

# IBHIS ERROR PREVENTION & CORRECTION

**For IBHIS Error Correction Supervisors**



**Version # 11**

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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 Dat	Service_statu	Practitioner	Any_CoPri	Type_of_Servic	Service_Codi	FTF_Tim	Other_Tim	Duration	Note_type	Note_Status	DxForS	Funding_Plan	Self_Pe	LA_Count	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	NO	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	MHSA RRR Services	YES	YES	NO	N/A
	Aug 20, 2020	Open		No	Individual	T1001SC	0	48	48	Individual Service	Final	Yes	MHSA PEI	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!
	Aug 10, 2019	CLAIMED		No	Individual	90837	57	12	70	Individual Service	Final	Yes	MHSA RRR Services	YES	YES	YES	Yes

Note_Status	DxForSvc	Funding_Plan	FP_Fl	Self_P	LA_Count	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
Final	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.

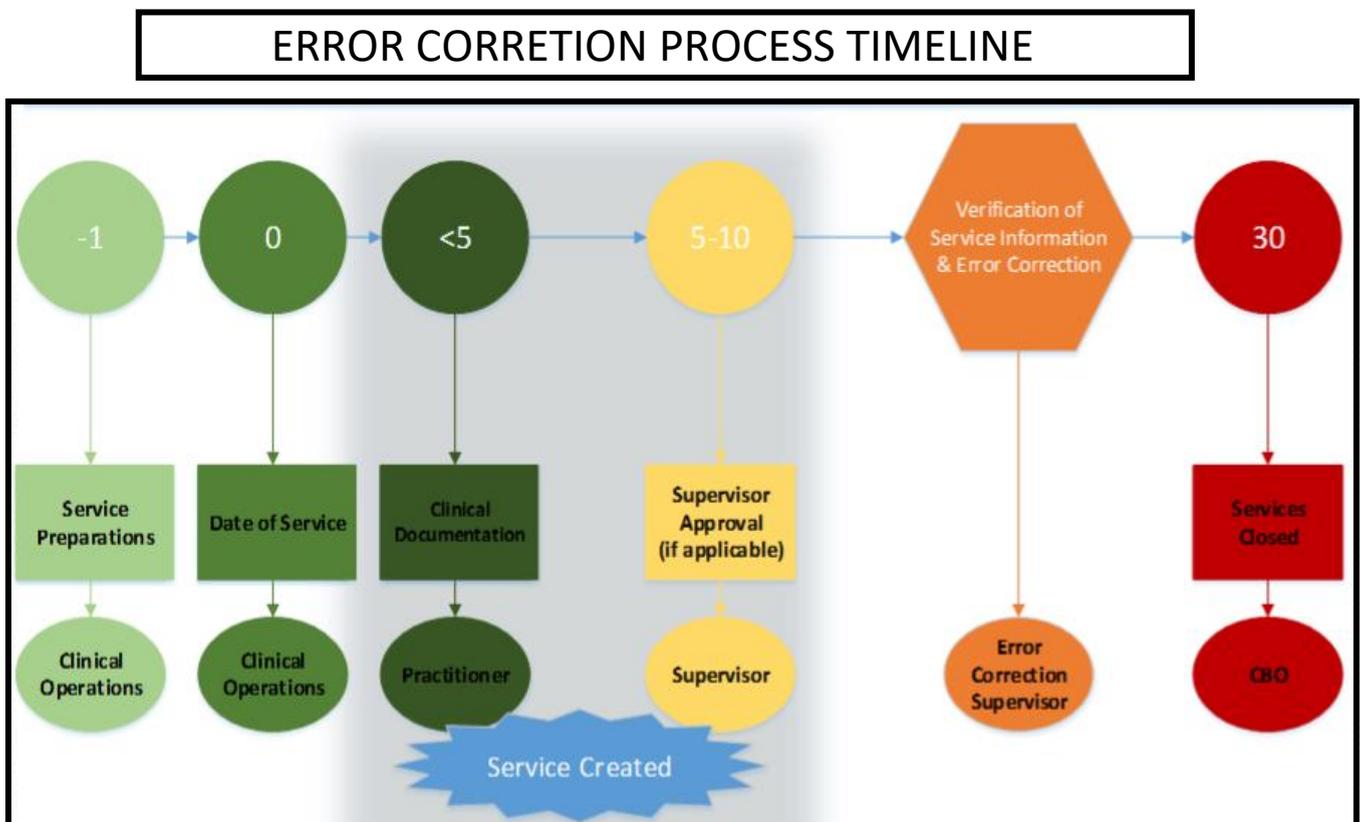
# Who is Responsible for Error Corrections?

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	GUARANTOR LIABILITY	AMOUNT RCVD	T	DATE POSTED	CLAIM NUMBER
32	05232014	H201SHEHQ435.00	186.43	10	186.43	-----	2	-----	UNBILL
33	05302014	H201SHEHQ435.00	186.43	10	186.43	-----	-----	-----	UNBILL
34	06022014	H201SHEHQ135.00	57.86	10	57.86	-----	-----	-----	255205
35	06182014	H201SHEHQ135.00	57.86	10	57.86	-----	-----	-----	OPEN
36	06252014	H201SHEHQ140.00	60.00	10	60.00	-----	-----	-----	OPEN
37	06262014	H201SHEHQ137.00	58.71	10	58.71	-----	-----	-----	OPEN
38	07012014	99212 30.00	179.10	12	179.10	-----	-----	-----	OPEN
39	07012014	H201SHEHQ123.00	61.30	10	61.30	-----	-----	-----	OPEN
40	07092014	H201SHEHQ90.00	67.28	10	67.28	-----	-----	-----	OPEN
41	07142014	H201SHEHQ167.00	71.33	10	71.33	-----	-----	-----	OPEN
42	07162014	H201SHEHQ136.00	58.09	10	58.09	-----	-----	-----	OPEN
43	07182014	H201SHEHQ410.00	175.13	10	175.13	-----	-----	-----	OPEN
44	09022014	H201SHEHQ132.00	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

The screenshot shows a search results table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green and contains 'Update Client Data' and 'Avatar PM / Client Management / Client Information'. The second row contains 'Update Client Data' and 'Avatar CWS / Assessments / Duplicate Forms From PM'. Below the table are navigation buttons: '<= Previous 25', '1 through 2 of 2', and '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.

2

7

3

4

5

6

The screenshot shows the 'Update Client Data' form. The form is divided into several sections: 'Client Name', 'Social Security Number', 'Maiden Name', 'Marital Status', 'Primary Language', 'Religion', 'Place Of Birth', 'Education', 'Employment Status', 'LACDMH Race/Ethnicity', 'Smoker', 'Smoking Status Assessment Date', 'Mother's Maiden Name', 'Communication Preference', and 'Alias'. The 'Client Name' section includes fields for 'Client Name' (TEST, KIMMIE), 'Client Last Name' (TEST), 'Client First Name' (KIMMIE), 'Client's Middle Initial', 'Suffix' (Sr, Jr, III, IV, V, VI), and 'Prefix'. The 'Social Security Number' section includes 'Social Security Number' and 'Alternate Social Security Number'. The 'Maiden Name' section includes 'Maiden Name'. The 'Marital Status' section includes 'Marital Status'. The 'Primary Language' section includes 'Primary Language'. The 'Religion' section includes 'Religion'. The 'Place Of Birth' section includes 'Place Of Birth'. The 'Education' section includes 'Education'. The 'Employment Status' section includes 'Employment Status'. The 'LACDMH Race/Ethnicity' section includes a list of race/ethnicity options: African-American, American Indian/Alaska Native, Armenian, Asian Indian, Cambodian, and Central African. The 'Smoker' section includes 'Smoker' and 'Smoking Status Assessment Date'. The 'Mother's Maiden Name' section includes 'Mother's Maiden Name'. The 'Communication Preference' section includes 'Communication Preference' with options for Email, Regular Mail, Home Phone, Work Phone, and Cell Phone. The 'Alias' section includes 'Alias' and 'Alias 6'. The 'Submit' button is located on the left side of the form.

## 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.

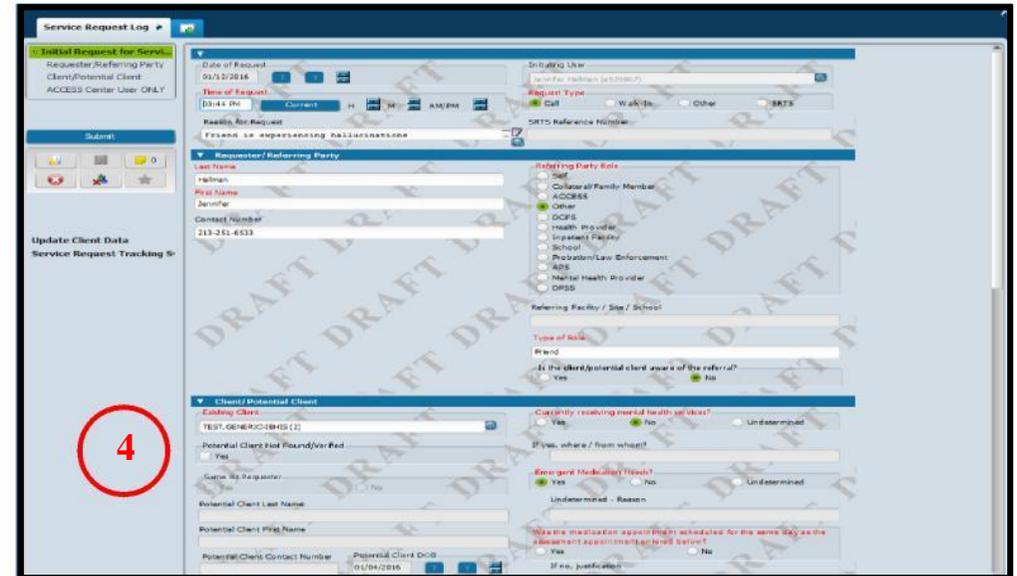
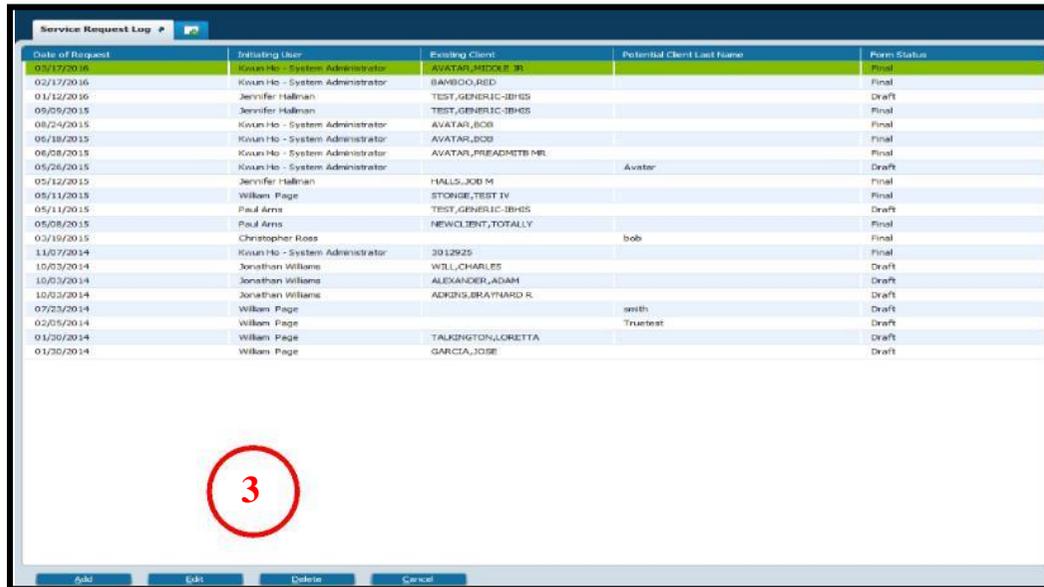
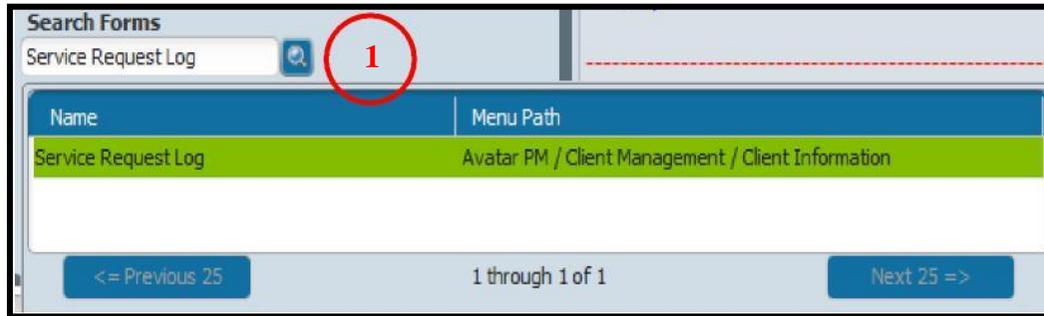
A pre-display will pop up, displaying all funding plans that had been entered for the client.

- 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.

The screenshot shows the 'Search Forms' interface. A search bar at the top contains the text 'Funding Plan Assignment' and a magnifying glass icon. A red circle with the number '1' is drawn around the search bar. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains two rows: 'Funding Plan Assignment History' with menu path 'Avatar PM / DMH Reports', and 'Funding Plan Assignment' with menu path 'Avatar PM / Client Management / Client Information'. At the bottom of the table, there are navigation buttons: '<= Previous 25', '1 through 2 of 2', and 'Next 25 =>'.

The screenshot shows the 'Funding Plan Assignment' pre-display. At the top, there is a title bar 'Funding Plan Assignment' with a close button. Below it is a table with five columns: 'Effective Date', 'Program of Service', 'Plan', 'Data Entry By (Option)', and 'Data Entry Date'. The table contains one row with the following data: '10/20/2015', '6840F-SAN FERNANDO MH', 'CALWORKS', 'Van Kieu', and '10/24/2015'. A red circle with the number '2' is drawn around the first row. At the bottom of the table, there are four buttons: 'Add', 'Edit', 'Delete', and 'Cancel'. Red circles with the numbers '3' and '4' are drawn around the 'Edit' and 'Delete' buttons, respectively.

