

New York State Clinical Record Initiative

Clinic Training



Benefits

- ◆ Technical Assistance
 - ◆ Enhanced compliance with state/federal and national accrediting body regulations/standards
 - ◆ Support for Medical Necessity
 - ◆ More efficient use of clinicians time
 - ◆ Compatible with an electronic health record
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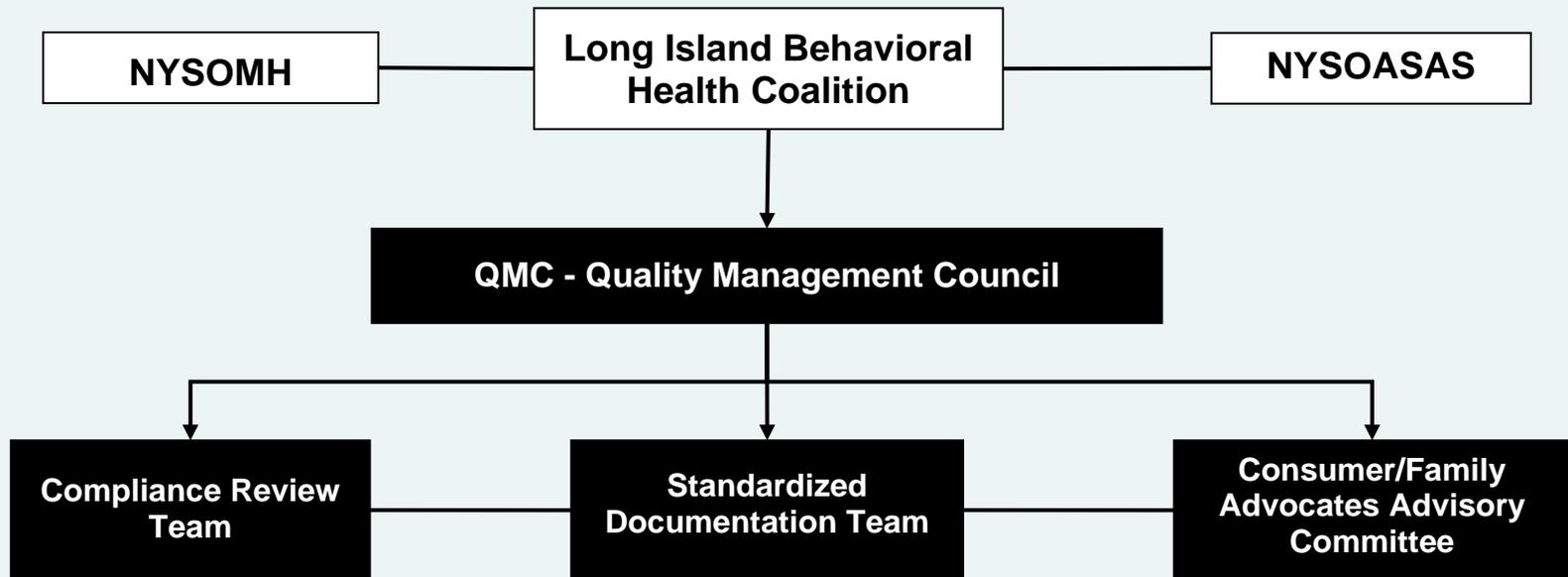
Project Description

- ◆ Collaborative partnership between LI Coalition of Behavioral Health Providers, OMH, OASAS, recipients, families and MTM consulting services.
 - ◆ Over 40 MH and CD providers embarked on this initiative with over 70 dedicated staff who participated in the committees
 - ◆ Development of a standardized set of clinical record forms
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- ◆ For all OMH or OASAS licensed outpatient, day and residential programs for both adults and children
 - ◆ Forms consist of a standardized set of data elements required by all federal/state regulatory bodies, applicable funders, and National accreditors of MH and substance abuse clinical documentation processes.
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- ◆ Form set will provide timely, cost effective support, enhance medical necessity clinical documentation and lends itself to the transition to an HER
 - ◆ Currently paper and e forms will be made available. Data mapping is in the process for easy adoption for existing and new EHR
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NYSCRI Initiative Operational Structure



