



## **Appendix N – Business Rule Reference**



County of San Luis Obispo  
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## 1. Introduction

This document is intended to provide a reference for the County to identify and understand the business drivers affecting the Behavioral Health System Requirements and Selection (BHSRS) Project. This document will also serve as a guide to determine underlying business rules and help the County quantify the processes impacted by the various business drivers.

The successful outcome of any information technology (IT) project is ultimately measured by how close the solution comes to meeting the business needs of the organization acquiring and deploying it. Business needs are linked to those business drivers – both internal and external – that provide a structure that leads to expectations of what the system should be, the factors against which possible solutions will be evaluated, and the requirements that will ultimately shape how it is configured for the end-user.

Mental Health and Alcohol and Drug regulations in the State of California present unique challenges to the implementation of an electronic health record (EHR) system for behavioral health. Leading vendors have acknowledged this uniqueness with State-specific versions of their standard offering. Additionally, the County has its own strategic initiatives that will influence the selection of a system. Identification and understanding of all business drivers is essential to the County of San Luis Obispo Health Agency as it prepares for the selection and implementation of a new Behavioral Health System based on commercial-off-the-shelf (COTS) technology.

## 2. Overview

This section defines terms used throughout this document. It also provides a discussion of the possible use of business drivers and rules, addressing considerations for the County in its further activities involving procurement and implementation.

### 2.1 Terms and Definitions

The terms business driver, business rule, and business rule reference tend to be used interchangeably. However, for the purposes of this document, the following definitions apply:

- **Business Driver:** A business driver is an indicator that allows business and IT to have a common set of objectives that are tangible and used through the project. Whether dictated by an external source (e.g., Federal or State legislation) or reflected in the guiding principles of the County's strategic plan or initiatives, a business driver shapes the vision of the Agency and thus the mission and scope of the IT projects within the Agency.
- **Business Rule:** A business rule is a specific instance or example of a business driver. A business rule can further refine the definition of a driver through demonstration of its impact on an Agency process and way of conducting business. A business rule may be expressed in terms of a definition, a fact, a system requirement, or a configurable parameter (i.e., attribute) of an information system.
- **Business Rule Reference:** A business rule reference is a document that provides traceability from the business drivers to the specific rule or set of rules that define it. This document provides a first level decomposition of each identified business drivers into the rules which define it. Some of the business rules described in this reference



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may be further decomposed or restated for inclusion in the Statement of Requirements that will be included in the Request for Proposal (RFP).

## **2.2 Identification and Decomposition of Business Drivers and Rules**

The process of identifying business rules is often iterative and heuristic, as the business driver from which the rule flows may be a high-level description of a concept or an organizational strategy, a general statement of policy, or an amalgamation of individual rules (such as regulation or legislation).

A business rule can be stated as a definition, a fact, a requirement, or a system parameter. In some cases, such as regulations, the entire regulation may need to be reviewed for its impact on the solution. In this case, compliance with the complete regulation may affect the entire acquisition, and the County should strive to find a system that has already been tailored to the California domain. Other business drivers/rules may directly establish system functionality and should be stated as requirements. Others may yield parameters that will be used to configure or constraint the system, such as the design of a specific workflow, entering Agency-specific revenue codes, or defining the number of persons that can attend a single group session.

In this document, a high level description of each business rule is presented, including its potential impact on the system and the processes it affects. The traceability of each business rule to the specific system requirement and evaluation of whether the rule affects procurement and/or implementation activities should be addressed.

## **3. Sources and Organization of Business Drivers**

### **3.1 Sources of Business Drivers**

As discussed previously, business drivers are the source of business rules. The following lists the possible sources for business drivers as identified by the County:

- County and Agency strategic plans and initiatives as well as information that were collected during the Joint Application Requirements sessions held during the summer and fall of 2008.
- Legislative, legal, regulatory, and all other statutory drivers that govern the Behavioral Health process as applicable in the State of California and County of San Luis Obispo, specifically those that establish the compliance requirements and/or those that are associated with the privacy and security of client information.
- Best practices, including evidence-based practices as defined by SAMSHA that lead to improved outcomes.
- County policies and practices to identify any business rules or drivers that were not previously addressed.
- Requirements established by funding sources, both payor and program, affecting the administration of the Agency's financial processes and services.
- Constraints imposed by commercial off-the-shelf (COTS) systems.
- Data interchange with external entities that necessitate interfaces between the Department and external stakeholders and systems.
- Business continuity and disaster recovery.



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### 3.2 Organization of Business Drivers

The balance of this document presents Business Drivers and Business Rules. The matrix to follow presents business drivers and rules organized according to whether the driver/rule is related to a:

- Strategic Initiative
- Accreditation, Regulation, Legislation, or Legal
- Best Practice

## 4. Business Rule Reference

The section documents the business drivers and supporting top-level business rules for San Luis Obispo County behavioral health services.