# Correcting Service Request Log



**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.

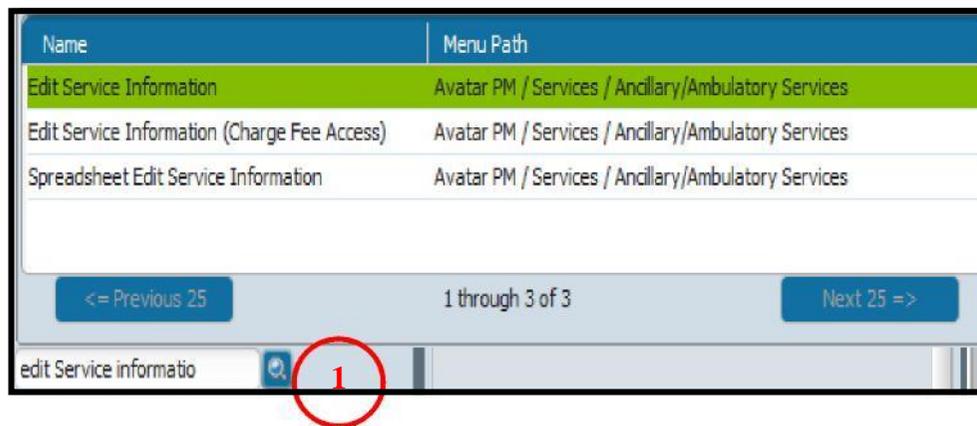
## CORRECTING COS/MAA SERVICES - With HK Modifiers

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



## 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.

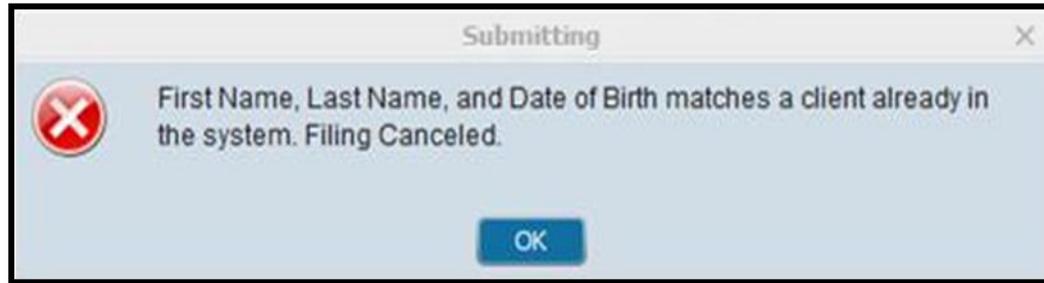
## CORRECTING CLIENT ADMISSION/EPISODES

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@dnh.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@dnh.lacounty.gov with the subjecy line "[SECURE] Unable to Create Episode" and provide 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.

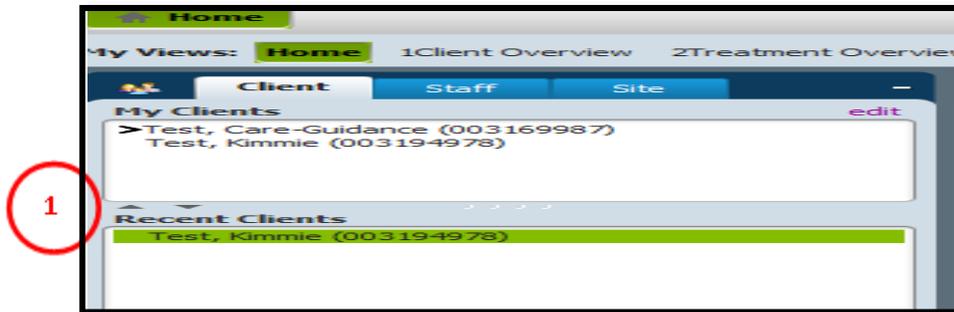
Type of Error	Steps	Descriptions	Form to Use	Who
Enter Wrong Diagnosis Date	1	Void diagnosis	Diagnosis Form - In the status section change the status from "active" to "void"	Practitioner or Error Correction Supervisor
	2	Enter new diagnosis with correct date	Diagnosis Form - Choose Add at the pre-display (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

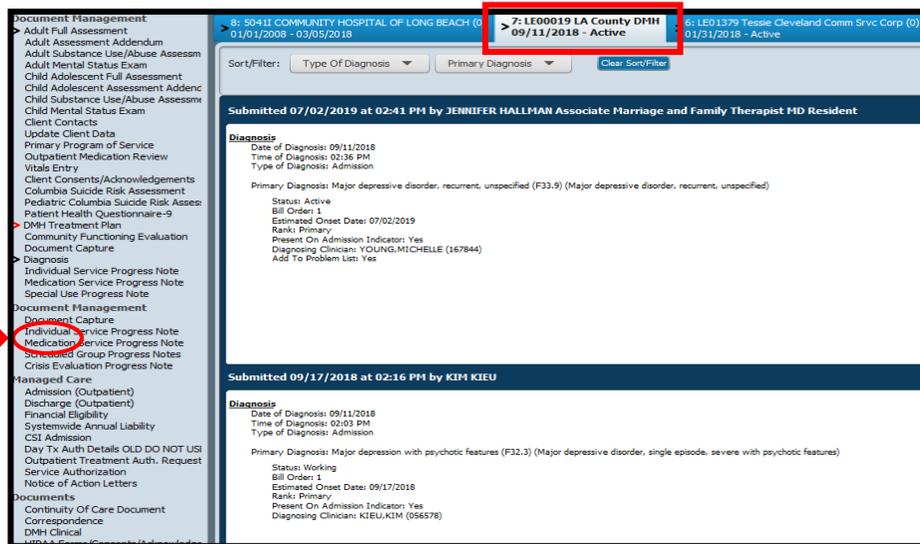
Please contact [IBHISerrorCorrection@dmh.lacounty.gov](mailto:IBHISerrorCorrection@dmh.lacounty.gov) for all other errors relating to diagnosis

# Correcting Missing Diagnosis

## Steps: How to access the diagnosis



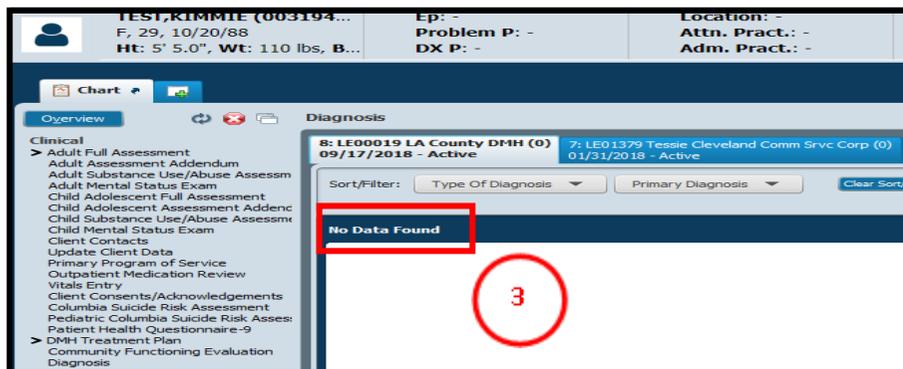
1 Open the client's chart. Double click on the client's ID to launch either from the Home view or Console view in the recent client or My Clients widget. Chart can also be open by right click on ID.



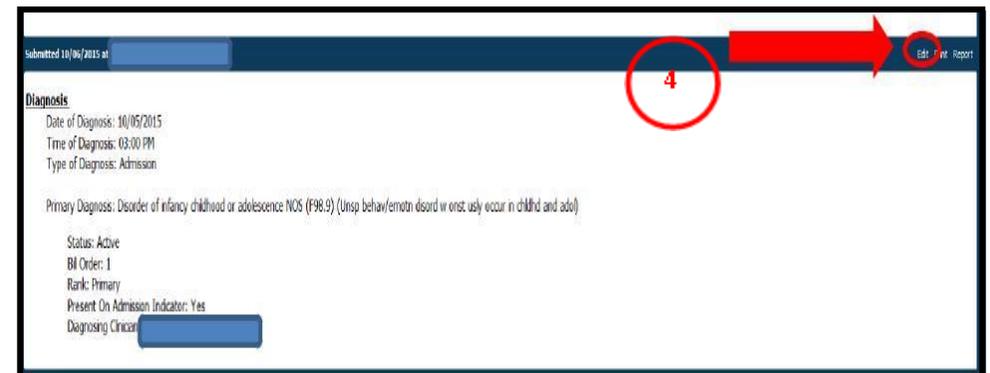
2 Locate the diagnosis link on the left-hand of the chart, put mouse and click on the word "Diagnosis" to display all the diagnoses entered for the client. **Select the LE00019 tab.** If unable to locate the diagnosis link, click on the white files icon to add:



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

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

Type Of Diagnosis:  Admission  Discharge  Onset  Update

Date Of Diagnosis: 03/06/2018

Time Of Diagnosis: 04:24 PM

Ran	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Major depression	Void (5)					296.20	F32.9

Status:  Active  Void  Working  Rule-out  Resolved

Submit

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Major depression, rec...	Void (5)	12/20/2016	Mental Health (4)			296.30	F33.9
2	Marijuana abuse, co...	Void (5)	12/20/2016	Substance Abuse...			305.21	F12.10
3	Nicotine addiction	Void (5)	12/20/2016	Substance Abuse...			305.1	F17.200

## Correcting Missing Diagnosis – Voiding Diagnosis

Date Of Diagnosis	Type Of Diagnosis	Time Of Diagnosis	Primary Diagnosis
10/05/2015	Admission	03:24 PM	

**Diagnosis**  
 Date of Diagnosis: 10/05/2015  
 Time of Diagnosis: 03:00 PM  
 Type of Diagnosis: Admission  
 Diagnosis: Behavioral and emotional disorders wit  
 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](mailto: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”

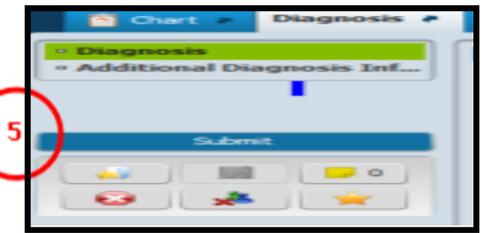
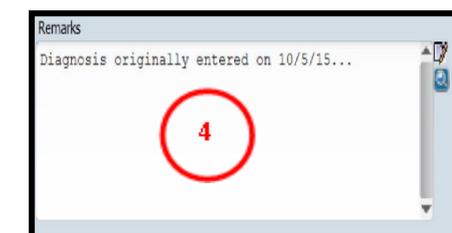
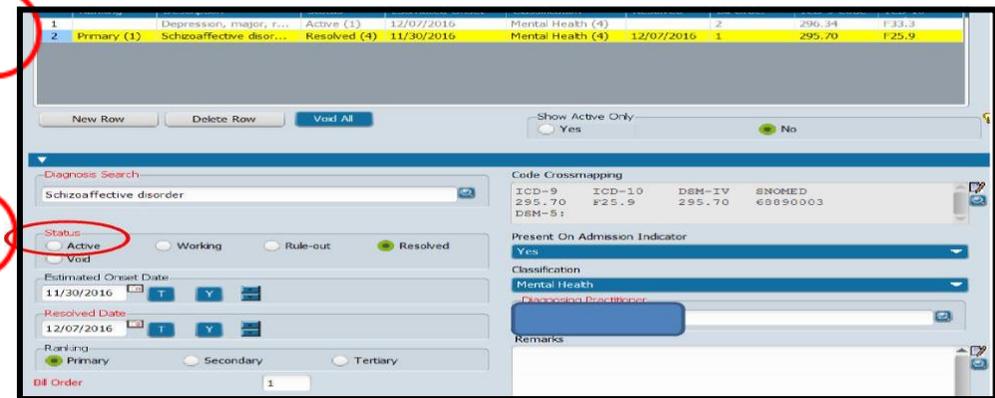
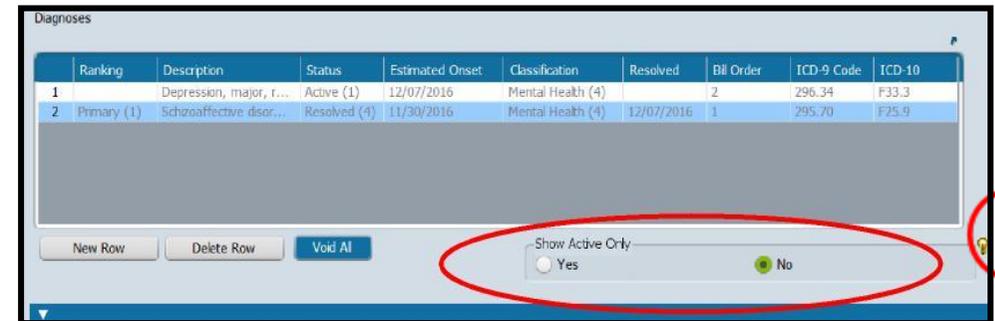
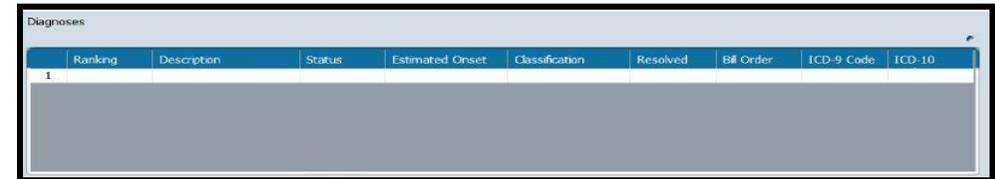
Select the diagnosis that needs editing by highlighting the row with the mouse. Information about the diagnosis will automatically populate.

- 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.



## 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](mailto: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 assement	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 servcies to non-billable (00000) using Edit Service Infomration	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 assessmenet 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 rational 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.

