



Appendix E – Data Requirements



**San Luis Obispo County
Health Agency, Behavioral Health Department
Data Requirements**

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1 Introduction

The Behavioral Health Agency manages client data that encompasses both mental health and substance abuse. Information captured by the Agency includes client demographic, clinical, and financial. This document provides a reference to the various data sources – client chart, Agency systems, and interfaces – and representation of that information in terms of forms, reports, and assessments. This document also summarizes the various system implementation approaches that the County may wish to consider in implementation of the new system, given the nature of the data and systems which currently support the information.

1.1 Objectives

The objective of this document is to serve as a companion document to the functional requirements, supporting the processes as defined in **Appendix L – Business Process Decomposition Diagram (PDD)** and **Appendix M - Business Process Decomposition Reference**.

1.2 Purpose

This document is intended to provide guidance for subsequent project activities as follows:

1. **Procurement:** The Procurement/Evaluation Team will refer to this document to:
 - a. Provide examples to complement the functional and technical requirements, especially those referring to forms, reports, and assessments
 - b. Provide representative content for vendor demonstrations
 - c. Provide input for vendor Statement of Work tasks and outcomes
2. **Implementation:** The Project Team will refer to this document to:
 - a. Organize data conversion and migration activities
 - b. Help determine which standard forms and reports from the new system should be adopted for use by the Department
 - c. Form the basis for form and report development for the new system



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2 Overview of Existing Data Sources

This section will provide an overview of existing data sources, beginning with the paper client chart, separate versions of which are maintained by Mental Health and Drug and Alcohol Services (D/AS), and followed by a description of the key system which both sides of the Agency use. The defining forms and reports supported by these data sources are not discussed in detail in this section but are presented in Tables 7 - 14.

2.1 Client Chart

The paper chart currently serves as the system of record for both Mental Health and D/AS. Tables 1 and 2 present an overview of the chart contents for both divisions of the Behavioral Health Department.



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Table 1: SLO Mental Health Client Chart

Left Side of Chart		Right Side of Chart		
<p>Top</p> <ul style="list-style-type: none"> Confidentiality Reminder Key to Help (doesn't say which system) Medical Abbreviations (7 pages including symbols) Policy re: Medical Terminology 	Inpatient Status	<ul style="list-style-type: none"> Psychiatric Health Facility Copies (TBD) 	Coordinated Service/Requirements	<ul style="list-style-type: none"> Care Plan Service Plan Master Service Plan SB 785 Client Assess. Update SB 785 Client Plan SB 785 Service Auth. Request Day Treatment Forms
<p>Administrative Data Tab</p> <ul style="list-style-type: none"> Application for Outpatient Services/Fee Information* Mobile Crisis Service Uniform Patient Fee Schedule Charges and Payments Instruction Sheet Client Cost Explanation and Agreement* Advanced Beneficiary Notice* (ABN) Notice of Privacy Practice¹ Incident Report No Self-Abuse/Substance Abuse Contract 	Rehabilitation/Treatment Services	<ul style="list-style-type: none"> Client Information Face Sheet Client Service Information Summary (Closing or Transfer) Case Management Notes Progress Note Outpatient Contact Form Community Client Service Contact Mobile Crisis Interview Progress Note Mobile Crisis Adult Assessment Child/Adolescent Mental Health Assessment Health Questionnaire and History* SB 785 Client Assessment 	Prescriptions/Laboratory	<p>Top</p> <ul style="list-style-type: none"> Medication Log Medication Record <p>Prescriptions Tab</p> <ul style="list-style-type: none"> Medication Request Prescription Sheet <p>Laboratory</p> <ul style="list-style-type: none"> Lab Sheets
<p>Correspondence/Releases</p> <ul style="list-style-type: none"> Record of correspondence/release Authorization to Use and/or Disclose Protected Healthcare Information*² 	Medication Support	<ul style="list-style-type: none"> Medication Support Note Physician Progress Note Psychiatric Assessment Medication Consent Form* 	Contract Providers	<ul style="list-style-type: none"> TBS Assessment TBS Client Plan Addendum TBS Plan TBS External Referral Form

¹ Does not contain an acknowledgment by client that client has received, read, and understood Notice of Privacy Practice.

² Secondary release specific to substance abuse and HIV.



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Table 2: Drug and Alcohol Services Client Chart

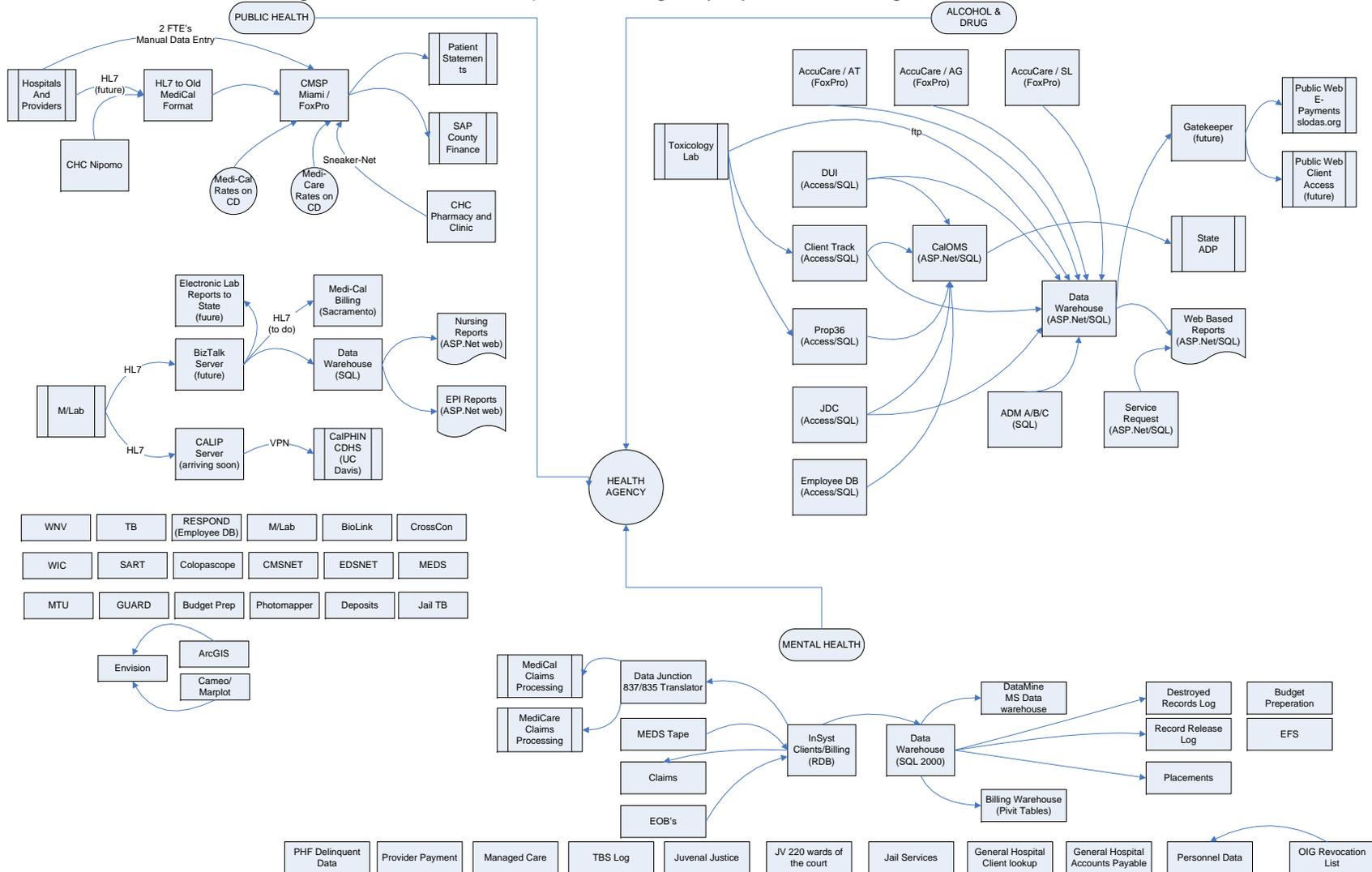
Left Side of Chart	Right Side of Chart			
<ul style="list-style-type: none"> • Quality Assurance Checklist for Documentation <ul style="list-style-type: none"> ○ Initial ○ 90 Day Review ○ Closing Documentation • Treatment Status Change Form <ul style="list-style-type: none"> ○ General Information ○ Program Changes/Info ○ Financial Changes ○ Waitlist Placement • Drug and Alcohol Application for Services • Level of Care (based on initial assessment) • Proposition 36 Program Fee Assessment • Treatment Program Fee Assessment • Financial Assessment Worksheet • Defendant's Statement of Assets • Acuity Check List (Waiting List) • Treatment Program Contract (Proposition 26) • Client's Rights and Grievance Procedures 	Tab One Front	<ul style="list-style-type: none"> • Discharge Summary • Treatment Plan • Provisional Assessment • CalOMS Admission Form (SLO Intranet Print) • SASSI-3 Substance Abuse Subtle Screening Inventory (M/F) 	Tab One Back	<ul style="list-style-type: none"> • Progress Notes • Adult Initial Service Recommendation
	Tab Two Front	<ul style="list-style-type: none"> • Consents for Release of Confidential Information • Debt Collection • Alcohol or Drug Treatment Information to and from Child Welfare/Family Court • Criminal Justice Referral • General for diagnosis, attendance, therapy, cooperation, prognosis, test results, payment record, and treatment plan • Acknowledgement of Notice of Privacy Practices 	Tab Two Back	<ul style="list-style-type: none"> • DEJ Summary Report • All legal forms • Court Minute Orders • Probation Orders
	Back of Chart	<ul style="list-style-type: none"> • Client Drug Test Summary (Toxicology Lab) • Proposition 36 Urinalysis • DAS Health Questionnaire • Testing Forms for HIV, HepC, TB • Client Drug Testing Guidelines and Drug Free Zone Policy 		



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2.2 Departmental Systems

Figure 1: San Luis Obispo Health Agency Systems and High Level Data Flows





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Table 3: Health Agency Systems Considered for Replacement in Procurement

SYSTEM NAME	PURPOSE	DATA	TECHNOLOGY
Drug and Alcohol Services Overview			
<p>Drug and Alcohol has developed its application around their processes. The processes utilize 'independent' applications providing practice management and client service information, each developed to meet a specific business need. The County has established a backend for these databases in SQL Server, but each application essentially remains 'independent' since the business processes each supports (such as for fee collection) are all slightly different.</p> <p>D/AS also has invested time and effort in developing a Web technology-based strategy that uses Crystal to establish interfaces with CalOMS, drug testing, HR, and several other functions. The use of this technology is fairly stable, mature, and extensible. Consideration needs to be given as to the retention of this work as the new Behavioral Health system environment is established.</p>			
AccuCare	Used for progress notes and treatment plans.	Unknown record / client count. Concern over quality of data.	FoxPro
Clientrak (CT)	Tracks all clients not specifically enrolled in either DUI or Prop36 program. This is essentially the "catch all" application.	As of 1/12/2009, 10,072 clients in system with 219 currently active. Approximate, 1,840 have been active in the past year.	Access/SQL
DUI	Tracks clients convicted of Driving Under the Influence of Alcohol (DUI).	As of 1/12/2009, 10,507 clients in system with 1,006 currently active. Approximate, 3,235 have been active in the past year.	Access/SQL
Prop 36	Tracks clients convicted of drug charges	As of 1/12/2009, 2,480 clients in system with 94 currently active. Approximate, 434 have been active in the past year.	Access/SQL
Web Services	Used to meet a variety of reporting and interfacing requirements within D/AS	Data is maintained in SQLServer and accessed through ,NET applications and Crystal Reports.	ASP .NET/SQL, Crystal Reports
Mental Health Overview			
<p>Mental Health implemented InSyst for clients' demographics and billing. Internally, it uses several applications developed in-house, largely using Microsoft products, for forms automation and documentation. Clinical documentation is authored through an internally developed FileMaker Pro application – ClinDox – that provides electronic version of most of the MH forms.</p> <p>MHS uses a SQLSever Data Warehouse to obtain various management information regarding services delivered. MHS is looking to the new vendor to provide improved decision-support and management tools.</p>			



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SYSTEM NAME	PURPOSE	DATA	TECHNOLOGY
ClinDox	Provides documentation for clinical process	Stand-alone database used by some providers. Automates most clinical documentation forms. Unknown number of clients.	FileMaker Pro
InSyst	Used for limited demographics and billing	Contains demographic information for between 2,600 and 4,200 clients	COTS Echo
Provider Payment	Used to Manage Network Provider Authorizations and Payments	Manages 50 community based Network Providers	.NET, SQL
Managed Care	Used to track incoming calls and client contact	Call center logging, provider payment component (contract provider), and service request databases	MS Access

2.3 Additional Background – Applications

2.3.1 InSyst

Table 15 provides table description and graphical relationships for the Agency’s standard mental health system, Insyst, a commercial product provided by The Echo Group.

