

WIFI: CalMHSA
Password: mhsa2023

CalMHSA

California Mental Health Services Authority

Care Coordination

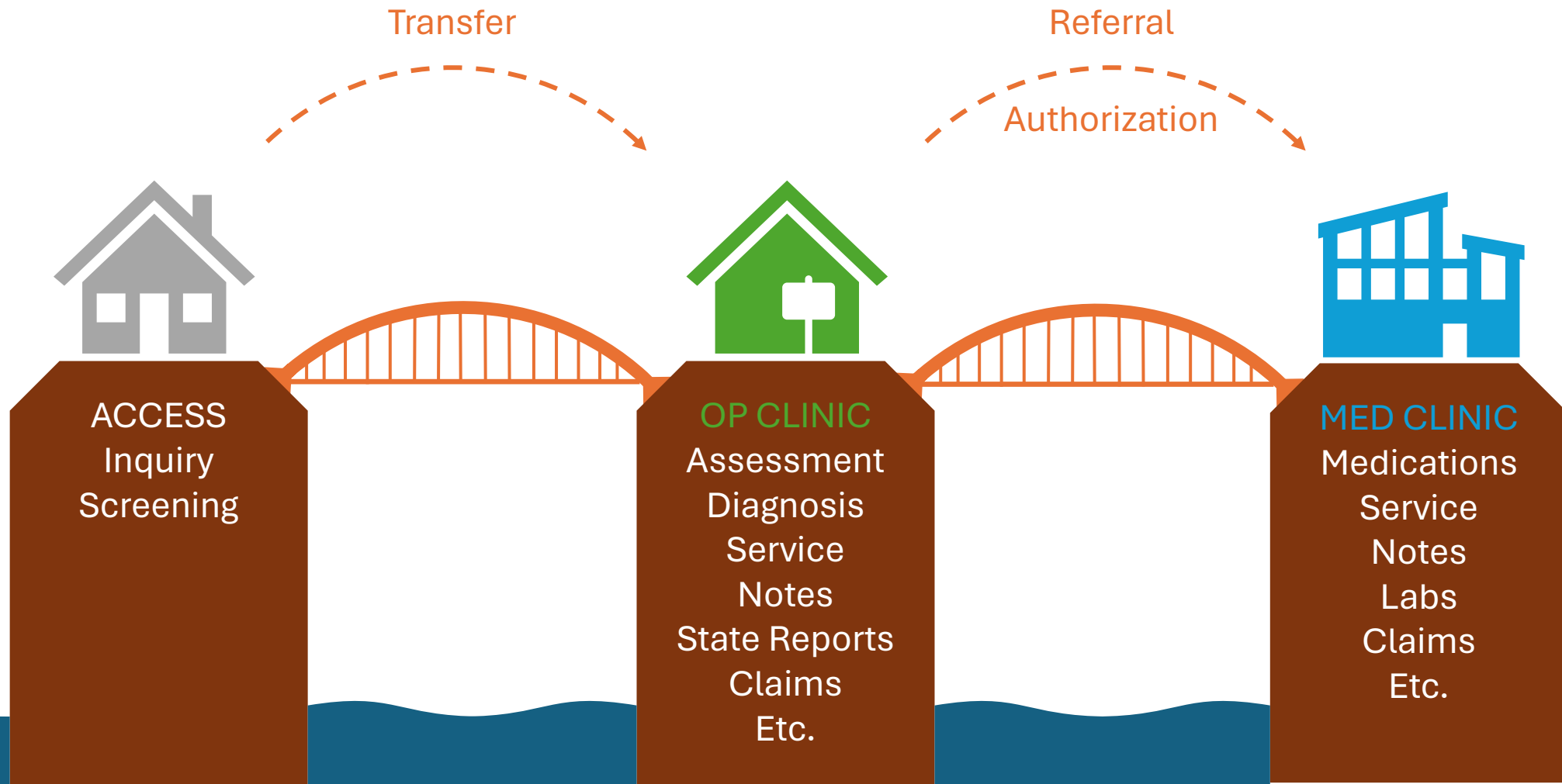
What's Coming

PRESENTED BY

CHARLA ROWE

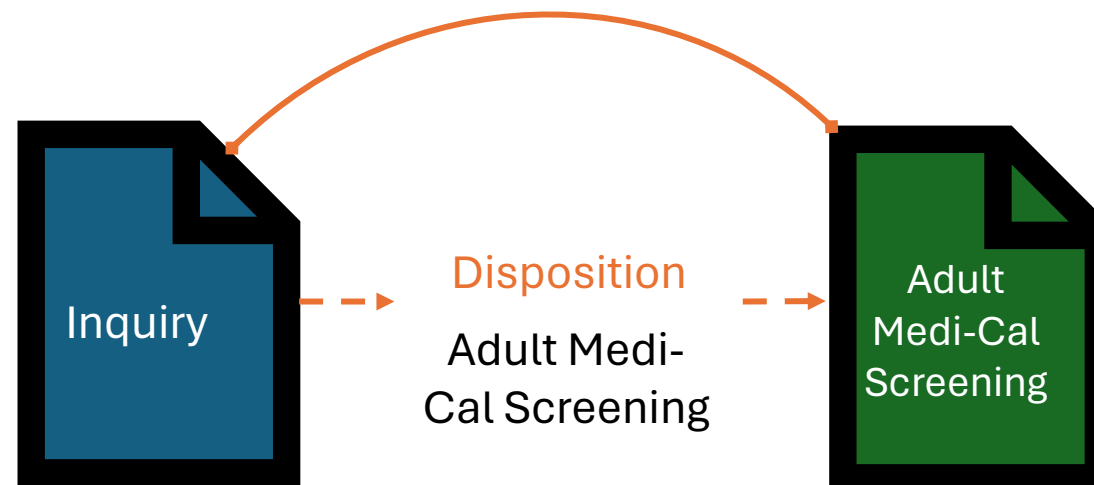
Clinical Implementation Coordinator

Purpose of Care Coordination




Basics of Care Coordination


- Need to know where you are and where you need to go
- Disposition Controller is the driving force
 - Disposition indicates the next step
 - Care Coordination links these 2 screens/documents together
 - Each screen/document is linked to the one before it, creating a chain




The Disposition Controller

Disposition











[Add Provider](#)

[Add Service Type](#)







Program Status Date: 

Disposition Comments

[Add Disposition](#)

Starting the Chain

Disposition

Referred to internal service ▼

Inpatient ▼

Test Agency ▼

[Add Provider](#)

[Add Service Type](#)

Assigned Staff 🔍

ACT Oakbrooke ▼

Disposition Comments

[Add Disposition](#)


[Services](#)


