Reports:**

1. Receive approval from supervisor and/or manager
2. Open Internet Explorer - [DMH SharePoint](#)
3. Select "Administrative Service Desk"
4. Click "Sign in with your HOSTED account by clicking on this link"
5. Click "Report an Issue" (located on the upper right corner)
6. Provide the following information in the description section, as shown in the example below -
 - (a). Report Name (e.g. CBO, IBHIS, NGA, PFAR, QA, and STATS Reports)
 - (b). Description (e.g. Requesting access to name of report(s))
 - (c). Name(s), Employee Number(s)
 - (d). Justification, Approver Name/Email
7. Click "Save Incident"

John Doe
Self Service (MH)
Help

Home My Items: Issue x **Report an Issue**

Back to My Items List Rapid Report * = required

HOW TO RUN SERVICE INFORMATION CHECK REPORT?

Steps:

- ① Access Cognos reports and run the Service Information Check Report:
 1. Select the program of service. If there is more than one program, select all programs that you want to run data for.
 2. Enter the date range. It is recommend that a 12 months date range is used when running the report.
 3. Select “Yes” to “Restrict to Services with Issues”.
 4. Hit “Finish” to process the data.
- ② Once data is displayed (diagram 1), export the data to Excel format so that data can be filtered to identify the errors.
 1. Click on the “arrow” and select “Run Excel” or “Run Excel Data” (diagram 2). Cognos data will download into Excel spreadsheet as in example below (diagram 3):

Diagram 1:

Program_of_Service	Service Date	Service_status	Practitioner	Any_CoPrac	Prac_Type
1908W WEST CENTRAL FAMILY MHS	Oct 20, 2020	Open		No	Primary
1908W WEST CENTRAL FAMILY MHS	Oct 08, 2020	Open		No	Primary

Diagram 2:

Diagram 3:

Program_of_Service	Client_Name	ClientID	Service Date	Service_status	Practitioner	Any_CoPri
1930A RIO HONDO COMMUNITY MHC			Jul 19, 2019	Open		No
1930A RIO HONDO COMMUNITY MHC			Aug 20, 2019	CLAIMED		No
1930A RIO HONDO COMMUNITY MHC			Sep 24, 2019	CLAIMED		No
1930A RIO HONDO COMMUNITY MHC			Dec 03, 2019	CLAIMED		No
1930A RIO HONDO COMMUNITY MHC			Nov 01, 2019	Open		No
1930A RIO HONDO COMMUNITY MHC			Mar 06, 2020	Open		No
1930A RIO HONDO COMMUNITY MHC			Feb 07, 2020	Open		No

How to Format and Filter Data

Steps:

- ① In the downloaded excel spreadsheet, select "Format as Table".
- ② Drop down will come up, select a color.
- ③ Hit "OK" in the Format as Table" pop-up.
- ④ Excel spreadsheet is now ready for filtering of data. Example below (diagram 1).
- ⑤ To filter, select a column and click the arrow, drop down will pop-up. The errors are identified in with an "!" at the end of the text or number on the report (e.g. Missing! or 30!). Click on all items with the "!", and the "OK" to populate errors that needs fixing. Page 54 shows how to make the errors show up in red.

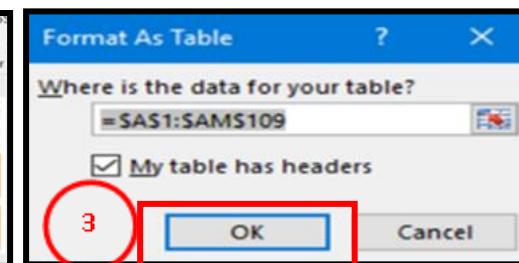
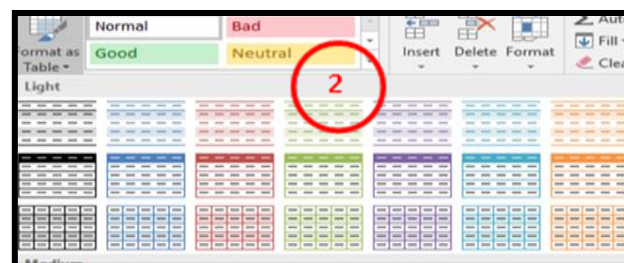
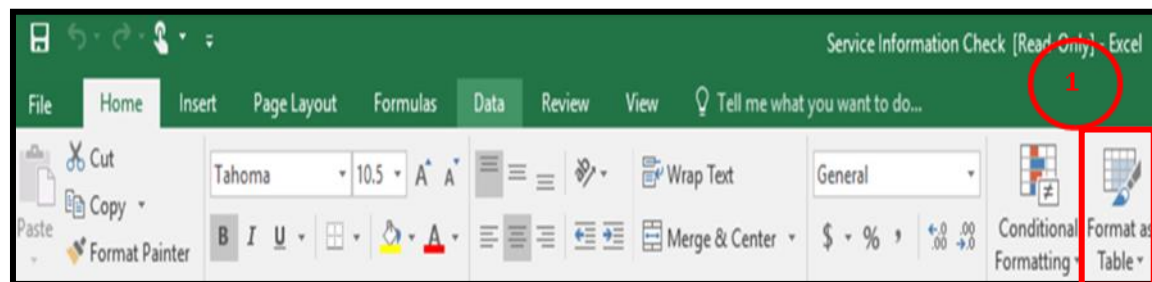
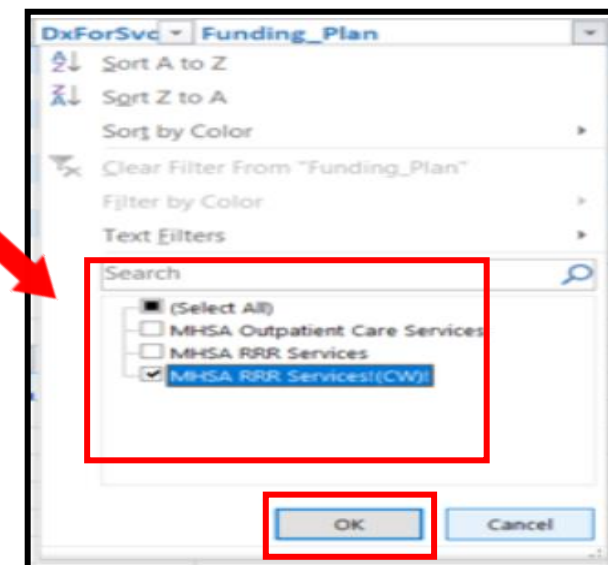
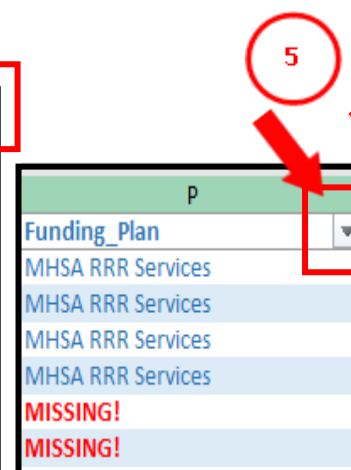


Diagram 1:

	Program_of_Service	Client_Name	ClientID	Service	Service_start	Practitioner	Any_Cof	Type_of_Ser	Service_C	FTF_T	Other_T	Durati	Note_type	Note_Status	Dxfor	Funding_Plan
1	1830A RICHMOND COMMUNITY MHC			Jul 19, 2019	Open		No	Group (10 clients)	H2019HEHQ	50	758	228	Scheduled Groups Final	Yes	MHSA RRR Services	
2	1830A RICHMOND COMMUNITY MHC			Aug 20, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	MHSA RRR Services	
3	1830A RICHMOND COMMUNITY MHC			Sep 24, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	MHSA RRR Services	
4	1830A RICHMOND COMMUNITY MHC			Dec 03, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	MHSA RRR Services	
5	1830A RICHMOND COMMUNITY MHC			Nov 01, 2019	Open		No	Group (10 clients)	H2019HEHQ	55	750	58	Scheduled Groups Final	Yes	MHSA RRR Services	
6	1830A RICHMOND COMMUNITY MHC			Mar 06, 2020	Open		No	Group (10 clients)	H2019HEHQ	57	763	50	Scheduled Groups Final	Yes	MHSA RRR Services	
7	1830A RICHMOND COMMUNITY MHC			Feb 07, 2020	Open		No	Group (10 clients)	H2019HEHQ	57	757	237	Scheduled Groups Final	Yes	MHSA RRR Services	
8	LA County DMH PreAdmit			Jan 28, 2020	Open		No	Group (10 clients)	H2019HEHQ	70	750	20	Scheduled Groups Final	Yes	MISSING!	
9	LA County DMH PreAdmit			Jan 28, 2020	Open		No	Group (10 clients)	H2019HEHQ	70	750	20	Scheduled Groups Final	Yes	MISSING!	
10	1830A RICHMOND COMMUNITY MHC			Dec 23, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	MHSA RRR Services	
11	1830A RICHMOND COMMUNITY MHC			Aug 21, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	20	Scheduled Groups Final	Yes	MHSA RRR Services	
12	1830A RICHMOND COMMUNITY MHC			Aug 23, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	20	Scheduled Groups Final	Yes	MHSA RRR Services	
13	1830A RICHMOND COMMUNITY MHC			Sep 18, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	20	Scheduled Groups Final	Yes	MHSA RRR Services	
14	1830A RICHMOND COMMUNITY MHC			Sep 25, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	20	Scheduled Groups Final	Yes	MHSA RRR Services	
15	1830A RICHMOND COMMUNITY MHC			Sep 27, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	57	755	72	Scheduled Groups Final	Yes	MHSA RRR Services	
16	1830A RICHMOND COMMUNITY MHC			Nov 08, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	74	75	67	Scheduled Groups Final	Yes	MHSA RRR Services	
17	1830A RICHMOND COMMUNITY MHC			Mar 06, 2020	CLAIMED		No	Group (10 clients)	H2019HEHQ	58	751	68	Scheduled Groups Final	Yes	MHSA RRR Services	
18	1830A RICHMOND COMMUNITY MHC			Jan 13, 2020	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	CaWORKS!	
19	1830A RICHMOND COMMUNITY MHC			Jan 13, 2020	CLAIMED		No	Group (10 clients)	H2019HEHQ	55	750	55	Scheduled Groups Final	Yes	CaWORKS!	
20	1830A RICHMOND COMMUNITY MHC			Jul 31, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	20	Scheduled Groups Final	Yes	MHSA RRR Services	
21	1830A RICHMOND COMMUNITY MHC			Jul 15, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	CaWORKS!	
22	1830A RICHMOND COMMUNITY MHC			Jul 15, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	CaWORKS!	
23	1830A RICHMOND COMMUNITY MHC			Aug 12, 2019	CLAIMED		No	Group (10 clients)	H2019HEHQ	50	750	50	Scheduled Groups Final	Yes	CaWORKS!	
24	1830A RICHMOND COMMUNITY MHC			Jun 17, 2020	Open		No	Group (10 clients)	H2019HEHQ	57	750	57	Scheduled Groups Final	Yes	CaWORKS!	
25	LA County DMH PreAdmit			Sep 11, 2019	Open		No	Group (10 clients)	H2019HEHQ	70	755	45	Scheduled Groups Final	Yes	MISSING!	
26	LA County DMH PreAdmit			Sep 11, 2019	Open		No	Group (10 clients)	H2019HEHQ	70	755	45	Scheduled Groups Final	Yes	MISSING!	
27	LA County DMH PreAdmit			Sep 11, 2019	Open		No	Group (10 clients)	H2019HEHQ	70	755	45	Scheduled Groups Final	Yes	MISSING!	



Steps continued on the next page

How to make errors show up in red

Steps:

1. In the Excel spreadsheet, click on the “triangle” on the left hand upper corner of the excel spreadsheet to highlight all the data.
2. Select the “Conditional Formatting” button.
3. Select “New Rule” in the drop down menu.
4. Select “Format only cells that contains.”
5. Choose “Specific text” in the drop down menu. Menu in the “Format only cells with” section.
6. Enter “!” on the blank text box.
7. Hit the “Format” button.
8. In the “Color” drop down menu, select the red color.
9. Hit “OK” to be taken back at the New Formatting Rule pop up.
10. Hit “OK” in the New Formatting Rule pop-up to complete task.

You can now filter to only show text that are red in the different columns.

11. To filter to show only red, click the arrow on the column that you want to filter. Select filter by color and select the “red”.

All errors in the Service Information Check report will now be in red text.

The screenshots show the following steps:

1. Selecting the data range in the spreadsheet.
2. Clicking the "Conditional Formatting" button in the ribbon.
3. Clicking "New Rule..." in the dropdown menu.
4. Selecting "Format only cells that contain".
5. Selecting "Specific Text" in the "Format only cells with" section.
6. Entering "!" in the text box.
7. Clicking the "Format..." button.
8. Selecting the red color in the "Color" dropdown menu.
9. Clicking "OK" in the "Format Cells" dialog.
10. Clicking "OK" in the "New Formatting Rule" dialog.
11. Clicking the arrow on the column header to open the filter dropdown, then selecting "Filter by Color" and "Red".

CORRECTING ERROR RELATING TO PROGRESS NOTE STATUS

The Service Information Check report identifies progress notes that are missing, left in draft status or pending approval.

Steps:

- ① Run the Client Information Service Check report (steps on page 52 to 53), and filter data in the “**Note Status**” column to identify services with note status errors (example on the right).
- ② Progress note is **missing!** – this error should be rare due to the removal of posting. It will occur if the service was not deleted after a request to void the note through QA IBHIS Error Correction. To fix, check the service status:
 1. If service is open, delete the service and appointment.
 2. If service closed/unbill, request IBHIS error correction to open service to delete service and appointment.
 3. If service is claimed, submit claim void request to IBHIS error correction.
- ③ Progress note is in **draft!** - verify with the practitioner and have them finalize the note or delete the note if not needed. If staff is no longer with DMH or on a long leave, follow the Unavailable Practitioner procedures.
- ④ Progress note is **pending approval!** - follow up with the staff who needs to approve the note and request they approve or reject the note for modification. If staff is no longer with DMH or on leave re-route to another supervisor for approval.