Data conversion from Insyst will be challenging as San Luis Obispo County will have to determine the mapping between its current Insyst model for programs and services and the new system. Reporting units (RUs) are used in Insyst to define capture a number of service attributes that in a newer system would be captured in other places.

Reporting units are containers for service data. The RU data structure within Insyst contains only one level. This lack of depth in structure has plagued many California mental health systems in designing adequate reporting systems. RU is a term that suffers from the lack of a formal definition but has generally come to mean a cost center, a facility, or either. The San Luis Obispo Behavioral Health Department is experiencing difficulties related to this lack of definition. SLO’s use of RUs, starting with its implementation of Insyst, has evolved over time to create a lack of consistency. The Department now has over 400 RUs within InSyst.

A reporting unit is an assigned number that can be correlated with:

- Legal entity name
- Provider Location
- Funding
- Target Population
- Set of Specific Services



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Table 4: InSyst Tables

Name	Description
Clients	Registers client and provides demographic information.
Episodes	Provides client diagnosis, intake and discharge information for each "episode". This creates quite a bit of redundant data. For services to be entered for a client, an Episode must be opened to the Reporting Unit (RU).
Direct Services	Service minutes provided to a client are coded to a Procedures Code within an RU.
Provider Master	Establishes valid RUs for each Provider.
Provider Balances	Procedure codes within each RU are defined for each month and year. Restrictions for service location, staff who can perform, time limits and special population coding is set here. Medi-Cal Mode and Service Function is set. Billing rate is set.
Insurance Procedures	Procedure codes are defined as to claim procedure codes depending on staff coding, number of service minutes and RU. Code types are: 1=CPT-4 4=HCPCS 5=UB Revenue Codes 6=M/C Service Function Codes 7=Agency Codes 8=Other Medi-Cal Codes
Insurance Code Types	This information is not in an Insyst table but is essential to understanding the Insurance Procedure Table. CPT-4 codes are used for claiming to insurance companies. HCPCS was established for Medicare. HCPCS Level I are CPT codes. Most services performed are billed using CPT codes. HCPCS Level II codes are primarily for supplies, materials or injections. Level II codes start with an alpha followed by 4 numbers.
Utilization Review (UR)	Client episodes are set to require Utilization Review by RU. Initial opening of RU will set UR expiration date at two months from opening date to require completion of treatment plan. Annual UR expiration is set for the first day of the month 12 months from the opening date.

2.3.2 ClinDOX

ClinDOX is a Filemaker Pro application developed in-house by a clinician at the Agency. The product is an extremely flexible software program that allows a mental health provider to create a client record at intake and maintain it through a course of treatment. ClinDOX maintain a master file of data about all of a clinician's clients; all other files in the ClinDOX system use this master file as a resource to get information about a client. The program provides electronic versions of most documents, assessments, and forms required by the County, including PHF forms and census. It supports other activities including scheduling appointments and maintaining a staff roster.

ClinDOX was developed as and remains a stand-alone, workstation product; updates require access to individual workstations on which it is installed. It is not incorporated into the formal IT support environment for the Agency. It is also not built on a relational engine and not used by all members of the Department.



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As mentioned, ClinDOX maintains many of the forms and assessments used in the treatment of a client to include:

- Abnormal Involuntary Movement Scale (AIMS) Procedure and Scoring
- Application Fee Sheet and Fee Agreement (to be completed by client)
- Care Plans
- CES-D Inventory and Scoring from NIMH
- Clinical Notes
- Master Service Plan and related Service Plans
- Medication log
- Notice of Action (NOA)
- Referral forms, including the Dual Diagnosis program and Inpatient (PHF)
- Request for Release of Information
- Rx Requests
- Service Request for Managed Care (i.e., walk-in assessments)
- Standard County Assessment Form(s)

Some features of ClinDOX that are reflected in the requirements include EZ Text, a repository within the program for text that a user accesses frequently. There are forty (40) fields into which one can put any amount of text which can then copy/paste where needed, whether into another layout or directly into the Psych Symptoms field in Assessment 1 or the Functional Impairment field in Care Plan 1.

3 Data Migration Strategies Under Consideration

3.1 Mental Health (MH) Services:

It is anticipated that the transition to a new, commercial system would consist of two (2) phases:

1. **Migrate off InSyst:** The process would include: 1) determine active clients, 2) transfer open episodes to new system, 3) assign episode to new program structure, 4) bring over current account balances and active insurance policies including Medi-Cal. Key questions would center on the transaction history needed and how to translate episodes for conversion and migration. The Medi-CAL claims information (i.e., 835/837 data and other claims data that goes back to about 2000-2001) might be used to augment the preliminary database.
2. **Determine whether to migrate any additional Mental Health databases and, if so, the approach and order for migration/conversion.** These additional databases include the Managed Care databases (call center/service request and contract provider payment), flat files for client lookup and accounts payable from the closed General Hospital, and the destroyed record log and release log.
 - Managed care databases – call center, provider payment component (contract provider), and service request databases
 - Destroyed record log and release log would need to be included in the system.
 - General Hospital County Files: A flat file database that allows lookup for clients that were seen at the old General Hospital which closed in June of 2003/2004. Records may age past need to import.



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3.2 Drug and Alcohol Services (D/AS):

The following strategy is being considered for migrating D/AS applications to the new system. The work would consist of several phases:

1. Data from Access-based applications DUI, Client Track and Prop 36 would be the primary targets for migration into the new system. The data classification and appropriate privacy/security safeguards would need to be established to meet the Department business needs.
2. Review and determine whether the data in AccuCare should be migrated to the new system. Conversion/migration might be largely a manual process, based on the amount of work needed to clean the data, as well as consideration of the data volume.
3. Consider the new system's standard CalOMS functionality. Assess the benefit of a custom interface to the County's current CalOMS system that currently exists in the Crystal-based portal.
4. Consider the new system's capacity to store and manage drug test results, including the ability to interface with the County's contract drug-testing laboratory.
5. Review the data warehousing/decision support system (DSS) solution that vendor can provide to augment or replace the ASP.Net/SQL 'data warehouse' that the County has developed.



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4 Existing Interfaces

This section provides an overview of Behavioral Health Department interfaces, some manual and some automated. **Error! Reference source not found.**

Table 5: Interfaces -- Mental Health

SYSTEM NAME	PURPOSE	IN.	OUT.	FREQ.	METHOD
ALIRTS	Report PHF fiscal and service information to State of California OSHPD		√	Annually	On-line a http://www.alirts.oshpd.ca.gov/Default.aspx
Client and Service Information (CSI) System	Collects, edits, and reports client demographic, diagnostic service, & outcome information for California public mental health population		√	Monthly	Data transferred from InSyst through the Information Technology Web Server (ITWS)
Cortex EDI	Determine Medicare eligibility	√		Daily	On-line through www.CortexEDI.com
DSS Net	Contact staff		√	Varies	Manual
Forensic Conditional Release Program (CONREP)	Report CONREP services and invoice for NR services		√	Monthly	CITRIX –base interface at https://ra.dmh.ca.gov/
Inpatient Treatment Authorization Request (TAR) System	Obtain authorization for inpatient treatment services		√	Varies	Manual but data tracked and reported on with Access database
Internet Hospital Quarterly Reporting System (IHQRS)	Report PHF fiscal and service information to OSHPD		√	Quarterly (45 days after end of qtr.)	On line at http://www.ihqrs.oshpd.ca.gov/
Local Juvenile Justice System	Receive court offense records for both criminal and civil	√		Quarterly	Manual
Medi-Cal	Billing for Medi-CAL	√	√	Various	Interactive and batch processes through Dept of Mental Health's Information Technology Web site (ITWS)
Medi-CAL Eligibility Data System (MEDS)	Online viewing of a client's current eligibility status in State Medicaid system		√	Daily	Interactive access through InSyst
Medi-CAL Eligibility Data System (MEDS)	Download eligibility file from State	√		Monthly	Interface via InSyst to download MEDS extract file
Medical Information Reporting for California (MIRCal) System	Required reporting of clinical information by OSHPD		√	Semi-annually	Data load created by INSYST OSHPD module ,uploaded to OSHPD at https://www.mircal.oshpd.ca.gov/mircal/logon.asp
Medicare Billing Process	To bill Medicare for services		√	Monthly	Through 837/835 HIPAA translation and fiscal intermediary



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SYSTEM NAME	PURPOSE	IN.	OUT.	FREQ.	METHOD
					http://www.palmettogba.com
MHSA Data Collection Reporting (DCR)	Report various statistics relating to service delivery and demographics. Part of POQI (Performance Outcomes and Quality Improvement)		√	Monthly	On-line submittal of report through ITWS
Office of the Inspector General	Check if provider is on disbarment list (affects Federal funding)	√		Monthly or as needed	On-line
PATH Grant Survey	Report program statistics to SAMHSA		√	Annually	On-line at http://pathprogram.samhsa.gov/Super/Path/Grc.aspx
Performance Outcome Data System (PODS)	Provides data for California's Mental Health Performance Outcomes Systems or the Supportive Housing Initiative Act				On-line at https://mhhitws.cahwnet.gov/pods
State Medi-CAL Disbarment List	Check if provider is on disbarment list	√		Monthly or as needed	On-line
State-Required Reports (Misc.)	Meet various State DMH reporting requirements	√	√	Various	Upload and download through Dept of Mental Health's Information Technology Web site (ITWS)
Various Insurance companies	Bill for services through the 837/835 HIPAA translation		√	Monthly	EDI interface through County BizTalk



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Table 6: Interfaces -- Drug and Alcohol Services

SYSTEM NAME	PURPOSE	IN	OUT	FREQ.	METHOD
California Outcomes Measurement Systems (CalOMS)	Collect and report client treatment outcomes and meet the information demands of the state government, federal government, and California's counties	√	√	Weekly	On-line for reporting data and accessing reports
Diamond Labs	Lab results	√		Daily	<<Web-based interface for submittal of lab results>>
DMV systems	Submit NOCs, POEs, look up client's DMV records to verify arrests	√	√	Daily	Manual
Drug test interface	Send and receive rosters/ electronic manifests/ results	√	√	Daily	Web-based interface developed by County with drug test laboratory vendor
Electronic notices to court	Send court reports and letters to courts and probation		√	Daily	Manual/e-mail
EPS/SAP	County financial management and time card system	√	√		Access information from system Desired: Would like interface to EPS/SAP for cost-related information
In-house DUI CalOMS Access database	Prepare demographic and outcome data for submittal to State ADP		√	Monthly	On-line submittal of report on ITWS
Intranet Parole Billing	Pull data from Access database and create Parole invoice	√	√	Monthly	Manual, e-mail
Medi- CAL checks	Interface w/State to check Medi-CAL eligibility	√		Daily	On-line access to MEDS
Probation collections	Send clients to collections and receive upload payments	√	√	Monthly	
Superior Court LS system	Verify criminal justice status, arrests, and completions	√		Daily	Manual



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5 Existing Forms and Reports

The following tables are provided as reference. They contain lists of existing reports and reports used across the Behavioral Health Department.

