



Appendix F – Supplemental Questionnaire



**San Luis Obispo County
Health Agency, Behavioral Health Department
Supplemental Questionnaire**

Instructions: Provide answers to each of the questions below. Responses to each question should be no more than one (1) page in length, and in many cases, may be no more than a paragraph.

1. Access / Scheduling / Managed Care

- 1.1. How does your system track the disposition of all contacts with potential consumers (i.e., Gave information for ____, Referred to ____, made an appointment with ____)?
- 1.2. How dynamic is the contact log form? If a consumer calls in requesting drug treatment will the system prompt for information regarding drug and alcohol impairment and treatment option? And a different set of questions for mental health related services?
- 1.3. How does your system manage incoming referrals since the “referral source” often determines requirements for tracking services, outcomes, treatment planning, and disposition?
- 1.4. Describe system group scheduling functionality (e.g., selecting start dates, end dates, recurring appointments, continuous membership, facility and room).
- 1.5. Describe the system’s capability of searching for, and displaying, the first available appointment based on clinic location, staff licensure and service needed.
- 1.6. When a clinician’s schedule is changed, how are notifications to affected consumers, clinicians and administrative support staff handled?
- 1.7. Describe the system’s method for handling wait lists for groups or programs?
- 1.8. How does your system manage Treatment Authorization Requests (TARs)? For instance, can TARs be tracked based on mandated time lines for processing to State but “held” within the system for a period of time prior to approval to allow for the thorough review of all supporting documentation?
- 1.9. Describe the systems capability for accepting an 837 encounter claim file and producing and 835 remittance advice.

2. Administration and Reporting

- 2.1. For the following reports, answer the two questions below:
 - Medi-Cal cost reports
 - Drug and Alcohol Net Negotiated Amount / Drug MediCal Cost Report
 - OSHPD Fiscal & Clinical



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- DATAR
- CalOMS
- CSI
- MHSA

Question 1: Briefly describe your understanding of each report and your system's ability to produce these mandated state reports for Mental Health and Drug and Alcohol services.

Question 2: Describe the end-user effort (in estimated hours and the level of skill required) to produce these reports after they have been setup during implementation.

- 2.2. Describe system's ability to produce the following management reports:
 - 2.2.1. A productivity report that calculates the ratio of productive "clinical" time for both full time and partial time clinicians.
 - 2.2.2. Caseload distribution reports with the ability to view caseloads by sites, programs, providers, clinicians, or licensure.
- 2.3. When a subpoena specifies that the county must turn over the "medical record" of a client, what kind of medical record does the system produce and how is it produced?

3. Billing and Collections

- 3.1. How does the system enable the collection at a Mental Health Clinic front desk amounts owed for both Mental Health UMDAP and Drug and Alcohol fees without inappropriately disclosing to Administrative staff that Drug and Alcohol services were provided?
- 3.2. One legal entity for which the County bills Medi-Cal will have a different fee for the same service type performed by another legal entity. Describe how the system maintains separate fees and tracks claims for each legal entity for which the County provides billing services?
- 3.3. Describe how system allows multiple fee types (i.e., fixed fee, sliding scale).
- 3.4. How does the system handle the State's requirement to hold claims pending payment to contractors. Medi-Cal requires the County to pay contractors for services prior to claiming reimbursement by Medi-Cal.
- 3.5. Describe the system's ability to bill for bundled services that are defined differently by two 3rd party payors. For example, Medi-Cal has an "all-inclusive" Psychiatric Health Facility (PHF) Day that includes medical professional services while



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Medicare excludes the medical professional services from its definition. For Medicare, these professional services are claimed separately as Medicare Part B services.

- 3.6. How does the system prevent out-patient billing for hospitalized or incarcerated clients?
- 3.7. Describe the system's ability to electronically interface with insurance companies for the purpose of verifying coverage (270/271), obtaining prior authorization, receiving status, verifying payment.
- 3.8. Describe how billing rules can be updated as a group. (i.e., changes in legislation may affect allowable services under multiple programs and staff allowed to provide various services).
- 3.9. Describe the system's ability to accurately reverse prior charges and services at various points in the claiming and billing processes. For example, when a service billing is erroneous and requires reversal, the system can reverse the service at the correct claiming level. If an insurance company has been billed and the County received a reimbursement from the insurance company, the system will post an adjustment to the insurance companies account and create a voucher or accounts payable action. For this same service let's assume that a Medi-Cal claim line has been posted but the claim has not been submitted. The system will reverse the Medi-Cal claim posting and remove the claim line. A clear audit trail is maintained in the system.
- 3.10. What mechanisms are in place to link with the States' Void and Replace application.
- 3.11. Describe system's ability to project annual revenues based on claim history.
- 3.12. Does the system allow for staff notes to be associated with client record but restricted to staff use only (i.e., billing staff adds note regarding client's bounced check)?

4. System Configuration

- 4.1. Describe the typical structure, controls and values used by a California Behavioral Health Department for the following:
 - 4.1.1. Organization (i.e., Mental Health, Drug and Alcohol)
 - 4.1.2. Program
 - 4.1.3. Sub-program
 - 4.1.4. Episode
- 4.2. Describe which controls are set at the service level including:
 - 4.2.1. Minimum and maximum time
 - 4.2.2. Minimum and maximum group size
 - 4.2.3. Allowable staff



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- 4.2.4.** Allowable locations
- 4.3.** Describe how the system tracks and reports to the State AB 3632 clients and services.