Program of Service	Client Name	ClientID	Service Date	Service Status	Practitioner	Any CoPrac	Type of Service	Service Code	FTF Time	Other Time	Duration	Note Type	Note Status
A County DMH PreAdmit			Sep 11, 2019	Open			Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
A County DMH PreAdmit			Sep 11, 2019	Open			Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
A County DMH PreAdmit			Sep 11, 2019	Open			Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
B30A RIO HONDO COMMUNITY MHC			Jun 04, 2020	Open			Group (7 clients)	H2015HEHQGT	119	31	150	Scheduled Groups	Draft!
B30A RIO HONDO COMMUNITY MHC			Jul 17, 2020	Open			Individual	00001	0	20	20	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			Apr 17, 2020	Open			Individual	00001	0	20	20	Individual Service	Pending Approval!
B30A EDMUND D EDELMAN WESTSIDE MHC			Jul 21, 2020	Open			Individual	90791SC	0	150	150	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			Aug 11, 2020	Open			Individual	99212	0	30	30	Individual Service	MISSING!
B30A EDMUND D EDELMAN WESTSIDE MHC			Feb 04, 2020	CLAIMED			Individual	99212	16	11	30	Medication Service	Draft!
B30A EDMUND D EDELMAN WESTSIDE MHC			Aug 13, 2020	Open			Individual	99213	0	30	30	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			Jan 23, 2020	CLAIMED			Individual	H0032	0	15	15	Individual Service	Pending Approval!
B30A EDMUND D EDELMAN WESTSIDE MHC			Jul 14, 2020	Open			Individual	H0032SC	0	30	30	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			Jul 30, 2020	Open			Individual	H0032SC	0	20	20	Individual Service	Pending Approval!
B30A RIO HONDO COMMUNITY MHC			Jul 23, 2020	Open			Individual	H0032SC	0	25	25	Individual Service	Pending Approval!
B30A RIO HONDO COMMUNITY MHC			Jul 15, 2020	Open			Individual	H0046SC	0	60	60	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			May 18, 2020	CLAIMED			Individual	H0046SC	0	49	49	Individual Service	MISSING!
B30A RIO HONDO COMMUNITY MHC			Jul 30, 2020	Open			Individual	H0046SC	0	60	60	Individual Service	Pending Approval!
B30A RIO HONDO COMMUNITY MHC			Apr 27, 2020	CLAIMED			Individual	H0046SC	0	45	45	Error Correction	Pending Approval!
B30A EDMUND D EDELMAN WESTSIDE MHC			Aug 13, 2020	Open			Individual	H2010HE	0	15	15	Medication Service	Draft!

ClientID	Service Date	Service Status	Practitioner	Any CoPrac	Type of Service	Service Code	FTF Time	Other Time	Duration	Note Type	Note Status
	Jul 17, 2020	Open		No	Individual	00001	NULL	NULL	45	MISSING!	MISSING!
	Jul 21, 2020	Open		No	Individual	90791SC	NULL	NULL	150	MISSING!	MISSING!
	Aug 11, 2020	Open		No	Individual	99212	NULL	NULL	30	MISSING!	MISSING!
	Aug 13, 2020	Open		No	Individual	99213	NULL	NULL	30	MISSING!	MISSING!
	Jul 14, 2020	Open		No	Individual	H0032SC	NULL	NULL	30	MISSING!	MISSING!

ClientID	Service Date	Service Status	Practitioner	Any CoPrac	Type of Service	Service Code	FTF Time	Other Time	Duration	Note Type	Note Status
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
	Jun 04, 2020	Open		No	Group (7 clients)	H2015HEHQGT	119	31	150	Scheduled Groups	Draft!
	Feb 04, 2020	CLAIMED		No	Individual	99212	16	11	30	Medication Service	Draft!
	Aug 13, 2020	Open		No	Individual	H2010HE	0	15	15	Medication Service	Draft!
	Jul 27, 2020	Open		No	Individual	H2010SC	0	41	41	Medication Service	Draft!
	Aug 05, 2020	Open		No	Individual	H2010SC	0	30	30	Medication Service	Draft!
	Jun 09, 2020	Open		No	Individual	H2010SC	0	22	184	Medication Service	Draft!

ClientID	Service Date	Service Status	Practitioner	Any CoPrac	Type of Service	Service Code	FTF Time	Other Time	Duration	Note Type	Note Status
	Apr 17, 2020	Open		No	Individual	00001	0	20	20	Individual Service	Pending Approval!
	Jan 23, 2020	CLAIMED		No	Individual	H0032	0	15	15	Individual Service	Pending Approval!
	Jul 30, 2020	Open		No	Individual	H0032SC	0	20	20	Individual Service	Pending Approval!
	Jul 23, 2020	Open		No	Individual	H0032SC	0	25	25	Individual Service	Pending Approval!
	Jul 30, 2020	Open		No	Individual	H0046SC	0	60	60	Individual Service	Pending Approval!
	Apr 27, 2020	CLAIMED		No	Individual	H0046SC	0	45	45	Error Correction	Pending Approval!
	Jun 18, 2020	Open		No	Individual	H2011HE	0	29	29	Individual Service	Pending Approval!
	Jun 30, 2020	Open		No	Individual	H2015	17	17	34	Individual Service	Pending Approval!

CORRECTING SERVICES WITH A DURATION MISMATCH

The Service Information Check report identifies services with a Duration Mismatch. A Duration Mismatch occurs when the face to face time and the other time does not equal the total time. The steps below are for services that are open, if services are claimed, submit void request to IBHIS error correction (steps on page 68).

ClientID	Service Date	Service Status	Practitioner	Any CoPrac	Type of Service	Service Code	FTF Time	Other Time	Duration
	Jul 17, 2020	Open		No	Individual	00001	NULL	NULL	45!
	Jul 28, 2020	Open		No	Individual	00001	0	65	60!
	Jun 24, 2020	Open		No	Individual	00002	0	35	98!
	Jul 28, 2020	Open		No	Individual	00004	0	74	75!
	Jul 21, 2020	Open		No	Individual	90791SC	NULL	NULL	150!
	Mar 09, 2020	CLAIMED		No	Individual	90834	47	15	60!
	Jun 26, 2020	Open		No	Individual	90834GT	0	52	55!
	Jul 01, 2020	Open		No	Individual	90834GT	0	51	60!
	Feb 27, 2020	CLAIMED		No	Individual	90837	49	12	60!
	Feb 21, 2020	CLAIMED		No	Individual	90837	52	12	60!
	Jul 01, 2020	Open		No	Individual	90837GT	60	9	60!
	Jun 17, 2020	Open		No	Individual	90837GT	0	60	63!
	Jun 05, 2020	Open		No	Individual	90837GT	0	72	84!
	Jul 17, 2020	Open		No	Individual	90837GT	0	58	68!
	Jul 17, 2020	Open		No	Individual	90837GT	0	61	63!
	Jul 17, 2020	Open		No	Individual	90837GT	0	58	60!
	Jul 28, 2020	Open		No	Individual	90887	0	30	20!

Steps:

- ① Run the Client Information Service Check report (steps on page 52 to 53), and filter data in the “Duration” column to identify services with a duration errors (example on the left).

1. Consult with the practitioner to verify the correct Face to face and other time, then follow steps below:

- ② Use Edit Service Information form to correct the time. In search Form - Search “Edit Service Information”. Double click to launch form

- ③ Enter the client’s ID and choose the LE00019 episode, and the date of service in the “Service Start Date” and “Service End Date”, hit the “Select Service (s) To Edit” button.

- ④ Pop-up will appear with the service to be corrected. Check the Service to be correct and hit the “OK” button to confirm selection.

- ⑤ Once back to the “Edit Service Information” form, delete incorrect face to Face and Other Time and enter the correct time in each of those fields and hit enter on your keyboard to allow the total time to update to correct total duration.

- ⑥ Once confirmation has been made that total duration is correct hit the “Submit” button to save changes.

CORRECTING FUNDING PLAN ERRORS

The Service Information Check report identifies services that have errors relating to funding plans. All direct service requires a funding plan.

Steps:

- 1 Run the Client Information Service Check report (steps on page 52 to 53), and filter data in the “Funding Plan” column to identify services with a Funding Plan error (example below). Then follow the instructions below.