NYSCRI Targeted Services

1. Outpatient Mental Health & Chemical Dependence Clinics
2. Partial Hospital
3. Personal Recovery Outpatient Services (PROS)
4. Continuing Day Treatment (CDT)
5. Children's Day Treatment
6. Residential (Adult and Child)
7. Children: Congregate Care, Family Based Treatment and Teaching Family Homes.
8. Adult: Congregate Care and Licensed Apartment Treatment, OASAS Clinics, Day Programs, Social Detox, ACT, Case Management, IPRT
9. HCBS Waiver for Children

Benefits of NYSCRI to Provider Agencies

Quality of Care Benefits:

- ◆ ***Promotes consistent assessment, planning & service documentation that is:***
 - *Person-Centered and Strengths based*
 - *Recovery/Resiliency focused*
- ◆ ***Promotes Information Sharing & collaboration among providers through standardized terminology and documentation processes***
- ◆ ***Less room for error; decision support***

Benefits of NYSCRI to Provider Agencies (Cont)

Clinical Practice Benefits:

- ◆ ***Compliant with Federal Mandate for Electronic Health Records by 2014 & a wide variety of regulatory and payer requirements***
- ◆ ***Assists in protection against federal/state audit paybacks***
- ◆ ***Wide array of funders/payers support this initiative***
- ◆ ***Enhances Measurement & Outcomes Focus***

Financial Benefits

- ◆ Enhanced accessibility to services by streamlining the intake process
 - ◆ Reduces total time it takes to admit into services, reduces no shows
 - ◆ A win/win situation
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Benefits of NYSCRI to Provider Agencies (Cont)

Financial Benefits:

- ◆ *Saves time and money through faster, and accurate documentation*
- ◆ *Standardized training to reduce costs*
- ◆ *Compliant with a wide variety of regulatory and payer requirements*
- ◆ *Some protection against adverse federal audits*
- ◆ *Reduces cost of individually developed EMR capacity at each provider agency*
- ◆ *Reduces redundancy in collecting information*
- ◆ *Collaborative Concurrent documentation possible*
- ◆ *Standardized revisions and updates in future*

Twelve NYSCRI Compliance Area Matrix

New York State Payers	National Accreditation	Federal Payers	Medicaid/Medicare Documentation Support Focus
Medicaid	TJC	Medicaid	Medical Necessity
OMH/DOH (Including all funded programs such as PROS and Standards of Care Anchors)	COA	Medicare	Client Participation
OASAS	CARF		Client Benefit

Regulations and Standards

CRT_Master_Grid_for_Posting_with_Anchors_Rev. [Compatibility Mode] - Microsoft Excel																
L7																
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	CLINICAL ASSESSMENT		NYS Regulations					Accreditation Standards			Federal Standards		Support for Federal Requirements			
2	Ref #	Focus Area	OMH	DOH (CM)	PROS	NYS SOC Anchors	OASAS	TJC	CARF	COA	Medicare	Medicaid	Medical Necessity	Client Participation	Client Benefit	
41	38	Legal Involvement/Legal Status: When services are provided to identified criminal offenders, information is provided to the person served concerning the relationship between the criminal justice entity and the organization. A detailed history of the person's criminal history is maintained, as required by state, provincial, and/or local government authorities. Services are coordinated with other systems, as needed and/or required. Confidentiality is maintained.	ACT 4.10 (4) (b) (X)			A-1.21(1)	822(a)(4)(A), 819.(a)(4)(A), 828.17(a)(3)	RC.02.01.01 ep1 & PC.01.02.13 Clinic and PC 2.100; PC 3.70; IM.6.20 ep2	2.A.18 (a-d)	AM						
42	39	AOD "use assessment" History: treatment and efficacy of current or previous interventions, including AA and other self-help, and relapse history(History of previous attempts to abstain from chemicals and previous treatment experiences)	ACT 4.10(4)(c)(1 - x)		512.7(e)(3)(ii) ?	A-1.22(1)	828.17(A)(3), 822.4(a)(4)(i); 819.4(a)(4)ii, 822.4(a)(4)ii	PC.01.02.11 Clinic and PC 3.110 BH		AM; sa 2.02; SA 2.04; PSR2.03; RTX 3.05; GLS 3.04			P			s
	40	AOD Hx: Current/Past Usage - list substance, age first used and date of last use, frequency, amount,				A-1.22(1)	819.4(a)(4)(i)(ii)(c); 822.4(a)(4)(PC.01.02.11 Clinic and PC		SA 2.04 AM; MH2.03;			P			