Diagnoses

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

Diagnosis Search: Major depression, recurrent

Status:  Active  Working  Rule-out  Resolved  Void

Diagnoses

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

Diagnosis Search: adhd

Code Crossmapping

ICD-9	ICD-10	DSM-IV	SNOMED
300.00	F41.9	300.00	197480006

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	V75.8	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, predominant 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](mailto: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](mailto: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 <a href="mailto:IBHISErrorCorrection@dmh.lacounty.gov">IBHISErrorCorrection@dmh.lacounty.gov</a>	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 <a href="mailto:IBHISErrorCorrection@dmh.lacounty.gov">IBHISErrorCorrection@dmh.lacounty.gov</a>	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 <a href="mailto:IBHISErrorCorrection@dmh.lacounty.gov">IBHISErrorCorrection@dmh.lacounty.gov</a>	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 search icon, and a circled '1'. To the right, it shows 'Effective Date: 09/15/2017'. Below this is a table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green and contains '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 form area is titled 'Append Documents' and has a 'Submit' button circled '7'. It contains several fields: 'Form Type' is a dropdown menu set to 'DMH Clinical' (circled '2'); 'Entity' is a text field containing 'TEST,PLAN (3139103)' (circled '3'); 'From Date' is a date picker set to '01/01/2017' and 'To Date' is a date picker set to '07/10/2018', with a double-headed arrow between them circled '4'; 'List of Documents' is a dropdown menu with 'Option: Adult Full Assessment' selected (circled '5'); and 'New Comments to Be Appended to the Original Document' is a large text area containing the text 'This clinician finalized this assessment before adding the following salient psychosocial history' (circled '6'). There is also a 'Display Document' button and an 'Online Documentation' link.

### 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](mailto:IBHISerrorCorrection@dmh.lacounty.gov) if PHQ-9 is on wrong episode, It can be moved.

## 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.

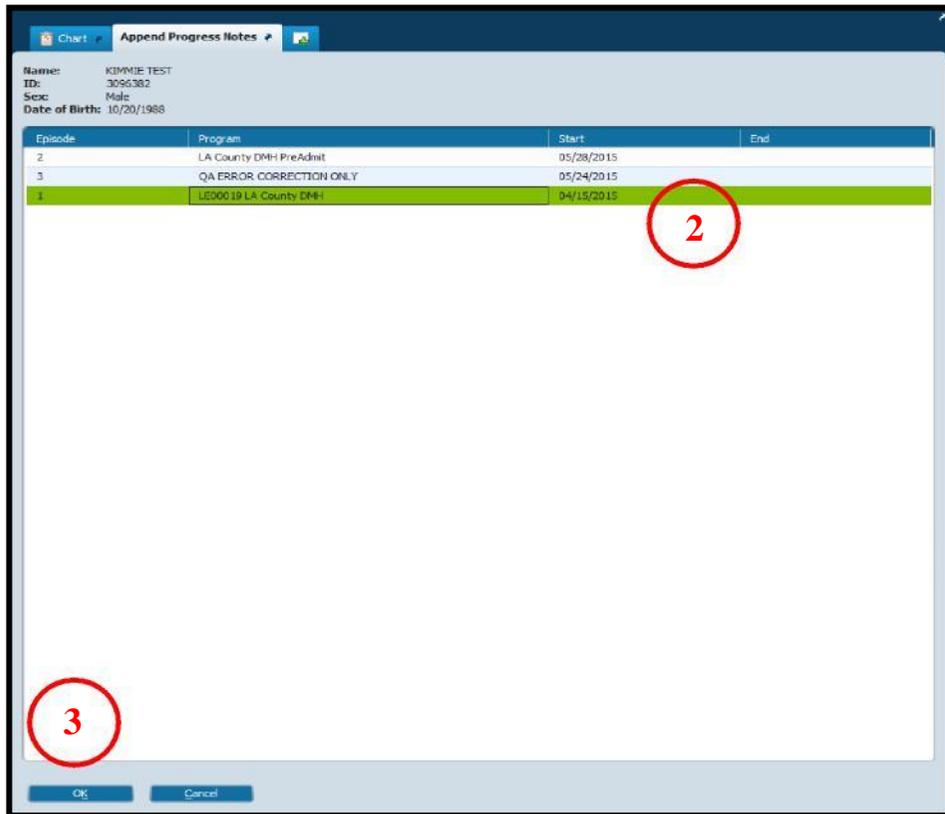
Type of Error	Steps	Descriptions	Form to Use/Comments	Who
Wrote progress note instead of COS	1	Change service code to non-billable	Edit Service Information. Please consult with IBHIS Error Correction	Error Correction Supervisor
Error in narrative (final status)	1	Forgot to include or need to add pertinent 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

The screenshot shows a search results page. At the top, there is a search bar with the text 'append progress no' and a magnifying glass icon. A red circle with the number '1' is drawn around the magnifying glass icon. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains one row with the text 'Append Progress Notes' in the 'Name' column and 'Avatar CWS / Progress Notes' in the 'Menu Path' column. At the bottom of the page, there are navigation buttons: '<= Previous 25', '1 through 1 of 1', and 'Next 25 =>'.

### Steps:

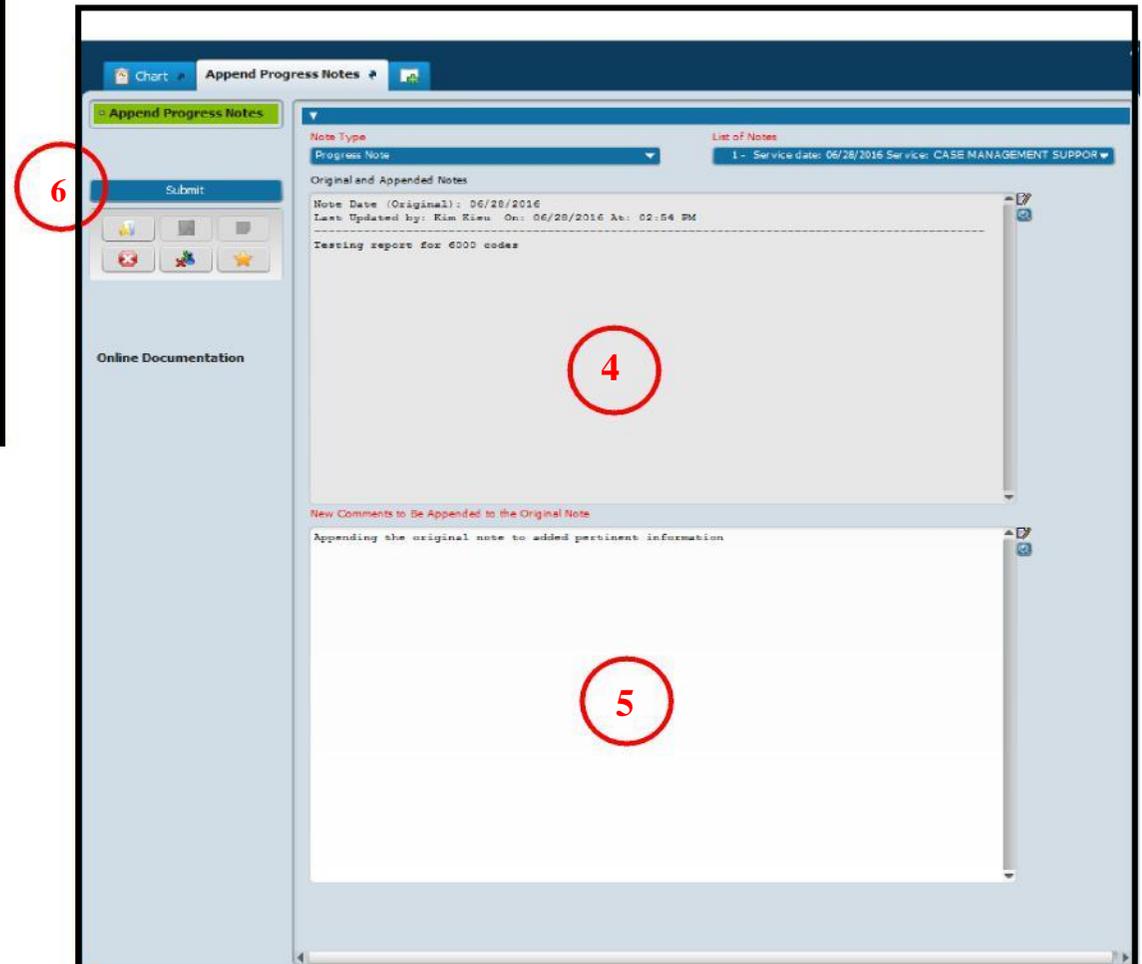
- ① In Search Forms – Search “Append Progress Note”. Double click to launch form.

[Steps continued on the next page](#)



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.



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	<a href="mailto:IBHISerrorcorrection@dmh.lacounty.gov">IBHISerrorcorrection@dmh.lacounty.gov</a>	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:

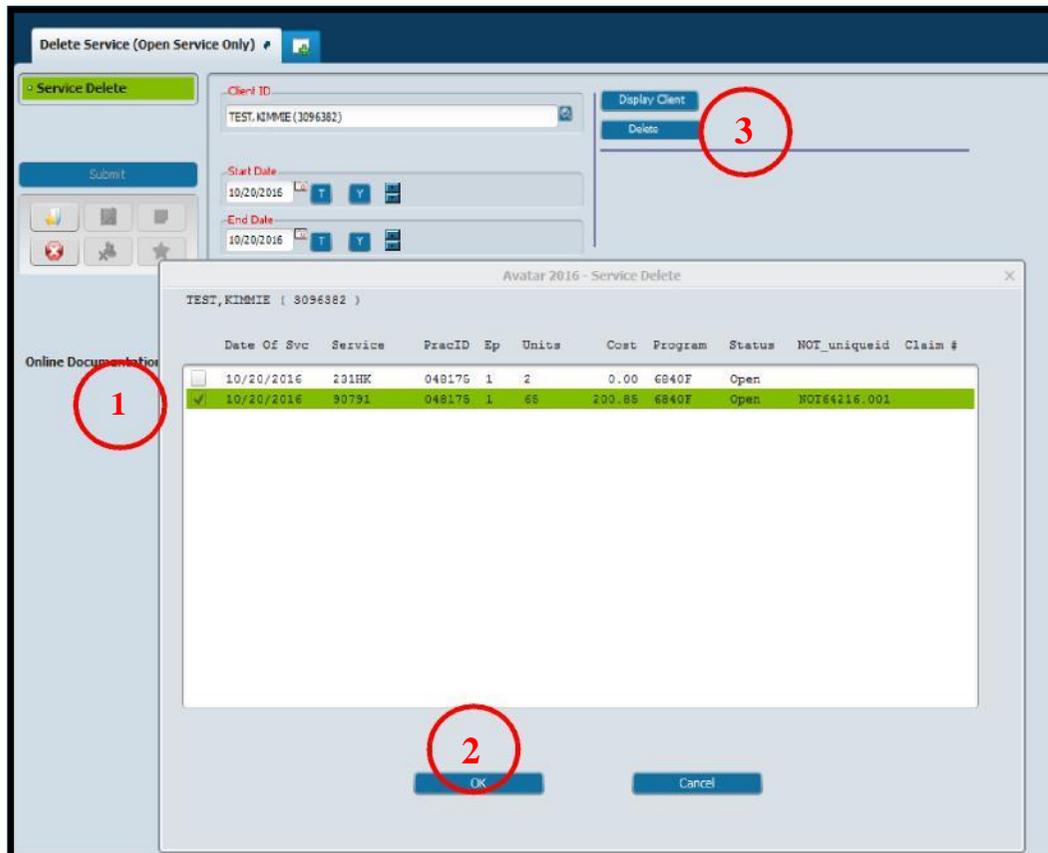
**NOTE:** Due to the removal of posting if the note contains a co-practitioner, the co-practitioner will need to schedule an appointment and write a separate note for their service and time.

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:

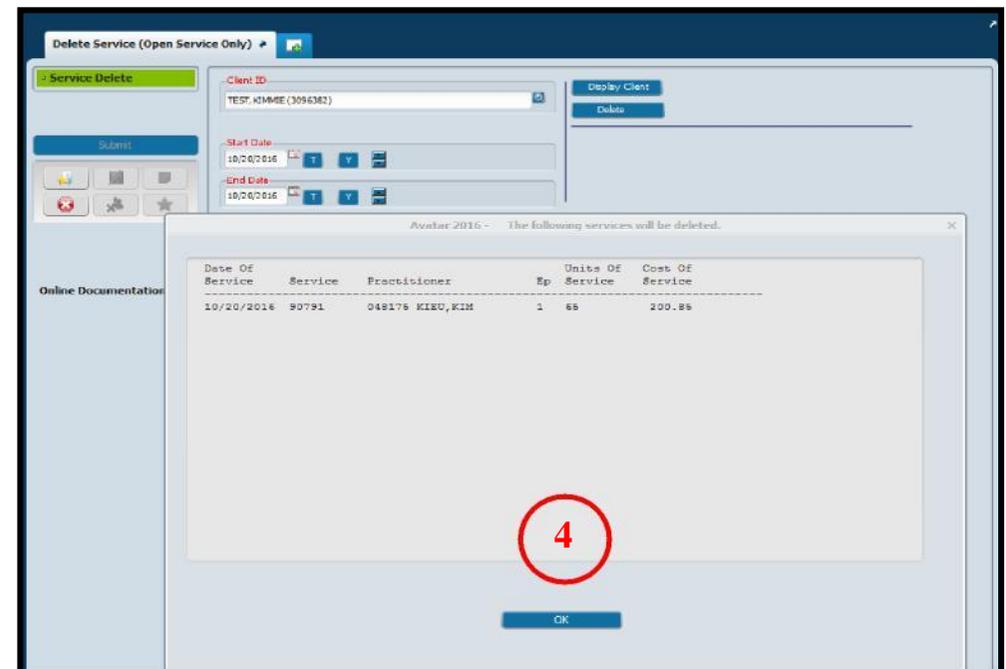
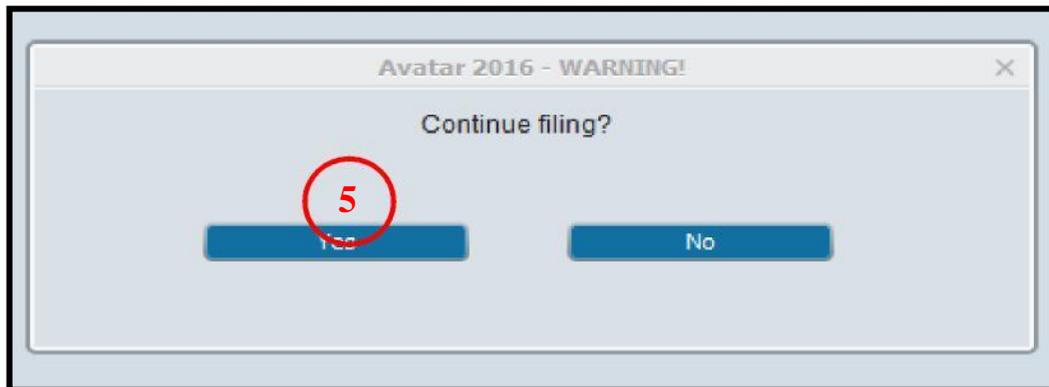
- ① In Search Forms – search “Delete Service (Open Service Only)”. Double click to launch form.
- ② Enter all required information – Client ID, Start and End Date.
- ③ Hit the “Display Client” tab to display service to be deleted. A pop-up screen will display all open services.