ClientID	Service Da	Service_s	Practitioner	Any_t	Type_of_Servic	Service_Cod	FTF	Othe	Dura	Note_type	Note_Sta	DxFc	Funding_Plan
	Jan 28, 2020	Open		No	Group (2 clients)	H2015HEHQ	70	50	120	Scheduled Groups	Final	Yes	MISSING!
	Jan 28, 2020	Open		No	Group (2 clients)	H2015HEHQ	70	50	120	Scheduled Groups	Final	Yes	MISSING!
	Jan 13, 2020	CLAIMED		No	Group (2 clients)	H2015HEHQ	60	30	90	Scheduled Groups	Final	Yes	CalWORKS!
	Jan 13, 2020	CLAIMED		No	Group (2 clients)	H2015HEHQ	35	20	55	Scheduled Groups	Final	Yes	CalWORKS!
	Jul 15, 2019	CLAIMED		No	Group (2 clients)	H2015HEHQ	60	30	90	Scheduled Groups	Final	Yes	CalWORKS!
	Jul 15, 2019	CLAIMED		No	Group (2 clients)	H2015HEHQ	60	30	90	Scheduled Groups	Final	Yes	CalWORKS!
	Aug 12, 2019	CLAIMED		No	Group (2 clients)	H2015HEHQ	60	30	90	Scheduled Groups	Final	Yes	CalWORKS!
	Jun 17, 2020	Open		No	Group (2 clients)	H2015HEHQT	67	30	97	Scheduled Groups	Final	Yes	CalWORKS!
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!	Yes	MISSING!
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!	Yes	MISSING!
	Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!	Yes	MISSING!
	Aug 20, 2019	CLAIMED		No	Group (3 clients)	H2015HEHQ	60	36	96	Scheduled Groups	Final	Yes	CalWORKS!
	Jun 24, 2020	Open		No	Group (3 clients)	H2015HEHQT	67	55	122	Scheduled Groups	Final	Yes	CalWORKS!
	Jul 30, 2019	CLAIMED		No	Group (4 clients)	90853	64	49	113	Scheduled Groups	Final	Yes	ERROR - Multiple!
	Aug 12, 2020	Open		No	Individual	90791SC	0	303	303	Individual Service	Final	Yes	MISSING!
	Jun 08, 2020	Open		No	Individual	90791SC	0	75	75	Individual Service	Final	Yes	INVALID - MHSA Wellness

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Funding Plan shows as missing!	1	No funding plan entered - enter appropriate funding plan	Funding Plan Assignment	Error Correction Supervisor or appropriate staff
	2	Wrong effective date - date entered does not cover date of services. delete and enter new on with correct date	Funding Plan Assignment - delete at pre-display	Error Correction Supervisor or appropriate staff
	3	Wrong program of services - update the program of service	Funding Plan Assignment	Error Correction Supervisor or appropriate staff
	4	Wrong funding plan type - update funding plan type	Funding Plan Assignment	Error Correction Supervisor or appropriate staff
Funding Plan shows as Error - Multiple!	1	Two more funding plans entered for the same program of service and same effective date (eg. MHSA-FSP and MHSA PEI). Delete incorrect Funding plan	Funding Plan Assignment - delete at the pre-display	Error Correction Supervisor or appropriate staff
Funding Plan shows as Invalid - (MHSA Wellness Service!, MHSA FCC!, MHSA RRR! etc.)	1	An invalid funding plan was entered to cover services prior to 6/30/20, but did not update the invalid funding plan for services after 7/1/20. Add new funding plan (MHSA Outpatient Care Service with effective date of 7/1/20)	Funding Plan Assignment	Error Correction Supervisor or appropriate staff
Funding Plan shows as CalWORKS!	1	CalWORKS Funding Plan was entered when the client is not CalWORKS. Update funding plan type	Funding Plan Assignment	Error Correction Supervisor or appropriate staff
	2	Client is CalWORKS - check to see if the client has CalWORKS Authorization form in chart.	Consult with the Central Business Office to add CalWORKS Guarantor in Financial Eligibility set-up	Error Correction Supervisor or appropriate staff
Funding Plan shows as MHSA Outpatient Care Services or any other funding type with and (!) at the end. This will only shows if the client is CalWORKS	1	Client is CalWORKS but does not have CalWORKS Funding Plan entered	Funding Plan Assignment - Add CalWORKS funding plan if client is CalWORKS. If client is not CalWORKS consult with CBO to remove CalWORKS Financial Eligibility set-up	Error Correction Supervisor or appropriate staff

CORRECTING FINANCIAL RELATED ERRORS

The Service Information Check report identifies errors relating financial set-up and requirements. The report identifies errors such as expired UMDAP, missing FOA, expired PFI, missing financials documents and signatures.

Steps:

- ① Run the Client Information Service Check report (steps on page 52 to 53), and filter data to identify financial related errors. (examples below). Financial information starts from the “LA County” column and forward on the report.

Fixes:

All errors relating to financial set-up and requirements should be consulted with the Central Business Office via email: CBO@dmh.lacounty.gov Telephone: (213) 480-3444 or create a heatticket.

LA County	Medi_Ca	Posted_270	CalWork	Medicare	OH	Last_UMDA	PFI	FOA	Lifetime	Ins_Aut	Ins_Ben	Any_Issu	Non_Signature_Iss
YES	YES	Yes	NO	NO	NO	Aug 01, 2020	Aug 01, 2020	Aug 01, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	YES	Jul 13, 2020	Jul 13, 2020	Jul 13, 2020	N/A	MISSING!	On File	1	1
YES	YES	Yes	NO	NO	NO	Oct 12, 2019	Oct 12, 2019	Oct 12, 2019	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Feb 06, 2020	Feb 06, 2020	Feb 06, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Dec 05, 2019	Dec 05, 2019	Dec 05, 2019	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Apr 25, 2020	Apr 25, 2020	Apr 25, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Nov 01, 2019	Nov 01, 2019	Nov 01, 2019	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Aug 31, 2019	Aug 31, 2019	Aug 31, 2019	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Apr 13, 2020	Apr 13, 2020	Apr 13, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Jul 01, 2020	Jul 01, 2020	Jul 01, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Apr 14, 2020	Apr 14, 2020	Apr 14, 2020	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	Sep 11, 2019	Sep 11, 2019	Sep 11, 2019	N/A	N/A	N/A	1	1
YES	YES	Yes	NO	NO	NO	May 23, 2020	EXPIRED!	EXPIRED!	N/A	N/A	N/A	1	1

Medical	OH	Last_UMDA	PFI	FOA	Lifetime	Ins_Aut	Ins_Ben
NO	NO	Jan 22, 2020	Jan 22, 2020	Jan 22, 2020	N/A	N/A	N/A
NO	YES	Apr 24, 2020	Apr 24, 2020	Apr 24, 2020	N/A	MISSING!	MISSING!
NO	NO	Jun 29, 2019	Jun 29, 2019	Jun 29, 2019	N/A	N/A	N/A
NO	NO	Jun 29, 2019	Jun 29, 2019	Jun 29, 2019	N/A	N/A	N/A
NO	NO	Jul 06, 2020	Jul 06, 2020	Jul 06, 2020	N/A	N/A	N/A
NO	NO	Aug 23, 2018	Aug 23, 2018	MISSING!	N/A	N/A	N/A
NO	NO	Sep 19, 2019	Sep 19, 2019	Sep 19, 2019	N/A	N/A	N/A
NO	NO	Oct 25, 2019	Oct 25, 2019	Oct 25, 2019	N/A	N/A	N/A
NO	NO	Oct 25, 2019	Oct 25, 2019	Oct 25, 2019	N/A	N/A	N/A
NO	NO	Oct 25, 2019	Oct 25, 2019	Oct 25, 2019	N/A	N/A	N/A
NO	NO	Nov 15, 2018	Nov 15, 2018	MISSING!	N/A	N/A	N/A
NO	NO	Nov 15, 2018	Nov 15, 2018	MISSING!	N/A	N/A	N/A
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File
NO	YES	Nov 29, 2018	Nov 29, 2018	Nov 29, 2018	N/A	MISSING!	On File

CORRECTING PROGRESS NOTES WITHOUT A SERVICE

The following steps are for correcting a progress note that has become “independent”. This means that the services has been removed and the progress is not attached to a service or may not be required. Only run this report once per month if error correction was done to delete services, always consult with IBHIS error correction if unsure if the note needs to be connected to a service as the QA unit is monitoring this report.