Medical Necessity Documentation and Performance Standards Compliance Requirements

Quantitative Vs. Qualitative

- ◆ Historically, State MH/DD/SA Departments have focused on quantitative review – “it is there and is it signed/dated”
- ◆ CMS has moved to a qualitative review standard – “does the documentation quality justify the intensity, duration and frequency of services?” Qualitative reviews require demonstration of the **“Golden Thread”**

Five NYSCRI Documentation “Golden Thread” Linkage Processes

Five major linkage processes are built into the standardized NYSCRI form documentation system to support compliance with qualitative reviews.

1. **Comprehensive Assessment (CA)** – Identifies Treatment Recommendations/ Assessed Needs
2. **CA Updates** – Identifies New Treatment Recommendations/ Assessed Needs
3. **Individualized Action Plan (IAP)** – Links goals to specifically numbered Treatment Recommendations/Assessed Needs
4. **IAP Review/Revision** - Links goals to specifically numbered Treatment Recommendations/Assessed Needs and/or changes in Objectives, Therapeutic Interventions, Frequency, Duration and/or Responsible Type of Provider.
5. **Progress Notes** – Links interventions being delivered to specific Goal(s)/Objective(s) and identified client response and outcomes/progress towards Goal(s)/Objective(s).

CA Treatment Recommendations/ Assessed Needs

Prioritized Assessed Needs: A-Active, PD-Individual Declined, D-Deferred, R-Referred Out	A	PD*	D*	R*
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Individual Declined/Deferred/Referred Out-Provide Rationale(s) (Explain why Individual Declined to work on Need Area; List rationale(s) for why Need Area(s) is Deferred/Referred Out below). <input type="checkbox"/> None</p> <p>1.</p> <p>2.</p> <p>3.</p>				

Individualized Action Plan and Medical Necessity Linkage Requirements

- ◆ Treatment Recommendations/Assessed Needs prioritized numerically (i.e., 1, 2, 3, etc.) in the initial Comprehensive Assessment (CA Update, Crisis Assessment & Plan and Psychiatric Evaluation) are linked to and become the core basis for each Goal in the Individualized Action Plan.
- ◆ The *linkage occurs* by entering the Treatment Recommendation number, form date and checking the specific form type adjacent to the specifically numbered Goal.

Goal #			
Linked to Assessed Need # ____ from form dated ____: <input type="checkbox"/> CA <input type="checkbox"/> CA Update <input type="checkbox"/> Psych Eval. <input type="checkbox"/> Other:			
Start Date:	Target Completion Date:	Adjusted Target Date:	as per IAP review form dated:
Desired Outcomes for this Assessed Need in Person's Words:			
Goal (State Goal Below in Collaboration with the Person Served/Reframe Desired Outcomes):			

Structured Progress Notes and Medical Necessity Linkage Requirements

- ◆ As the person served continues in treatment, he/she reveals/identifies additional personal information that enhances the original assessed information in the CA
- ◆ Progress Notes provide a critical linkage in the section entitled “New Issue(s) Presented Today”. This section accommodates the documenting of this new information and is illustrated below

New Issues / Stressors / Extraordinary Events Presented Today: New Issue resolved, no updates required
 CA/IAP Plan Update Required? None Reported - **Detail:**