**Table 1: Business Driver Category Descriptions**

Business Driver Category	Description
<b>Strategic Initiatives</b>	
Initiatives through Our Mission	<p>Many, if not all, of the Agency business process and practices are driven by policies and procedures that have been developed, tasks and standards of the industry, strategic initiatives that are driven by the Agency's desire to serve its patients and community, and the drive to partner with other agencies to provide the best and effective patient care possible in a collaborative manner.</p> <p>Strategic Initiatives are developed to enhance and improve current practices so the Agency can provide the best services/programs possible to our many clients within the financial and other resource restrictions. The system must provide flexibility and support, where appropriate, for staff to identify and extract data elements that are pertinent to evaluate the results of each initiative and assess the value of continuing the enhancement.</p>
<b>Accreditation, Regulation, Legislation, and Legal</b>	
Accreditations	<p>Accreditation is a set of formal standards that hold the healthcare profession accountable. Accreditation is an established process by which elements of this industry benchmark performance and guarantees a minimum standard of safety and care. There are a number of external organizations that are recognized for the accreditation standards they support – JACHO and CARF among these.</p>
Commissioned Business Drivers	<p>The State of California delegates authority to city and county governments in order for local governments to provide many varied services, structure for governmental operations and order, and to facilitate revenue streams to the local governmental agencies that provide the various community services.</p>



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Business Driver Category	Description
Mandates/Legislation	State and Federal legislative bodies hold government agencies accountable for providing specific services, serving specific functions, and following specific rules. Mandates have specific funding attached to them that obligate the authoritative government to reimburse the government agency that is mandated to provide the service or function.
Opportunities through our Mission	Opportunities are a business driver when it is an opportunity to provide a service through grant funding or other payor sources. Other opportunities drive the business by community-based advisory or appointed boards that ensure the needs of the community are being met.
<b>Best Practices</b>	
Best Practices	A best practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result

For each business driver/rule, the matrix contains the following information:

- Short descriptive name for the business driver/rule.
- An indication whether the rule is applicable to Mental Health, Drug and Alcohol Services, or both.
- Key processes impacted by the business rule, referenced to the Process Decomposition Diagram/Reference at the 1.0 level.
- Applicable timeframe for the rule. Timeframe is an important factor in County considerations for addressing business drivers and rules, especially for items related to tactical needs and strategic planning. Some business drivers are ongoing (e.g., regulation) and the County may have little insight as to when changes may occur. However, wherever possible, this document indicates those business drivers that can be categorized as affecting short-term (6 to 12 months) needs and long-term (1 to 5 years) strategic planning.
- Business rule description that expands on the specific driver/rule.
- Possible implications and/or impacts on the BHSRS project/system
- Reference or citation for the business rule, if applicable

## 4.1 Strategic Initiatives



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Business Driver		SLO BH		Timeframe		Key Process	Business Rule Description	System Impact/Implications	Reference or Citation
		DAS	MHS	ST	LT				
<b>Initiatives through our Mission</b>									
1	Comprehensive Billing Rules and Program Profile Document		√	2009-2011		23.0 27.0	Develop a comprehensive billing rules and program profile document that identifies each program, the attributes, any restrictions, funding source, billing requirements, authorized procedure codes, and other critical information that is easily accessible to all staff.	Currently, staff is provided a guideline that has all procedure codes and explanation of services and appropriate staff, and other critical information. This initiative would enhance those efforts, make it available electronically, and the new system must facilitate these efforts.	
2	Co-Occurring Disorders	√		Oct-08		All	Potential Grant funding to expand and enhance our COD population treatment services	Need more psychiatric oriented records, medications tracking, case management services, and higher level of care tracking (SLEs, Residential/Inpatient treatment stays). Increased assessment and diagnosis information.	



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		DAS	MHS	ST	LT				
<b>Initiatives through our Mission</b>									
3	Coordination of Care between Mental Health and Drug and Alcohol divisions	√	√	Ongoing		All	Staff are directed by the Board of Supervisors to enhance the coordination of care for clients that are served by both divisions in a manner that provides an environment conducive to the model "System of Care", which is a team approach to assist the client in recovery and sustainability.	System must support the sharing of client information in a manner that is in compliance with HIPAA and other privacy legislation.	
4	Counselor Certification Levels	√		Fall 2009		33.0	This will establish at least two levels of AOD certificates, plus the licensure track. Certain staff (due to their certificate) may only be able to do DUI programs, others may be able to educational and prevention programs, while the licensed staff may be able to do assessments, and COD services.	Need to be able to staff programs with correctly certified staff. Need to be able to track specialty trainings and certificates to ensure appropriate staffing by programs.	



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<b>Initiatives through our Mission</b>									
5	Culturally-competent care	√	√	Ongoing		35.0	Culturally competent care requires that caregivers understand and be responsive to the different attitudes, values, verbal cues, and body language that clients bring to an encounter by virtue of their heritage or upbringing. Cultural competence does not require that patients be treated using the same methods used in their country of origin; however, it does require understanding the different ways patients act in a clinical setting and communicating effectively with patients to ensure the best possible clinical outcome.	The system supports translation of forms, documents, and reports from English to other languages (e.g., Spanish)	
6	Detoxification, outpatient treatment	√		Jan-09		18.0 20.0	If increased demand in services due to any of the above initiatives, with the increased level of acuity of the clients, more residential placements, detoxification, community providers, and tracking will be needed. Prescription drug abuse is also on the rise which will demand detoxification process.	Detoxification services on an outpatient basis is currently conducted by the County and we envision this to continue. More medical/health issues, and medication services will need to be documented.	