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:

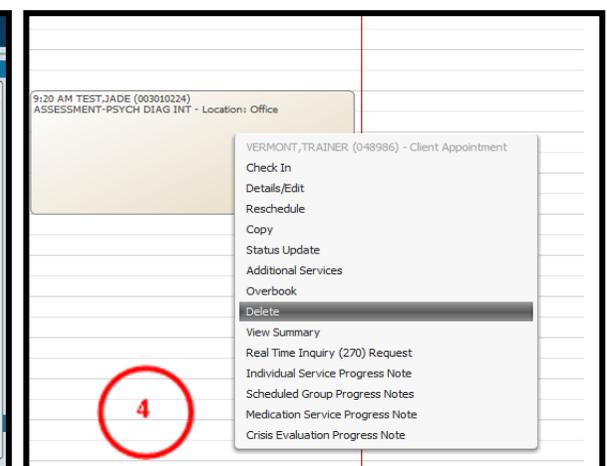
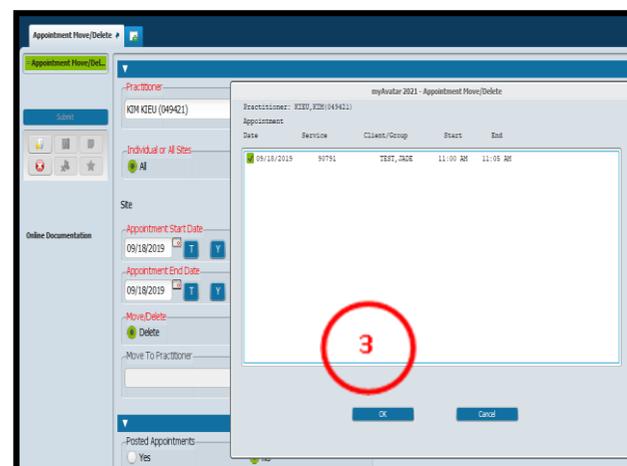
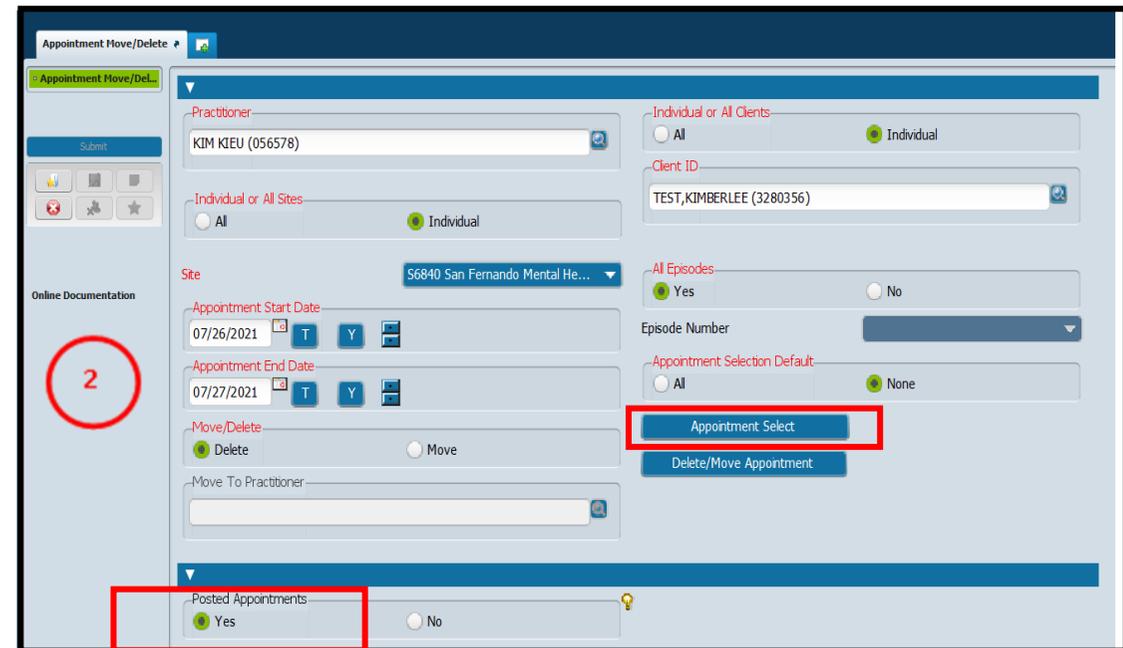
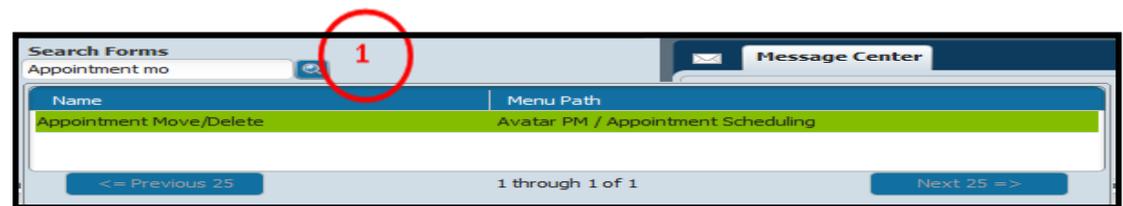
- Practitioner – staff who wrote the note
- Pick Individual under “Individual or All Clients”
- Pick “Individual” under “Individual or All Sites”, then select the program in the drop down.
- Enter the client’s ID in the “Client ID
- Enter Appointment Start date (date of service)
- Enter Appointment End 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](mailto: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: <a href="mailto:IBHISerrorCorrection@dmh.lacounty.gov">IBHISerrorCorrection@dmh.lacounty.gov</a>	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:**

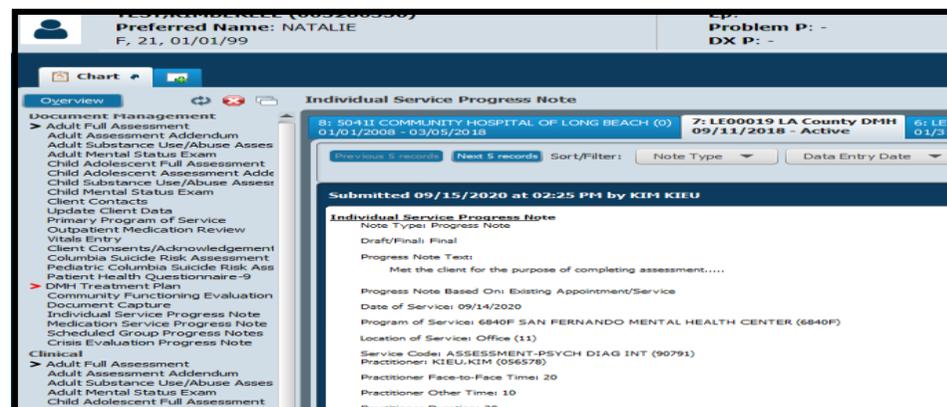
**Procedure code:**

**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:



- 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 'Search Forms' window. The search input field contains the text 'Edit service informatio'. A red circle with the number '1' is drawn around the search button. Below the search field is a table with the following data:

Name	Menu Path
Edit Service Information	Avatar PM / Services / Ancillary/Ambulatory Services

At the bottom of the search results, there are navigation buttons: '<= Previous 25', '1 through 1 of 1', and 'Next 25 =>'.

Steps continued on the next page

Avatar 2016 - Select Service(s) To Edit

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	-

## Steps:

- ② 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.
- ③ 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.
- ④ In the "Episode Number (Edit)" drop down, pick the episode that you want the COS/MAA or progress note to move to.
- ⑤ 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).
- ⑥ Hit "Submit" button to save to new episode.

Submit

Episode Number (Edit)

Episode # 1 Admit : 04/15/2015 Discharge : None Prog

Program

CASE MANAGEMENT SUPPORT (6000)

Practitioner

KIEU, KIM (048175)

Submit

## 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

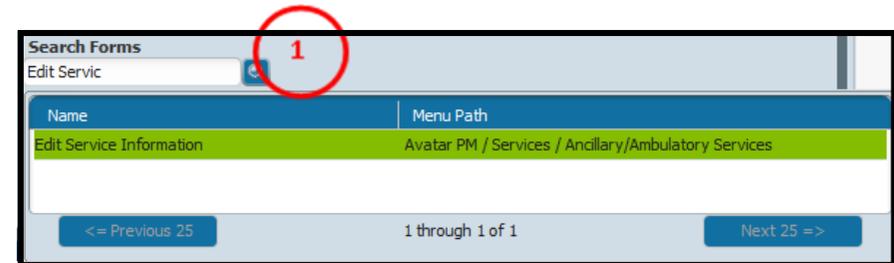
In IBHIS the co-practitioner billing is always tied to the main practitioner. The main practitioner billing is referred to as the “Parent Service” and the co-practitioner is called the “Child Service”. Because they are tied, error correction will always be completed using the parent service. The parent 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	H2015HEHQ	6940F	KIEU,KIM	Open	Final	
04/29/2020	H2015HEHQ	6940F	HALLMAN,JENNIFER	Open	-	
04/29/2020	H2015	6940F	KIEU,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) **4**

Co-Practitioner 1 Face-to-Face Time:

Co-Practitioner 2 Face-to-Face Time:

Co-Practitioner 1 Other 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

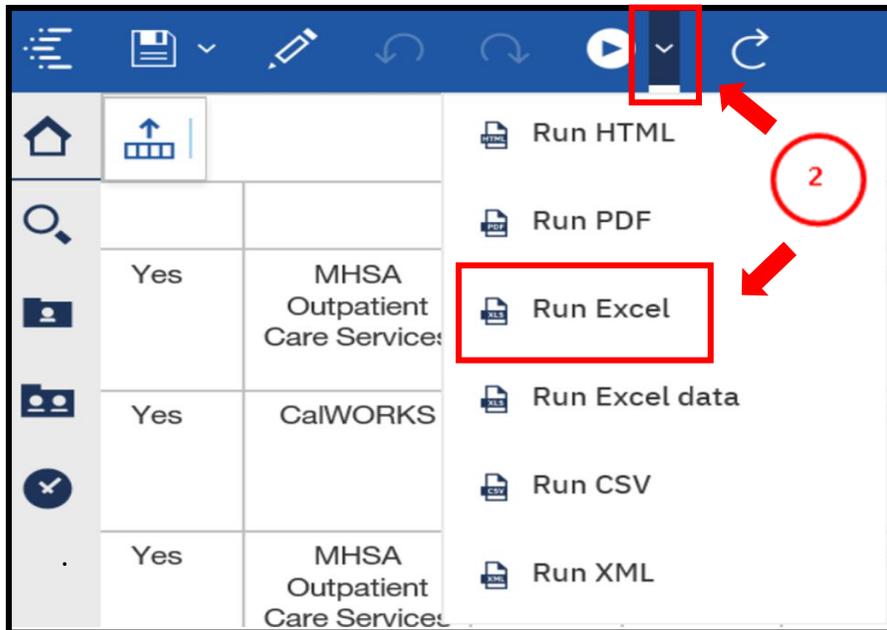
**Note: If the services are claimed, follow the instructions on how to void claims on page 68. Void must be submitted for both the practitioner and co-practitioner.**

## 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 [IBHSErrorcorrection@dmh.lacounty.gov](mailto:IBHSErrorcorrection@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.



A screenshot of a web form titled "Service Information Check". The form has a section for "Program of Service" with a list of four options: "1926Y LONG BEACH CHILD ADOLESCENT CLINIC" (checked), "1927A LONG BEACH MHS ADULT CLINIC", "1928P SAN PEDRO MENTAL HEALTH CENTER", and "1930A RIO HONDO COMMUNITY MHC". Below this is a "Service Date Range" section with "From:" and "To:" fields. The "From:" field is set to "Oct 1, 2020" and the "To:" field is set to "Oct 6, 2020". A red circle with the number '1' is placed over the "From:" field. Below the date range is a "Restrict to Services with Issues?" section with radio buttons for "Yes" and "No", where "No" is selected. At the bottom of the form are buttons for "Cancel", "< Back", "Next >", and "Finish".

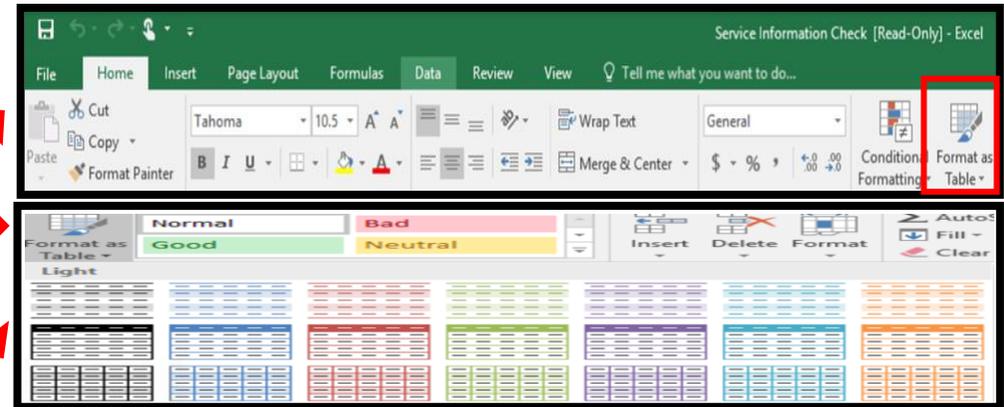
2. Once the Service Information Check report displays data, export the data to Excel format. Click on "arrow" and then select "Run Excel". Having data in Excel format allows the user to easily filter information and will make it easier to identify CalWORKS clients.