Table 7: Mental Health Services PHF Forms

#	Form Title	Form Name	Form Description
		ADULT	
1		*Acknowledgement of Receipt of SLO MH's Privacy Practices (1-page)	To collect client, parent/guardian, staff signatures; or reason why client signature could not be obtained
2		*Advance Directive Review Form (1-page)	To indicate if client has completed a Durable Power of Attorney for Health Care, Living Will or Natural Death Act
3	CD-1292	*Application for Inpatient Admission/Fee Information (2-sided yellow sheet)	To collect information on client, person responsible for payment if other than client, health insurance information, insurance authorization; then to collect the following information with therapist: financial information, liquid assets, allowable expenses
4	CD-541	*Client Service Information (2-sided yellow sheet)	To collect client demographics, referral codes, legal codes, diagnosis and discharge codes, source of income, living situation, employment info, legal consent
5	CD-1027	*Daily/Admission Checklist (1-page)	Checklist of 24 tasks to be performed with columns for AM, PM, NOC shift staff initials
6		*Graphic Sheet – MHPHF (1-page)	To collect vital signs and staff signatures and initials by shift; some numerical data entered in graphical form
7		*Initial Nursing Assessment Long Form (6-page)	Collects history, SA history, mental status exam (within 8 hours of admission), suicidal/homicidal ideation plan, level of precaution, social/support system, initial assessment, critical physical assessment (RN only)
8	CD-750	*Inpatient Physician Initial Evaluation (2-page pink)	To capture client identifying information, referral info, presenting problem, Hx of present illness and psychiatric Hx, medication Hx, allergies, DAT use, CPT and procedure codes; mental status exam; DSM-IV diagnosis; Tx plan and tentative discharge plan; MD signature
9	CD-1	*Involuntary Patient Advisement (1-page NCR)	To be read and given to patient at time of admission as required by W&I Code Section 5157(c) and (d)
10	CD-601	*Medication Consent Form (1-page NCR)	To document client's acceptance of treatment medications and dosage/range prescribed by MD; capture client and MD signature
11	CD-1089A	*Medication Record for PRN's – 1-Time Doses (1-page NCR)	To document date, time, and site of meds administered; order date; and discontinued meds or change of dosage; capture nurse initials



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#	Form Title	Form Name	Form Description
12	CD-1089	*Medication Record for Routine Medications (1-page NCR)	To document date, time, and site of meds administered; order date; and discontinued meds or change of dosage; capture nurse initials
13	CD-1026/ repro 1537	*Mental Health PHF Services – Initial Nursing Assessment and Nutrition Screen and Pharmacy Information Sheet (1 page NCR)	To capture admission date/time, client information, vital signs, medications, allergies, diabetic, nutrition concerns and categories of nutrition triggers, and to request RD consult
14	CD-05	*Notification of Patient's Admission (1-page)	To collect info on whom should be notified of client's admission; to collect client signatures re: receipt of Patient's Rights Handbook and advised of legal rights
15	FD-4009B	*Patient Notification of Firearms Prohibition and Right to Hearing (1-page NCR)	To notify patient of W&I Code section 8103(f) prohibition pertaining to firearms and collect client signature
16	CD-710/ repro 1814	*Personal Property List (1-page NCR)	To document specific items in PHF Safe, With Patient or In Patient's Locker, and In Office. Captures client and staff signatures upon admission and at discharge.
17	CD-1092	*PHF Patient Satisfaction Survey (1-page)	To collect Yes/No response to 12 client satisfaction questions and 5 family satisfaction questions
18	Repro 1725	*Physician's Orders (1-page NCR)	To capture medication orders
19	Repro 1094	*Routine Admission Orders (1-page NCR)	List of 17 routine admission orders to check-off if ordered; collect MD signature; document telephone order
20		PHF Census (1-page)	Summarizes name, record #, 5150 time, age, status, admit date/time, AM Sponsor, PM Sponsor, diagnosis for each patient on the unit, by room/bed. Summarizes admits and discharges.
21	CD-1003	Interdisciplinary Progress Note (2-sided sheet)	To capture date, time, problem number, and observation/interpretation
22	CD-800	Medical Progress Note (1-page pink)	To capture notes for each problem identified; CPT and procedure codes; bedside and floor time; signatures
23	CD-1063	Mental Health PHF – Discharge Checklist (1-page)	Checklist of 24 tasks to be performed with columns for staff initials
24		Multi-Disciplinary Treatment Plan (3-pages)	To collect diagnoses; and by problem number, document long-term goal, short-term goals, interventions, frequency, staff/ discipline, date reviewed, date resolved. Also initial and final discharge plan. Collects patient's signature and comments; staff signatures with initials for admission plan, 24-hour plan, 72-hour plan, and 7-day plan.



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#	Form Title	Form Name	Form Description
25	CD-706	PHF Aftercare Plan (1-page NCR)	To provide client with treating diagnosis and date/time of follow-up appointments; to document discharge level of functioning and vital signs, discharge meds
26		PHF Treatment Program Schedule Checklist (1-page)	To document client's attendance and participation in various groups; captures staff name and initials
27	CD-588	Physician Discharge Progress Note (1-page blue)	To capture discharge note, DSM-IV diagnosis, discharge medications, discharge type, condition, prognosis, disposition, placement, follow-up care; CPT and procedures codes; MD signature
		MINOR	
1		Alcohol Withdrawal Scale (1-page)	
2	MH 302	Application for 72 Hour Detention for Evaluation and Treatment (2-sided)	Completed by authorized individual to document formal request for 72-hour hold. Indicates if advisement was complete/incomplete, circumstances surrounding the individual's condition, information supporting belief that individual is a danger to others, self, and/or gravely disabled. Collects signatures; notes if weapon was confiscated. Provides definitions.
3		Comprehensive Evaluation in Recreational Therapy – Psych/Behavioral, Revised (2-sided)	Staff assessment of a client's General, Individual Performance, Group Performance using 0 to 4 scoring system.
4		Denial of Rights Log – Unit 5Report	To capture limited client demographics, start/end dates of individual denials of Patients' Rights, and staff signatures, by month
5		Initial Seclusion Nursing Note (1-page)	To document behavior of client requiring seclusion and other measures, meds, and PRNs previously taken. Captures client behavior every 15" using codes (e.g., YL = yelling); also captures staff initials every 15". Assesses client readiness to be released based on behavior, privileges, vital signs, intake/output, BM, room temp, environmental check.
6		Medication Record for PRNs (1-page NCR)	To document date, time, and site of meds administered; order date; and discontinued meds or change of dosage; capture nurse initials
7		Medication Record for Routine Medications (1-page NCR)	To document date, time, and site of meds administered; order date; and discontinued meds or change of dosage; capture nurse initials
8	CD-982	Mental Health to Hospital Transfers Form + Consent to Transfer to Another Medical Facility +	To document reason for transfer, client behaviors, legal status, risk, medical, dietary, infection, level of consciousness, etc. To capture patient consent and signature to transfer to another medical facility. To



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#	Form Title	Form Name	Form Description
		Certification by Physician for Transfer of Patient with Emergency Medical Condition (3-page packet)	document physician certification for transfer, including risks and benefits of transfer and status of patient; and certification by qualified non-physician Medical Person.
9	CD-630	Minor 15 Minute Checklist (1-page)	To note location of specific client every 15 minutes, by shift, using location codes (e.g., Q = Quiet Room).
10	MH 306	Patients' Rights Denials Monthly Tally (2-sided sheet)	As required by Title 9, documents for a specific client, specific right denied by day of month, using codes to indicate right denied (e.g., 5 = The right to see visitors each day). Submitted with Form MH 307.
11		PHF Incident Report (2-sided)	To document medication practice issues, patient care practice issues, quality of care issues, by specific sub-categories of issues and explanation of what occurred. Documents outcome of occurrence, Supervisor's comments, physician's review and comments. Captures signatures and indicates if State notified. Sent to Performance Improvement Program.
12		PHF Treatment Program Schedule Checklist (aka Daily Treatment Planner – Minors) (1-page)	To document minor's attendance and participation in various groups; captures staff name and initials
13	CD-2	Protocol for Minor Admissions (6-pages): <ul style="list-style-type: none"> ▪ Minor Protocol ▪ Initial Psychosocial Assessment ▪ Draw a Picture 	To document and initial completion of required procedures; collect client and staff signatures. Narrative questions to ask the child/ adolescent, substance use, educational needs, recreational needs, family/social/environmental needs; questions to ask the parent/guardian; summary/comments, problems identified.
14	CD-744	Release Criteria for Seclusion and/or Restraints (1-page)	To document by problem number, short-term goal, date resolved, interventions, related factors, staff initials.
15		Request for Dietary Consult (1-page)	To document Axis III diagnosis, reason for dietary referral, and capture signature of person faxing form to French Hospital (?) and signature of Dietician who saw patient.
16		Seclusion and Restraint Steps (1-page)	Lists 14 steps to follow when patient is placed into seclusions and/or restraints
17		Seclusion Nursing Note (1-page)	To document client behavior every 15" using codes (e.g., YL = yelling); also captures staff initials every 15". Assesses client readiness to be released based on behavior, privileges, vital signs, intake/output, BM, room temp, environmental check.
18		Seclusion/Restraint (S/R) Tracking Log (xls)	To capture data and statistics related to patients who may have been placed in seclusion or restraints. Includes tracking time in/out, # of hours/minutes,



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#	Form Title	Form Name	Form Description
			outcomes of S/R, staff signatures, by month.
19		Seclusion/Restraint Audit Tool (1-page)	Serves as an end-of-shift audit tool and part of QI study. Collects Yes/No information on documentation of care processes, notes, existence/quality of documentation, etc., by shift.
20		Standing Orders for Alcohol Withdrawal Protocol (1-page NCR)	
21		Therapeutic Behavioral Services (3-pages)	Description of services, who is eligible, etc.



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Table 8: Mental Health Outpatient Clinic Forms

#	Form #	Form Name³	Form Description
1		Acknowledgement of Receipt of SLO MH's Privacy Practices (1-page)	To collect client, parent/guardian, staff signatures; or reason why client signature could not be obtained
2	CD-541	Client Service Information (2-sided yellow sheet)	To collect client demographics, referral codes, legal codes, diagnosis and discharge codes, source of income, living situation, employment info, legal consent
3	CD-1292	Application for Outpatient Services/Fee Information (2-sided yellow sheet)	To collect information on client, person responsible for payment if other than client, health insurance information, insurance authorization; then to collect the following information with therapist: financial information, liquid assets, allowable expenses
4	CD-298	Authorization to Use and/or Disclose Protected Health Information (2-sided yellow)	To collect client demographics, authorization to use/disclose client information (including behavioral, medication history, labs, nursing assessments, treatment and transfer summaries, HIV/AIDS-related information, etc. Also indicates effective dates of authorization and captures staff and client signatures.
5	CD-140	Charges and Payments (1-page)	Notice explains UMDAP and client liability
6	CD-364	Client Cost Explanation and Agreement (1-page)	To document client agreement to pay \$ deductible, signatures of client and staff, and notes.
7	CD-1057	Health Questionnaire and History (2-sided)	To document client's medical providers, medications, allergies, hospitalizations, Yes/No response to various symptoms, staff notes and signatures, and other client information.
8		Intake Assessment – Adult ("goldenrod")	To capture client information that can be used to decide clinically and financially appropriate next steps.
9		Intake Assessment – Youth ("goldenrod")	To capture client information that can be used to decide clinically and financially appropriate next steps.
10	CD-818	Progress Note (1-page NCR)	To capture reporting unit, CPT and Procedure Code, staff information, total and co-time, session information. special population, functional issues, risk factors, client presentation, intervention, client response, progress, plan, and therapist and client signatures.
11		Service Request Form	To collect caller/client demographics, payor sources, services requested, presenting problem, disposition, notes, and signatures
12		SLO MH Notice of Privacy Practices (7-pages)	Notice describes how medical information may be used and disclosed; how clients can get access to

³ This excludes forms printed through ClinDox and Insyst.



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#	Form #	Form Name ³	Form Description
			this information.
13	CD-652	Master Service Plan (1-page green)	To document client goals/results, strengths, barriers, reporting unit, target symptoms/functional impairments, interventions, frequency/duration, objectives, date objectives met, annual dates, six month dates, client and staff signatures.
14		Medication Dispensing Log (1-page)	To document incoming medications received in the clinic from drug reps, and outgoing medications as dispensed to the client (i.e., medication name, date added to and dispensed from inventory, Expiration date, Lot Number, client number, number of pills, source of meds, and staff who added, dispensed, or disposed of medication).