Steps:

① In “Search Forms” search for “Progress Notes without Services”
Double click to launch form.

② In the form, check of the program that you wish to run and hit
“Process” to run the report to generate data.

③ Review the report and take steps to address the error.

1

Search Forms
Progress notes without a serl

Effective Date: 09/15/2017

Name	Menu Path
Progress Notes Without a Service	Avatar PM / DMH Reports

Progress Notes Without a Service

Process

2

Select Scheduling Site

- ☐ S1917 Arcadia MHS
- ☐ S1921 WMET
- ☐ S1926 Long Beach Child Adolescent Clinic
- ☐ S1927 Long Beach MHS Adult Clinic
- ☐ S1928 San Pedro Mental Health SRVCS
- ☐ S1930 Rio Hondo Community MHC
- ☐ S1932 WSGVMT
- ☐ S1935 South Bay MHS
- ☐ S1938 Compton Family MHS
- ☐ S1942 SGMET
- ☐ S1944 LAWAMET
- ☐ S1945 IMET
- ☐ S1947 HRMBMET
- ☒ S6840 San Fernando Mental Health Center
- ☐ S6841 West Valley Mental Health Center
- ☐ S6857 Roybal Family MHS
- ☐ S6859 DMH at Harbor-UCLA Medical CTR

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Progress Notes Without a Service (Independent Notes)
Associated Practitioner Site: S6840 San Fernando Mental Health Center
* Notes will show under all sites at which Practitioner had appointments near Note Date.

Run Date: 7/10/2018

3

Practitioner: [Redacted]

NOT_uniqueid	Client	Entry Date	Note Date	Episode	Form Type	Note Status	First 60 Characters of Note
NOT64079.001	[Redacted]	6/10/2016	6/10/2016	LE00019 LA County DMH	Individual Service Progress Note	Final	Mother left VM for Therapist to cancel session.

Practitioner: P [Redacted]

NOT_uniqueid	Client	Entry Date	Note Date	Episode	Form Type	Note Status	First 60 Characters of Note
NOT64539.002	[Redacted]	9/13/2017	9/13/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	
NOT64562.002	[Redacted]	10/6/2017	10/6/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	Substance Abuse Management Group - GOAL: Talk to client
NOT64562.002	[Redacted]	10/6/2017	10/6/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	Substance Abuse Management Group - GOAL: Talk to client
NOT64562.002	[Redacted]	10/6/2017	10/6/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	Substance Abuse Management Group - GOAL: Talk to client
NOT64562.002	[Redacted]	10/6/2017	10/6/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	Substance Abuse Management Group - GOAL: Talk to client

"Note Date" is the date the note was initially filed (e.g. submitted as a draft). "Entry Date" is the date the note was finalized.

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This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this:

Type of Error	Steps	Descriptions	Form to Use/Comments	Who
No service was provided	1	Progress note needs to be voided	Make a request to IBHIS error correction	Error Correction Supervisor
Duplicate notes	1	Progress note needs to be voided	Make a request to IBHIS error correction	Error Correction Supervisor
Service was provided	1	Progress note needs to be attached to appointment	Follow steps on how to attach note to appointment	Error Correction Supervisor

CORRECTING FACE TO FACE ERRORS

Make sure to run the Services Missing Face to Face Time Cognos Report for your respective program(s). Below are common Face to Face errors. The error correction process will require reviewing progress notes and consultation with the practitioner. Before starting to make corrections, please use the "Client Ledger" form to verify the status of the claims; if open can make correction, closed make request with QA to open, claimed cannot be fixed and needs to be voided (send excel spreadsheet to QA for voiding, steps on page 68).

Type of Error	Steps	Descriptions	Form to Use	Who
Missed/Cancelled Appointments - Forgot to change service code	1	Change to Non-billable (00000) service code	Edit Service Information	Error Corrections Supervisor
Missing Face to Face time - Claims using a service code that requires face to face	1	Add Face to Face time	Edit Service Information	Error Corrections Supervisor
Incorrect Service Code - Provided a service that requires no face to face time (telephone services)	1	Change Service code to include "SC"	Edit Service Information	Error Corrections Supervisor
No Service was provided - Incorrect service code was used	1	Change Service code to non-billable (00000)	Edit Service Information	Error Corrections Supervisor

Steps:

- ① Once in the Services Missing Face to Face Time report, select program of service. Select all that applies.
- ② Put in date range that you wish the report to generate, and hit "Finish" to generate report.
- ③ Review the report (example below) and take steps (as above) to make necessary corrections. **Instructions on how to use "Edit Service information" are on pages 14 to 15 of this manual.**

Consult with QA IBHISerrorcorrections@dmh.lacounty.gov for additional guidance.

Program of Service	Practitioner	Patient Name	PATID	Service Date	Service Code	Duration	Service Status	Notes
				02/12/2018	90839	26	Closed	Client called, stating she would like to process recent events where she was physically abused by a person who is now her ex-boyfriend. She shared having ambivalence toward whether or not she should
				03/23/2018	90839	36	Open	Clinician spoke with Client over the phone after being informed that her son completed suicide. Provided supportive and empathetic statements. Clinician asked for clarification as it was initially re
				03/20/2018	90837	5	Open	The client did not attend the appt or call to cancel

VOIDING SCANNED DOCUMENT

Type of Error	Steps	Descriptions	Form to Use	Who
Scanned Documents into the wrong client	1	Void incorrect scanned documents	Clinical Document Viewer	Error Correction Supervisors
	2	Re-scanned correct document	Document Capture	Any Appropriate staff
Duplicates	1	Void Duplicate scanned documents	Clinical Document Viewer	Error Correction Supervisors

Steps:

- ① In Search forms- Search “Clinical Document Viewers”. Double click to launch.
- ② In the “Select Type” drop down menu select “Client”. Select the “Individual” radio button. In the “Document Source” check “POS Scan/Import”
- ③ Hit “Process” at the end of page to display all scanned documents

Steps continued on the next page

VOIDING Scanned Documents

Clinical Document Viewer

Search Results

- Client
 - TEST, OUTPATIENT
 - All Documents
 - assessed
 - Assessment
 - Assessment Form
 - Bob's assessment
 - Bob's consent
 - Carol's financial
 - chndy
 - Cln docs
 - Clinical Document
 - clinical forms
 - Clinical result
 - consent with fa
 - consent for edv
 - consent for jchi
 - consent form
 - consent form53
 - Consent/Acknor
 - Consent/Acknor
 - consent1
 - consent12345
 - corr1
 - Correspondenc
 - Cut over
 - Cut over test
 - cyn
 - cyn2
 - cyn3
 - fina1
 - financial doc
 - form name
 - Galvis hatch

CONSENT FOR MINOR

4

Steps:

- 4 In the "Result" tab on the left hand side of the form, select the document that needs to be voided. Use mouse to highlight.

Hit the "Void" button at the end of the page.

- 5 Select the "Void" radio button.

In the "Void Reason" drop down menu, select reason why document is being void. Add any additional comment in the "Void Comments" text box.

Hit "Void" at the end of the page to void document.

Clinical Document Viewer

Search Results

- Client
 - TEST, OUTPATIENT
 - All Documents
 - assessed
 - Assessment
 - Assessment Form
 - Bob's assessment
 - Bob's consent
 - Carol's financial
 - chndy
 - Cln docs
 - Clinical Document
 - clinical forms
 - Clinical result
 - consent with fa
 - consent for edv
 - consent for jchi
 - consent form
 - consent form53
 - Consent/Acknor
 - Consent/Acknor
 - consent1
 - consent12345
 - corr1
 - Correspondenc
 - Cut over
 - Cut over test
 - cyn
 - cyn2
 - cyn3
 - fina1
 - financial doc
 - form name
 - Galvis hatch

CONSENT FOR MINOR

5

02/04/2014 - TEST, OUTPATIENT (2178089) - Episode: Nonepsodic - Clinical Documents

Void Reason: Incorrect Client Chart

Void Comments:

Select Client:

Select Episode:

Void Cancel Void

Re-scanned to correct chart if necessary.