ACT Team ▼

Program Status Date: 11/07/2023 📅 ▼

Continuing the Chain








Widget

Care Coordination Next Step 

Smith, Killer 

Next Steps 12

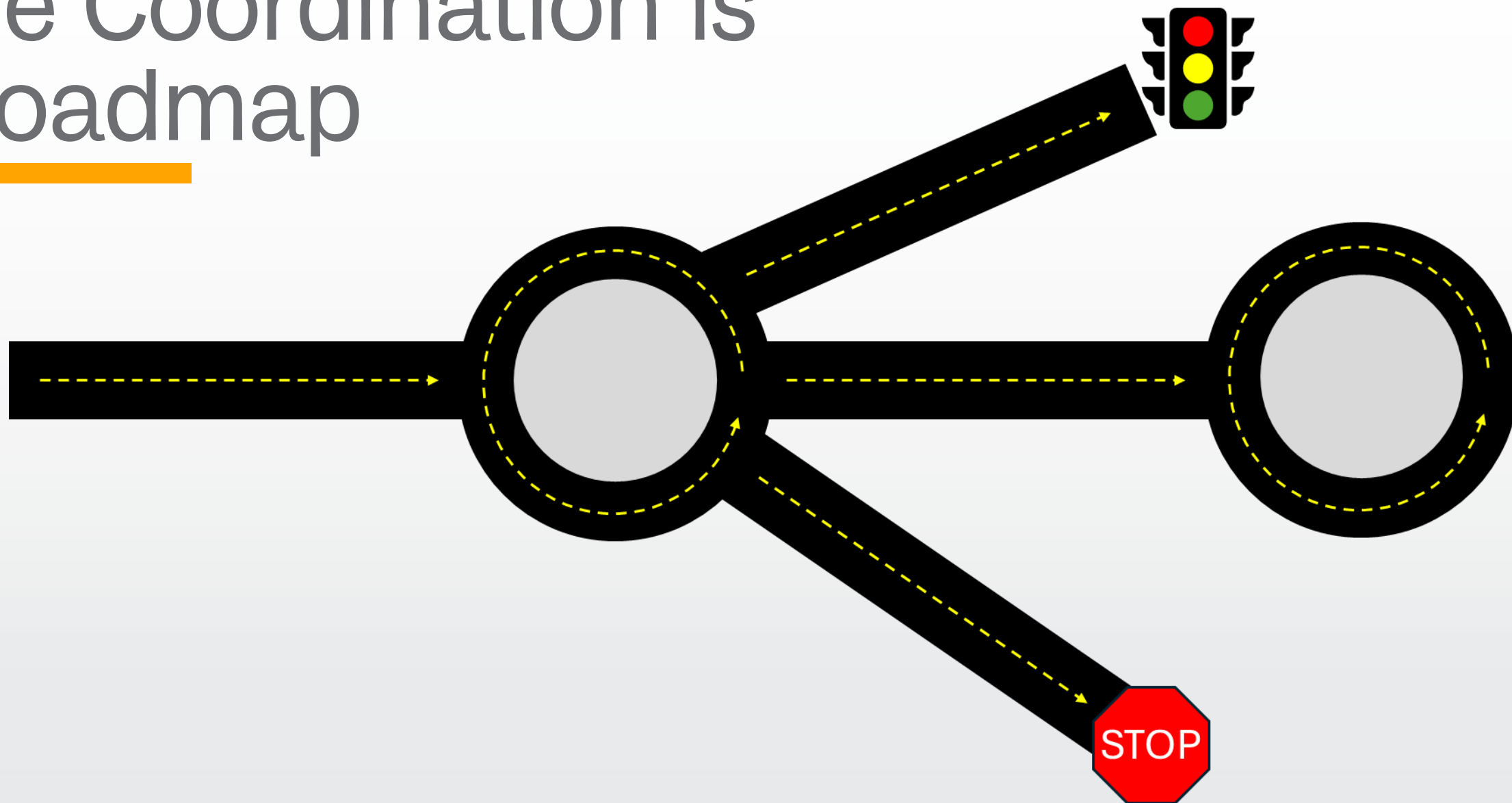
List Page

Care Coordination Next Step (12)       

Client: Assigned Staff: Assigned Workgroup: **Apply Filter**

Next Step	Client Name	Assigned Staff	Assigned Workgroup	Date of Last Disposition
Inquiry Details	Test,Cancel (2105323)	Smith, Killer		11/06/23
Referral Details	Test,Cancel (2105323)	Smith, Killer		11/04/23
Referral Details	Test,Cancel (2105323)	Smith, Killer		11/06/23
Referral Details	Test,Cancel (2105323)	Smith, Killer		11/06/23
Referral Details	Test,Cancel (2105323)	Smith, Killer		11/06/23
Referral Details	Test,Cancel (2105323)	Smith, Killer		11/06/23
Service Detail	Test,Cancel (2105323)	Smith, Killer		11/06/23
Service Detail	Test,Cancel (2105323)	Smith, Killer		11/06/23
Service Detail	Test,Cancel (2105323)	Smith, Killer		11/06/23
Service Detail	Test,Cancel (2105323)	Smith, Killer		11/05/23
Service Detail	Test,Cancel (2105323)	Smith, Killer		11/06/23
Service Detail	AK_Client.Test (2104871)	Smith, Killer		11/02/23