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Table 9: Drug and Alcohol Forms

#	Form #	Form Name	Form Description
1		Acknowledgement of Receipt of Notice of Privacy Practices (1-page)	To collect client or parent/guardian signature.
2		Acuity Check List (1-page)	To collect Yes/No response to 15 questions designed to assess a client's acuity; also collects age and sex and living quarters status of children/
3		Adult Initial Service Recommendation (1-page)	To document initial service recommendations (using check boxes of potential recommendations, remarks, or results); the assessments upon which recommendations were made; and collect staff and client signatures.
4		Application for Services (1-page)	Collects client demographics, work and income information, referral and legal information, and client signature.
5		ASI	
6		Client Drug Testing Guidelines & Drug Free Zone Policy (1-page)	To provide basic information on drug testing (including common food, drink, medications that affect test results), and client and staff signatures.
7		Client's Rights and Grievance Procedure (1-page NCR)	Provides basic information on client's rights, grievance procedures, and collects staff and client signatures.
8		Consent for the Release of Confidential Alcohol or Drug Treatment Information To and From Child Welfare Agency/ Family Court (1-page)	To document client consent for release of information to various County agencies or persons; client's approval to disclose specific categories of information; and obtain client signature.
9		Consent for the Release of Confidential Information (1-page)	To document client consent for release of information to a specific person or organization; specify nature, amount, and purpose of information to be disclosed; provide family contact information; and obtain client signature.
10		Consent for the Release of Confidential Information Debt Collection	To document client consent for release of information on fees owed to various County or State departments; provide family contact information; and obtain client signature.
11		Consent for the Release of Confidential Information: Criminal Justice Referral (1-page)	To document client consent for release of information to various County or State departments; client's approval for D/AS to leave messages; provide family contact information; and obtain client signature.
12		Deferred Entry of Judgment (DEJ) Treatment Program Contract (1-page)	Describes goals, objectives, program requirements, rules and regulations, and requirements for termination; collects staff and client signatures.
13		DUI Program Fee Agreement (1-page NCR)	Explains program costs, implications of failure and inability to pay, program and other fees assessed by



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#	Form #	Form Name	Form Description
			client-selected payment cycle, and collects client signature.
14		Extended First Offender Program Contract -6 months (1-page NCR)	Describes goals, objectives, program requirements, rules and regulations, requirements for termination, fees (including reference to separate fee sheet); collects staff and client signatures.
15		Extended First Offender Program Contract -9 months (1-page NCR)	Describes goals, objectives, program requirements, rules and regulations, requirements for termination, fees (including reference to separate fee sheet); collects staff and client signatures.
16		Financial Assessment Worksheet (1-page)	To collect reason for assessment, sources and monthly amounts of income, allowable expenses, number of dependents, document fee per session, and indicate which income verification documents were received; also collect client and staff signatures.
17		First Offender/Young Adult (2) Program Contract (1-page NCR)	Describes goals, objectives, program requirements, rules and regulations, requirements for termination, fees (including reference to separate fee sheet); collects staff and client signatures.
18		Health Questionnaire (2-sided)	To collect general health and mental health information, medical history, staff and client signatures.
19		HIV, Hepatitis C and TB Information (1-page)	To provide basic information, ascertain client's interest in receiving more information, and client's signature.
20		Notice of Privacy Practices (2-sided)	To inform client how medical, drug, alcohol related information may be used and disclosed, and how client can access this information.
21	DL 804	Participant's Certification of DUI Program Enrollment or Completion (1-page)	To document client's enrollment in--or completion of—various program types.
22		Progress Notes (1-page pink)	To document client-specific progress by date.
23		Prop 36 Color Code Letter (1-page)	To inform client, referring social worker, and D/AS Specialist of client's assigned color code, testing facility, test start date, and provide general instructions
24		Provisional Assessment (2-sided yellow)	To capture referred by information, self/family history, drug and alcohol history, legal history, employment history, provisional impressions, drug testing requirements and color code assignment, prognosis, MAST 08/06 score, SASSI results, GAF score; and staff signatures.
25		Quality Assurance Checklist (1-page gray)	To document whether specific forms in the chart have been completed or not (Yes/No); allows for listing of additional forms and comments; documents



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#	Form #	Form Name	Form Description
			specialist name and reviewer.
26		SASSI	
27		Second Chance Program Contract (1-page NCR)	Describes goals, objectives, program requirements, rules and regulations, requirements for termination, fees (including reference to separate fee sheet); collects staff and client signatures.
28		SLO County Prop 36 Treatment Program Contract (1-page)	Describes goals, objectives, program requirements, rules and regulations, and requirements for termination; collects staff and client signatures.
29		Treatment Program Fee Agreement (1-page NCR)	Explains program fees, implications of failure and inability to pay, other fees assessed, sliding fee payment agreement (including payment cycle), and collects client and staff signatures.
30		Treatment Status Change Form (2-sided goldenrod)	To capture changes to client information, program changes, drug testing changes, financial changes, wait list placement information (including date placed on list, date removed from list and reason removed from list; CalOMS discharge information, and other employment, legal, medical, behavioral health, and social support information. Also captures CalOMS Serial Number.
31		Wet Reckless/YAP (1) Program Contract (1-page NCR)	Describes goals, objectives, program requirements, rules and regulations, requirements for termination, fees (including reference to separate fee sheet); collects staff and client signatures.



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Table 10: Mental Health Services Reports: Administration and Finance

#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
Current System Standard Reports					
1	MHS115/ MHS 116	Insurance & Medicare Receivables. Detail	115 Report lists receivables from one or more insurance companies. It includes four aging categories, such as 0-30 days, 31-60 days, 61-90 days, 91-120 days. Provides total dollar amount and number of claims in each aging category./116 Report shows detail on receivable by client.	Monthly	Billing AR/Collections
2	MHS 127	Reporting Unit Balances Attributes Report	Report includes information on each reporting unit's operations and the type of services each can provide. Supports Agency budgeting process and compliance with regulations.	Monthly	Fiscal Staff
3	MHS 150	Medicaid Claim Analysis (Medi-Cal Monthly Claim Report)	Report 150A displays units and dollars claimed to Medicaid for services, listed by reporting unit, by Medicaid mode of service, by program type, and by state provider number (at this time, MHS program type is 01, and DAS program types are 20 for drug services and 25 for perinatal services.)	Monthly	Billing/Claims
4	MHS 151	Medicare/ Insurance Claim Analysis (Medicare and Insurance Monthly Claim Report)	MHS 151 includes four reports: <ul style="list-style-type: none"> • Medicare Outpatient claims • CMHC claims • Outpatient Insurance claims • Inpatient Insurance Claims 	Monthly	Billing/Claims
5	MHS 155	Medicaid Eligible Clients with Deductible Charges	Report lists clients who are eligible for Medicaid but whose account is a SOC or is set to have an UMDAP Deductible Liability. It has two parts: 1) Report 155A Clients with full Cost, and 2) Report 155B Medicaid Clients with a Deductible. Supports adjustment of MediCal client UMDAP(s)	Yearly	Eligibility Billing/Claims
6	MHS 161	Account Service Ledger	Report lists all services, bills, payments and adjustments for all clients on account. Report provides account number, responsible party name, date account was created name of user who created the account and the status of the account. Used to research changes	As needed	Billing/Claims AR/Collections AP/Reimbursement



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
			made to an account		
7	MHS 169	Itemized Claim Form Report	Report lists services on a Medicare, Insurance or Client claim generated by system. For each service, it lists staff name, license number and category of who provided the service. Provides further information to insurance company as backup to billing.	As needed	Billing/Claims
8	MHS 170	Daily Adjustments Log	Report lists all adjustments entered into the system from the previous day including: Account/Client number, Account/Client name, effective date, adjustment amount, Account Balance, RP Owes, type of adjustment, adjustment comment, and staff entering the adjustment.	Daily	Billing/Claims
9	MHS 171	Aged Payments In Audit	Report lists payments that were entered some age period ago and are still in "To Audit" or "In Audit" status. A Payment Audit Report (Report MHS 172) or Payment Deposit Report (Report MHS 173) must be run for these payments to move them to "To Post" status. Report runs one month after payment hang-up.	As needed	Billing/Claims AR/Collections A/P/Reimbursements
10	MHS 172	Payment Audit Report	Report is the first step in auditing payments. It lists newly entered payments and checks and is used to verify the accuracy of payments. It moves payments from "To Audit" status (their status on entry) to "In Audit" status.	Daily	AR/Collections A/P/Reimbursements
11	MHS 173	Payment Deposit Report	Report allows a final review of patient and Insurance/Medicare payments before posting. It moves the payment from In Audit status to "To Post" status.	Daily	AR/Collections
12	MHS 174	Payment Deposit Control Record	Program that supplies the information used to run Report MHS 173, the Payment Deposit Report, letting the user insert and delete report parameters, such as payment type, payment entry date and reporting unit. Each set of report parameters is contained in a record.	Daily	A/Collections



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
13	MHS 186	Missing Social Security Number (SSN)	Add and verify SSN. (Note: CIN is basic replacement for SSN.)	Monthly	Demographics Management
14	MHS 221	Crossover Report-Cash Basis	Report MHS 221 shows refunds due to Medicaid because total payment for services by Medicaid plus either Medicare or Insurance was greater than the cost of services. Because this is a cash basis report, the refund is reported in the month when the payment that created the refund occurred. Used to find overpayments caused when payments received in non-sequential order.	Yearly	AR/Collections
15	MHS 223	Crossover Detail Report-Cash Basis	Report MHS 223 shows refunds due to Medicaid because total payment for services by Medicaid plus either Medicare or Insurance was greater than the cost of services. Because this is a cash basis report, the refund is reported in the month when the payment is made. Used to find overpayments caused when payments received in non-sequential order.	Yearly	AR/Collections
16	MHS 234	Monthly and YTD Cash Received	This report is provides both a monthly and a year-to-date summary of cash received from Medicaid, Medicare, Insurance and Clients. It includes all payments entered during a month, regardless of status. Used as a revenue report listing revenue by the reporting unit to which the payment was posted	Monthly	AR/Collections
17	MHS 380	MEDS (Phase 1)	Report extracts data from the MEDS file to prepare data for reporting, matching on client name, client birth date and client SSN. Log file only	Monthly	Eligibility
18	MHS 381	MEDS (Phase 2)	Report reads file created in phase 1. If client is found eligible on Medi-Cal and the aid code of the eligible month is not County CMSP or any other County defined exception aid code, then a new Medi-Cal eligibility record is added to Insyst	Monthly	Eligibility
19	MHS 382	MEDS Partial Match	This report reads the <i>partial-match</i> client data which was produced by REPORT_MHS380. Provides 2 out of 3 partial match of client identification data with State MEDS file.	Monthly	Eligibility



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
20	MHS 383	MEDS Share of Cost (SOC)	Reads exception file produced by Phase 2 and writes report of all clients who have SOC. Provides MEDS SOC information.	Monthly	Eligibility
21	MHS 384	MEDS Exclusion of CMSP & County Aid Codes	Reads exception file produced by Phase 2. This report produces a report to identify CMSP (County Medical Services Program) and other clients in the MEDS file whose aid code exists in the CMSP table as populated by the County. Note: Generally no data produced.	Monthly	Eligibility
22	MHS 385	Medicare & Other Health Coverage	Reads exception file produced by Phase 2. Writes a report to identify clients with pending Medicare or other insurance coverage. Covers other possible insurance and/or Medicare eligibility for a client.	Monthly	Eligibility
23	MHS 386	MEDS Out of County POE	Reads exception file produced by Phase 2. Produces a report with out-of-county clients' medical information. Determines out of county eligibility.	Monthly	Eligibility
24	PSP 100	Primary Staff Caseload Report	This report shows all clients currently assigned to each clinician in a reporting unit. It lists client name and number, episode opening date, age, primary diagnosis, last service date, and primary physician if one has been assigned. It also lists other reporting unit and staff who have open episodes for each client. It provides a total count for each staff member	Weekly	Case Management Managed Care
25	PSP 114	Registrar Review Report	Report lists all new clients registered during the last 24 hours, providing client information, sorted by reporting unit, and including the name of the employee who registered the client.	Daily	Case Management Managed Care
26	PSP 121	Program Caseload Report	Report lists all the clients with open cases for each reporting unit including number, name, opening date, age, primary diagnosis and primary staff.	Weekly	Case Management Managed Car
27	PSP 131	Reporting Unit Service Summary Provider	Report shows total services provided by type for the specified reporting unit and specified time period.	Monthly	Case Management Managed Car
28	PSP 134	Medicaid Eligibility Collection Form	Update eligibility not caught by Insyst	Monthly	Eligibility