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<b>Initiatives through our Mission</b>									
7	Detoxification, social model residential	√		Jan-09		18.0 20.0	If increased demand in services due to any of the above initiatives, with the increased level of acuity of the clients, more residential placements, detoxification, community providers, and tracking will be needed. Prescription drug abuse is also on the	We envision Detoxification residential services would be provided for by community provider contracts, but the County DAS would be the gatekeeper: conducting assessments, tracking placements, paying for bed days, moving clients upon discharge to/between providers, and waiting lists management for the system. Increase in documentation of medical/health/medication issues.	
8	Drug Medi-Cal provider(s)	√			2011	27.0 30.0	One way to tap currently unleveraged funding is through drug medi-cal. This would be done either through County DAS or more likely through other community providers coming in to access drug medi-cal which must run and be billed through the County DAS office.	DAS would be responsible for billing, tracking of services, medical regulations and requirements for services, disallowances, audit results, tracking of various funding sources that each client has, tracking of co-payments, and accounts receivable from drug medi-cal. Enhanced capability would be needed to document medical necessity, diagnosis, treatment plan dates & compliance.	



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<b>Initiatives through our Mission</b>									
9	Enhance Insurance Recovery efforts		√	2009		27.0 28.0	Dedicate staff to follow up on insurance billings in order to collect payments in a timely manner, resolve any billing issues right away, and persistently obtain status of approved services and expected payment	Anticipate to increase revenue over the cost of dedicated staff to facilitate the efforts; rely on staff to initially collect information from client; and rely on system to provide correct information for charges and payments	
10	Implement a true AR system		√		2010-2011	28.0	System that identifies the financial information and status by client, tracks payments by payor for specific services, and provides financial information that can be used for reporting, budgeting, and data analysis.	Facilitate the need to be more in-line with Generally Accepted Accounting Standards.	
11	Increase in School Contracts or PEI Programs	√		Fall 2009		12.0	Currently these units and programs are captured in the CalOMS Prevention database. More staff outstationed in the field.	Unknown at this time what the demand will be for tracking, evaluation, outcomes beyond the CalOMS Prevention.	



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<b>Initiatives through our Mission</b>									
12	Increase in SLE bed placements	√		Jan-09		9.0 12.0 37.0	If increased demand in services due to any of the above initiatives, with the increased level of acuity of the clients, more residential placements, detoxification, community providers, and tracking will be needed	We envision Residential Treatment Services would be provided for by community provider contracts, but the County DAS would be the gatekeeper: conducting assessments, tracking placements, paying for bed days, moving clients upon discharge to/between providers, and waiting lists management for the system	
13	Increased grant funded initiatives	√		Ongoing		23.0 31.0	As DAS continues to seek additional funding to offset reductions in Federal, State and County funding, programs will be forthcoming	Ability to be flexible in tracking clients and funding sources. Data and statistics are imperative to maintain grant funding.	
14	Integrate Performance Quality Information (PQI) activity into daily operations		√	Ongoing		38.0	In order to facilitate on-going PQI value, new practices and efforts will pursue to enhance current processes and practices	Peer Chart Review teams were developed to monitor the quality of services and identify unbillable services due to documentation or treatment plan problems; Also resuming an independent review process for psychiatry notes; Use Logic Models for selected programs; And create a Change Committee to review findings and implement change, where needed.	



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<b>Initiatives through our Mission</b>									
15	Juvenile Hall	√		Jul-09		All	Potential for AOD treatment services to be provided out at Juvenile Hall	Currently we have no Juvenile Hall program. This would put more treatment staff in the field, would need increased tracking of youth clients and their status, assessments, and placements in various levels of care/programs.	
16	Morro Bay DUI Clinic	√		Fall 2008		All	Currently this initiative is scheduled to be a satellite clinic with no electronic capability	Unknown at this time if the demand will increase and exceed the definition of a satellite clinic	
17	Nipomo DUI Clinic	√		Fall 2009		All	Currently this initiative is scheduled to be a satellite clinic with no electronic capability	Unknown at this time if the demand will increase and exceed the definition of a satellite clinic. Our move to Longbranch in Grover Beach will necessitate some breaking out of groups and programs due to decrease in group room space available	
18	"No wrong door" philosophy	√	√	Ongoing		All	MHS & DA/S clinicians and staff have all the information required to deliver services, regardless of how the consumer enters the system	The system supports service delivery - including chart access - regardless of program or site, according to access rights	



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<b>Initiatives through our Mission</b>									
19	Optimizing resources and providing services in the most cost efficient and least restrictive way		√	Fiscal Year		31.0	With the dwindling financial resources available, efforts to provide quality service in the most cost-efficient and least restrict way requires tracking key indicators and to continually look for improvements.	Key indicators: a) Access time to services, b) Wait time to see a psychiatrist, c) Pilot program to make doctors' schedules more efficient by reducing no-shows, as well as making them standardized to improve efficiency, d) # grievance calls, e) Consumer satisfaction survey, f) Staff productivity, g) Evaluating effectiveness of Mobile Crisis Intervention (response time, # of diversions, community satisfaction scores)	
20	Paso Robles DUI Clinic	√			2010	All	Service demand in Paso Robles has exceeded the definition of satellite clinic. This clinic should be expanded to a full-services DUI location.	Another clinic that will need to have electronic access to records/database/ and will increase the number of clients	
21	Private Insurance Provider	√			2011	27.0 28.0	Because of the rural nature of our County, the need for specialized treatment providers is great and the availability of other AOD treatment providers is small. DAS will consider becoming a private insurance provider panel member (e.g. Blue Cross, Blue Shield, etc).	Need for capability to do private insurance billings, tracking of services, tracking of funding sources, tracking of co-payments, and accounts receivable from insurance providers.	