Care Coordination is a Roadmap



Referrals

Referral Details

Remove Client Link
Link/Create Client
⚙️
AB
🗑️
📄
Save
✕

Referral
Follow Up

Inquirer Information

Relationship to Client: Select Relationship ▼

First Name:

Last Name:

Phone Number:

Potential Client/Client Information

First Name:

Middle Name:

Last Name:

Phone Number:

Client Id:

Email:

Previous Care Coordination Step

Previous Disposition:

Service Type:

Disposition Comments:

Referral Information:

Referral Date: 11/07/2023 📅 ▼

Referral Time: 09:15 AM

Status: Pending ▼

Is referral urgent? Yes No

Preferred Language: Select Language ▼

Has MediCal been Verified? Yes No

Referring Staff: Killer, Smith 👤

Staff Phone Number: 2345643

Requested Program: Select Program ▼

Referral Details:

Assigned Information:

Assigned Staff: Search 👤

Assigned Workgroup: Search WorkGroup ▼

Referral Follow-Up

Referral Details
Remove Client Link
Link/Create Client
⚙️
🔍
🗑️
📄
💾 Save
✕

Referral
Follow Up

Referral Information:

Is referral urgent? Yes No

Has MediCal been Verified? Yes No

Preferred Language: American Sign Language

Follow Up Information

Follow Up Date: T Y 📅

Follow Up Time: Now

Assigned Staff: 🔍

Assigned Workgroup: Search WorkGroup

Follow Up Details

Insert
Clear

	Follow Up Date	Follow Up Time	Created By	Follow Up Details	Assigned Staff	Assigned Workgroup	Created Date/Time

Disposition

✕ Select Disposition

Select Service Type

Select Provider/Agency

[Add Provider](#)

[Add Service Type](#)

Assigned Staff: 🔍

Assigned WorkGroup: Search WorkGroup


Program: Program

Program Status Date: 📅


Disposition Comments

[Add Disposition](#)


Finding Assigned Referrals: Widgets


My Assigned Referrals 

Urgent In Process	<u>0</u>
Non-Urgent In Process	<u>1</u>

My Outgoing Referrals 

Pending	<u>22</u>
Urgent In Process	<u>0</u>
Non-Urgent 1 to 3 days	<u>0</u>
Non-Urgent 4 to 7 days	<u>0</u>
Non-Urgent > 7 days	<u>1</u>

Supervisee Referrals 

All Supervisee Staff 

	Pending	Urgent In Process	Non-Urgent In Process
Admin, Systems	<u>1</u>	<u>0</u>	<u>0</u>
Smith, Killer	<u>7</u>	<u>0</u>	<u>1</u>
Total	8	0	1

Finding Assigned Referrals: List Page

Care Coordination Referral List Page (8) ★ ★ ⬇️ 🗒️

From: 11/06/2023 To: 11/06/2023
 Client Name:
 Urgent Referrals: All Referrals
 Status: All Statuses

Referring Staff:
 Assigned Staff:
 Assigned Workgroup: All Workgroup

Requested Program: All Programs
Apply Filter

Referral Date/Time ▾	Client Name	Referring Staff	Status	Urgent	Requested Program	Assigned Staff	Assigned Workgroup
11/6/2023 6:28 PM	Test, Cancel (2105323)	Smith, Killer	Pending		8120		AUTOM20220913045...
11/6/2023 6:28 PM	Test, Cancel (2105323)	Smith, Killer	Pending		Calhoun CSI	Smith, Killer	
11/6/2023 6:25 PM	Test, Cancel (2105323)	Smith, Killer	Pending	No	CMHI	Smith, Killer	
11/6/2023 6:14 PM	Test, Cancel (2105323)	Smith, Killer	Pending	Yes	Adult Family Home		ACT Team
11/6/2023 1:11 PM	Test, Cancel (2105323)	Smith, Killer	Pending	Yes	abc		ACT Team
11/6/2023 12:15 PM	Test, Cancel (2105323)	Smith, Killer	Pending				Autom_WG1
11/6/2023 12:14 PM	Test, Cancel (2105323)	Smith, Killer	Pending	Yes	ACT Oakbrooke		ACT Team
11/6/2023 12:13 PM	Test, Cancel (2105323)	Smith, Killer	Pending			Smith, Killer	