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
29	PSP 137	Report Library	List all reports available, including who has access to what report	As needed	Technical / Reporting
30	PSP 144	Insurance Refund Due	Dollars owed back to insurance companies. Identifies overpayments made to Insurance companies	As needed	AR/Collections AP/Reimbursements
31	PSP 147	Client Account Ledger	Lists all activity for an account. Usually requested by client or responsible party	As needed	AR/Collections AP/Reimbursement
32	PSP 160	Bad Address Report	Lists all incomplete address information. Used to correct any issues that are holding up billing.	As needed	Demographics Management Billing/Claims
33	PSP 167	Insurance Company Master Lists	Insurance Company Master Lists. Lists all insurance companies using both alpha and numeric data.	As needed	Provider/Payor Management Billing/Claims Eligibility
34	PSP 177	Insurance Policy Approval Report	Report lists active insurance policies that do not contain all information required to submit an Insurance Claim. Used to correct any missing information in the insurance that is holding up billing.	As needed	Provider/Payor Management Billing/Claims Eligibility
35	PSP 178	Potential Insurance Coverage	Part A of this report lists clients who have incomes greater than an Agency-designated amount or who are employed, but who have no current insurance information on file. Part B of this report lists clients whose account has been coded Undetermined Financial. Used to re-check all financial information.	As needed	Demographic Management Eligibility Billing/Claims AR/Collections
36	PSP 187	Revenue Report	Report summarizes revenue entered for specified month and fiscal year by reporting unit and payer. It includes all payment entered, regardless of the audited status.	Monthly	Eligibility Billing/Claims AR/Collections AP/Reimbursement
37	PSP 245	Billing Precedence Check	Report run monthly to insert new bill precedence information	Monthly	Payor/Provider Management Billing/Claims
38	PSP 247	Accounts Receivable Report-Client Receivables Detail	Report lists outstanding receivables. Used to focus on collecting high liability accounts, oldest accounts, accounts for clients still in treatment and accounts for clients at specific programs.	Monthly	AR/Collections
39	PSP 354	Units of Service Data Extract	Report creates summary records on service and data for direct and indirect costs. Report lists the total units of service and total charges for each combination of mode of unit, service function code, procedure	Quarterly	Payor/Provider Management



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
			code, and month. Report is translated into a spreadsheet.		
40	PSP 356	Cost Report Data Extract	Report fulfills many data requirements of Medi-Cal reporting. Report is translatable into a spreadsheet program. Used to submit a cost report to the State justifying Medi-Cal billed throughout the year.	Yearly	Billing/Claims
41	PSP 366	Healthy Families (HF) Eligibility Match	Exact Match Report. Used to locate and add HF eligibility	Monthly	Eligibility
42	PSP 367	Healthy Families Eligibility Match	Partial Match Report. Used to locate and add HF eligibility.	Monthly	Eligibility
43	Log File for:	Policies Postings	Used to check for errors	Daily	Billing/Claims
44	Seq_Lis for:	Policies Postings	Used to check for errors	Daily	Billing/Claims
45	Log File for:	Eligibility Postings	Used to check for errors	Daily	Billing/Claims
46	Seq_Lis for:	Eligibility Postings	Used to check for errors	Daily	Billing/Claims
47	Log File for:	Adjustments Postings	Used to check for errors	Daily	Billing/Claims
48	Seq_Lis for:	Adjustments Postings	Used to check for errors	Daily	Billing/Claims
49	Log File for:	Services Postings	Used to check for errors	Daily	Billing/Claims
50	Seq_Lis for:	Services Postings	Used to check for errors	Daily	Billing/Claims
51	Log File for:	Insurance Postings	Used to check for errors	Daily	Billing/Claims
52	Seq_Lis for:	Insurance Postings	Used to check for errors	Daily	Billing/Claims
53	Log File for:	Accounts Postings	Used to check for errors	Daily	Billing/Claims
54	Seq_Lis for:	Accounts Postings	Used to check for errors	Daily	Billing/Claims
55	Seq_Lis for:	Insurance Out Patient Claim	Used to check for errors	Monthly	Billing/Claims
56	Seq_Lis for:	Insurance In Patient Claim	Used to check for errors	Monthly	Billing/Claims
57	Seq_Lis for:	MediCare Out Patient Claim	Used to check for errors	Monthly	Billing/Claims



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
58	Seq_Lis for:	MediCal Claim	Used to check for errors	Monthly	Billing/Claims
59	Seq_Lis for:	MediCal Supplemental Claim	Used to check for errors	Monthly	Billing/Claims
Ad-Hoc Reports using Current System					
1		Medi-Cal and EPSDT Revenue Reports - Financial	Data is extracted from Insyst to show the amount claimed to Medi-Cal and EPSDT and then is used as a tool to measure budget results, projections, and current status to management and others in the County Offices.	Monthly	Payor/Provider Management Compliance/ Auditing
2		Medi-Cal and EPSDT Revenue Reports - Service Units	Data is extracted from Insyst to show the amount claimed to Medi-Cal and EPSDT and then is used as a tool to measure budget results, projections, and current status to management and others in the County Offices.	Monthly	Payor/Provider Management Compliance/ Auditing
3		Productivity Reports	Data is extracted from Insyst to show the billable hours and non billable hours per clinician.	Quarterly	Compliance/ Auditing
4		Quarterly Write-offs	Each quarter, client account balances are determined to be uncollectible and written off with Board of Supervisors approval.	Quarterly	AR/Collections
5		Invoicing to Contractors	A few contracts require Mental Health Dept to either bill contractors for services performed by Co staff or account for services and revenue to then "settle" the reimbursement between the 2 agencies.	Monthly	Provider Contract Management
6		Contractors Productivity Reports	Contractor requests Productivity Reports that identify, by clinician, the type of service provided and the number of units and dollars associated with the services.	Monthly	Contract Provider Management
7		CalWorks CWS Report to DSS	Arrangement with Dept of Social Services requires an accounting of Agency Mental Health staff and services and the funds allocated to Mental Health from the Dept of Social Services (DSS) Budget.	Quarterly	Compliance/ Auditing
8		Various Access queries	We use Access to query the database for various questions or concerns relating to patient census and care plus financial and statistical information.	Various	Various according to need
9		Medi-Cal EOB reports - Service Units	Access queries used to create Medi-Cal PID units reports Used in Medi-Cal Cost Report reconciliation process	Annually	Mandated Reports



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
State Mandated Reports					
1		MHSA	Data Collection Reporting system (DCR) is an on-line system that requires County to report statistical information related to services to MHSA clients.	Monthly	Compliance/ Auditing
2		ConRep	State requires specific information relating to client information and services provided	Monthly	Compliance/ Auditing
3		OSHPD-Annual Utilization Report of Hospitals	The current billing system is queried through Access ad hoc reporting and then reported to OSHPD on their standard reporting form.	Annually	Compliance/ Auditing
4		OSHPD-Quarterly Report of Hospitals	The current billing system is queried through Access ad hoc reporting and then reported to OSHPD via IHQRS	Quarterly	Compliance/ Auditing
5		SB90	The current billing system is queried through Access ad-hoc reporting and then reported to State through standard reporting forms.	Annually	Compliance/ Auditing
6		County Office of Education	County is required to submit Semi-annual reports to Co Office of Education that demonstrates services to children who are identified under the IDEA funding. Through CSI reporting, State DMH then makes an Excel-based report available to County Mental Health (CMH). CMH reconciles eligible clients and incorporates additional cost information that is submitted to the County Office of Education to justify IDEA funding.	Bi-annually	Compliance/ Auditing
7		External Quality Review Organization (EQRO)	Annually a survey/questionnaire is sent to Counties to complete, which requires data extraction for statistical information relating to demographics and service delivery.	Annually	Compliance/ Auditing
8		Client and Service Information (CSI) System	Client specific demographic and service information is reported to the State	Monthly	Compliance/ Auditing
9		Cost Reports	Data is extract from current billing system to report on service levels by service provider, type of service, number of units, and costs per unit.	Annually	Compliance/ Auditing
10		Cultural Competency	Data is extract from current billing system to report on service levels for various purposes.	Annually	Compliance/ Auditing
County Required Reports					



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#	Report #/ Source	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
1		Budget	In order to build a budget, data is extracted from the current billing system to determine service levels, billed services, amount billed, and other statistical information, such as number of clients that are not covered by a third party payor.	Annually	Payor/Provider Management County budget processes
2		Financial	Data is extract from the current system to report on service levels, amount billed, and other statistical information and reported to Agency management and County Administrative Office.	Quarterly	Payor/Provider Management County budget processes
Other Internal Reports					
1		Committees - PQI and PHF Census, etc	Data is extracted from current billing system (Insyst) and Access databases to report on service levels for various purposes. Report creation is done with Access and FileMaker Pro.	Various	PQI Compliance/ Auditing



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Table 11: Mental Health Services Clinical Reports

#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
Current System Standard Reports					
1	MHS 120	Morning Report	Report lists all clients who have received services from an inpatient facility within the last 24 hours. Used by Client Services.	Daily	Census
2	MHS 139	Administrative Days Report	Report lists Short Doyle and Medicaid inpatient administrative days for the time specified. Used to determine non-billable days. The report lists clients, administrative days during the time period, procedure code, Utilization Review, effective and expiration dates, and Utilization Review Status (Short Doyle or Medicaid Administrative).	Monthly	Managed Care
3	MHS 140	Client Information Face Sheet	Provides a summary of client information. Report run by specified date and Reporting Unit, lists each client's clinical history of Admissions, Discharges, and last date of Services for each Episode opening. (contains basic client information) Produced by a user through menu selection.	Daily	All clinical processes
4	MHS 164	Liability Due Report	UMDAP in R/O or due within next 2 months. Used as a tickler to prompt action.	Bi-Weekly	SOC/UMDAP
5	MHS 192	Outpatient Utilization Control Report	This report lists clients who need a new Utilization Control authorization (Treatment Plan Authorization)	Bi-monthly	Managed Care
6	MHS 194	Outpatient Unauthorized Services Report	Used as part of Utilization Review. Report organized by unit and client name, (in the same series with MHS 192above) tells Agency which services are at risk to be unauthorized	Monthly	Managed Care
7	MHS 198	Unbilled Services Report	Used as part of Utilization Review. Report shows all services that could have been billed to Medicaid but were not, either because there was not a current Utilization Control Authorization, or because there was no medical necessity established.	Monthly	Managed Care
8	MHS 202	Accounts Needed	Report shows that no account has been established. Tickler report showing need for fee sheet.	Weekly	Case Management Managed



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					Care
9	PSP 100	Primary Staff Caseload Report	This report shows all clients currently assigned to each clinician in a reporting unit. It lists client name and number, episode opening date, age, primary diagnosis, last service date, and primary physician if one has been assigned. It also lists other reporting unit and staff who have open episodes for each client. It provides a total count for each staff member	Weekly & Monthly	Case Management
10	PSP 121	Program Caseload Report	Report lists all the clients with open cases for each reporting unit. It includes number, name, opening date, age, primary diagnosis and primary staff. Serves as management tool to check for caseload distribution and any duplication	Weekly	Case Management
11	PSP 131	Reporting Unit Service Summary Provider	Report shows total services by type for the specified reporting unit and specified time period. Used as planning tool for program staff.	Monthly	Case Management
Ad-Hoc Reports Using Current System					
1		Authorizations Needed for Clients	Report lists clients and the actual date of needed authorization.	Monthly	Authorizations
2			Number of 3632 clients being served at each clinic site	Quarterly	Program Manager Staff
3			Number of children hospitalized on a monthly basis at a minimum by age and # of days in hospital (in and out of county)	Monthly	Program Manager Staff
4			No show rate for appointments	Monthly	Appointment Scheduling/ Attendance
5			Report that breakdown diagnosis by: <ul style="list-style-type: none"> • Youth • Adult 	Quarterly	Compliance Auditing PQI
6			How many open cases by clinic and how often seen <ul style="list-style-type: none"> • Youth • Adult 	Quarterly	Compliance Auditing PQI
7			How many clients served per month	Monthly	Compliance Auditing PQI
8			Caseload information	Weekly	Case Management



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Table 12: Mental Health Service PHF Reports