Steps continues on the next page

## Steps:

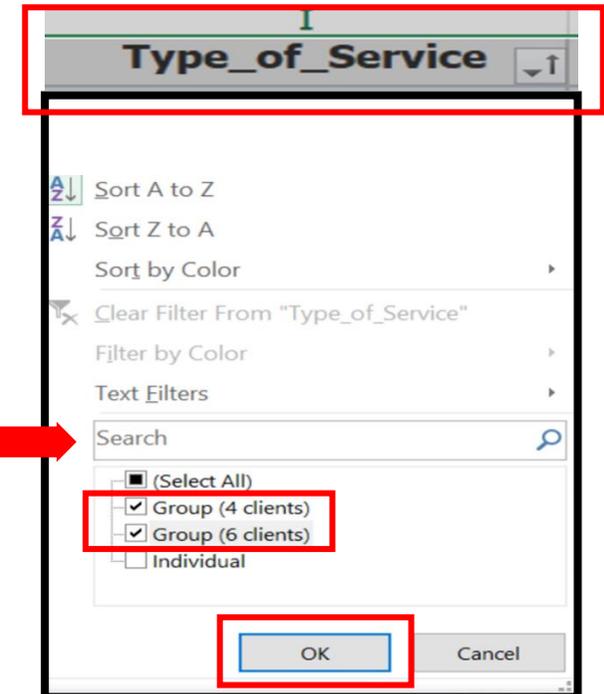
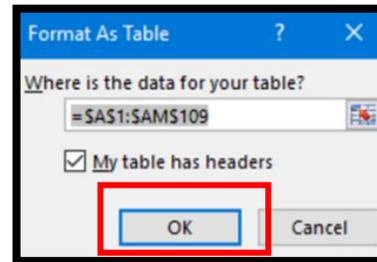
③ After the Excel data is downloaded, format the excel spreadsheet for easy filtering of information.

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 T	Other T	Duration	Note type	Note Status	Funding Plan	T Self Pay	LA Cc	Medi C	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.

Service Date	Service Code	Program	Practitioner	Status	Document	Claim Number
07/13/2020	90853	6840F	KIM, KIM	Open	Final	

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

Practitioner Face-to-Face Time: 60  
Practitioner Other Time: 10  
Duration (Minutes): 70  
MUST BE ENTERED USING FACE TO FACE AND OTHER TIME



5



myAvatar 2020 - Group Service

Enter The Number Of Clients In The Group

3

OK Cancel

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 screenshot shows the software interface for re-routing a document. The interface is divided into several sections:

- Search Forms:** A search bar at the top with the text "approver override" and a search icon. A red circle with the number 2 is around the search bar.
- Main Form:** A form with a "Form Type" dropdown menu set to "Assessment". Below it is an "Entity" field containing "LAMBCHOP.SAMB(3000052)". A red circle with the number 3 is around the Entity field. Below the Entity field are "From Date" and "To Date" fields, both set to "04/12/2016" and "11/28/2016" respectively. A red circle with the number 4 is around the From Date field. Below these fields is a "List of Documents" dropdown menu. A red circle with the number 5 is around the dropdown menu. Below the dropdown menu is a "List of Approvers" section with a table showing the current approver: "Supervisor: KIM KIEU (048175)". A red circle with the number 6 is around the "Update Approvers" button.
- Route Document To Pop-Up:** A pop-up window titled "Route Document To" is open. It has a "Supervisor" field containing "SUSAN COZOLINO (047993)" and an "Add Approver" field. A red circle with the number 7 is around the Supervisor field. Below these fields are "Add" buttons. A red circle with the number 8 is around the "Submit" button at the bottom of the pop-up.

## 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 - <b>"This ACCESS/FRO is a duplicate or entered incorrectly, the correct incident number is ....."</b> "	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 - <b>"The date entered is incorrect, the correct date should be ....."</b> "	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

Entity Database
Form

Client 2

Old Entity 4

TEST.KIMMIE (3170094)

ACCESS/FRO Incident Tracking v2.0 3

8

2

4

3

Reason for Moving Data 7

KKKu 9/12/17 - Move to correct client

New Entity 6

TEST.PLAN (3194891)

Reason for Moving Data 5

OK

## 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 Discloure - 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 Discloure - Edit button at pre-display	Error Correction Supervisor

Steps: The steps below are the same for consents

Date of Authorization	Name of Health Care Provider/Plan	Expiration Date	Authorization Recording Program of Se
01/09/2017		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	6864 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 EDMLND D EDELMAN W MHC CH + FM
03/07/2018		01/01/2019	7458A JUVENILE COURT MENTAL HLTH SVS
05/24/2018		06/28/2018	1906A EDMLND D EDELMAN WESTSIDE MHC
08/15/2018	Marguerita 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

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

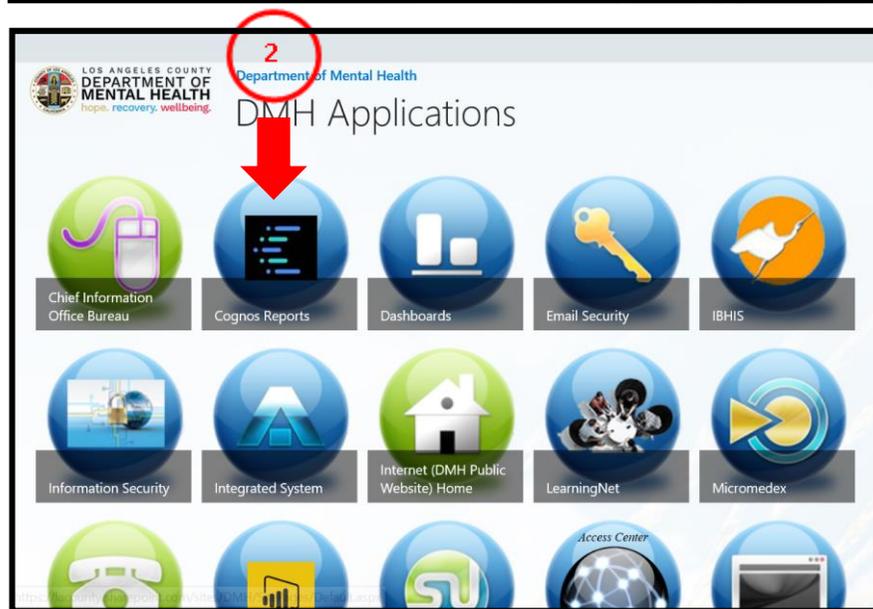
The reports below can be used for additional monitoring (**first two reports should be run at least once a month**):

- [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.**

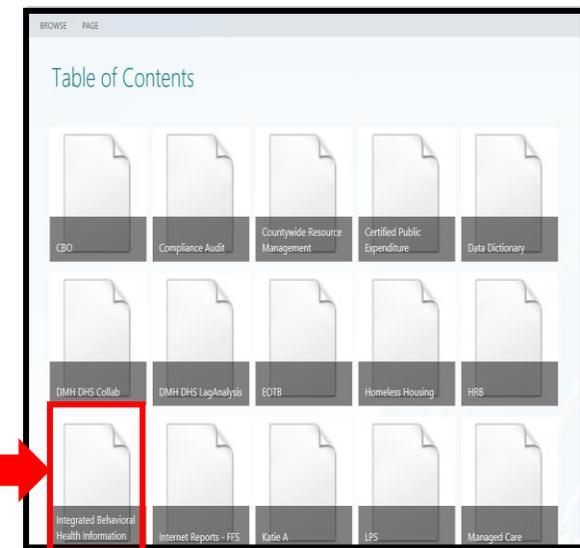
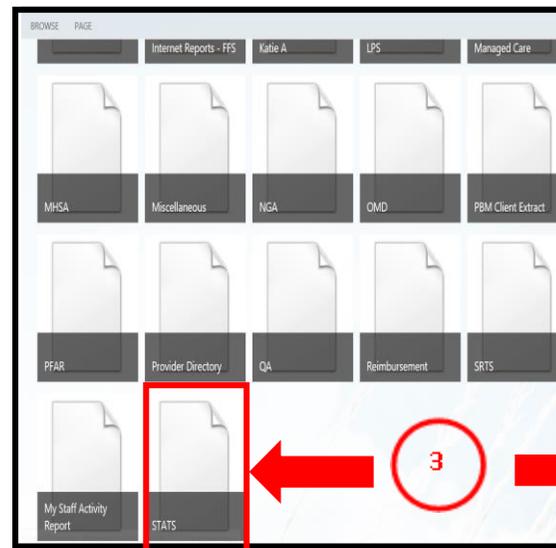
# HOW TO LOCATE STATS AND COGNOS REPORTS?

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:

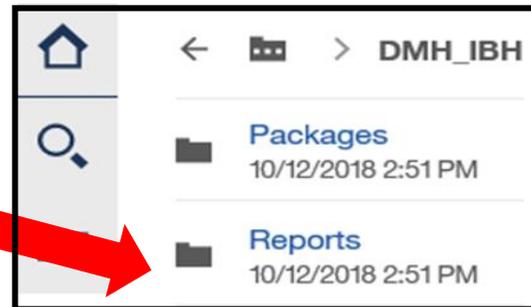
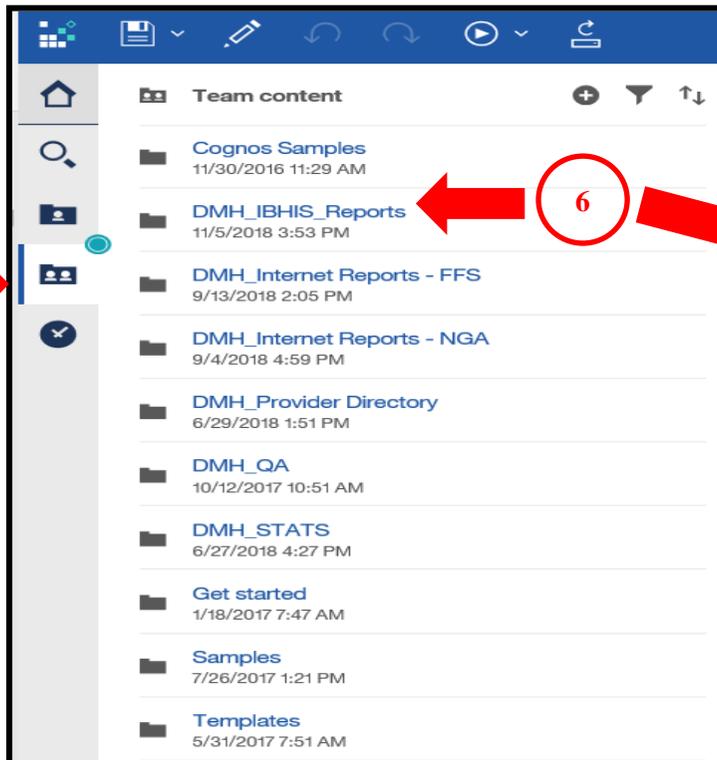
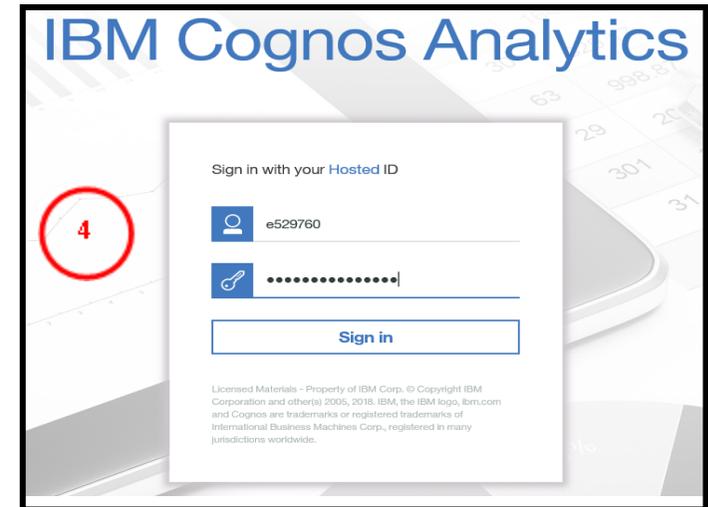
- ① On the DMH homepage double click on “Applications” icon.
- ② Once in the “Application” page, locate the “Cognos Reports” icon, click mouse to launch.
- ③ Click on “STATS” to access the reports or click on “Integration Behavioral Health Information (for the Service information Check Report for non-supervisors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

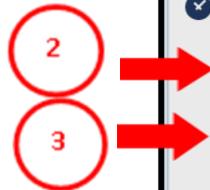


# Launching STATS and COGNOS Reports within IBHIS

## 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
<a href="#">My Staff Activity Report</a>	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
<a href="#">STATS Reports</a> (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
<a href="#">IBHIS Reports</a> (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"

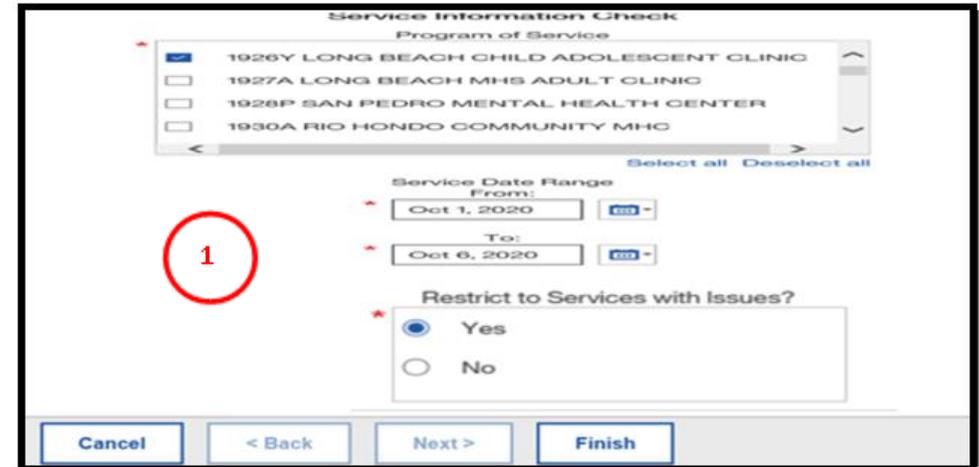
John Doe Self Service (MH) Help Report an Issue

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):

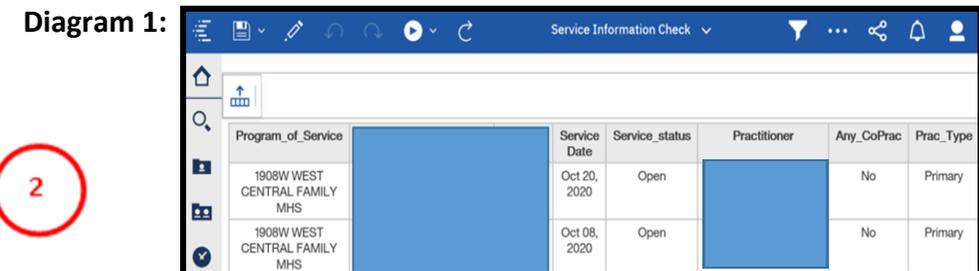


Diagram 3:

Program_of_Service	Client_Name	ClientID	Service Dat	Service_statu	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.

