Health Care Agency, Behavioral Health Service, AQIS CYBH Support

QRTips

June 2017

I. What is Coordination of Care?

Coordination of care could be defined as communication and collaboration between providers, and within organizations, regarding a client's care. Information might be shared verbally, in writing or with electronic health records.

How is coordination of care achieved?

- It is important that timely sharing of information occurs among providers.
- Regular follow-ups should occur among providers.
- Verification of coordination of care can be a phone call to the other provider and the **documentation** of that conversation in a progress note. An exchange of treatment plans is not required.
- For more information on Coordination of Care see QRTip March 2013

II. Collateral Services:

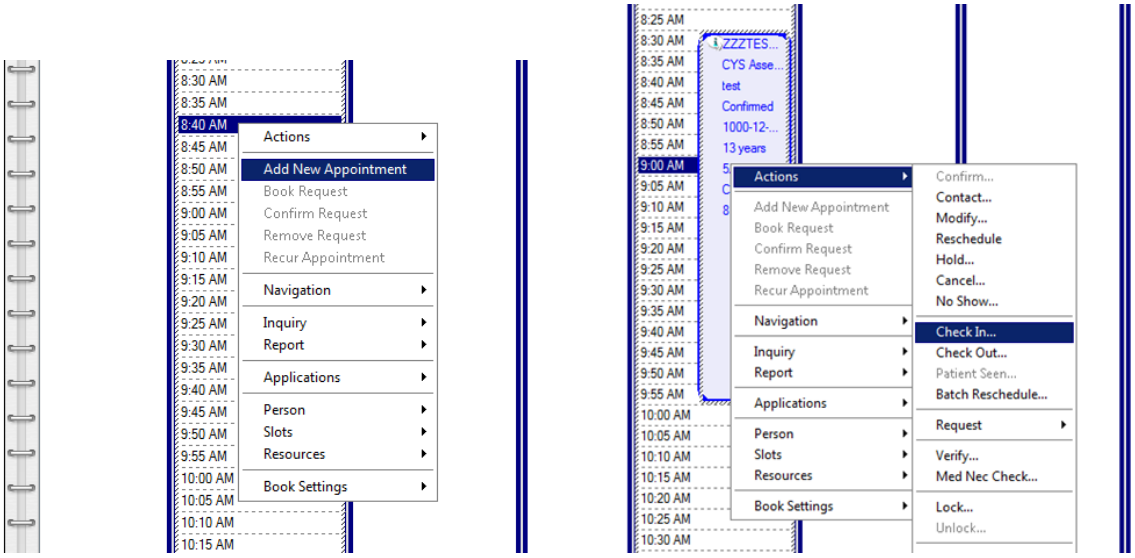
Per the EPSDT documentation manual: Collateral is defined as a service activity to a Significant Support Person in a child's life for the **purpose of meeting the needs of the child** in terms of achieving the goals of the youth's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the child, consultation and training of the significant support person(s) to **assist in better understanding of the youth's serious emotional disturbance**; and family counseling with the significant support person(s) in achieving the goals of the youth's client plan. The youth may or may not be present for this service activity.

Collateral services cannot be delivered solely for the benefit of the family member. The collateral service must be tied into the treatment of the client's mental health issues.

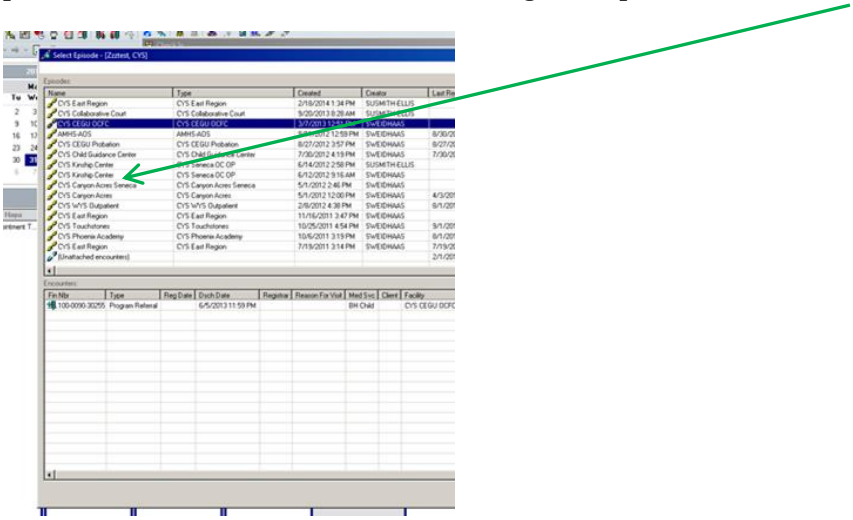
III. (County EHR Only) A Reminder regarding Financial Information Numbers (FINs) and Billings

Recently, there has been an increase in billings being submitted on incorrect FIN (Financial information numbers) and clinicians have not verified that their services are submitted in correct IRIS org/facilities. If a clinician registers their service at the wrong IRIS org/facility they will have to unchart that progress note and recreate the progress note at the correct org/Facility. Text renditions of progress notes must also be corrected to reflect the revised org. This becomes problematic when services continue to be billed at the incorrect IRIS org as billings **become non-compliant** if these billings are not corrected within 14 days.

FINs should always be created through the SCHED module of the EHR and should be checked in so the client's name appears in red font on your home screen appointment calendar.



Problems can occur when the incorrect IRIS/Org treatment episode is selected during the check-in/registration process. Care should be taken that the billing is completed on the correct treatment episode and on the correct FIN.



- Some County Treatment programs can be similarly named (For example: CYS CCPU versus CYS CEGU).The AMHS clinics can have several similarly named programs at one region, which can also be confusing. However the implications of choosing the incorrect ORG can compound itself over time as the billings accumulate on the incorrect ORG.

- Please contact your Service Chief if you have any questions about what IRIS ORG or treatment episode you should register your billings in.

When you are ready to complete your billings **always orient to the correct FIN number via your home screen** by clicking on the client's name in the appointment calendar. This will ensure that you are oriented to the correct FIN when you start your documentation.

To insure that your FIN number has no charges associated with it check your charge viewer.