#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
1	PSP100		Report for determination of all open cases currently on PHF	Weekly	Census
2		Census	Report provides client/patient name, diagnosis, Laterman-Petris-Short (LPS) conservatorship information and discharge (DC) plan.	Q shift	Census
3		Account Status Summary	Report on UMDAP liability	On admission	SOC/UMDAP
4		Acuties	Completed by RN to determine staffing needs for next shift	Q shift	Compliance/ Audit
5		Admission/ DC Log	Report provides pertinent information regarding client/patient admissions: patient/client name, ID number, DOB, date admit/DC, referral, type of hold, times, DOJ, total number of admits/DC in 24-hr period	Daily	ADT
6		Admission & Readmission	Report tracks number of readmissions over three (3) within 30 days. Used for PQI	Quarterly	ADT PQI
7		CHC Pharmacy	Monitoring of medications dispensed to client/patient through MedDispense automated medication administration system.	Daily	Pharmacy/ Medication Management
8		Client locator screen	Where client/patient has open episode within Agency mental health clinics	On admission	Episode Management
9		Client Status Summary Report	Determine if client has insurance	On admission	Same as face sheet
10		Diamond Lab Log	Report logs all physician laboratory orders and requisitions for Diamond Labs. (Note: Results returned from Diamond Lab via internet.)	Daily	Laboratory Services
11		DOJ	Firearms reports. Mandated report for State	Daily	Compliance/ Auditing
12		Eligibility insert	Determines if client/patient has MediCal/Medicare	On admission	Eligibility
13		EVS	Response to FH invoices for charges in EVS services	Monthly?	Eligibility
14		Fire Drills	Report used to check system activation, staff response per fire plan, and so forth	Monthly	Compliance/ Auditing
15		French Hospital (FH) Dietary	Report captures number of meals and snacks and disaster food provided by FH	Monthly, Quarterly	Dietary
16		French Hospital Lab	Report captures physician-ordered labs drawn on weekends, used to generate invoice by FH for payment	As needed Monthly Quarterly	Laboratory Services



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#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
17		History & Physical (H&P)	Report provides number of H&Ps performed		Health Record Management
18		Incident Reports	Track outlined criteria for purpose of staff training, change in system of care, policy, etc. Used for PQI.	As needed	PQI
19		MEDS	Medi-Cal Eligibility Data System	Daily As needed	Eligibility
20		Monthly Census	Report provides average daily bed count/census for a given month	Monthly	Bed Management Census
21		Notification of Unusual Occurrences	Reports specific, mandated incidents requiring state review per state regulations. Must be provided to State DMH.	As needed	Compliance/ Auditing
22		Quality Indicator (QI) Studies	Report tracks identified aspects of care that addresses client/patient care issues.	Quarterly	PQI
23		REISE	Petition to Court to involuntary medicate a patient	As needed	Compliance/ Auditing
24		Seclusion Episodes	Report captures all episodes for QI statistics and seclusion data log	As needed	PQI
25		Sick Call			Provider Contract Management
26		Utilization Review	Mandated to gather information for State DMH	Monthly	Managed Care



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Table 13: D/AS Administrative and Financial Reports

#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
1		A/R Report	Outstanding Accounts Receivables by program with drilldown abilities	Monthly	AR/Collections
2		Active Clients by Site	Lists Active Clients by major program by site for a specific date and gives percentage of total clients	Bi-Monthly	Case Management
3	Web	Client Payment Summary	Shows cash, money order, credit, and web payments received by site by program with ability to specify various parameters	Monthly	AR/Collections
4		Drug Test by Program and Fund Source	Lists positive and negative drug test results by site, by program, and by funding source with ability to specify various parameters.	Monthly	Laboratory Services
5		DUI Services Count	Lists DUI services by charge type and program	Monthly	Case Management
6		Unit Summary	Lists number of units, number of groups, number of minutes per group, and average minutes per group by month by program, by type of service with the ability to specify various parameters and to list detail	Monthly	Appointment Scheduling
7		Client Statement	Billing statements to clients showing balance forward and monthly activity	Monthly	Billing/Claims
8	Web	Send Clients to Collections	Report lists clients and dollars to be sent to collections. Variables to enter are Minimum \$ Balance, Days Since Seen, Days Since Payment. Can select & de-select clients to be sent to collections. Currently generated by D/AS source database (i.e., ClientTrack, P36, DUI)	Monthly	AR/Collections
9	Web / Excel	Probation Payments List	List of clients and dollars sent to probation for collections - Saved as Excel file as well.	Monthly	AR/Collections
10	Web	Upload Probation Payments	Upload Excel data of dollars received from probation (collection clients)	Monthly	AR/Collections
11	Web	Probation Payments Summary (\$'s received)	List of clients with dollars received from collections. Payments can then be "Applied" to various D/AS databases.	Monthly	AR/Collections
12	Web	Parole Billing Report	Report of number of groups, hours, meetings by service type.	Monthly	Case Management
13	DUI Database	DUI Program Status Change Count By Site	Client count by program, status and site.	Quarterly	Case Management



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#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
14	Web	DUI Services By Program & Service Name	Client count by program, status and site.	Quarterly	Case Management
15	P36 OTP - Database	SACPA Qtly	Sub Abuse & Crime Previous Act Program data - \$'s & client counts; various sorts	Bi-Annual	
16		Drug Test Accession Summary	Lists all drug tests results for a given day.		Laboratory Services
17		Client Drug Tests Results	Full page detailed client drug test results.		Laboratory Services
18		Client Drug Test Charges without matching test result	Lists clients charged for a drug test who do not have a corresponding drug test result		Laboratory Services
19		Duplicate Placements	Lists clients with more than one placement on the same day.		Case Management
20		Duplicate SSN	Lists unique clients with the same social security number		Demographics Management
21		Multiple Active Status	Lists clients with multiple active status values		Demographics Management
22		Non-enrollment charges	Lists charges posted to inactive clients by therapist		Billing/Claims
23		Drug Testing	Outcomes of - vs + tests	Monthly	Laboratory Services
24		Client Contacts	Units of service by program	Monthly	Compliance/Auditing
25	P-36 Database	Prop 36 Summary	Summary of all P-36 activities to date: numbers of clients	Quarterly	Various
26		DUI Recidivism	Re-entry rate from FOP into Multiple Offender	Quarterly	Compliance/Auditing
27		Completions	Program completers	Quarterly	Case Management
28		Client History Summary	Numbers of Admissions by program	Quarterly	Compliance/Auditing
29		Active Client Count	Numbers of clients active today	Monthly	Compliance/Auditing



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Table 14: D/AS Clinical Reports

#	Report #	Report Name	Report Description Procedure / Purpose	Freq.	Process Group
Current System Standard Reports					
1	CT/Prop36 Web app		Drug testing: Color code assignment	Daily	Laboratory Services
2	CT/Prop36 Web app		Drug testing: Drug testing roster submission status	Daily	Laboratory Services
3	CT/Prop36 Web app		Drug testing: Drug test roster submission report	Daily	Laboratory Services
4	CT/Prop36 Web app		Drug testing: Retrieval - Validate - Apply	Daily	Laboratory Services
5	CT/Prop36 Web app		Drug testing: Accession summary	Daily	Laboratory Services
6	CT/Prop36 Web app		Drug testing: Available tests	Daily	Laboratory Services
7	CT/Prop36 Web app		Drug testing: Client ID check	Daily	Laboratory Services
8	CT/Prop36 Web app		Drug testing: Client results (and failure to show)	Daily	Laboratory Services
9	CT/Prop36 Web app		Drug testing: Client summary - Toxicology Lab	Daily	Laboratory Services
10	CT/Prop36 Web app		Drug testing: Client summary - CT/Prop 36	Daily	Laboratory Services
11	CT/Prop36 Web app		Drug testing: Collection colors (color code assignment)	Daily	Laboratory Services
12	CT/Prop36 Web app		Drug testing: Consistency check	Daily	Laboratory Services
13	CT/Prop36 Web app		Drug testing: Data entry audit log	Daily	Laboratory Services
14	CT/Prop36 Web app		Drug testing: Data entry compare	Daily	Laboratory Services
15	CT/Prop36 Web app		Drug testing: Manifests	Daily	Laboratory Services
16	CT/Prop36 Web app		Drug testing: Profiles	Daily	Laboratory Services
17	CT/Prop36 Web app		Drug testing: PUP alerts	Daily	Laboratory Services
18		Excel	Drug testing: DHL pick up ID number	Daily	Laboratory Services
19		Excel	Drug testing: Testing schedule	Daily	Laboratory Services
20		e-Mail	Drug testing: FTS Attendance	Daily	Laboratory Services
21			Toxicology lab test results for specific collection date; accessions by Client ID	Daily	Laboratory Services
22			Duplicate Drug Test Results	As Needed	Laboratory Services



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6 Further Reference Material

6.1 Data Classification Map

Access to and interaction with client data is driven by privacy and security concerns. In addition to the sensitivity in handling mental health data engendered by California Code of Regulations (Title 9 and Title 22), the Agency is also extremely concerned with maintaining separation of data between mental health and substance abuse services to maintain compliance with 42CRF and its Federal funding for substance abuse clients. Additionally, the County also requires a highly restricted access to those seeking services within the Agency that are employees of the County.

If the Department wishes to achieve a unified client record for Mental Health and Drug and Alcohol, it will require assistance in the development of a data classification map that balances the categories inherent in client data with the business considerations for sensitivity/privacy in terms of user access to, integrity of, and availability of client data. Classification is essential from several aspects:

- Determining how to protect the confidentiality of information. This involves knowing the rules surrounding the privacy and security of the data, including how to classify the data and map user access to the information by user role
- Ensuring availability of information. Ensuring the County is in compliance with regulations surrounding data as the Department works to prioritize recovery options.
- On-going protection of the integrity of the information. For example, developing data maps can help the Department determine how to apply technologies such as database encryption and data leakage prevention (DLP) controls - technologies which are just now beginning to mature.

The following section discusses the primary categories of data, potential considerations for rules surrounding each category, and the development of data classification maps based on program and user role.

6.1.1 Categories of Data

The first step in developing a useable data classification map is to establish the major categories of data and the rules that surround them. For the purposes of this discussion, four broad categories of data are considered:

1. Client Demographics to include
2. Intake / Eligibility, closely linked with demographics, that includes
3. Clinical information that includes
4. Financial information that includes

Each of these categories has certain attributes that must be considered, specifically surrounding the following:

- Service Area Access – The business rules surrounding the provision of Mental Health Services and Substance Abuse keep the record separated – a logical separation that



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also spans most roles. In other words, the mental health provider cannot see the substance abuse side of the record.

- Program access – A specific program may have additional restrictions or rules surrounding access to the information in the record. In this sense, since programs are usually by service area, it makes sense that one set of business rules for data classification would be accomplished through the relationship between the program, the service area, and the data.
- Discipline access – level of access according to provider skill and staff role. Simply, a clinician may not have the same permissions on the medical parts of the client record that a physician would.
- Client sensitivity – The County has another level of sensitivity in that county employees that are being treated at the Department have a more restricted level of access than normal Clients. Additionally, the system must handle the disclosure of information according to the rules established by the authorization for disclosure policy of the County

6.1.2 Access to Information – User Roles

During the requirements-gathering effort, several roles were discussed, both at a general level and at a more granular level (i.e., the activities that could be assigned to an individual. the following roles were identified:

Role	Description	MH or D/AS	Access Considerations
<i>Administrative</i>			
Central Access	Call center that is part of Managed Care	MHS	Needs access to the complete MHS record for intake
Front Office Administration	Involves various staff positions, including administrative assistant (AA)	Both	Capture demographic and financial information
<i>Clinical</i>			
Provider	Involves all provider staff that interacts with client in clinical capacity. Includes physicians, clinicians, social workers	Both	Access to clinical part of client record according to their duties and discipline(i.e., D/AS and MHS)
Support	Involves all staff that must access the client record for support services. Health Information Management activities that involve a client record (e.g., create, update, route) that are performed by a Medical Records Technician (MRT)) fall into this category	Both	Needs access to complete record with distinction between MHS and D/AS
Division Managers /	Management within the	Both	Need access to



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Role	Description	MH or D/AS	Access Considerations
Supervisors	clinical area		complete record, similar restrictions as with provider but limited access to modify. (Note: Assumption is that most chiefs will have a provider role as well.
<i>Finance/Business</i>			
Financial Staff	Back office functions for billing/collections and reimbursements	Both	Access to financial and clinical information as needed for billing/collections
Business Associates	Interfaces between the Department and business associates. This includes Community Based Organizations (CBOs), the legal system (e.g., Courts), the educational system (e.g., schools), Department of Social Services (DSS), and Department of Probation.	Both	Restricted, controlled by business associate agreement and ROI

The interaction of each of these roles with the various data categories can be considered in terms of specific activities:

- Creation of all or part of a record
- Read all or part of a record, including viewing on a screen or printing a report
- Update of information in the record
- Deletion of the record, a highly restricted operation

These activities together form an acronym called CRUD. The roles and the data categories can be crosswalked as shown in Table 15: User Roles and Data Classification below.