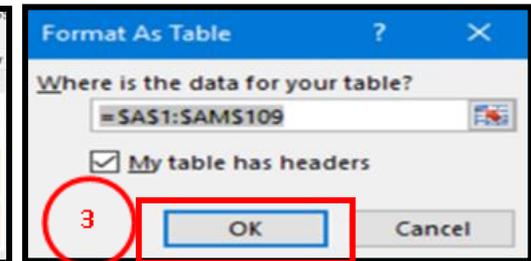
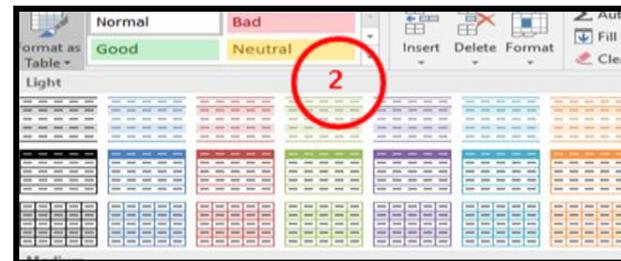
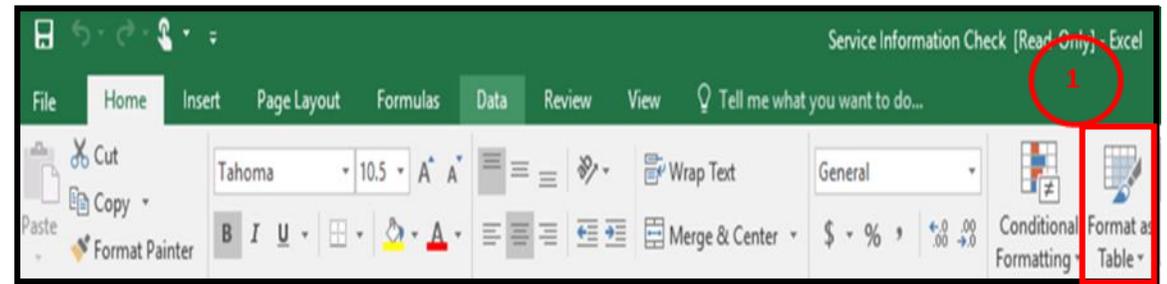
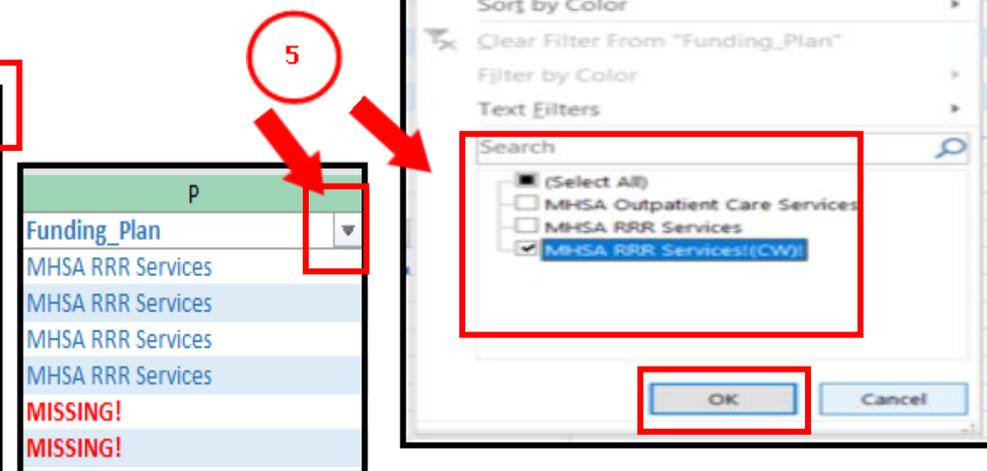


Diagram 1:

1	Program_of_Service	Client_Name	ClientID	Service (* Service_st	Practitioner	Any_Cof*	Type_of_Ser	Service (*	FTF_T	Other_T	Durati	Note_type	Note_Status	Dxfor*	Funding_Plan
2	1930A RIO HONDO COMMUNITY MHC			Jul 19, 2019	Open	No	Group (10 clients)	H2016HEHQ	50	68	228	Scheduled Groups Final	Yes	MHSA RRR Services	
3	1930A RIO HONDO COMMUNITY MHC			Aug 20, 2019	CLAIMED	No	Group (10 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
4	1930A RIO HONDO COMMUNITY MHC			Sep 24, 2019	CLAIMED	No	Group (10 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
5	1930A RIO HONDO COMMUNITY MHC			Dec 03, 2019	CLAIMED	No	Group (10 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
6	1930A RIO HONDO COMMUNITY MHC			Nov 01, 2019	Open	No	Group (12 clients)	H2016HEHQ	65	70	60	Scheduled Groups Final	Yes	MHSA RRR Services	
7	1930A RIO HONDO COMMUNITY MHC			Mar 06, 2020	Open	No	Group (12 clients)	H2016HEHQ	67	63	250	Scheduled Groups Final	Yes	MHSA RRR Services	
8	1930A RIO HONDO COMMUNITY MHC			Feb 07, 2020	Open	No	Group (16 clients)	H2016HEHQ	67	60	237	Scheduled Groups Final	Yes	MHSA RRR Services	
9	LA County DMH PreAdmit			Jan 28, 2020	Open	No	Group (12 clients)	H2016HEHQ	70	50	60	Scheduled Groups Final	Yes	MISSING!	
10	LA County DMH PreAdmit			Jan 28, 2020	Open	No	Group (12 clients)	H2016HEHQ	70	50	60	Scheduled Groups Final	Yes	MISSING!	
11	1930A RIO HONDO COMMUNITY MHC			Dec 23, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
12	1930A RIO HONDO COMMUNITY MHC			Aug 21, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
13	1930A RIO HONDO COMMUNITY MHC			Aug 28, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
14	1930A RIO HONDO COMMUNITY MHC			Sep 18, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
15	1930A RIO HONDO COMMUNITY MHC			Sep 25, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	50	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
16	1930A RIO HONDO COMMUNITY MHC			Sep 27, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	67	65	60	Scheduled Groups Final	Yes	MHSA RRR Services	
17	1930A RIO HONDO COMMUNITY MHC			Nov 08, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	74	63	67	Scheduled Groups Final	Yes	MHSA RRR Services	
18	1930A RIO HONDO COMMUNITY MHC			Mar 06, 2020	CLAIMED	No	Group (12 clients)	H2016HEHQ	68	61	67	Scheduled Groups Final	Yes	MHSA RRR Services	
19	1930A RIO HONDO COMMUNITY MHC			Jan 13, 2020	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	CaWORKS!	
20	1930A RIO HONDO COMMUNITY MHC			Jan 13, 2020	CLAIMED	No	Group (12 clients)	H2016HEHQ	65	60	65	Scheduled Groups Final	Yes	CaWORKS!	
21	1930A RIO HONDO COMMUNITY MHC			Jul 31, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	MHSA RRR Services	
22	1930A RIO HONDO COMMUNITY MHC			Jul 15, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	CaWORKS!	
23	1930A RIO HONDO COMMUNITY MHC			Jul 15, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	CaWORKS!	
24	1930A RIO HONDO COMMUNITY MHC			Aug 12, 2019	CLAIMED	No	Group (12 clients)	H2016HEHQ	60	60	60	Scheduled Groups Final	Yes	CaWORKS!	
25	1930A RIO HONDO COMMUNITY MHC			Jun 17, 2020	Open	No	Group (12 clients)	H2016HEHQ	67	60	67	Scheduled Groups Final	Yes	CaWORKS!	
26	LA County DMH PreAdmit			Sep 11, 2019	Open	No	Group (13 clients)	H2016HEHQ	60	65	65	Scheduled Groups Draft	Yes	MISSING!	
27	LA County DMH PreAdmit			Sep 11, 2019	Open	No	Group (13 clients)	H2016HEHQ	60	65	65	Scheduled Groups Draft	Yes	MISSING!	
28	LA County DMH PreAdmit			Sep 11, 2019	Open	No	Group (13 clients)	H2016HEHQ	60	65	65	Scheduled Groups Draft	Yes	MISSING!	



Steps continued on the next page

# How to make errors show up in red

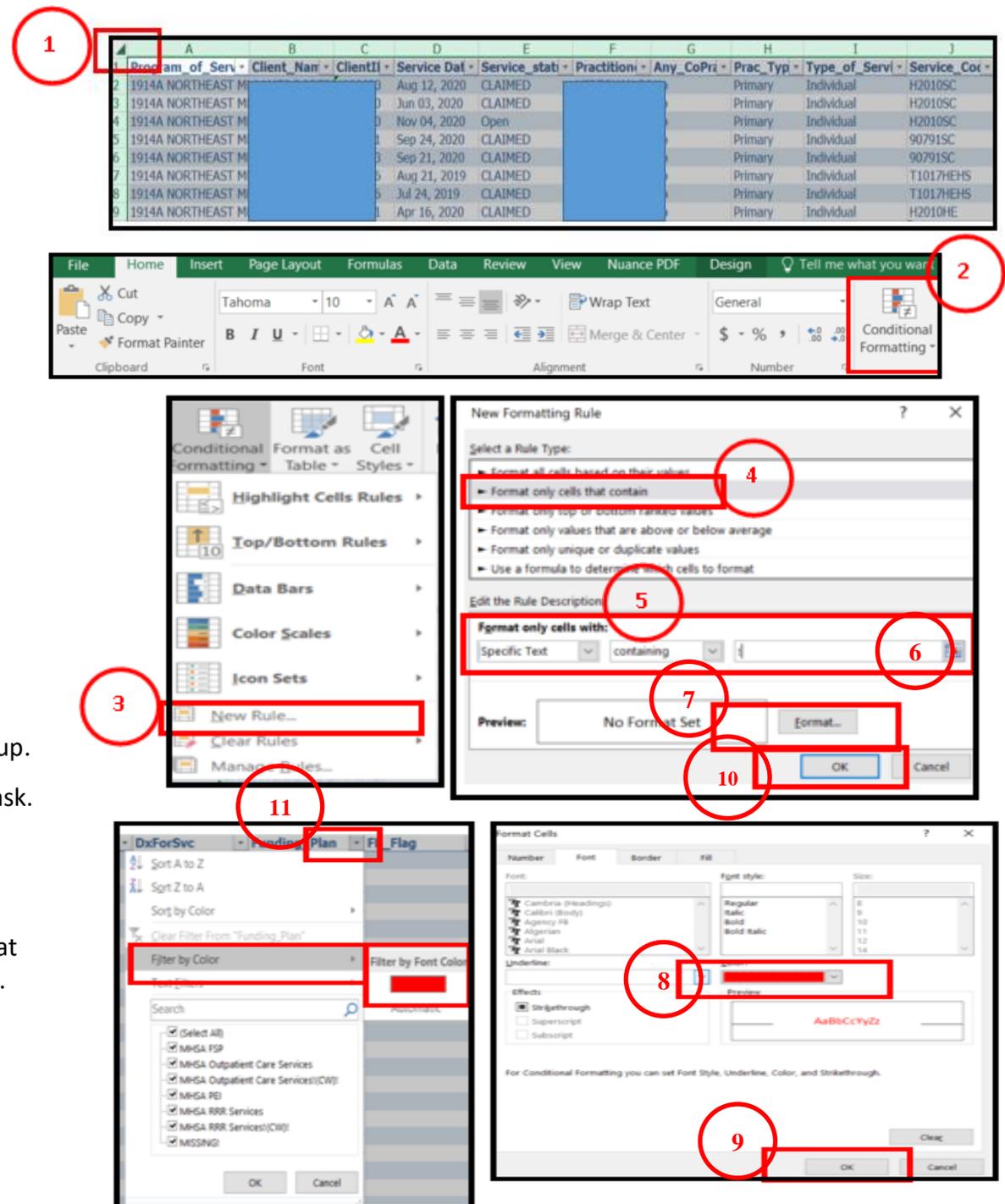
## Steps:

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.