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		DAS	MHS	ST	LT				
<b>Initiatives through our Mission</b>									
22	Procure a new Behavioral Health system with electronic medical records functionality	√	√	Summer of 2009		All	There is a desire to acquire a system that will facilitate the Federal requirement to offer an EHR; and provide a more user-friendly, comprehensive, and newer technology that captures and makes more easily accessible client information, service delivery, billing information, and statistical, financial and management information	Current client/billing system will be replaced; new or enhanced business processes will be identified; productivity will decrease during implementation and 6 months beyond; client records and access will be based on more current information, quasi-real-time; all documentation of services will be complete, billing efforts will be increased, and overall performance will increase.	
23	Provide various standard statistical and financial reporting on a regular basis		√	2009 - 20011		31.0	Management would like monthly, quarterly, and annual reports that connect the client service statistics with the billing efforts. There is also a great need for various statistical and financial data that is pertinent to many areas of the division.	Insyst is not a system that easily provides standard statistical and financial reports. Staff spends several days preparing reports that use data extracted from the financial system, SAP, and the client management/billing system, Insyst. Initiative would develop standard reports that are currently done on an ad hoc basis through various queries in Access.	



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		DAS	MHS	ST	LT				
24	Residential Treatment Services expansion	√		Jan-09		9.0 12.0 37.0	If increased demand in services due to any of the above initiatives, with the increased level of acuity of the clients, more residential placements, community providers, and tracking will be needed	We envision Residential Treatment Services would be provided for by community provider contracts, but the County DAS would be the gatekeeper: conducting assessments, tracking placements, paying for bed days, moving clients upon discharge to/between providers, and waiting lists management for the system	
25	SASCA/CDCR Re-entry facility/Jail Services	√		Jan 2009, if approved		All	Potential new funding or a new SASCA application to provide services for inmates and those being released	Currently we have no jail program. This would put more treatment staff in the field, would need increased tracking of clients and their status/assessment/placement and ancillary needs for each individual	



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26	Services focused on Recovery and Illness Management		√	Fiscal Year		31.0 38.0	Services offered through Mental Health will focus on the model Recovery and Illness Management and track key indicators to determine if the services are delivered as intended	Key indicators: a) Re-admission to PHF, b) Involvement of consumers & family members in decision-making processes, c) Developing Recovery groups for clients, d) Penetration rates, e) Adding a culturally-competent dimension to staff trainings, f) Workforce and Education Training Committee's final recommendations	
27	Tax Intercept Program		√	2009-2011		28.0	Department is reviewing the feasibility of enrolling in the Tax Intercept program with the Ca State Franchise Board to collect unpaid fees.	In anticipation of the new system, efforts will be made to send accounts to collections that are over a specified amount so that revenue can be collected.	
28	Youth Treatment Funding & MAYSI screening	√		Jan-09		12.0	Need to track MAYSI information from other referring parties.	Will allow clients to move between programs more fluidly, will need to track status of each individual offender in each program/level of care, will need to interface with contract provider of drug court services, increase the number of clients and the amount of tracking	



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## 4.2 Accreditation, Regulation, Legislation, and Legal

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	DAS	MHS	ST	LT				
<b>Accreditation (e.g., Joint Commission, CARF)</b>								
1	None	∅	∅				None	



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<b>Commissioned Business Drivers</b>									
1	State of California		√	Ongoing		All	State of California commissions the mental health system to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.	System needs to support the efforts of providing services, tracking clients' progress, and overall meet various standards for service delivery, accounting for those services, and ensuring the local mental health system fulfills the needs of the clients as commissioned by the State and Federal government.	Welfare and Institutions Code 5600.1
2	State of California	√		Ongoing		All	State of California commissions the County agencies to promote safe, healthy responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.	System needs to support the efforts of providing services, tracking clients' progress, and overall meet various standards for service and program delivery, accounting for those services, and ensuring the local drug and alcohol programs fulfill the needs of the clients as commissioned by the State and Federal Government.	



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<b>Mandates/Legislation</b>									
1	HIPAA Privacy and Security	√	√	Ongoing		10.0	County is obligated to comply with all of HIPAA's applicable requirements regarding accessing and sharing a patient's health information.	Assurance that HIPAA regulations will be held to the highest standards and when appropriate, patient information can be accessed and shared electronically with the utmost protection for the Agency and patient.	Federal Code Public Law-104-191 enacted August 21, 1996 45 CFR
2	HIPAA Transactions and Code Sets	√	√	Ongoing		26.0 29.0		System supports electronic transactions: 270/271, 276/277, 278, 820, 834, 835, 837P, 837I, 837D. Code sets: ICD-9-CM [see NPRM line items below], National Drug Codes (NDC), HCPCS Codes, CPT-4 Codes	45 CFR Parts 160 and 162
3	HIPAA National Provider Identifier	√	√	Ongoing		4.0		System supports Standard Unique Health Care Provider Identifier (CMS-0045F); Standard Unique Identifier for Employers (CMS-0047F0; Standard Unique Health Plan Identifier (CMS-4145P)	Final rule published 01-23-04; 05-31-02; and TBD, respectively