UNAVAILABLE PRACTITIONERS – MANAGING DOCUMENTATION FOR STAFF WHO ARE NO LONGER WITH DMH

Prior to a practitioner leaving a program for an extended period (vacation or approved leave) or permanently, the managers or the staff direct supervisor must verify that all documentation for services delivered by the practitioner is final and complete.

This includes verifying that:

- ✓ All appointments have final progress notes or have been marked as missed/canceled.
 1. Run the [Pre Posting Verification - Basic] for the last 90 days
 2. Run the [Clinical Forms in Draft and Pending Approval Status] for that practitioner
- ✓ All assessments, treatment plans, and other forms are in final status.
 1. Go into the [Delete/Re-Assign to Do Items] to check for any outstanding DRAFT documents
 - Select “Re-Assign”
 - Enter the Practitioner name under “Select User”
 - A list of any outstanding DRAFT documents will display
- ✓ There are no services with missing progress notes or independent notes.
 1. Run the [Services without a Progress Note] for the Program of Service
 2. Run the [Progress Notes without a Service] for the Program of Service
- ✓ All upcoming/future appointments while the practitioner is away have been transferred to another practitioner or canceled.
 1. Go into the [Scheduling Calendar]
 2. Run the [Find Existing Appointment]
 - Enter “Search Start Date” as the day after the practitioner’s last day of work
 - Enter the practitioner under “Practitioner”
 - Change the “Maximum Number of Search Results to Display” to 30 (or more)
 3. For each upcoming/future appointment either transfer the appointment to another practitioner using “Details/Edit” to change the name of the practitioner on the appointment or remove the appointment by selecting “Delete”

Note: Additional steps may need to be taken for practitioners on approved leave or who are leaving the Department permanently including: removing clients from the caseload (entire caseloads may be transferred to another practitioner using [Transfer Caseload]), disassociating programs of service in [Practitioner Enrollment], and deactivating user accounts.

UNAVAILABLE PRACTITIONERS

In those rare instances in which the previous steps cannot take place prior to a practitioner leaving on an approved leave or permanently leaving the Department, steps must be taken to manage any outstanding documentation requirements within IBHIS. The following steps only apply for staff on approved leave or permanent departure from the Department; these steps do not apply for staff who are on vacation. When completing the below steps, special consideration should be taken into account for the reason the practitioner is unavailable (approved leave or permanent leave) and, if approved leave, the expected duration of the leave.

Documentation - Progress Notes in DRAFT Status

These appointments should NOT be posted. If posted prior to the steps below being taken, complete Error Correction.

IMPORTANT: The next practitioner to see the client verifies what occurred at the previous session by reviewing the draft documentation with the client. If there is no future appointment scheduled, the Primary Contact/supervisor should contact the client to review the draft documentation with the client. These discussions should be clearly documented, including any additions/changes to the content of the note resulting from the discussion.

WHEN	PROCESS	FORMS/REPORTS and ASSOCIATED STEPS
Permanent Leave: Immediate Action Approved Leave: Contact the QA unit: ibhiserrorcorrection@dmh.lacounty.gov to discuss when to take action	<ol style="list-style-type: none"> Supervisor or Program Manager copies the text of the draft note Supervisor or Program Manager writes a non-billable (00000) note stating that the practitioner saw the client but was unable to finalize the documentation. <ol style="list-style-type: none"> The text of the practitioner's draft note is copied onto the Supervisor's or Program Manager's non-billable note and reference: <i>"The practitioner, [name/discipline of practitioner], is no longer at DMH and therefore unavailable to finalize/sign this progress note. This supervisor's signature indicates only that he/she changed the status of the document from draft to final. It does not attest to the accuracy of the documentation."</i> The Supervisor or Program manager emails IBHIS Error Correction of the QA unit at ibhiserrorcorrection@dmh.lacounty.gov requesting deletion of the draft note. Once notified the draft has been deleted, Supervisor or Program Manager deletes the appointment from the scheduling calendar. 	<ol style="list-style-type: none"> Progress Note Widget [Special Use Progress Note] [Scheduling Calendar] or [Appointment Move/Delete]

UNAVAILABLE PRACTITIONERS

Appointment Scheduled but NO Documentation

These appointments should NOT be posted. If posted prior to the steps below being taken, complete Error Correction.

IMPORTANT: The next practitioner to see the client should review the course of treatment with the client. If the client is not scheduled for a future appointment, the Primary Contact or supervisor should contact the client to check-in and review the course of treatment with the client. These discussions should be clearly documented, including the content of sessions that were scheduled but are missing documentation (if they occurred per client).

WHEN	PROCESS	FORMS/REPORTS and ASSOCIATED STEPS
Permanent Leave: Immediate Action Approved Leave: Contact the QA unit: ibhiserrorcorrection@d mh.lacounty.gov for direction and coordination with Human Resources	1. Verify whether the client was seen and the content of the session: <ul style="list-style-type: none"> ✓ Appointment check-in ✓ Front desk sign-in sheets ✓ Practitioner paper notes ✓ Contact the practitioner (must be coordinated with HR if on approved leave) <p><i>If unable to verify the client was seen OR the content of the session:</i></p> 2A. Delete the appointment <p><i>If able to verify the client was seen AND the content of the session:</i></p> 2B. Change the “practitioner” on the appointment to the supervisor 3B. Supervisor or Program manager writes a non-billable (00000) note stating that the client was seen by the practitioner, information on the content of the session, and how it was obtain.	2A. [Scheduling Calendar] – Delete 2B. [Scheduling Calendar] – Details/Edit 3B. [Individual Service Progress Note]

UNAVAILABLE PRACTITIONERS

Verification and Documentation - Clinical Forms (e.g., Assessment, Mental Status Exam, MHT) in DRAFT Status and/or Missing

WHEN	PROCESS
<p>Permanent Leave: Immediate Action</p> <p>Approved Leave: Contact the QA unit: ibhiserrorcorrection@dmh.lacounty.gov to discuss when to take action</p>	<ol style="list-style-type: none"> Verify that the client is linked to services if needed. Is he/she receiving mental health services at your site or another site? <ol style="list-style-type: none"> Check in IBHIS If IBHIS does not indicate the client was linked to a program, then contact other members of the client's treatment team, if available (e.g., psychiatrist, DCFS social worker) to determine whether the client was linked to necessary services. If other treatment team members are not available or cannot provide the needed information, then contact the client using the most appropriate method (e.g., phone call, letter). <ol style="list-style-type: none"> "Hello, this is [your name] calling from [program name]. You (or your child) had met with [practitioner's name] and I'm his/her supervisor. I'm calling to see how you are doing and to make sure that if necessary, you're receiving mental health services." Documentation <ol style="list-style-type: none"> If client is still receiving services at your site, then the supervisor or program manager needs to meet with the client and complete the clinical forms by verifying/updating the existing information and adding missing information. This means the document will now be, in essence, the supervisor's/program manager and the supervisor's/program manager's electronic signature will go on it. If client is <u>not</u> receiving services at your site, then the supervisor or program manager needs to: <ol style="list-style-type: none"> Finalize the clinical forms that are in Draft status making sure to document <u>in</u> the form the following statement: <i>"The practitioner, [name/discipline of practitioner], is no longer at DMH and therefore unavailable to finalize/sign this document. This supervisor's signature indicates only that he/she changed the status of the note from draft to final. It does not attest to the accuracy of the documentation."</i> The staff supervisor or program manager writes a non-billable (00000) note using the [Special Use Progress Note] to document what he/she has done e.g., "Reviewed the IS report and confirmed client is receiving services at [name of program]; finalized the _____ forms that were left in Draft status by [name of practitioner], who is unavailable."