Service Authorization Requests

rtcareQACDAG | 07/15/2023 Test, Sanvi (4067) + x Tf Requester

Service Request Detail

Request Attachments

General

Type of Service: Select Type of Service Request Status: Pending

Assigned Staff: Staff search Assigned Workgroup: Workgroup search

Urgent: Yes No

Service Request Details

Auth Code: Please select authorization code...

Program Requested: [dropdown]

Units [input] [list icon]

\$ [input] [info icon]

From: [calendar icon] To: [calendar icon]

Frequency: [dropdown]

Units Total: [input]

\$ Total: [input]

Justification: [text area]

Reason for requesting more information: [text area]

Insert Clear

Auth List

Service Authorization Reviews

Service Request – Review/ Approval Detail

Request Attachments **Contact Notes** Approval History

General

Type of Service: Other Health Coverage Request Status: Pending
 Assigned Staff: Friedman, Tamara Assigned Workgroup: Workgroup search
 Urgent: Yes No

Service Request Details

Auth Code: Medication Review
 Program Requested: 1019_Program_1
 Units: 1
 \$: 25
 From: 11/08/2023 To: 12/31/2023
 Frequency: Every two weeks
 Units Total: 4
 \$ Total: 100

Justification

Reason for requesting more information

Modify Clear

Auth List

	Auth Code	Program Requested	Units	From Date	To Date	Frequency	Total Units	Justification
X	Medication Review	1019_Program_1	1	11/08/2023	12/31/2023	Every two weeks	4	

Created By: Requester, Tf Created Date/Time: 11/08/2023 11:14 pm Submitted Date/Time:

Service Authorization Reviews

Contact Note Detail

Contact Note

Contact Date/Time: 11/09/2023 2:06 AM Reference Type: Service Request Reference Id: 2

Reason: All Reasons Type: []

Status: [] Assigned To: Friedman, Tamara

Individual/Organization Contacted: [] Associated Program: Select Program

Details of contact: []

Notify team about this contact []

Notify staff member about this contact []

Created By: [] Created Date: [] Modified By: [] Modified Date: []

Service Request – Review/ Approval Detail

Request Attachments Contact Notes Approval **History**

Auth Code	Change Date/Time	User	Request Status	Assigned Staff/Workgroup	Program Requested	Program Approved	Service Status	Current Status	Review Status
Medication Review	11/08/2023 11:16:14 PM	Requester, Tf	Pending	Friedman, Tamara					Initial

Service Request – Review/ Approval Detail

Request Attachments Contact Notes **Approval** History

General

Type of Service Requested: Select Type of Service Requested Review Status: Initial Refresh Coverage

Service Request Details

Auth List Insert Clear

Auth Code	Program Requested	Units	From Date	To Date	Frequency	Total Units	Justification
No data to display							

Auth Code: Please select authorization code... Program Requested: [] Program Approved: []

Units [] \$ []

From: [] To: [] Frequency: [] Units Total: [] \$ Total: []

Justification: []

Service Status: All Statuses Reasons Generate Authorization

Comments: []

Send back to requestor for more information

Reason for requesting more information: []

Created By: Requester, Tf Created Date/Time: 11/08/2023 11:14 pm Submitted Date/Time: [] Phone: []

Reviewed By: [] Reviewed Date: []

Disposition

Select Disposition: []

Select Service Type: [] Select Provider/Agency: [] Add Provider Add Service Type

Assigned Staff: [] Assigned WorkGroup: []

Program: [] Program Status Date: []

Disposition Comments: [] Add Disposition

Ties into Billing Authorizations & MCO

Test, Lucy (1134) ? ? + x

Authorization Details

General Contact Custom Fields

Authorization Requests Services Documents Reports History Attachments

Requested

Program: testShivProgram-12/01/2021

Auth Code: Please select authorization code...