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<b>Mandates/Legislation</b>									
4	HL7 Version 3	√	√	Ongoing		29.0	An HL7 template is a data structure, based on the HL7 Reference Information Model, and which expresses the data content needed in a specific clinical or administrative context. They are prescribed patterns by which multiple OBX segments may be combined to describe selected, gross observations.	System must support a HL7 data structure.	
5	42 CFR	√	√	Ongoing		10.0	Confidentiality of alcohol and drug abuse patient records; Medicare and Medicare Choice Plus (Advantage)	System can restrict user access to AOD client charts.	Title 42 Public Health, Chapter 1 Public Health Service, DHHS, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records + Medicare operations and Medicare Choice Plus operations
6	Children with Disabilities have a right to an education (AB 3632, <b>26.5</b> , and AB 2726)		√	Ongoing		15.0	Children with disabilities have the right to a free public education and government agencies, specifically Superintendent of Public Instruction and the Secretary of Health and Human Services Agency, are responsible for maximizing utilization of all state and federal resources available.	Children with Individualized Education Plans (IEP) need to be identified accurately. This impacts funding, reporting, and service delivery.	Federal Public Law 108-446 and 34 CFR Parts 300 and 301 through California Dept of Education; Government Code 7570-7588; Section 1401 (3) title 20 of the US Code



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<b>Mandates/Legislation</b>									
7	ADP Licensing	√		Ongoing		33.0	The Department of Alcohol and Drug Programs (ADP) has the sole authority to license adult alcoholism or drug abuse recovery or treatment facilities. The Licensing and Certification Division (LCD) is responsible for assuring that quality services are provided in a safe and healthful environment through the licensure, certification, regulation, and oversight of a statewide system of alcohol and other drug recovery and treatment facilities and programs and counselors.	System must be able to capture, maintain, and report on information required to apply for and maintain Facility Licensing, Facility Certification, Counselor Certification, and Drug Medi-Cal Certification.	California Health and Safety Code, Division 10.5 State Department of Alcohol and Drug Programs, Part 2 State Government's Role to Alleviate Problems Related to the Inappropriate Use of Alcoholic Beverages, Chapter 7.5 Licensing, Articles 1, 2, 2.5, 3, 4,
8	Title 9, Chapter 3 (Programs for Alcohol and Drug Impaired Drivers)	√		Ongoing		10.0	Title 9 prohibits mixing DUI with other populations; "separate charts" if client is DUI and in another program.	System must be able to maintain separate funding and accounting information for DUI subprograms and clients. System can restrict user access to DUI charts e.g., to DUI staff only. System must be able to receive court offense records.	Per Star Graber 4-24-08 interview



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<b>Mandates/Legislation</b>									
9	Title 9, Chapter 5 (Licensure of Residential Alcoholism or Drug Abuse Recovery)	√		Ongoing		34.0	Drug and Alcohol Services manages the contracts and conducts audits of licensed residential facilities.	System must be able to maintain separate funding and accounting information for clients placed in contracted facilities.	California Code of Regulation, Title 9 Rehabilitation and Developmental Services, Division 4 Department of Alcohol and Drug Programs, Chapter 5 Licensure of Residential Alcoholism or Drug Abuse Recovery. Residential facilities that provide non-medical al
10	Title 9, Chapter 8 (Certification of Alcohol and Other Drug Counselors)	√		Ongoing		33.0	Counselors are required to hold a minimum certificate level in order to provide services to clients.	Need to keep accurate records of licenses and certificate holders to ensure clinicians are properly and current licensed/certificated.	California Code of Regulations, Title 9, Division 4, Chapter 8 Certification of Alcohol and Other Drug Counselors
11	Title 9, Chapter 11 (Medi-Cal Specialty Mental Health Services)		√	Ongoing		All	Specialty mental health services as defined in H&S Code 1810.247 must be provided to Medi-Cal beneficiaries of each county through a mental health plan which contracts with the State Department of Mental Health to provide such services that meet establish criteria and programs.	System must allow the recordation of mental health services as defined by code and contract with the State for the purposes of maintaining client records, statistical data, billing capabilities for defined services, and overall administrative activities related to complying with stated code.	Health & Safety Code 1810.1 - 1810.385; Contract with Ca Department of Mental Health - SLO County BHD Contract Number: 06-76050-000



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<b>Mandates/Legislation</b>									
12	State Boards for licensing the various professions within the Mental Health Division for staff and contractors, where appropriate.		√			33.0	All appropriate licensed clinicians are mandated to keep their license in good standing and active, as long as employed and providing mental health services.	Need to keep accurate records of licenses to ensure clinicians are properly and currently licensed; prohibit services from being recorded and billed inappropriately due to license expiration; and facilitate alerts/notifications when licensed professionals either need renewal or have expired.	Business and Professions Code Div 2 for the various licensure
13	Licensing for Psychiatric Health Facility (PHF)		√			33.0	The State Department of Health Services requires the PHF to be licensed in order to operate and is held to strict regulations.	System must allow the recordation of client services and activities and ensure appropriate measures are taken to meet the needs of the client within the restrictions of the licensed facility.	CCR Title 22, Division 5 for PHF only
14	Title 22	√				27.0	Drug Medi-Cal reimbursement for eligible clients.	System must have Drug Medi-Cal billing capacity.	California Code of Regulations, Title 22, Section 51341.1 Drug Medi-Cal Substance Abuse Services; Section 51490.1 Claim Submission Requirements; Section 51516.1 Reimbursement Rates



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<b>Mandates/Legislation</b>									
15	CalOMS Treatment	√				12.0 38.0	AOD providers must collect and submit demographic and outcomes data to the state.	System must capture all data elements required for CalOMS Treatment reporting. System must be flexible and customizable enough to add future data elements as required. OR System must seamlessly interface with the state's CalOMS Treatment online reporting system.	The California Outcomes Measurement System (CalOMS) Treatment is a statewide client-based data collection and outcomes measurement system that will allow the Dept of Alcohol & Drug Progs to manage and improve AOD services at state, county, and provider levels.
16	CalOMS Prevention	√				12.0 38.0	AOD providers must collect and submit demographic and outcomes data to the state.	System must capture all data elements required for CalOMS Prevention reporting. System must be flexible and customizable enough to add future data elements as required. OR System must seamlessly interface with the state's CalOMS Prevention online reporting system.	The California Outcomes Measurement System (CalOMS) Prevention is a statewide activity-based data collection and outcomes measurement system that will allow the Dept of Alcohol & Drug Progs to manage and improve AOD prevention services at state, county, and provider levels.