Update Indicators Section of the CA Update Form

Reason for Update: <input type="checkbox"/> Update of New Information <input type="checkbox"/> Re-Admission Date of Most Recent Comprehensive Assessment: _____	
Adult Comprehensive Assessment Sections for Update	
Check the box(es) next to the section(s) of the assessment (including addendums), which you are updating. Be sure to label all additional/updated information in your narrative with the heading of the section of the Assessment or Addendum being updated.	
<input type="checkbox"/> Presenting Concerns	<input type="checkbox"/> Medication Information
<input type="checkbox"/> Substance Use/Addictive Behavior History	<input type="checkbox"/> Health Summary
<input type="checkbox"/> Development and Family History	<input type="checkbox"/> Trauma History
<input type="checkbox"/> Social Supports	<input type="checkbox"/> Mental Status Evaluation
<input type="checkbox"/> Legal Status and Legal Involvement and History	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Education	<input type="checkbox"/> Assessed Needs Checklist
<input type="checkbox"/> Employment	<input type="checkbox"/> Strengths/Capabilities/Resiliency
<input type="checkbox"/> Military Service	<input type="checkbox"/> Self Assessment
<input type="checkbox"/> Mental Health and Addiction Service History	<input type="checkbox"/> Other:
Update Narrative: List each assessment section being updated with narrative explanation below it.	

CA Update Process Linked to IAP Revision

- If existing Goals, Objectives, Interventions, Services, frequency and provider types will **not** meet the client’s newly identified Treatment Recommendations/Assessed Needs, then link the newly assessed needs from the CA Update to an IAP Revision by checking the indicator in the “*Change In IAP Required*” field in the *For Annual or Interim Updates* section of the CA Update.

For Annual or Interim Updates

Change In IAP Required: No Yes (If Yes, complete the IAP Revision/Review Form to record needed changes in Goal(s), Objective(s), Interventions, Services, Frequency, and/or Provider type)

Link to Medical Necessity Based Reimbursement Summary

- ◆ Progress Notes provide an opportunity for specific linkages between the therapeutic interventions provided in the service visit/session to the IAP and/or IAP Review/Revision by *requiring that the specific Goal(s) and Objective(s) being addressed in the service be clearly identified within the note.*

Goal(s)/Objective(s) Addressed As Per Individual's Action Plan:							
Goal ____	Objective ____	Objective ____	Goal ____	Objective ____	Objective ____	Goal ____	Objective ____
Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____
Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____	Objective ____



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Information Download Section

Forms/Manuals by Program Type

Please select a link below to view the program specific forms/manuals required for your area(s):

[ACT](#)

[Case Management](#)

[CDT](#)

[Mental Health Clinic](#)

[Methadone](#)

[OASAS Adolescent Outpatient \(part 823\)](#)

[OASAS Outpatient \(part 822\)](#)

[OASAS Residential](#)

[OMH Adult Residential](#)

[OMH Child Residential](#)

[Partial](#)

[PROS Limited License](#)

[PROS w/ Clinic \(CT Services\)](#)

[PROS without Clinic](#)

[ALL FORMS](#)



Click the logo on the left to download the latest version of Adobe's Acrobat® Reader if needed.

Manuals/Support Materials

Training Resources

[NYSCRI Pilot Training Slides](#)

[Concurrent Documentation Resources](#)
Updated on 3-9-10

[NCCBH Bookstore -
Concurrent Documentation Training DVD](#)

[MTM Rapid Cycle Change Plan](#)

[Sample PCP Request Letter](#)

Evaluation Resources

[Full Evaluation Manual \(Unlocked\)](#)

[Attachment A - Local Kick-Off Evaluation](#)

[Attachment B - Services List](#)

[Attachment C - Staff Cue Sheet](#)

Read Before Piloting the Forms!!

[Attachment D - Mark Up Instructions](#)

[Attachment E - Agency Level Evaluation](#)

Form Reference Manuals

[Section One - General Information](#)

[Section Two - Assessment](#)

[Section Three - IAP](#)

[Section Four - PN](#)

Compliance Grids

[Comprehensive Assessment Grid](#)

[Individualized Action Plan Grid](#)



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Forms/Manuals Download Section

OASAS Outpatient (part 822) - Forms Download Area

Download Key:

Paper: Please utilize this link to access the Adobe PDF® version of the form for those members who will be printing the forms and entering information manually by hand.

E-Form: Please utilize this link to access the Microsoft Word® version of the form for those members who will be entering information into the forms electronically.

Manual: Please utilize this link to access the support manual specific to this form.

