



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Memorandum

To: Fee for Service and CBO/County Clinic Providers (Level 1 & Level 3)

From: Kyree Klimist, Quality Assurance Associate Administrator

Date: June 25, 2012

Subject: Annual Reminders

This annual memo serves to remind all providers of important BHCS policies and procedures as well as to introduce providers to new information. Without exception, ALL providers are responsible for reading these policies and procedures and are required to follow them. Please follow the links to read them and share them with your staff as appropriate. BHCS intends to fully implement a general communications policy that will post all provider updates and informing materials on BHCS' website Provider Page with all new posting accompanied by an email communication to providers announcing the posting.

- The Quality Assurance Office is working hard to update, and post the Quality Assurance Manual on the provider website. This should be completed by the end of the summer. Four new policies have recently been updated/created, formalized and implemented:
 - **Sentinel Event and Death Reporting Policy and Procedure**: Alameda County BHCS has instituted this policy and procedure for two primary reasons:
 1. BHCS will track beneficiary deaths to examine the higher, early death rates from which our beneficiaries suffer. BHCS will focus efforts in both the behavioral health and physical health arenas to improve the life expectancies and life quality of our beneficiaries. Your assistance is required to make this a reality. All beneficiary deaths must be reported to the BHCS-QA office.
 2. As part of the Quality Assurance and Quality Improvement Program missions, BHCS is examining sentinel events and the deaths of our beneficiaries to insure that treatment and the linkage of services has been appropriate. BHCS is particularly interested in insuring that beneficiaries do not "fall through the cracks". Our goal is the improvement of services when and where ever possible. Your compliance in this area is required and much appreciated!

[The Sentinel Event/Death Reporting Form](#) has been **revised** to include vital additional material. Please be sure to replace old forms with this new form(linked above) and to fill it out completely prior to submission.



All Sentinel Events and Death Reports that are submitted to the Quality Assurance Office are part of the confidential Quality Assurance process and are subject to laws and regulations related to Quality Assurance.

- **Formalized Case Review Policy and Procedure:** This policy and procedure has been updated. Please review it to stay current on changes.
 - **Waiver Policy and Procedure:** All PhD candidates (including PsyD candidates) must have a waiver prior to billing for Medi-cal. Please review this important policy and procedure.
 - **Breach Reporting Policy and Procedure:** All providers must report any breach relating to HIPAA and PHI (Personal Health Information) to the Quality Assurance Associate Administrator. There are strict rules and large penalties from the state and federal governments that govern this policy. Penalties are doubled if a breach is not reported in a timely manner. Please be sure to read the Breach Reporting Policy carefully to avoid any issues.
- The use of the **Informing Materials Packet** with every client is required of ALL providers without exception. Please review the Informing Materials Packet and be sure that it is in use by all of your clinicians, and is signed by all of your beneficiaries annually. Both the packet and the instructions are posted on the Provider Website.
- **Progress note timeliness:** Documentation Standards require that all progress notes be completed within one (1) business day. Approval by the supervisor and clinician finalization must be completed within five (5) business days. (Download the Fee for Service and CBO “Clinical Record” Documentation Standards [by clicking here](#)- see the links under the “Documentation Standards” Section)
- When a staff member leaves your employment permanently, it is your responsibility to ensure that they complete their progress notes prior to departure. This should not be an issue if you reinforce with staff that the BHCS Documentation Standards require that all notes be completed within one (1) business day. A signature on a progress note is an attestation that the service was provided by the person who signed. A supervisor **MAY NOT** complete notes on behalf of a clinician since the supervisor was not present and did not provide the service. Doing so would be fraudulent.

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