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<b>Mandates/Legislation</b>									
17	Prop 36 (Substance Abuse and Crime Prevention Act of 2000)	√		Ongoing		6.0 23.0	Client population must be separately tracked operationally and fiscally. Funding is dependent on meeting client outcomes.	System must be able to maintain separate attendance, funding and accounting information for Prop 36 clients. System must be able to Receive court offense records. System must be able to track required outcome measures: length of stay, days between referral and assessment; days between assessment and referral; days between referral and admission.	Office of Administrative Law website link to the full text of current SACPA/SATTA regulations, commencing with Section 9500 of Chapter 2.5, Division 4, Title 9, California Code of Regulations. Prop 36 State allocation and Prop 36 OTP .
18	Mental Health Services Act (Prop 63)	√	√	Ongoing		23.0 31.0	Provide expanded services for mental health programs specific to children/youth, adult, older adults, and families as funded by an imposed 1% tax on personal income in excess of \$1 million.	System must be able to classify programs and clients that are enrolled in MHSA programs and receive services in those specific programs so that funding and reporting can be accurate and complete.	Welfare and Institutions Code Sections 5847, 5848, and 5892



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<b>Mandates/Legislation</b>									
19	Drug Courts (Comprehensive Drug Court Implementation Act of 1999)	√		Ongoing		6.0 23.0	Client population must be separately tracked operationally and fiscally.	System must be able to maintain separate attendance, funding and accounting information for Drug Court clients. System must be able to Receive court offense records. System must be able to track required outcome measures: length of stay, days between referral and assessment; days between assessment and referral; days between referral and admission.	Health and Safety Code, Division 10.5, Part 3, Chapter 2, SEC 6, Article 4 Comprehensive Drug Court Implementation Act of 1999 - As amended by AB 2876 (Chapter 108, Statute of 2000), commencing with Section 11970.1. Drug Court Partnership, Comprehensive Drug Court, and Dependency Drug Court). California Budget Act Authority.
20	Deferred Entry of Judgment	√		Ongoing		6.0 23.0	Deferred Entry of Judgment clients pay a flat program fee.	System must be able to maintain separate attendance, funding and accounting information for DEJ programs and clients. System must be able to adjust client accounts or allow them to be adjusted based on services rendered to client. System must be able to receive court offense records.	California State Court Deferred Entry of Judgment PENAL CODE SECTION 1000-1000.8



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<b>Mandates/Legislation</b>									
21	Welfare and Institutions Code	√		Ongoing		19.0	Drug testing is a best practice and critical component of AOD treatment.	System shall track results of drug tests per client; interface with Drug Testing lab to electronically download drug test results by client, by test; notify counselor when drug test is positive; notify counselor when client fails to show for three consecutive scheduled drug tests; maintain a testing profile for each client that indicates drugs to be checked for.	Welfare and Institutions Code (Life Steps; CalWorks; CWS Drug Assessment, Testing, Tx; CWS Drug test patches; Options for Recovery; Drug screening/testing)
22	SB 1386 and AB 1298 (Security Breach) and AB 1950	√	√	Ongoing			Requires all institutions and organizations that collect certain personal information to protect it against possible "identity theft." In addition, if an incident occurs that involves the compromise of personal information, the individuals whose personal information may have been compromised must be notified. California legislation AB 1298, signed into law in October, 2007, added medical information and health insurance information to the definition of personal information.	System must meet security measures regarding network, firewall, intrusion detection, user accounts, and file security to ensure all records are in compliance with IS-3.	



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<b>Mandates/Legislation</b>									
23	Client Fee Collection	√	√	Ongoing		27.0 28.0	Collection of client fees for services.	System must have cash handling capabilities including receipting and compliance with generally accepted accounting principles. System must be able to calculate client balance due based on program type and program and/or session fee.	California Code of Regulations, Title 9, Section 9532. HSC 11841. H & S Code, Section 11837.3, Subsection A1.
24	Client and Services Information (CSI) reporting		√	Ongoing		12.0	The Department of Mental Health's (DMH) Client and Services Information (CSI) System collects data pertaining to mental health clients and the services they receive at the county level.	System must support the requirement as indicated to the Ca Department of Mental Health by collecting specific data elements and sending the results electronically.	
25	California Prison Reform Act (AB 900)	√	√				This \$7.7 billion measure will help reform California's overburdened correctional system and has two major components: rehabilitation programs and prison construction.	System will have to support whatever changes are made to California's prison rehabilitation programs (e.g., education, training, and substance abuse programs; and leading-edge rehabilitation classes).	
26	President's Executive Order	√	√			All	Mandates electronic medical records for most Americans by the year 2014.	System must provide integrated and interoperable electronic medical records functionality and features	President's Executive Order (issued April 2004)