[Full Section One Training Manual](#)

Revision Date: 3-2-10

Core Forms	Paper	E-Form	Manual
Full Section Two - Assessment Training Manual Revision Date: 3-2-10			
Personal Information Revision Date: 2-20-10			
Adult Comprehensive Assessment (CA) Revision Date: 2-20-10			
Adult CA Update Revision Date: 2-20-10			
Child/Adolescent CA Revision Date: 2-20-10			
Child/Adolescent CA Update Revision Date: 2-20-10			
Communicable Disease Assessment Revision Date: 2-20-10			
Medical History and Assessment Questionnaire Revision Date: 2-20-10			
Full Section Three - IAP Training Manual			

Evaluation Levels and Tools

1. Program Level Evaluation of Assessment of Local Program Pilot Training and “Kickoff”
2. Direct Mark Up Evaluation from Each Staff Using Pilot Forms
3. Program Level Evaluation of NYSCRI Documentation Process and Training Manual

Direct Mark Up Comments:

Total Comment Count		
Assessments	58%	1065
Addendums	8%	153
IAPs	11%	211
Progress Notes	22%	407
Total:		1836

NYSRI Assessment Form Data Element Summary

Below please find a list of Missing Elements, Space Needs, Format Issues, Redundancy Issues, and General Comments organized by form type, as provided by respondents. The column "Form" includes an abbreviation (the first letter of each word in the form title) indicating the form type to which the comment refers. For a list of form type codes, refer to Form Type Codes Tab the "Program" column includes a code that identifies the Program that provided the missing element. For a list of participating programs and corresponding codes, refer to Program Codes Tab.

1st Day Count
1065

- : Comment reviewed and will be Utilized
- : Comment reviewed and will not to be Utilized

Form	Comment Type	Comments	Program #
ACA	Format Issues	medicaid number is not necessary	ACT
ACA	Format Issues	Mental Health and Addiction Treatment Service History - too small a space if you do not have a computer.	MHC
ACA	Format Issues	Family and Social Support - Under Peer/Individual Support - Misspelling of the word, "Individualual"	MHC
ACA	Format Issues	Family and Social Support - Under Social/Interindividual - Misspelling of the word, "Interindividualual". (Should be interpersonal). What is individual?	MHC
ACA	Format Issues	Mental Health/Illness Management - Why don't we have mental health symptoms in a separate section in a way that helps us get a diagnosis. How about putting this with mental status exam? It is a poor sequence. (will remove from problem checklist duplicative)	MHC
ACA	Format Issues	Mental Health/Illness Management - Why is Hyperactivity and hypomania joined?	MHC
ACA	Format Issues	Life Goals/Strengths and Barriers - Place at end - Not a good flow. Thi is after assessed needs and before screening tools. Why?	MHC
ACA	Format Issues	from-font changes throughout form. (scott to fix)	MHC
ACA	Format Issues	Military - couldn't simply listing type of discharge be enough without the addendum?	MHC
ACA	Format Issues	Trauma history- why not include probation, parole as to delete the need to specify/sections. (will change trauma section-put probation/parole and is additional mandated report needed in legal section-add cue/link to legal section?)	MHC
ACA	Format Issues	living situation- why asking if they own or rent like a credit check	MHC
ACA	Format Issues	employment - are the specific details needed, eg., type of job and employer name	MHC
ACA	Format Issues	Form- on top of page seven asked for Chart header to be added???????	MHC

Next Steps Timeline

Development Phases	Dec. 2009	Jan. 2010	Feb. 2010	Mar. 2010	April 2010	May 2010	June 2010	July 2010	Aug. 2010	Sept. 2010
	Phase Two Consultation Initiative									
A. Pilot Study Plan Developed and Approved by the Quality Management Council										
B. Select State-Wide Pilot Study Sites and Programs										
C. Provide Pilot Study Training for All Participants										
D. Six Week Pilot Study For State-Wide Participants										
E. Aggregate Evaluation Received From Pilot Study Participating Sites										
F. Use Evaluation Outcomes to Revise Final Forms and Manuals										
G. Compliance Review of Final Forms and Manuals										
H. Create E-Forms and Data Mapping										

Questions?