Behavioral Health Electronic Health Record Project (BHEHR)
Answers to Vendor Questions - 8/25/09

Questions and Answers

1. This refers to a form that was not provided in the RFP. The fields that one must commit to are not identified. Can you please identify?

1.24.1.1	The system shall capture all the information in the Service Request Form.	HD

See Service Request Form attached below.

2. Could you provide additional comments on this? What should the system automatically populate for insurance if the consumer has no insurance?

1.2.7.1	The system shall automatically populate Client insurance fields when no prior eligibility has been determined.	HD

This requirement refers to automatic review of insurance eligibility through 270/271 transactions unless prior phone authorization has been documented. PHF stay insurance authorization is often obtained by phone contact. If a phone contact has not occurred, the system should automatically send electronic eligibility requests based on client's insurance information.

3. We are not aware of any eligibility files provided by Medicare or commercial insurance companies. Does the county have access to such files?

1.2.10.1	The system shall maintain Medi-Cal eligibility for all individuals identified in the monthly Medi-Cal download from the State, not just individuals who are enrolled as clients. Similar capabilities should be available for Medicare and health plans with whom the County contracts.	HD

The County is assuming that eligibility for Medicare and Insurers such as Blue Cross will be provided by HIPAA-compliant 270/271 transactions.

4. Can the county provide more information as to what is being asked? What are the defined program outcome measures? What does the county intend by "status" in this particular situation?

1.4.1.1	The system shall verify client status in a given program against the defined program outcome measures.	HD

This requirement most directly applies to programs within Drug and Alcohol Services where a client's progress toward defined objectives within a program must be tracked. For example, if a client is ordered by the court to complete 10 group meetings, the system must be able to display the clients' progress toward that goal.

5. Can the county give an example of what is requested here? How would the system know which data items are appropriate to the client? (What would the basis for prompts be?)

1.7.1.2	The system shall be configurable to support client focused data collection (e.g., as a client is being admitted for alcohol problems, the information system will automatically prompt for particular data items appropriate to the client).	HD

The requirement pertains to client data collection that occurs over the phone during the initial contact with a potential client and/or when determining which assessment tool to use for the client. In either case, the system should assist the user in collecting data based on:

- *Age (i.e. adult vs youth) – For example, if a parent calls regarding services that may be available for their child, the system may prompt the user to collect information related to the child and provide information related to services available through the schools*

- *The nature of the services being sought – For example, if a potential client is seeking help for a substance abuse problem, the system shouldn't prompt the user to collect information that is focused on mental health issues.*
- *Whether the consumer is being admitted into the PHF – The type and extent of information collected for admission into the PHF is different than for outpatient services*

6. Does the county have an array of data items that is unique by diagnosis and age?

1.8.2.1	The system shall support the collection of data appropriate to a client's diagnosis, age, service setting, etc. as a client is admitted for service.	HD

It is appropriate to collect different information depending in client attributes. Here is a partial list of some attribute related information that should be captured:

Youth require an expanded developmental history for assessment
Youth require more family information
FSP Program Enrollees require specific outcome baseline data for the last 12 months
Drug and Alcohol program client drug test results

7. This row is formatted incorrectly preventing the user from entering the designated required responses. The required responses for Column E cannot be entered. Description cannot be entered. The fields are locked

1.8.5.1	The system shall permit authorized users to transfer an admission from one organizational provider to another.	HD

An updated spreadsheet will be sent out to vendors (and posted on the website) which will have the appropriate cells corrected. There is another row on the same sheet with the same problem (requirement 1.8.3.1). The spreadsheet is not actually "locked" and the corrections can be made by the vendor. Just copy a correct cell over the incorrect cell and it's fixed. For cells in column F, ensure the size of the cell that is copied matches the size of the destination cell. Sorry for the inconvenience. An updated spreadsheet will be sent out shortly with the corrections made in case you'd like to use it.

8. What would be the basis for automatically calculating the consumer's fulfillment of Share of Cost, when it could easily have been met in some other setting than the behavioral health programs?

1.36.3.2	The system shall automatically calculate a client's fulfillment of their share of cost.	HD

The system needs to be able to appropriately capture data related to Share of Cost services whether it be from county-provided behavioral health services or external State MEDS provided SOC information.

9. Where possible the system imports demographic data into the ASI, but none of the fields captured in [*System Name*] directly affect the scoring of the ASI. Even the CalOMS data fields, though similar, do not match to the ASI fields. The ASI has to be completed before it can be stored. Because the ASI scoring algorithms are based on specific data, how would the county see this working? Can you provide examples?