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<b>Mandates/Legislation</b>									
27	Notice of Public Rule Making re: ICD-10-CM		√			26.0	On August 22, CMS issued a notice of proposed rule making (NPRM) that would replace the ICD-9-CM code sets with greatly expanded ICD-10 code sets, effective October 1, 2011.	Vendor must describe in detail its plan to comply with the ICD-10-CM NPRM for diagnosis coding by the implementation date of October 1, 2011	
28	Notice of Public Rule Making re: ICD-10-PCS		√			26.0	On August 22, CMS issued a notice of proposed rule making (NPRM) that would replace the ICD-9-CM code sets with greatly expanded ICD-10 code sets, effective October 1, 2011.	Vendor must describe in detail its plan to comply with the ICD-10-PCS NPRM for inpatient hospital procedure coding by the implementation date of October 1, 2011	
29	Notice of Public Rule Making re: X12 Standard, Version 5010		√			29.0	In a separate proposed regulation, HHS has proposed adopting the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as health care claims. Version 5010 is essential to use of the ICD-10 codes. The NPRM also calls for an implementation date of October 1, 2011.	Vendor must describe in detail its plan to comply with the updated X12 standard, Version 5010, and the NCPDP standard, Version D.O by the implementation date of October 1, 2011	



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<b>Opportunities through our Mission</b>									
1	SAMHSA (Children's System of Care (CSOC) Block Grant)		√	Ongoing		23.0	Provide services to children and families related to mental health and substance abuse in order to increase consumer's ability to successfully manage life's challenges and facilitate recovery and building resilience.	System must enable the County to identify programs and consumers that are participating in the programs funded by SAMHSA in order to facilitate appropriate accounting and reporting for services and activities.	42 US Code, Sections 300x et. Seq, Public Law 106-310
2	External Quality Review Organization (EQRO)	√	√	Ongoing		30.0	External quality review organizations (EQROs) examine health plans to determine compliance with Centers for Medicare and Medicaid Services (CMS) requirements and provide quality assurance oversight. CA EQRO (APS Healthcare) works with Medi-Cal to conduct administrative, clinical and information technology reviews to assure that Medicaid recipients are receiving appropriate services.	System must be able to facilitate the collection of data that meets the various statistical and financial reporting requirements as required by CMS.	



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<b>Opportunities through our Mission</b>									
3	Medicaid IMD SSI Collection		√	Ongoing		23.0 27.0	The Supplemental Security Income (SSI) program makes payments to people with low income who are age 65 or older or are blind or have a disability. The Social Security Administration manages the SSI program; SSI is paid for by U.S. Treasury general funds, not the Social Security trust funds.	System must have capabilities to identify SSI clients so services provided can be easily billed to SSI.	
4	SB90 State Mandated Cost		√	Ongoing			Specific programs that are state-mandated through legislation are considered cost reimbursement programs for local agencies.	System must be able to assist with identifying special population/clients that are considered enrolled or funded with SB90 funds so reporting financial and statistical data can be readily available.	
5	Board of Supervisors	√	√	Ongoing		31.0	Board of Supervisors, through initiatives and budget decisions, influence the service levels through funding and performance measure requirements.	System must be able to assist staff with extracting critical data in multiple formats and methods in order to provide statistical and financial reporting to the Board of Supervisors.	



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<b>Opportunities through our Mission</b>									
6	Mental Health Advisory Board		√	Ongoing		31.0	Mental Health Advisory Board, through initiatives and actions, request statistical and financial information.	System must be able to assist staff with extracting requested data in multiple formats and methods in order to provide statistical and financial reporting to the Mental Health Board.	
7	Drug and Alcohol Advisory Board	√		Ongoing		31.0	Advises administration/management on trends, division priorities, and funding concerns from a community perspective.	System must be able to collect client demographic and treatment data including number of clients served, number and type of sessions provided, length of sessions.	
8	Various School Districts within the County	√	√	Ongoing		31.0	Behavioral Health, in collaboration with the County of Education and the various school districts, provide many varied youth services to children to foster their lives through skills to achieve a better education, resilience to drug and alcohol influences, and provide support to every day coping skills that may or may not be provided at home.	System must be able to assist with identifying special population/clients that are considered enrolled or funded with programs related to the various school facilities/programs so reporting financial and statistical data can be readily available.	



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<b>Opportunities through our Mission</b>									
9	Juvenile Drug Court (Probation Dept)	√		Ongoing		6.0 23.0	Youth referred to Juvenile Drug Court are served as a separate population.	System must be able to maintain separate attendance, funding and accounting information for DEJ programs and clients. System must be able to adjust client accounts or allow them to be adjusted based on services rendered to client. System must be able to	
10	ConRep - Net Negotiated Amount (NNA) Contract (State)	√	√	Ongoing		6.0 23.0	Division must comply with requirements of NNA contract to qualify for state funding.	System must be able to maintain separate attendance, funding and accounting information for the various programs provided through NNA funding, i.e. youth, perinatal, daycare rehabilitative, HIV, drug testing.	NNA Contract governs SAMHSA Substance Abuse Prevention & Treatment Block Grant Awards and ConRep program in Mental Health. Title 42, Chapter 6A, Subchapter IVII, Part B, Subpart ii, Sections 300x-21 through Section 300x-66. Health Services Code 11754. Code of Federal Regulations 45, Subtitle A, Part 96, Subpart L, Sections 96.120 through 96.137. California Code of Regulations Title 9, Division 4, Chapter 2.5 Section 9535.