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Table 15: User Roles and Data Classification

DATA CATEGORIES	CLIENT DEMOGRAPHICS	INTAKE/ ELIGIBILITY	CLINICAL RECORD	FINANCIAL INFORMATION
Proposed Roles				
Administrative				
Central Access	CRU	CRU	CR	
Front Office Administration	CRU	CRU	R	
Clinical				
Clinical (Support)	CRU		CRU	
Clinical (Provider)	CRU		CRU	
Division Managers/Supervisors	CRU	R	R	R
Finance				
Finance (Preparer)	RU	CRU	R	CRU
Finance (Manager/Approver)	RU	CRUD	R	CRUD
Business Associates – Roles to be defined by BA agreement				

6.1.3 Classification for Data

The roles establish the actions that can be taken, but the permission needs to be much more granular as specific sections or elements within the sections can be affected by the business rules surrounding the data. County Policy 7.05 outlines the County’s Confidential Protected Health Information Disclosure Rules and defines the classification of Department data at a very high level. In accordance with State of California contract with the Mental Health Plan, Exhibit D, Section 6, 45CFR Section 160 and 164 (Federal HIPAA Regulations), 42 CFR Part 2, and California Welfare and Institutions Code Section 5328, all information and records obtained in the course of providing services to recipients shall remain confidential. This includes services provided in community mental health institutions either voluntarily or involuntarily, and in inpatient or outpatient settings.

All information generated in the course of client treatment is considered Protected Health Information (PHI). This includes written documentation, telephonic and verbal conversations. All written PHI can be disclosed only by the Medical Records Department. All written PHI must be processed and released according to the standard Medical Records protocol.

Figure 2 presents a sample of the County’s “Authorization to use and /or disclose protected health information” form. A client may request release of the entire record (General Release section) or only those parts of the record as indicated on the Partial Disclosure Section.

A general release is not enough to send such sensitive material as substance abuse. A client may say “release my entire record”, but this is not enough to permit the disclosure of alcohol/drug or HIV information. A separate affirmative initial is necessary. To disclose drug and alcohol information about a client who is enrolled in a drug and alcohol treatment program (whether a dual disorders program or a stand alone drug treatment program), the client must initial the box that specifies “drug and alcohol treatment program information.” To send



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sensitive health information such as HIV test results, a client must initial the box that specifies “HIV/AIDS testing, diagnosis and/or treatment” information.

However, if a mental health client has substance abuse issue or diagnosis but is not enrolled in the Dual Disorders program or other specialized alcohol/drug treatment program, a general authorization is sufficient.

Thus, at a minimum, the new system must be capable of segregating the record based on whether the service area is Mental Health or Drug and Alcohol.



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Figure 2: Protected Health Information Disclosure Authorization

San Luis Obispo County Behavioral Health Services
2178 Johnson Avenue, San Luis Obispo, CA 93401-4535

Phone: (805) 781-4700
Fax: (805) 781-4271

AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION

Last Name	First	Middle	AKA:	
Street Number/Name		City	State	Zip Code
Home Telephone: ()	DOB:	Last four digits of SSN#: XXX-XX- - -		
San Luis Obispo County Behavioral Health Services is authorized to:				
<input type="checkbox"/> Receive/Obtain information from AND/OR <input type="checkbox"/> Release information to:				
Contact Person Name/Organization:				
Street Address:				
City/State/Zip Code				
Telephone: ()			Fax:()	

_____ I authorize the use and/or disclosure of the entire behavioral health record.
(Initials)

OR*

_____ I **only** authorize the use and/or disclosure of the following (initial):

- ___ Mental Health Diagnosis/Diagnostic Information
- ___ Initial Evaluation/Assessment
- ___ Psychiatric Evaluation
- ___ Medication History ___ Discharge Summary ___ Transfer Summary ___ Nursing Assessment
- ___ Labs ___ Treatment Summary ___ Other: _____

*Psychotherapy notes require a separate authorization

I additionally specifically authorize the use and/or disclosure of the following health information (initial):

___ Alcohol and/or Drug Abuse Treatment Program ___ HIV/AIDS Testing, Diagnosis and/or Treatment

PURPOSE: I authorize San Luis Obispo County Behavioral Health Services to use or disclose my health information, during the term of this authorization for the following specific purpose:

- Evaluation Treatment Planning/Course/Delivery Other

(specify): _____

Client Name: _____ Record Number: _____



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I understand the following about this authorization:

- I can revoke this authorization in writing. Requests to revoke authorizations must be made in writing at the Medical Records Office where this form originated. For additional information see our Notice of Privacy Practices. Revocation is effective upon receipt, except to the extent that others have previously acted in reliance upon this authorization
- Treatment cannot be denied to you if you refuse to sign this authorization. However, outside agencies, that require protected health information to provide various services to, or for, you may not be able to do so.
- If the recipient of this information is subject to California or federal confidentiality laws, it is possible that it may be redisclosed.
- This authorization includes written, electronic, and/or verbal disclosure.
- I have a right to receive and I will be offered a copy of this authorization. _____
Please Initial Received Offered copy
- A copy of this authorization is as valid as an original.

I may contact San Luis Obispo County Behavioral Health Services Privacy Officer by mail at 2178 Johnson Avenue, San Luis Obispo, CA 93401-4535, or by calling (805) 781-4700.

TERM: This authorization will remain in effect from the date of this authorization until the _____ day of _____, 20____.

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and/or disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize San Luis Obispo County Behavioral Health Services to use and/or disclose my health information in the manner described above.

Client Signature: _____ **Date:** _____

A minor client's signature (12-17) is required in order to release information concerning care for mental health conditions and/or alcohol drug abuse issues.

Signature of Parent/Guardian/Conservator and Authorized Representative and Description of Authority**
_____ **Date:** _____

** (with copy of court papers/letters of conservatorship)

Signature of Staff: _____ **Date:** _____
(MD, PhD, LCSW, LMFT)

Client Name: _____ **Record Number:** _____



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The actual implementation of a data classification map will be dependant on the selection of the new system and the vendor has implemented access and protection controls and the granularity of data classification. Let's however, discuss how data classification (based on business rules) might tie together with application functionality to present a user access to both function and data based on the user's defined role.

- A user is assigned a role, inheriting all attributes/permissions assigned to that template (such as the ability to read specific clinical elements in the client record). The role template defines what application functions to which the role (and thus the user) has access.
- The application function, in turn, is associated with a standard screen through which the user will access that function. The screen uses several standard data elements, each of which is specifically associated with a data classification.
- The user is also assigned to a program which, in turn, is associated with Mental Health Services. The program determines the sensitivity of the data and whether any given data element should be mapped to the screen.
- In this general example, the mapping should be fairly simple – this program is only for mental health so no D/AS data can appear anywhere on any screen. Those elements that are strictly D/AS related should not appear. Those elements that are both Mental Health and D/AS should only present content associated with a Mental Health client associated with that program. Thus, the user accesses a clinical screen only with data elements and contents that are determined by the assigned program and his/her role.

6.2 Health Agency Intranet Web Site Map:

The Department parallels the State Department of Mental Health in the use of Web-based services for reporting and interfacing with external entities. The following is a site map of the Health Agency's web site with key areas of functionality highlighted in Bold. The blue wording indicates the links on the site that would direct the user to the indicated functionality. Note: This listing includes some area, such as Security Administration, that would not be available to the general end-user. Also to be noted, this web-site is oriented towards D/AS as many Mental Health applications have not been fully integrated into a web-services environment.

- **Health Agency Home**
Directs user to home page for the Health Agency
- **My Favorites**
Provides links to favorite and other frequently used pages on the Health Agency Intranet
- **Agency Policies**
Direct user to view Agency policies and procedures
 - [ASI Manual](#)
 - [HIPAA](#)
 - [Drug and Alcohol Services](#)
 - [Mental Health](#)
 - [Public Health](#)



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- **CalOMS - California Outcomes Measurement System**

Provides links to CalOMS functions and activities.

- [Annual Update Due](#) --Show CalOMS Form Browser Open Admissions that need an annual update
- [Browse Forms](#) --Browse CalOMS Forms
- [Docs and Info](#) --Access CalOMS Documentation
 - [MPF](#) (Provides Master Provider File Details)
- [Data File Maker](#) -- Create CalOMS Upload File
- [Goto Form](#) -- Go to a form based on the form's ID
- [How to...](#) -- Provides instructions on how to fill out a CalOMS Form
- [New Form \(English\)](#) -- Links to New CalOMS Admission Form, starting with CID Elements
- [New Form \(Spanish\)](#) -- Links to New CalOMS Admission Form, starting with CID Elements in Spanish
- [New Full CalOMS Form](#) -- Links to New CalOMS Admission Form, showing all CalOMS Elements
- [New Full Provisional Form](#) -- Links to New CalOMS Admission Form, showing all Provisional Elements
- [Reports](#) -- Access CalOMS Reports
 - [Authorized Services](#) - Provider List with Authorized Services
 - [CADD Conversion](#) - ADP Conversion Reports
 - [Audit Final Import](#) - CADD Conversion - Final Import Audit
 - [CADD_cadm40](#) - CADD Admissions (preview)
 - [CADD_cdis40](#) - CADD Discharge Errors (preview)
 - [CADD_csusp40](#) - CADD Suspensions (preview)
 - [Open ADP/Discharge SLO](#) - Open Admission ADP CADD with Discharge on file at SLO
 - [Discharge Missing from ADP](#) - CADD Discharges Missing from ADP
 - [Admission Missing from ADP](#) - CADD Admissions Missing from ADP
 - [CADD Correction Form](#) - Detailed CADD Correction
 - [Correction Itemized](#) - Detailed CADD Correction
 - [Diagnostics](#) - CalOMS Diagnostics
 - [Admission](#) - Admission Record Layout
 - [Annual Update](#) - Annual Update Record Layout
 - [Discharge](#) - Discharge Record Layout
 - [Duplicate Forms](#) - Duplicate Admission or Discharge Form
 - [Help Messages](#) - Data Element Messages from Data Collection Guide
 - [Questions - Admission](#) - CalOMS Questions - basic listing
 - [Questions - Annual Update](#) - CalOMS Questions - basic listing
 - [Validation Messages](#) - Data Element Validation Messages
 - [Form Serial Numbers](#) - List of Form Serial Numbers Used
 - [Operations](#) - CalOMS Operations
 - [Missing Admission](#) - Current Clients Missing Admission form
 - [Sex Offenders](#) - Current Clients indicating sex offender status
 - [Provisional](#) - Two-page Provisional Summary
 - [Submission Detail](#) - ITWS Upload File Submission History Details
- [Submit](#) - Submit file to ADP
- [Sync](#) - Fetch new admissions
- [Training 20JUN05](#) - Links to CalOMS Training Docs
 - [Intro](#) - Introduction
 - [Intro \(continued\)](#) - Introduction (continued)
 - [Tools to Promote CalOMS](#) - Various Promotion Tools
 - [Overview](#) - CalOMS Overview
 - [More Prevention Info](#) - Prevention Information
 - [File Format](#) - File Format Summary



San Luis Obispo County Health Agency, Behavioral Health Department Data Requirements

- [Data Specifications](#) - Specifications
- [Business Rules](#)
- What's new? - New features and other changes

- **Finance Applications**
Access Health Agency Finance
 - [Budget Prep](#) – Prepare Mental Health Budget
 - [Provider Payment](#) – Generate Mental Health Provider Payment
 - [Claims Processing Log](#)

- **Prevention**
Provides links to SAFESOC, FNL, and Other Surveys
 - [ATOD Survey](#) - Student Survey on Alcohol, Tobacco, and Other Drugs
 - [Browse](#) - ATOD Surveys
 - [DTBY Roster](#) - Dare To Be You - Roster
 - [Browse](#) - DTBY Surveys
 - [Edit Roster](#) - Edit DTBY Roster
 - [Group Definition](#) - DTBY Group Setup
 - [Print Rosters](#) - Formatted Roster Report
 - [FNL Youth Survey](#) - Friday Night Live / Club Live Youth Survey
 - [Browse](#) - FNL Youth Surveys
 - [SAFESOC Survey](#) - Services Affirming Family Empowerment
 - [Browse](#) - ATOD Surveys
 - [Reports](#) - Prevention Survey Reports