# 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		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
A County DMH PreAdmit			Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
A County DMH PreAdmit			Sep 11, 2019	Open		No	Group (3 clients)	H2015HEHQ	120	25	145	Scheduled Groups	Draft!
830A RIO HONDO COMMUNITY MHC			Jun 04, 2020	Open		No	Group (7 clients)	H2015HEHOGT	119	31	150	Scheduled Groups	Draft!
830A RIO HONDO COMMUNITY MHC			Jul 17, 2020	Open		No	Individual	00001	0	20	20	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			Apr 17, 2020	Open		No	Individual	00001	0	20	20	Individual Service	Pending Approval!
836A EDMUND D EDELMAN WESTSIDE MHC			Jul 21, 2020	Open		No	Individual	90791SC	0	150	150	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			Aug 11, 2020	Open		No	Individual	99212	0	30	30	Individual Service	MISSING!
836A EDMUND D EDELMAN WESTSIDE MHC			Feb 04, 2020	CLAIMED		No	Individual	99212	16	11	30	Medication Service	Draft!
836A EDMUND D EDELMAN WESTSIDE MHC			Aug 13, 2020	Open		No	Individual	99213	0	30	30	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			Jan 23, 2020	CLAIMED		No	Individual	H0032	0	15	15	Individual Service	Pending Approval!
836A EDMUND D EDELMAN WESTSIDE MHC			Jul 14, 2020	Open		No	Individual	H0032SC	0	30	30	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			Jul 30, 2020	Open		No	Individual	H0032SC	0	20	20	Individual Service	Pending Approval!
830A RIO HONDO COMMUNITY MHC			Jul 23, 2020	Open		No	Individual	H0032SC	0	25	25	Individual Service	Pending Approval!
830A RIO HONDO COMMUNITY MHC			Jul 15, 2020	Open		No	Individual	H0046SC	0	60	60	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			May 18, 2020	CLAIMED		No	Individual	H0046SC	0	49	49	Individual Service	MISSING!
830A RIO HONDO COMMUNITY MHC			Jul 30, 2020	Open		No	Individual	H0046SC	0	60	60	Individual Service	Pending Approval!
830A RIO HONDO COMMUNITY MHC			Apr 27, 2020	CLAIMED		No	Individual	H0046SC	0	45	45	Error Correction	Pending Approval!
836A EDMUND D EDELMAN WESTSIDE MHC			Aug 13, 2020	Open		No	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	0	20	20	Individual Service	MISSING!
	Jul 21, 2020	Open		No	Individual	90791SC	0	150	150	Individual Service	MISSING!
	Aug 11, 2020	Open		No	Individual	99212	0	30	30	Individual Service	MISSING!
	Aug 13, 2020	Open		No	Individual	99213	0	30	30	Individual Service	MISSING!
	Jul 14, 2020	Open		No	Individual	H0032SC	0	30	30	Individual Service	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)	H2015HEHOGT	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	90001	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:

Search Forms  
Edit Service

Name: Edit Service Information  
Menu Path: Avatar PM / Services / Ancillary/Ambulatory Services

1 through 1 of 1

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.

Edit Service Information

Client ID: TEST,KOMME(3194978)

Service Start Date: 01/10/2018  
Service End Date: 01/10/2018

Episode Number: Episode # 3 Admit: 06/01/2016 Discharge: None  
Service Selection Default: [None] [Select Service(s) To Edit]

Service Code: PSYCHOTHERAPY 53+ MIN FF (90837)  
Practitioner: PHAN,PHU(152739)

Program: 7207A LONG BEACH APT FAMILY MHC  
Practitioner Face-to-Face Time: [ ]  
Practitioner Other Time: [ ]  
Duration (Minutes): 0

Submit

Edit Service Information

Client: TEST,KOMME(3194978)  
Episode Number: 3  
Service Date: 06/01/2016  
Program: 7207A LONG BEACH APT FAMILY MHC  
Practitioner: PHAN,PHU(152739)

Online Documentation

OK Cancel

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_Serv	Service_Cod	FTF	Oth	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)	H2015HEHGGT	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)	H2015HEHGGT	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 Assignemt - 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 consulted 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](mailto:CBO@dmh.lacounty.gov) Telephone: (213) 480-3444 or create a heatticket.

LA_County	Medi_Ca	Posted_270	CalWork	Medicare	OHC	Last_UMDAI	PFI	FOA	Lifetime	Ins_Autl	Ins_Benl	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_UMDAI	PFI	FOA	Lifetime	Ins_Autl	Ins_Benl
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.

NOT_uniqueid	Client	Entry Date	Note Date	Episode	Form Type	Note Status	First 60 Characters of Note
NOT64079.001		6/10/2016	6/10/2016	LE00019 LA County DMH	Individual Service Progress Note	Final	Mother left VM for Therapist to cancel session.
NOT64539.002		9/13/2017	9/13/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	
NOT64562.002		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		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		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		10/6/2017	10/6/2017	LE00019 LA County DMH	Scheduled Group Progress Notes	Final	Substance Abuse Management Group - GOAL: Talk to client

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

**Services Missing Face to Face Time**

Program of Service:

- 1904A ANTELOPE VALLEY MHC
- 1905V SANTA CLARITA VALLEY MH CENTER
- 1906A EDMUND D EDELMAN WESTSIDE MHC
- 1908W WEST CENTRAL FAMILY MHS
- 1909W HOLLYWOOD MENTAL HEALTH CENTER

Select all Deselect all

Date of Service Range:

From: Feb 1, 2018

To: Apr 19, 2018

Options: Latest date

### Steps:

- Once in the Services Missing Face to Face Time report, select program of service. Select all that applies.
- Put in date range that you wish the report to generate, and hit "Finish" to generate report.
- 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.**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Services Missing Face to Face Time

IBHIS Data As Of: 04/15/2018

Reporting Period: On or after Feb 1, 2018

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

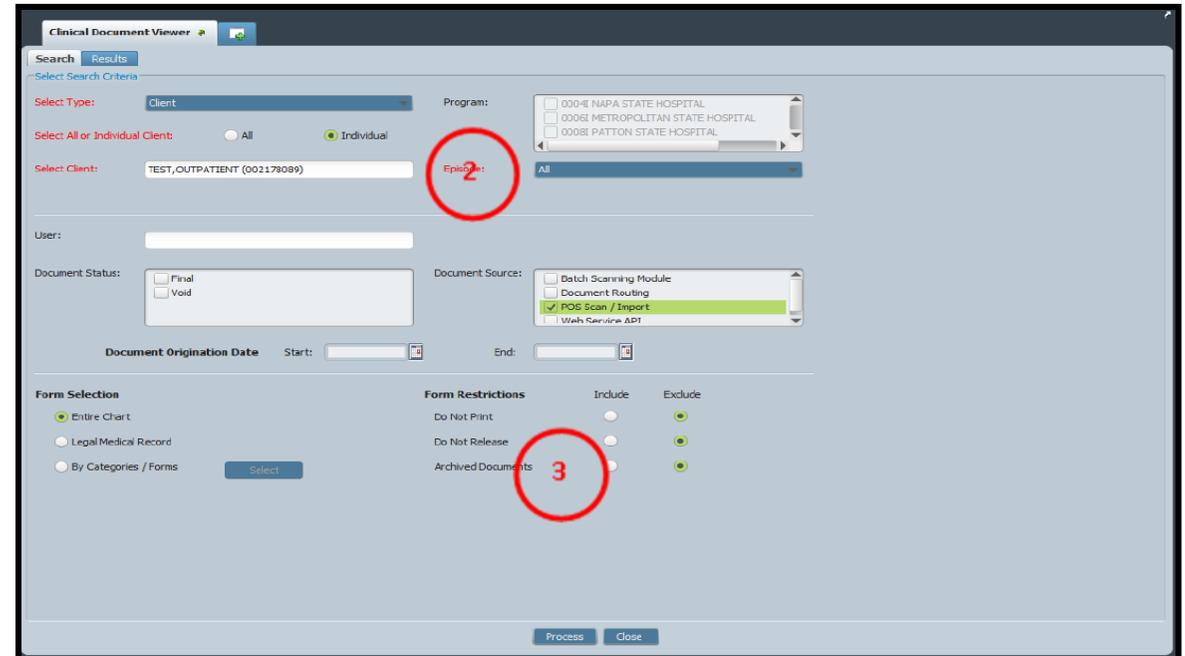
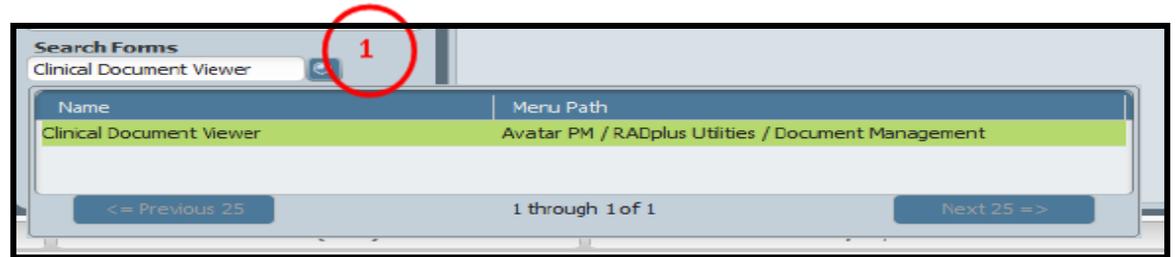
Consult with QA [IBHISerrorcorrections@dmh.lacounty.gov](mailto:IBHISerrorcorrections@dmh.lacounty.gov) for additional guidance.

# 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

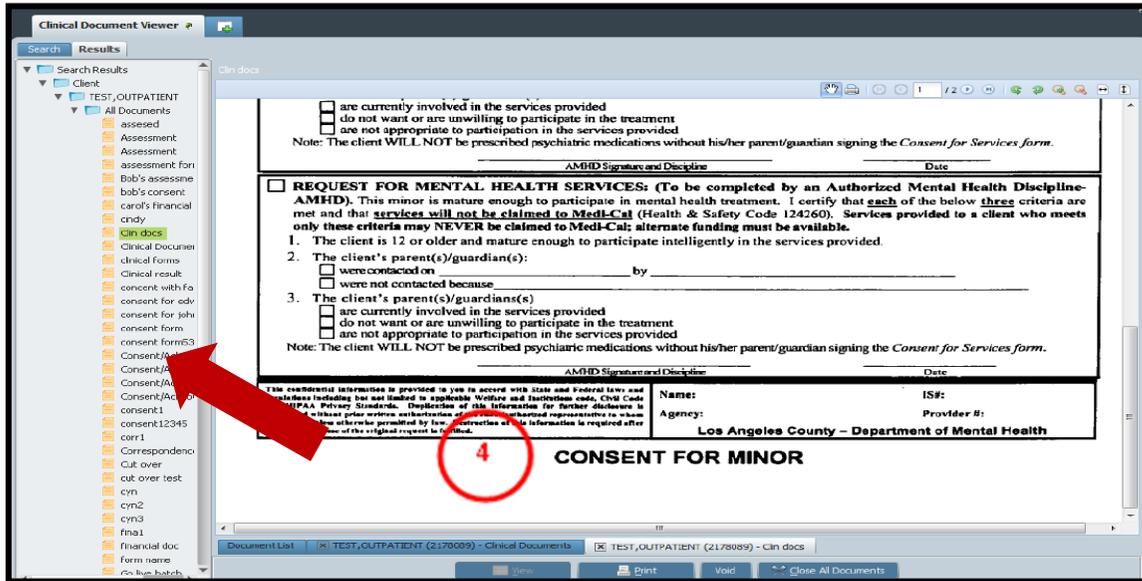
## Steps:

- 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



## 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.

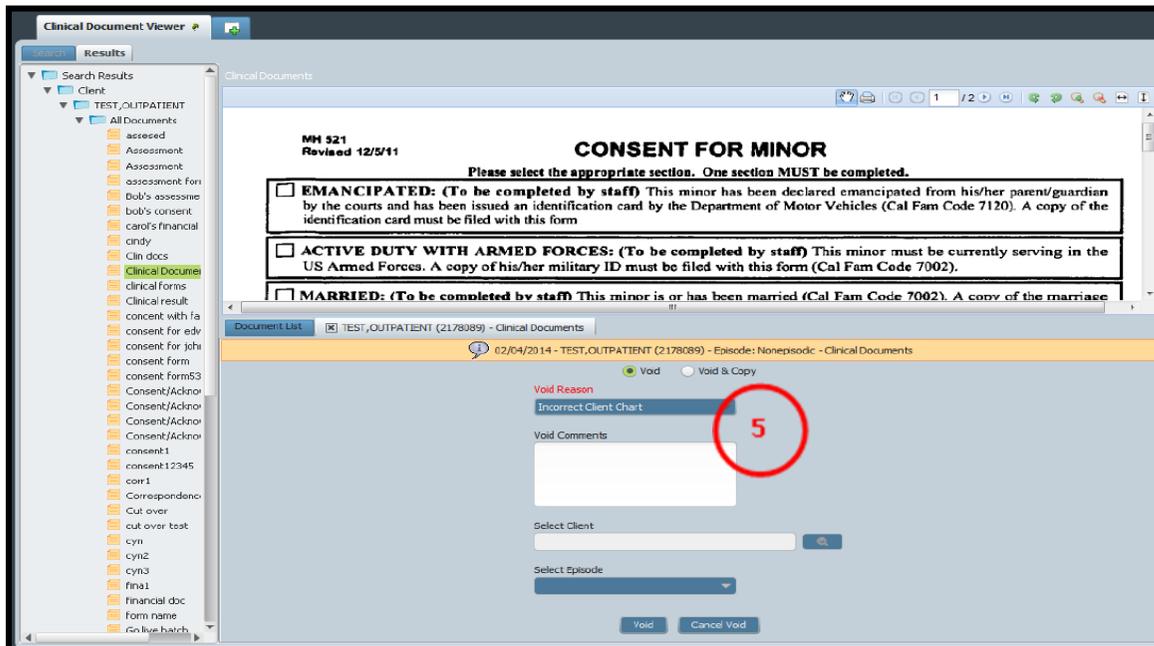
Hit the “Void” button at the end of the page.

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.