5. Clinical Documentation

- 5.1.** Describe how the system manages progress notes that are not based on an existing treatment plan (i.e. crisis stabilization note before a treatment plan is created)?
- 5.2.** Describe how the system documents client's participation in treatment planning (e.g. client signature, affirmative statement, etc.).
- 5.3.** Describe what information is required to be entered by clinician on a progress note.
- 5.4.** Describe how a group note can be applied to a group of clients.
- 5.4.1.** Can the system mark clients as "no-show" for group meetings and exclude these "no-shows" before applying group notes to each group member?
- 5.4.2.** Can a "no show" note be automatically posted in the clients record for all participants that do not show up for a particular group meeting?
- 5.4.3.** Does system prompt clinicians when progress notes are not completed for group attendees (as well as for clients that failed to show)?
- 5.5.** Notifications.
- 5.5.1.** How are clinicians notified when submitting services for which there is no approved plan?
- 5.5.2.** How are clinicians notified of upcoming deadlines (i.e., treatment plan renewal, collection of CSI data, IEP expiring, reports due to court)?
- 5.5.3.** How does the system notify clinicians when notes are missing (i.e. tickler, via a report, etc.)? For example, consumer attends a group meeting, but no individual note is entered.
- 5.6.** Describe how system captures CSI data so that all required data is reported and duplicate data is excluded.

6. Drug and Alcohol Specific

- 6.1.** Can a different progress note structure be defined and enforced for different programs?
- 6.2.** Does the system allow for the flagging of registered sex offenders? If yes, how and who has access to this information?

7. PHF and Bed Management



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- 7.1. Describe the system bed management capability specifically related to the County PHF inpatient facility beds and beds assigned to SLO County Behavioral Health clients but owned by other legal entities.
 - 7.1.1. Describe the system's capability to show a consolidated view of all beds including availability and wait lists.
 - 7.1.2. Describe how system would be able to track beds reserved for a specific client population or funding source (i.e., Homeless, Adult MHSA Full Service Partnership).
- 7.2. Describe how the system can be used to measure outcomes (i.e., recidivism or movements to higher levels of placement).
- 7.3. Describe system's PHF management features and ability to track and report:
 - 7.3.1. Census Data
 - 7.3.2. Mandated staff ratio coverage (scheduled and worked)
 - 7.3.3. Short term crisis management and treatment plans
 - 7.3.4. Discharge plan
 - 7.3.5. Dietary
 - 7.3.6. Vital Signs
 - 7.3.7. Suicide/Harm Risk Assessment
 - 7.3.8. Seclusions and restraints
 - 7.3.9. Medication Activity Report
 - 7.3.10. Admissions and discharges during any time period
 - 7.3.11. Utilization Review Reports
 - 7.3.12. OSHPD reports
- 7.4. Describe how system documents the taking and fulfilling of physician orders given in person and over the phone.

8. E-prescribing

- 8.1. Describe how staff can view status of medication orders (i.e., has it been filled, how many refills are left).
- 8.2. Describe the system's ability to build a medication history for a particular client from data collected from various pharmacies.

9. Security and Data Integrity

- 9.1. Describe system's logging of any access attempt to client data.
- 9.2. Can the system provide elevated security for records that are designated as "sensitive" (i.e. family members of staff, celebrities, etc.)?



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- 9.3. Can data input validation rules be configured to match locally-defined business rules such that invalid entries are blocked or flagged?
- 9.4. Describe system's capability to restrict access to specific clients and/or system functions depending on who is accessing system.

10. Decision Support Systems

- 10.1. Describe Decision Support System features included in your system.
- 10.2. Describe ways the proposed solution has been used in conjunction with data warehousing.

11. Portal and Interoperability

- 11.1. Describe the system's ability to enable client access through kiosk, terminal or internet for input or look-up purposes (i.e., medical history, financial, appointment schedule).
- 11.2. What web-based (as opposed to thick-client over VPN) capabilities are available to the county's contract service providers?
- 11.3. Describe how your system handles the ordering, receiving results, accepting results and storing of lab results in system. Is this workflow completely electronic?

12. System Architecture Openness

- 12.1. Can locally-developed applets be "bolted on" to the application? Specifically:
 - 12.1.1. Can data be extracted from the system without manual intervention using an external program or database?
 - 12.1.2. Can data from an external source be written or inserted into the system database without manual intervention
 - 12.1.3. What data formats are supported to do extractions and insertions (i.e., XML)?
 - 12.1.4. Does your application currently support the ability to create hyperlinks to link to locally-developed applets or reports? For example: in SLO's current system, a hyperlink is present on the client's information page that links to drug test results for that client.
- 12.2. Will a fully-documented ERD (Entity Relationship Diagram) of the system tables be provided to SLO?
- 12.3. Will a fully complete data dictionary be provided to SLO?



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- 12.4.** Describe the Application Programming Interfaces (APIs) that are delivered with the standard system that insulate data transfer activities from the internal architecture?
- 12.5.** Describe the system's ability to synchronize staff schedules with Lotus Notes or Microsoft Exchange calendaring functions?