Units

\$

From: To:

Frequency:

Units Total: All Clinicians

\$ Total:

[Copy To 'Approved'](#)

Approved

Program: testShivProgram-12/01/2021

Auth Code: Please select authorization code...

Units:

\$:

From: To:

Frequency:

Units Total: All Clinicians

\$ Total:

Auth #:

Status

Status: All Statuses [Reasons...](#)

Comments:

[Insert](#) [Clear](#)

Used

# Used	Scheduled/Show	0	Completed	0	Total	0
\$ Used	Scheduled/Show	0	Completed	0	Total	0

Authorization

	Auth Code	Program	#	\$	# Used	\$ Used	From	To	Frequency	Total #	Total \$	Status	Clin
X	testShivAuthService	testShivProgram			0.00	0.00			Daily			Requested	All C
X	testShiv123	testShivProgram	5			0.00	12/01/2022	12/02/2022	One time o...	5		Denied	All C

Utilization Management Organization

Organization Name:

Claims Address:

Contact Name:

Separate List Pages

My Service Request List (2)

All Types of Services ▾ All Auth Codes ▾ Created From 11/01/2023 📅 Created To MM/DD/YYYY 📅 TL, Requester Apply Filter

Submitted From MM/DD/YYYY 📅 Submitted To MM/DD/YYYY 📅 Program Requested... Program Approved... All Current Statuses ▾

No ▾ Assigned Staff... Assigned Workgroup... 2 of 5 selected ▾ All Service Statuses ▾ Initial ▾

Client

ID	Client	Type of Service	Auth Code	Program Requested	Current Status	Created By	Created Date	Submitted Date	Assigned Staff/Workgroup
8	Test_Sanvi	Other Health Coverage	Individual Therapy	1019_Program_1		Requester, Tf	11/08/2023	11/08/2023	Requester, Tf
6	Test_Lucy	Other Health Coverage	Speech Evaluation	1019_Program_1		Requester, Tf	11/08/2023	11/08/2023	Requester, Tf

CDAG | 07/15/2023

🔍 ★ 🏠 👤 🔔 🔔 🔄 ? Tamara Friedman ▾ 🔊

My Service Request – Review/ Approval List (5)

All Types of Services ▾ All Auth Codes ▾ Created From 11/01/2023 📅 Created To MM/DD/YYYY 📅 Created By Apply Filter

Submitted From MM/DD/YYYY 📅 Submitted To MM/DD/YYYY 📅 Program Requested... Program Approved... All Current Statuses ▾

No ▾ Assigned Staff... Assigned Workgroup... All Request Statuses ▾ All Service Statuses ▾ All Review Statuses ▾

Client

ID	Client	Type of Service	Auth Code	Program Requested	Current Status	Created By	Created Date	Submitted Date	Assigned Staff/Workgroup
7	Test_Sanvi	Other Health Coverage	Psych Eval	1019_Program_1		Friedman, Tamara	11/08/2023		Requester, Tf
6	Test_Lucy	Other Health Coverage	Speech Evaluation	1019_Program_1		Requester, Tf	11/08/2023		Requester, Tf
5	Test_Lucy	Other Health Coverage	Speech Evaluation	1019_Program_1		Friedman, Tamara	11/07/2023		Requester, Tf
5	Test_Lucy	Other Health Coverage	Assessment	1019_Program_1		Friedman, Tamara	11/07/2023		Requester, Tf
5	Test_Lucy	Other Health Coverage	Psych Eval	1019_Program_1		Friedman, Tamara	11/07/2023		Requester, Tf

**Planned Deployment:
January 2024**

Questions?

PRESENTED BY

CHARLA ROWE

Clinical Implementation Coordinator

Thank You

PRESENTED BY

CHARLA ROWE

Clinical Implementation Coordinator

CaIMHSA

California Mental Health Services Authority