1.12.1.5	The system shall automatically calculate a client's SASSI score from previously entered data.

The Substance Abuse Subtle Screening Inventory (SASSI) is a quick self-assessment instrument. This questionnaire could be self-entered at a kiosk or website (or other method) and the system should be capable of calculating the score.

10. Can the county give examples of ancillary information required? If it is not part of the assessment, how would the county see it affecting the completion of an assessment?

1.12.8.7	The system shall ensure all ancillary documentation is completed before the assessment is deemed complete.	HD

County may define what information is to be included in a full assessment. For example, drug test results, court orders, Child Protective Services (CPS) reports may be classified as "ancillary" items needed for a complete an assessment. The system needs to be able to track the inclusion of these externally-created "ancillary" items as part of a full assessment.

11. How does the county define linkage between type of care and specific assessment tool?

1.12.8.11	The system shall permit an authorized user to access the appropriate assessment tool/template based on the care being provided for a Client/Patient.	D

Assessment tools are typically chosen based on the age (i.e. youth vs. adult), services being sought (i.e. mental health vs substance abuse services) and/or whether services will be provided on an outpatient vs inpatient (PHF) basis.

12. Can the county identify the Appendix number and section for this requirement? A review of Appendix E uses the term "assessment" in a non-specific manner.

1.12.8.22	The system shall support electronic versions of the assessments listed in Appendix #.	D

References to assessments can be found in Section 5 of ***Appendix E – Data Requirements****. Assessment forms are used to discover and document the past and current mental and physical condition of the consumer, life circumstances, presenting symptoms, diagnosis, recommended course of treatment, etc. The assessment tools referred to in Appendix E are commonly used in Behavioral Health organizations around California.*

Sample Service Request Form (From Question 1 Above)

San Luis Obispo County
Mental health Services
2178 Johnson Avenue
San Luis Obispo, CA
93401-4535

Date: 7/26/2009
Time:
O Urgent O Routine

☐ Phone ☐ Walk-in ☐ DSS Site ☐ System of Care
Location: MgdCare

Caller: Caller's Phone: Message Okay? ○ Yes ○ No

Relationship: Agency:

Client Name: **LAST NAME First Name** Home or Contact Phone: Home Phone
Last, First, M.I.

D.O.B. Birthdate Age ? years old SSN No Dashes Gender: Gender

Street Address City, State, Zip
Street Address City, State, Zip

Preferred Language: A_English ☐ Unknown

InterpServices Offered: ☐ Accepted ☐ Notified in language understood by client of right ot free interpretation services.

Special Needs Services offered	Accepted	Declined	**Service Requested**
☐ Vision	☐	☐	
☐ Hearing	☐	☐	
☐ Cultural	☐	☐	

Payor Sources: ☐ Medicare ☐ Medi-Cal ☐ CMSP ☐ Unknown ☐ Other: County Code:

Service Requested: ☐ Crisis ☐ Outpatient ☐ CWS Outpatient ☐ Other:
(Choose one) ☐ Inpatient ☐ CalWORKs Outpatient ☐ Complaint

Presenting Problem: (Choose up to 3)

☐ Suicidal/self injury	☐ Depression	☐ Parenting problem	☐ Substance abuse
☐ Danger to others	☐ Anger/conduct	☐ Child/school problem	☐ Other
☐ Delusions/hallucination	☐ Anxiety	☐ Medication	
☐ Manic Behavior	☐ Relationship problem	☐ Case management	

Notes/Comments:
See Notes/Comments page 2.

Disposition:

☐ **Mobile Crisis** Time:

Referral:
☐ Primary Care ☐ Other Agency Name: ☐ Incomplete
☐ Private Sector ☐ Information Only ☐ Other Agency Name
☐ Drug and Alcohol ☐ No Referral

☐ **Assessement Scheduled with County Mental Health** Date
Clinician: @ Time

Contact Attempts:

Date	Action Taken

Staff Signature: LCSW **Date:** 7/26/2009
G. Clare, LCSW

Date Sent: ☐ Records sent and Medical Records notified ☐Fax sent ☐Data Entered Initials:

Action:

Post-Assessment Referral:
☐ Open to Mental Health ☐ Refer to Primary Care Physician ☐ Drug and Alcohol ☐ Client Failed to Follow Through
☐ Provider Network ☐ Private Sector ☐ Other Agency ☐ No Service Authorized
☐ NOA Sent

Individual Name **LAST NAME , First Name** Record Number **Clt. No.**

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SERVICE REQUEST FORM
REVISED SEPTEMBER 1999

San Luis Obispo County Date: Name Last Name, First Name