- **Report**
Provides links to Reports, Audits, Summaries, and Other Information
 - [Agenda / Priority List](#) - Reports currently in the creation queue
 - [Assumptions & Definitions](#)
 - [Audits](#)
 - [ASI Bad Client ID](#) - ASI with Client ID that does not exist in Prop36, DUI, CT databases
 - [CADD Audit](#) - List of Clients with CADD expected
 - [Charge Program Mismatch](#) - CT and Prop36 Charges with a program different from history
 - [Charge w/o result](#) - Client testing charges without matching result
 - [Client Zero Charge](#) - Clients with no charge for services
 - [Collections Summary](#) - Search for Clients currently or previously in Collections
 - [Credit Balances](#) - Client with a current balance credit (overpayments)
 - [DDC Non-Zero Charge](#) - CT Funding Source 572 with non-zero charge
 - [Drug Test Crosstab](#) - Drug Test Crosstab with custom row selection
 - [Duplicate Court](#) - More than one court attendance on a given day
 - [Duplicate Drug Tests](#) - More than one drug test result on a given day
 - [Duplicate Placements](#) - More than one placement on a given day
 - [Duplicate SSN](#) - More than one client with the same SSN
 - [History Exceptions](#) - Errors encountered when extracting client history
 - [Multiple Active Status](#) - Clients with Multiple Active Status Values
 - [Missing Fee](#) - Clients missing default fee per session in CT
 - [Non-enrollment Charges](#) - Client Charges for inactive clients
 - [P45 Client](#) - List of P45 Clients
 - [Roster Statistics](#) - Roster Attendance and Capacity Details
 - [Roster Submissions](#) - Indicator of submitted and un-submitted rosters
 - [Roster Submissions \(Drug Test\)](#) - Review the submission status of drug testing rosters



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- [Retention by Therapist](#) - Duration of client treatment per therapist
- [Terminated Clients](#) - Clients Terminated
- [Usage - Reports](#) - List of all report access counts
- [Usage - Web Pages](#) - List of all page access counts
- [Zero Fee](#) - Zero Fee, Self Pay Clients
- [Billing](#) - Mental Health Billing
 - [Billing MH](#) - Mental Health Billing
- [Budget](#) - Budget Prep
 - [Account Receivables](#) - Charges, Payments and Receivable amounts with optional detail
 - [DUI Program Service](#) - DUI Services by Program
 - [DUI Program Service Name](#) - DUI Services by Program and Service Name
- [Client History](#) - Browse all clients
 - [Browser](#) - Browse all clients
 - [History Detail](#) - Browse client history
 - [Last Seen](#) - All clients, grouped by last seen date.
 - [Last Seen by Year](#) - Clients last seen in specified year.
- [Current Clients](#) - Various reports on current, active clients only (seen in last 30 days)
 - [By Site](#) - Active Clients, grouped by site
 - [By Program](#) - Active Clients, grouped by program
 - [By Therapist](#) - Active Clients, grouped by therapist
 - [By Last Seen](#) - Active Clients, grouped by last seen date
 - [By Last Seen w/detail](#) - Active Clients, grouped by last seen date (with details)
- [Court Reports](#) - Court Reports
 - [General](#) - General Court Report
 - [DDC](#) - Drug Dependency Court Report
 - [Progress Note History](#) - Prop36/CT Court Progress Notes
 - [Prop36 \(individual\)](#) - Prop36 Court Report
 - [Prop36 \(individual PDF\)](#) - Prop36 Court Report
 - [Prop36 \(court day set\)](#) - Prop36 Court Report Set
 - [Prop36 \(court set PDF\)](#) - Prop36 Court Report Set
- [Dashboard Indicators](#) - Various Business Summary Reports
 - [Admission Summary](#) - Client Admissions
 - [Age Summary](#) - Age summary of client admissions
 - [DEJ Referrals](#) - DEJ Referrals. CT Clients in Program P78
 - [Prop36 CADDs](#) - Client Activity w/CADD
 - [ASI](#) - Addiction Severity Index Scores
 - [Client History](#) - Specific Client ASI History
 - [Composite Score Graph](#) - Graphs of Individual ASI Scores for a selected client
 - [Crosstab Summary](#) - Crosstab summary of ASI scores
 - [Summary](#) - Overall ASI Summary
 - [Trends](#) - ASI Trends over time
 - [Capacity](#) - Capacity Review and Planning
 - [Capacity](#) - Clients per Clinic and Per Therapist
 - [Caseload \(DUI\)](#) - Caseload (DUI)
 - [Retention](#) - Client Retention per Therapist
 - [Treatment Productivity](#) - Monthly Therapist Treatment Productivity
 - [CWS/CalWorks](#) - CWS and CalWorks specific
 - [Drug Test Charge Counts](#) - Drug Test Summary (Charge Count per Month)
 - [Drug Test Crosstab](#) - Drug Test Crosstab Summary (Drug Test Records per Month)
 - [Episode Browser](#) - Client Recent Episode (Ending Status) Browser
 - [Main Dashboard](#) - Overall Business Summary
 - [Prop36](#) - Prop36 Reports
 - [Outcome Summary](#) - Prop 36 Outcome Summary



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- [Overview](#) - Prop36 Overview
- [Wait List](#) - Prop36 wait list
- [Funding Source Summary](#) - Client Funding Source Summary, with emphasis on Medi-Cal eligibility
- [RBDM](#) - Results Based Decision Making
 - [DUI Repeats \(FOP in SC\)](#) - FOP Re-offenders in Second Chance Program
 - [Pending Duration](#) - Pending Status Duration (until next status update)
- [Drug Testing](#) - Toxicology Lab Drug Test Reports
 - [Accession Summary](#) - All results for a given day
 - [Available Tests](#) - All available drug tests from Toxicology Lab
 - [Client ID Check](#) - Confirm mapping of D/AS to Toxicology Lab.
 - [Client Results](#) - Full page detailed client test results.
 - [Client Summary](#) - Toxicology Lab - Consolidated summary of Received Results.
 - [Client Summary](#) - CT/Prop36 - Consolidated summary of Entered Results.
 - [Collection Colors](#) - A list of sites and collection colors
 - [Consistency Check](#) - Check database for consistency
 - [Charge w/o result](#) - Client testing charges without matching result
 - [Duplicate Tests](#) - Clients with more than one specimen sample on a given day
 - [Missing Definition Result](#) - Missing Definition Result Records (D-Records) found in results but not defined
 - [Missing Funding Source](#) - Prop36 and CT database funding sources missing from Tox Lab lookup
 - [Missing Results](#) - Raw data not found in results
 - [Missing Test Codes](#) - Raw data with test codes not included in reports
 - [Missing Result Comments](#) - Raw data with test codes not included in Tox Lab result_lookup
 - [Data Entry Audit Log](#) - View changes made after results recorded
 - [Data Entry Compare](#) - Compare Toxicology Lab results vs CT/Prop36 Entry
 - [Manifests](#) - Electronic Roster Manifest Contents (data transmitted to Toxicology Lab)
 - [Profiles](#) - Currently defined drug testing profiles available in CT and Prop36
 - [PUP Alerts](#) - Alert messages for PUP
 - [Roster](#) - Prop36 and CT Daily Testing Roster
 - [Specimen Labels](#) - Using roster data, formatted for labels
- [DUI / ADM](#) - Legacy ADM Database
 - [Student Browser](#) - ADM Student Browser, from all 3 databases
- [Finance](#) - Finance Reports
 - [Charges by Fund Type](#) - Client Track Only: Page break after each pay source
 - [Charge Program Fix](#) - Client Charge - Program Changes
 - [Client Balance Due](#) - Client Balance Due, Grouped by Therapist
 - [Client Charge Browser](#) - Search / Client Charge Summary
 - [Client Payment Summary](#) - Search / Client Payment Summary
 - [Cost Report](#) - Cost Report Data
 - [Unit Summary CWS](#) - CT Charges for CWS Fund Source and CalWorks=N
 - [Unit Summary \(Cross-tab\)](#) - Cross-tab summary of units
 - [Unit Summary \(Prop36 Cross-tab\)](#) - Cross-tab summary of units
 - [Unit Summary](#) - Unit Summary Report
 - [JDC Unit Summary \(Cross-tab\)](#) - JDC Cross-tab Summary of Units
 - [Counter Receipt Log](#) - Log of counter receipts used
 - [Counter Receipt Search](#) - Search for counter receipts used
 - [DEJ Outstanding Balance](#) - DEJ Clients with outstanding balance
 - [Fee Summary](#) - DUI Fee Summary
 - [Missing Transactions](#) - Payment and Charge Transactions missing from sequential list
 - [Missing CT Charges](#) - Deleted or missing charges for CT



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- [Missing CT Payments](#) - Deleted or missing payments for CT
- [Missing Prop36 Charges](#) - Deleted or missing charges for Prop36
- [Missing Prop36 Payments](#) - Deleted or missing payments for Prop36
- **Performance** - Performance Indicators
 - [Browse](#) - View a list of all Therapists and Capacity
 - [Caseload \(DUI\)](#) - Caseload (DUI)
 - [Client Count by Therapist](#) - Clients per Therapist
 - [Profile](#) - View a profile of a specific Therapist
 - [Retention by Site](#) - Clients per Clinic and per Therapist
 - [Retention by Therapist](#) - Average client retention
 - [Treatment Productivity](#) - Monthly Therapist Treatment Productivity
 - [Unit Summary](#) - Sum of units per therapist
- **Parole** - Probation Reports
 - [Parole Billing](#) - Parole Billing Report
- **Provider Payment** - Provider Payment Reports
- **SACPA Quarterly**
 - [SACPA](#) - Required ADP SACPA Admissions / Waitlist Report
- **Therapist** - Therapist Reports
 - [FTS](#) - View a list of FTS clients for a specific Therapist
 - [FTS Alert History](#) - View a list of FTS alerts for a specific Therapist
 - [Roster](#) - View a list of clients for a specific Therapist
- **Security**
 - Site Security Administration
 - [Application Users](#) - Create new user accounts
 - [Application User Roles](#) - Assign User Role Group Membership
 - [Backup Client](#) - Run backup client
 - [Connection String](#) - Check Connection String
 - [McAfee ePolicy](#) - McAfee ePolicy Orchestrator
 - [Object Security](#) - Assign Web Page-Specific Permissions
 - [Reports](#)
 - [Report Roles](#)
 - [Web Pages](#)
 - [Web Page Roles](#)
 - [Role Group Definition](#) - Create New Role Groups and Roles
 - [Roles](#) - Define Permissions
 - [Role Groups](#) - Create new groups of permissions.
 - [Role Group Roles](#) - Define which groups are assigned specific permissions
 - [Refresh Sitemap Security](#) - Read roles from nav_menu.config and insert to object_role table
 - [Therapist User ID](#) - Missing Therapist app_user_id diagnostics
- **Tools**
 - Automation Solutions and Utilities
 - [Collections](#) - Collections
 - [Collections Summary](#) - Client Collections
 - [Credit Balances](#) - Client with a current balance credit (overpayments)
 - [Send](#) - Send clients to Collections
 - [Session History Summary](#) - View a list of all sessions where clients were sent to collections
 - [Session History Detail](#) - View the details of sessions where clients were sent to collections
 - [Upload Probation Payments](#) - Upload Excel file from Probation with Client Payment Data
 - [Probation Payment Summary](#) - View uploaded probation payments and amounts applied
 - [Drug Test Retrieval](#) - Toxicology Lab Drug Test Retrieval and Recording



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- [Client ID Validation](#) - Validate and confirm matching of Client ID values to fetched drug test results
- [Validation Report](#) - Search and View current and past validation matches
- [Dataflow Metrics](#) - Toxicology Lab Dataflow Metrics from Collection to Fetch
- [Data Retrieval History](#) - Toxicology Lab Drug Date Retrieval Session Summary
- [Drug Test Results](#) - Toxicology Lab Drug Test Results
- [Manifests](#) - Electronic Roster Manifest Contents (data transmitted to Toxicology Lab)
- [PUP Alerts](#) - Alert messages for PUP
- [Schedule Pickup](#) - Visit DHL Web Site to Schedule a Toxicology Lab Drug Test Pickup
- [Testing Rosters](#) - Review the submission status of drug testing rosters
- [Transmit Manifest](#) - Send a ship manifest of drug test label data to Toxicology Lab
- [Geo Profiling](#) - Geographic Client Information
- [Goto Client](#) - View the client information with links to various reports
- [Medi-Cal Authorizations](#) - Semi-automated means of checking client eligibility.
- [Projects](#) - Project tracking (demo)
 - [Browse](#) - View a list of all Projects
 - [Create New Project](#) - Create a New Project
 - [Goto Project](#) - View existing project based on Project ID
 - [Project Detail](#) - View full details of projects
 - [Project Ranking](#) - Project Summary and Ranking Details