UNAVAILABLE PRACTITIONERS

Verification and Documentation - Clinical Forms – DMH Treatment Plan in DRAFT status	
WHEN	PROCESS
<p>Permanent Leave: Immediate Action</p> <p>Approved Leave: Contact the QA unit: ibhiserrorcorrection@dmh.lacounty.gov to discuss when to take action</p>	<p>The supervisor needs to review the situation to determine which of the following is the most appropriate course of action:</p> <ul style="list-style-type: none"> At next client session, the plan is to be reviewed and finalized with client by the most appropriate treatment team member. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Supervisor or Program Manager finalizes it and completes a non-billable [Special Use Progress Note] stating that he/she finalized the treatment plan with Plan Date xx/xx/xxxx that was left in Draft status by [name of practitioner], who is unavailable. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Plan was done in error (e.g., duplicate plan) and supervisor deletes the plan <ul style="list-style-type: none"> Given that (1) there may progress notes that reference the development of the plan (plan development services), (2) the client may have signed the plan, and (3) the plan is part of a clinical record, the plan should <u>only</u> be <u>deleted</u> if it was <u>done in error</u>.

Note: In the event that you are unable to select the program of service, please contact: ibhiserrorcorrection@dmh.lacounty.gov and provide the name of the staff that left the document in draft, and program of service.

VOIDING CLAIMS

Once it has been determined that a service was incorrectly claimed (this could include no treatment plan, no services was provided, claimed to incorrect client, incorrect code, etc.). Please send an email to IBHIS Error correction: ibhiserrorcorrection@dmh.lacounty.gov and request for the claim(s) to be voided.

Steps:

Use the “Client Ledger” form – search “Client Ledger” in Search Form.

- ① Enter the client’s Name or ID.
- ② Select “Episode” in the “Claim/Episode/All Episodes” section.
- ③ Select the “LE00019 episode” in the “Episode Number” drop down.
- ④ Enter the date or date range for the service/s to be voided.
- ⑤ Select “Simple” in the “Ledger Type” section.
- ⑥ Hit “Submit” to process the report and generate claiming data.
- ⑦ Once the report displays, use the snipping tool and screenshot the claim/s to be voided, highlight the claim/s and send the screenshot to ibhiserrorcorrection@dmh.lacounty.gov, with subject “Request to void claim(s)”. Provide reason for void/s. QA will request void and complete the rest of the correction.

The screenshot shows the 'Client Ledger' form. Step 1 points to the 'Client ID' field containing 'TEST, PLAN (3139103)'. Step 2 points to the 'Claim/Episode/All Episodes' section where 'Episode' is selected. Step 3 points to the 'Episode Number' dropdown menu. Step 4 points to the 'From Date' and 'To Date' fields, with '03/01/2016' and '08/08/2018' entered. Step 5 points to the 'Ledger Type' section where 'Simple' is selected. Step 6 points to the 'Process' button on the left sidebar.

The screenshot shows the generated report. Step 7 points to the table of claim data. The table has columns: EPISODE NUMBER, DATE, SERV, UNT, CHG, GUAR, GUARANTOR LIABILITY, AMOUNT RCVD, POSTING CODE, POSTING CODE TYPE, DATE POSTED, DATE BILLED, CLAIM NUMBER, and LINE BALANCE.

EPISODE NUMBER	DATE	SERV	UNT	CHG	GUAR	GUARANTOR LIABILITY	AMOUNT RCVD	POSTING CODE	POSTING CODE TYPE	DATE POSTED	DATE BILLED	CLAIM NUMBER	LINE BALANCE
1	02022017	90791	100.00	279.00	10	279.00	---	---	---	---	07252017	2521993	279.00
2	02092017	90791	100.00	279.00	10	279.00	---	---	---	---	07252017	2521994	279.00
3	02042017	90791	100.00	279.00	10	279.00	---	---	---	---	---	UNTILL	279.00
(GRAND TOTAL: 897.00)													
TOTAL BALANCE BY GUARANTOR													
1) Medi-Cal 10: 897.00													

The screenshot shows the generated report for a different client. The table has columns: EPISODE NUMBER, DATE, SERV, UNT, CHG, GUAR, GUARANTOR LIABILITY, AMOUNT RCVD, POSTING CODE, POSTING CODE TYPE, DATE POSTED, DATE BILLED, CLAIM NUMBER, and LINE BALANCE.

EPISODE NUMBER	DATE	SERV	UNT	CHG	GUAR	GUARANTOR LIABILITY	AMOUNT RCVD	POSTING CODE	POSTING CODE TYPE	DATE POSTED	DATE BILLED	CLAIM NUMBER	LINE BALANCE
1	06112020	H2015HEHQ	75.00	104.75	10	104.75	52.88	700	PAYMENT	07092020	06252020	2547039	
1	06112020	H2015HEHQ	---	---	10	---	52.87	702	TRANSFER	07092020	06252020	2547039	
2	06112020	H2015HEHQ	60.00	89.80	10	89.80	41.90	700	PAYMENT	07102020	06252020	2547040	
1	06112020	H2015HEHQ	---	---	10	---	41.90	702	TRANSFER	07102020	06252020	2547040	

In situations where the claims involves a co-practitioner, both claims (the parent claim and child claim) information must be provided.

If there are more than 5 claims to be voided, please provide the Claim(s) Information: **Date of Service(s); procedure code(s); claim Number(s), and reason for the voids in an Excel spreadsheet.**

ACCESSING DRAFT PROGRESS NOTES AND DOCUMENTS

Staff can access draft progress notes and documents at any time. This includes situations where the draft progress note or document is no longer in your “My to Do” list. This step is also for deleting a draft progress note that is no longer needed. As a reminder DO NOT delete any notes/documents for staff who are no longer with DMH or on long leave, instead consult with QA EC or refer to page 63 to 67 for directions.

The image consists of three screenshots from a software application. The top screenshot shows a 'Search Forms' dropdown menu with 'Individual Service Progress Note' selected, indicated by a red circle and the number 1. The middle screenshot shows the 'Individual Service Progress Note' form with fields for 'Select Client', 'Select Episode', 'Entry Date', 'Appointment Date', 'Status', and 'Service', indicated by a red circle and the number 2. The bottom screenshot shows the 'Draft/Final' tab selected in the 'Sort/Filter Setup' dialog box, indicated by a red circle and the number 3, and the 'Edit' button highlighted on the right side of the form.

Steps: Draft progress notes - Option #1

- ① In Search Forms, search for the type of progress note use (e.g., Individual Progress Note, Medication Progress note etc.) Select form and double click to launch.
- ② When in the form enter the following information:
 1. Client ID in “Select Client” field.
 2. Choose the episode that the note was saved in draft from the “select episode” drop down.
 3. Select draft note in drop down bar under “If Applicable, select an Existing Note to Edit or Delete”. **To delete the draft note hit the “Delete Selected Draft Note” button** on the right.
 4. Enter Information and change status from “Draft” to “Final”.
 5. Hit Submit when complete.

③ Option #2 – Accessing from chartview

1. Using mouse click the note type on the left hand menu. If the form is not there, add using “white file” on upper left hand side.
2. Select “Draft/Final” tab and highlight “Draft” and hit “Ok”.
3. Locate note and hit “Edit” on the right hand side. When in the form delete or finalized note.

Note – if the draft is in the pre-admit and the episode is discharged, remove the discharge (using delete last Movement form) to access the note for deletion or finalizing.