**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

### 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
<p><b>Permanent Leave:</b> Immediate Action</p> <p><b>Approved Leave:</b> Contact the QA unit: ibhiserrorcorrection@d mh.lacounty.gov for direction and coordination with Human Resources</p>	<p>1. Verify whether the client was seen and the content of the session:</p> <ul style="list-style-type: none"> <li>✓ Appointment check-in</li> <li>✓ Front desk sign-in sheets</li> <li>✓ Practitioner paper notes</li> <li>✓ Contact the practitioner (must be coordinated with HR if on approved leave)</li> </ul> <p><b><i>If unable to verify the client was seen OR the content of the session:</i></b></p> <p>2A. Delete the appointment</p> <p><b><i>If able to verify the client was seen AND the content of the session:</i></b></p> <p>2B. Change the “practitioner” on the appointment to the supervisor</p> <p>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.</p>	<p>2A. [Scheduling Calendar] – Delete</p> <p>2B. [Scheduling Calendar] – Details/Edit</p> <p>3B. [Individual Service Progress Note]</p>

## UNAVAILABLE PRACTITIONERS

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

WHEN	PROCESS
<p><b>Permanent Leave:</b> Immediate Action</p> <p><b>Approved Leave:</b> Contact the QA unit: ibhiserrorcorrection@dmh.lacounty.gov to discuss when to take action</p>	<ol style="list-style-type: none"> <li>1. 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"> <li>a. Check in IBHIS</li> <li>b. 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.</li> <li>c. 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"> <li>i. “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.”</li> </ol> </li> </ol> </li> <li>2. Documentation               <ol style="list-style-type: none"> <li>a. 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.</li> <li>b. 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"> <li>i. Finalize the clinical forms that are in Draft status making sure to document <u>in</u> the form the following statement: <b>“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.”</b></li> <li>ii. 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.”</li> </ol> </li> </ol> </li> </ol>

## UNAVAILABLE PRACTITIONERS

Verification and Documentation - Clinical Forms – DMH Treatment Plan in DRAFT status	
WHEN	PROCESS
<p><b>Permanent Leave:</b> Immediate Action</p> <p><b>Approved Leave:</b> 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"> <li>• At next client session, the plan is to be reviewed and finalized with client by the most appropriate treatment team member.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Plan was done in error (e.g., duplicate plan) and supervisor deletes the plan               <ul style="list-style-type: none"> <li>○ 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>.</li> </ul> </li> </ul>

**Note:** In the event that you are unable to select the program of service, please contact: [ibhiserrorcorrection@dmh.lacounty.gov](mailto: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](mailto: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](mailto: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 Report' form. Step 1 is the 'Client ID' field containing 'TEST, PLAN (3139103)'. Step 2 is the 'Claim/Episode/All Episodes' section where 'Episode' is selected. Step 3 is the 'Episode Number' dropdown menu. Step 4 is the 'From Date' field set to '03/01/2016'. Step 5 is the 'Ledger Type' section where 'Simple' is selected. Step 6 is the 'Process' button on the left sidebar.

The screenshot shows the report output for client 'TEST, PLAN'. Step 7 highlights the table of claims. The table has columns for Episode Number, Date, Serv, Unit, 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	-----	-----	-----	-----	07282017	2821994	279.00
2	1	02092017	90791	100.00	10	279.00	-----	-----	-----	-----	07282017	2821994	279.00
3	1	02092017	90791	100.00	10	279.00	-----	-----	-----	-----	-----	UNBILL	279.00

The screenshot shows the report output for client 'TEST, JOAQUIN'. The table has columns for Episode Number, Date, Serv, Unit, 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	1	06112020	H2015HEHQ	75.00	104.75	10	104.75	52.88	700	PAYMENT	07092020	06252020	2547089
2	1	06112020	H2015HEHQ	60.00	82.80	10	82.80	41.90	702	TRANSFER	07092020	06252020	2547089
1	1	06112020	H2015HEHQ	60.00	82.80	10	82.80	41.90	700	PAYMENT	07102020	06252020	2547040
1	1	06112020	H2015HEHQ	60.00	82.80	10	82.80	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.**

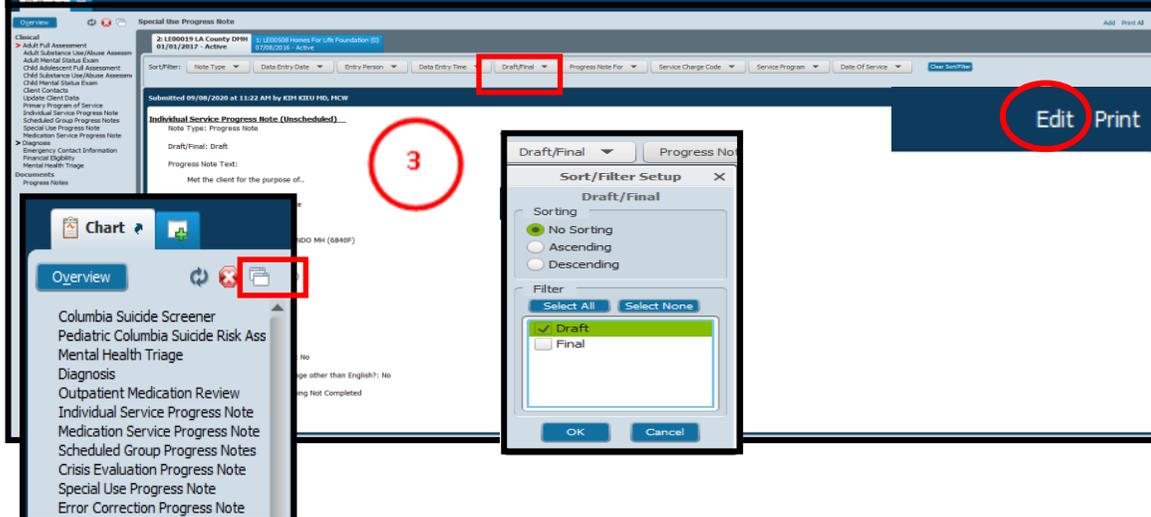
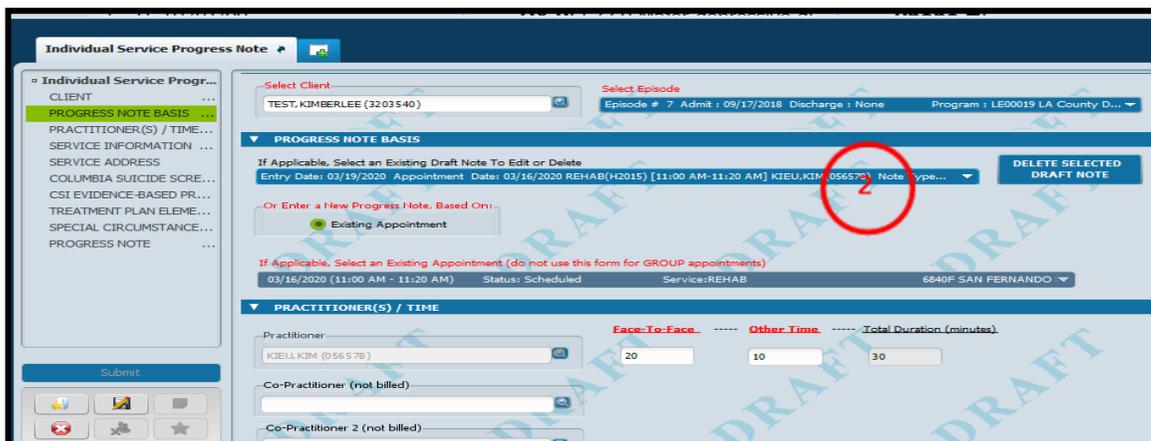
# ACCESSING DRAFT PROGRESS NOTES AND DOCUMENTS

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.



## 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.

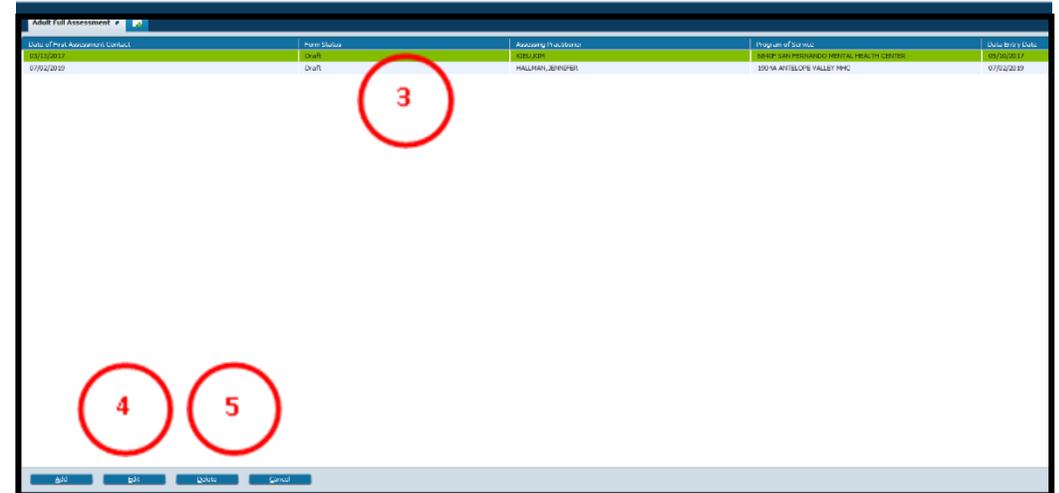
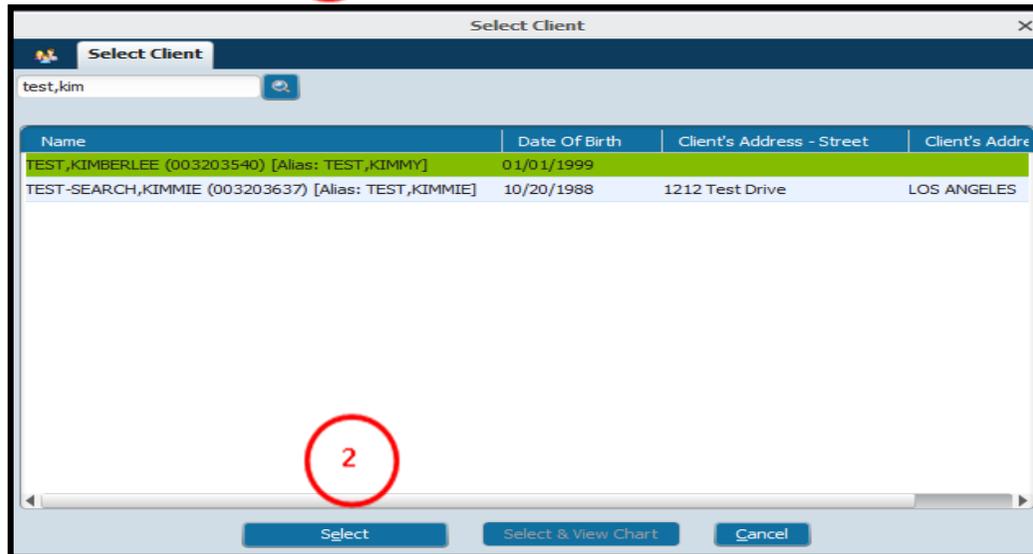
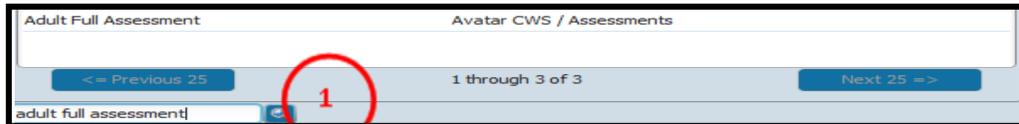
**Note – if the draft is in the pre-admit and the episode is discharged, remove the discharge (using delete last Movement form) to access the note for deletion or finalizing.**

# Accessing Draft Documents: Option #1

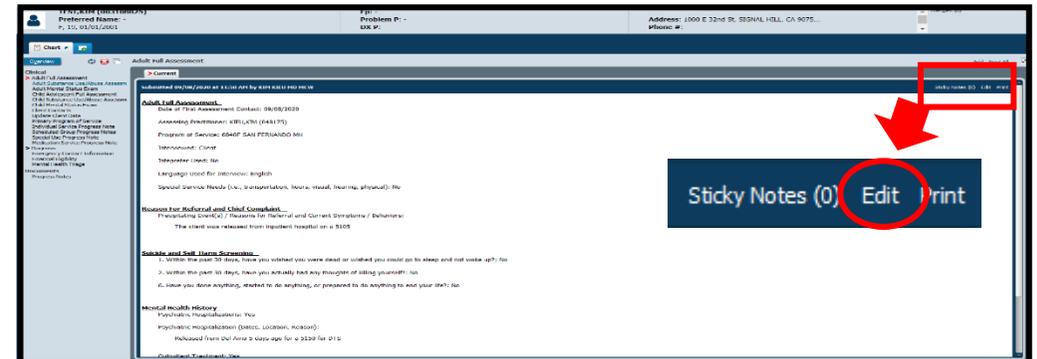
## Steps:

- 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.

- 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.



**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

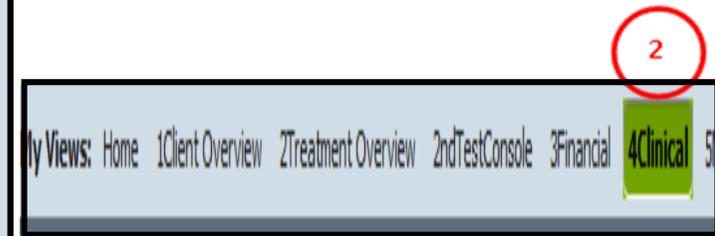
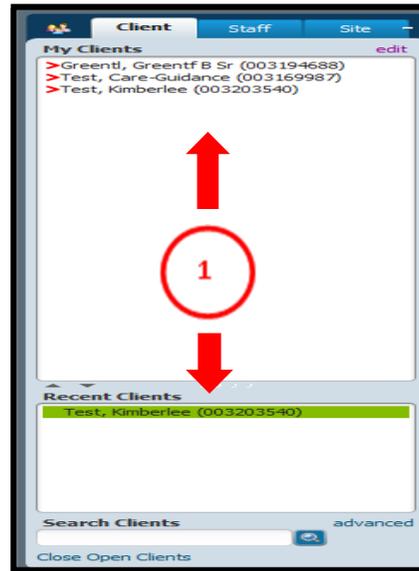


# Accessing Draft Documents: Option #3

## 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
<a href="#">View</a>	Adult Full Assessment		07/02/2019	Draft
<a href="#">View</a>	Adult Assessment Addendum		09/26/2017	Draft
<a href="#">View</a>	Adult Full Assessment		03/13/2017	Final
<a href="#">View</a>	Adult Mental Status Exam		03/07/2017	Final

Date	Assessment	Type	Assessor	Relationship	Total Score	Status
May 19, 2020	PSC-35	Initial	KIEU,KIM	Self	Incomplete Administration	Draft

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

Plan Name	Plan Type	Plan Date	End Date	MSS	MHS	TCM	Status
K9ieu 6864	Annual	03-28-2019	03-27-2020		MHS		Draft
Kim	Update	09-04-2018	09-04-2019		MHS	TCM	Final

## WHO CAN HELP?

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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](mailto: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](mailto: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](mailto:clinicalinformatics@dmh.lacounty.gov)
  - IBHIS-related COGNOS graphs and reports on STATS, IBHIS User Role Authorization Processes
- DMH Direct Services: [Directservice@dmh.lacounty.gov](mailto: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](mailto: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](mailto: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>