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<b>Opportunities through our Mission</b>									
11	SAMHSA (PATH Grant)		√	Ongoing		23.0 31.0	Created under the McKinney Act, The PATH Program, is a formula grant program support service delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming home-less.	System must be able to assist with identifying clients that meet the target population for receiving PATH grant so reporting financial and statistical data can be readily available.	SAMHSA Center for Mental Health Services Projects for Assistance in Transition from Homelessness/The Stewart B. McKinney Homeless Assistance Amendments Act of 1990
12	California Work Opportunity and Responsibility to Kids (CalWORKs)	√	√	Ongoing		6.0 23.0	Clients referred through the CalWORKs program are tracked as a separate population.	System must be able to maintain separate attendance, funding and accounting information for CalWORKs programs and clients.	California Department of Social Services.
13	Other Grants	√	√	Ongoing		23.0	Grants have specific requirements for service delivery and target populations.	System must be flexible to allow staff to identify clients and/or services that are applicable to the various current and future grants so reporting financial and statistical data can be accomplished.	
14	Office of Statewide Health Planning and Development (OSHPD) Reporting		√	Ongoing		31.0	State requires the Psychiatric Health Facility (PHF) to report various specific statistics based on inpatient discharge data.	System must be able to support data collection and reporting to meet OSHPD requirements.	



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**4.3 Best Practices**



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<b>Best Practices</b>									
1	Assertive Community Treatment		√			13.0 14.0 18.0	The goal of Assertive Community Treatment is to help people stay out of the hospital and to develop skills for living in the community, so that their mental illness is not the driving force in their lives. Assertive community treatment offers services that are customized to the individual needs of the consumer, delivered by a team of practitioners, and available 24 hours a day. Assertive Community Treatment addresses needs related to: 1/ Symptom management, 2/ Housing, 3/ Finances, 4/ Employment, 5/ Medical care, 6/ Substance abuse, 7/ Family life, 8/ Activities of daily life	The system supports documentation related to consumer needs and referrals to community providers and services	SAMHSA Center for Mental Health Services



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<b>Best Practices</b>									
2	Consumer-driven care	√	√			10.0 11.0	Increased participation by consumers, clients, families, and advocacy groups	The system supports client/consumer access to their own medical record	
3	Co-occurring Disorders: Integrated Dual Diagnosis Treatment	√	√	Ongoing		13.0 14.0	Integrated Dual Diagnosis Treatment is for people who have co-occurring disorders, mental illness and a substance abuse addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting. This approach includes: 1/ Individualized treatment, based on a person's current stage of recovery, 2/ Education about the illness, 3/ Case management, 4/ Help with housing, 5/ Money management, 6/ Relationships and social support, 7/ Counseling designed especially for people with co-occurring disorders	The system supports medications tracking, case management services, and higher level of care tracking (SLEs, Residential/Inpatient treatment stays). Increased assessment and diagnosis information.	SAMHSA Center for Mental Health Services



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<b>Best Practices</b>									
4	Family Psychoeducation		√			13.0 14.0 18.0	Family Psychoeducation involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation, family psychoeducation helps consumers and their families and supporters to: 1/ Learn about mental illness, 2/ Master new ways of managing their mental illness, 3/ Reduce tension and stress within the family, 4/ Provide social support and encouragement to each other, 5/ Focus on the future, 5/ Find ways for families and supporters to help consumers in their recovery	The system supports documentation related to consumer needs and referrals to community providers and services	SAMHSA Center for Mental Health Services



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<b>Best Practices</b>									
5	Medication Management		√	Ongoing		20.0	Medication management in psychiatry focuses on using medication in a systematic and effective way as part of the overall treatment for severe mental illness. The goal is to ensure that medications are prescribed in a way that supports a person's recovery efforts.		SAMHSA Center for Mental Health Services
6	Pay for Performance (P4P)	√	√			31.0 38.0	Medicare and other payers are increasingly implementing P4P programs to measure quality for the purpose of improving behavioral health care. Outcome and process measures typically target the high-volume and high-risk behavioral health populations (such as patients with major depression and substance use disorders and children) and recognized care deficiencies identified through plan operations (such as identifying and addressing a substance abuse problem)	The system captures, stores, retrieves, and submits qualitative and quantitative data for payers and other organizations with P4P programs	



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<b>Best Practices</b>									
7	Supported Employment		√			13.0 14.0 18.0	Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. The core principles include: 1/ Eligibility based on consumer choices and preferences; 2/ Supported employment as an integrated treatment; 3/ Continuous follow-along supports; 4/ Help with moving beyond the patient role and developing new employment-related Roles as part of the recovery process	The system supports documentation related to consumer needs and referrals to community providers and services	SAMHSA Center for Mental Health Services



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<b>Best Practices</b>									
8	Wellness recovery model		√			13.0 14.0	Supports wellness and recovery planning approach to treatment. The Illness Management and Recovery program strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. Key information and skills include: 1/ Recovery strategies, 2/ Practical facts about mental illness, 3/ The Stress-Vulnerability Model and strategies for treatment, 4/ Building social support, 5/ Using medication effectively, 6/ Reducing relapses and coping with stress, 7/ Coping with problems and symptoms, 8/ Getting needs met in the mental health system	The system supports charting: (1) demographic information; (2) multi-axial diagnosis; (3) legal status; (4) life goals, including strengths; (5) case formulation; (6) discharge criteria; (7) foci of hospitalization (goals); (8) intervention objectives; and (9) interventions for individualized objectives that are provided in therapy groups or in individual therapy sessions.	SAMHSA Center for Mental Health Services