Accessing Draft Documents: Option #1

Steps:

- ① In Search Form filed type the name of the document (e.g., Adult Full Assessment, MHT, Medication Consent/ Treatment Plan etc.). Highlight the form and double Click on mouse to launch form.
- ② A pop-up will appear, enter the client's name or ID. Select the client by highlighting the client and hit "select" at the end of the page.
- ③ The next page to pop-up is the pre-display. The pre-display shows all documents that had been submitted for the client for that particular form.

Adult Full Assessment Avatar CWS / Assessments

<= Previous 25 1 through 3 of 3 Next 25 =>

adult full assessment!

Select Client

test,kim

Name	Date Of Birth	Client's Address - Street	Client's Address - City
TEST,KIMBERLEE (003203540) [Alias: TEST,KIMMY]	01/01/1999		
TEST-SEARCH,KIMMIE (003203637) [Alias: TEST,KIMMIE]	10/20/1988	1212 Test Drive	LOS ANGELES

Select Select & View Chart Cancel

- ④ Highlight the draft entry and hit "Edit" at bottom of page to open the form
- ⑤ Draft document can be deleted by hitting the "Delete" button at the Bottom of the page.

Date of First Assessment Contact	Form Status	Assessing Therapist	Program of Service	Date of Birth
01/01/2017	Draft	KIMBERLEE	GROUP CASE MANAGEMENT/MENTAL HEALTH SERVICES	01/01/1999
01/01/2017	Draft	MALHAN, JENNIFER	GROUP CASE MANAGEMENT/MENTAL HEALTH SERVICES	01/01/1999

Edit Delete

Option # 2 – Access through chartview: select the required form on the left hand menu and hit "edit" on the right hand in the widget to open draft

Chart View

Problem P: -

Address: 1000 E 32nd St, SIGNAL HILL, CA 90755

Phone: #

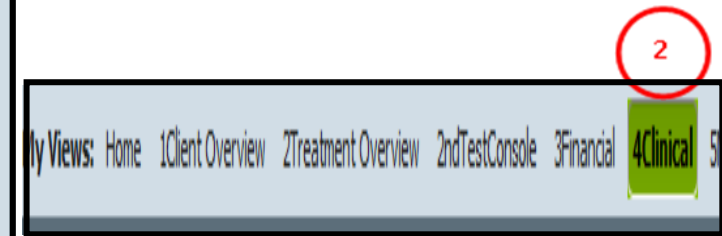
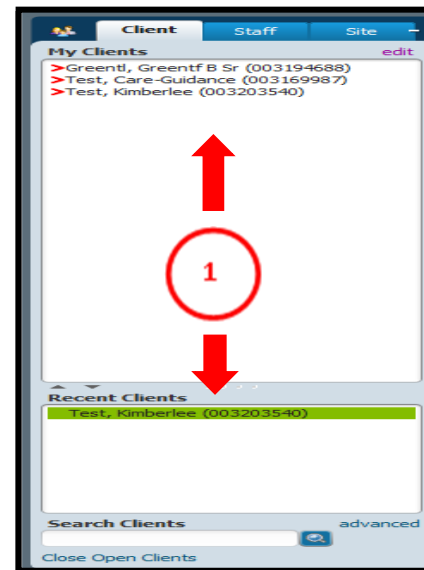
Sticky Notes (0) Edit Print

Accessing Draft Documents: Option #3

Steps:

- ① Highlight the client.
- ② Click the “4Clinical” console in the home screen.
- ③ In the Clinical Console, there are different widgets. Review the widgets and decided which draft document you want to access.

Double click on the draft document to open the form for edit or finalized.



③

Action	Form Description	Episode	Date	Workflow Status
View	Adult Full Assessment		07/02/2019	Draft
View	Adult Assessment Addendum		09/26/2017	Draft
View	Age and Gender Assessment		09/06/2017	Final
View	Adult Full Assessment		03/13/2017	Final
View	Adult Mental Status Exam		03/07/2017	Final

[Open Record](#) [New Record](#)

Date	Assessment	Type	Assessor	Relationship	Total Score	Status
New clients age 3-18 require PSC-35 LAUNCH PSC-35						
New clients age 6-20 require CANS LAUNCH CANS-IP						
Most Recent May 19, 2020	PSC-35	Initial	KIEUJIM	Self	Incomplete Administration	Draft
Prior Administrations Below						

Assessment Date	Form Completed	Total Score	Severity	Form Status
5/19/2020	PHQ9	27	Severe	Draft

[Launch PHQ-9](#)
[Launch PHQ-A](#)
[Launch GAD-7](#)
[Launch PCL-5](#)

Days since suicidal ideation / behavior endorsement	Most recent endorsement - Suicidal ideation	Most recent endorsement - Suicidal behavior	Most recent screening date
			Jul 2, 2019-322 days ago (Adult Full Assessment)

Current ICD-10 Diagnoses [LE00019]

Diagnosis search term	ICD-10 Diagnosis	Date of Diagnosis	Medi-Cal Allowable?
[PRIMARY] Major depressive disorder, recurrent, unspecified Launch Diagnosis form	Major depressive disorder, recurrent, unspecified (F33.9)	2018-09-11 14:36	Included

[Launch Diagnosis form](#)

Active Problem List							
ACTIVE PROBLEMS							Date of Onset
Recurrent major depression							07/02/2019
Anxiety							09/04/2018
Mixed anxiety and depressive disorder							03/07/2017
LAUNCH Problem List							

DMH Client Treatment Plans (Last 2 Years)							
Plan Name	Plan Type	Plan Date	End Date	MSS	MHS	TCM	Status
K96eu 6864	Annual	03-28-2019	03-27-2020		MHS		Draft
Kim	Update	09-04-2018	09-04-2019		MHS	TCM	Final

[LAUNCH DMH Treatment Plan](#)

Medication Consent and MSS Treatment Plan (Last 2 Years)				
Med Review Date	Form Status	Medications Reviewed	Form Completed	JV-220
5/19/2020 Current	Draft	Abilify	Med Consent/Tx Plan	No JV-220

[LAUNCH NEW Med Consent/Tx Plan](#)

WHO CAN HELP?

Below are contacts information on who can help on different errors/issues. Additional information can be found here:

<https://lacounty.sharepoint.com/sites/DMH/ibhis/support/SiteAssets/SitePages/Home/IBHIS%20Directory.pdf>

Contacts:

- IBHIS Error Correction (QA Policy & Technical Support Team): ibhiserrorcorrection@dmh.lacounty.gov
 - All IBHIS related forms, voiding of claims, closed claims that needs to be re-opened
 - Practitioner enrollment, User roles, Just4Me, CIN issues, how to use a form
- Health Information Management (HIM): dmhhim@dmh.lacounty.gov
 - Duplicate ID, merging client, PHI disclosure and retention, unable to create episode due to duplicate IDs
- Office of Informatics: clinicalinformatics@dmh.lacounty.gov
 - IBHIS-related COGNOS graphs and reports on STATS, IBHIS User Role Authorization Processes
- DMH Direct Services: Directservice@dmh.lacounty.gov
 - Direct Service metrics, request to exclude supervisors, and other questions relating to the report
- IBHIS System Administrators: IBHIScommunications@dmh.lacounty.gov
 - Local User Administration or staff set-up issues and guidance, and IBHIS systems issues, such as pop-ups or error messages (create heatticket for IBHIS Administration)
- Central Business Office (CBO): CBO@dmh.lacounty.gov
 - All financials related matters and issues, PFI, Family Registration, UMDAP
- Report Issues (data appears wrong with STATS or Cognos reports) – Create a heatticket and report the error(s)

Additional documents relating to IBHIS, documentation and correction can be found here:

<https://lacounty.sharepoint.com/sites/DMH/ibhis/tools/SitePages/Home.aspx>