**Electronic Health Record Readiness...** 

## **MSDP Standardized Documentation Pilot Study Announced**

This is the second in a series of UPDATEs to keep you apprised of the tremendous progress being achieved in the Massachusetts Standardized Documentation Project (MSDP). The primary goal of the MSDP is to develop standardized forms and processes that will improve quality of care, increase administrative efficiencies, and ensure compliance with relevant federal, state, and accreditation requirements. These outcomes will promote Electronic Health Record (EHR) readiness for community-based providers of mental health and substance abuse services.

At this time, the project's governing body, the Quality Management Council (QMC), is pleased to announce a statewide Pilot Study that will occur in February and March 2008. *The QMC is seeking MHSACM members to participate in the study by piloting the standardized forms and processes produced by the MSDP teams.* 

The following stakeholders have participated in the MSDP by helping to design the standardized documentation processes with a clear focus on the goals of improved quality of care, increased administrative efficiencies, and full legal, regulatory, and accreditation compliance:

- Mental Health and Substance Abuse Corporations of Massachusetts (MHSACM)
- Executive Office of Health and Human Services (EOHHS)
- Department of Mental Health (DMH)
- MassHealth
- Department of Public Health Bureau of Substance Abuse Services DPH/BSAS
- Massachusetts Behavioral Health Partnership (MBHP) Medicaid Carve Out
- Medicaid Managed Care Organizations (MMCOs):
  - o BMC HealthNet,
  - o Neighborhood Health Plan,
  - o Fallon Community Health Plan
  - Network Health.
- Consumer/Families and Advocate Organizations:
  - Parent Professional Advocacy League (PPAL)
  - o National Alliance for the Mentally III of Massachusetts (NAMI)
  - The Consumer Quality Initiative (CQI)
  - Massachusetts Organization for Addiction Recovery (MOAR)
  - Massachusetts People/Patients Organized for Wellness, Empowerment and Rights (M-Power)

The Standardized Documentation Team (SDT) of the MSDP has designed standardized documentation forms and processes for programs serving children, adolescents and adults receiving mental health and substance abuse services. The forms and processes constructed by the SDT are grouped under five categories in the table below.

Assessment Group	Treatment Plan Group	Progress Note Group
<ul> <li>Personal Information</li> <li>Adult Comprehensive Assessment (CA)</li> <li>Adult CA Update</li> <li>Child/Adolescent CA</li> <li>Child/Adolescent CA Update</li> <li>Mental Status Exam</li> <li>Risk Assessment</li> <li>Daily Living Skills</li> <li>Psychiatric Evaluation</li> <li>Tobacco Assessment</li> <li>HIV Risk Assessment</li> <li>Health History</li> </ul>	<ul> <li>Individualized Action Plan (IAP)</li> <li>IAP Review/Revision</li> <li>Psychopharmacology Plan</li> <li>Detox Plan</li> <li>Multi-Disciplinary Team Review/ Response</li> </ul>	Outreach Services     Consultation/Collateral Contact     Group Psychotherapy     Psychotherapy     Intensive Services     Monthly Progress Note     Psychopharmacology     Shift/Daily     Weekly     Methadone     Nursing Note
Transition Group	Optional Group	
<ul> <li>Transition/Discharge Summary</li> <li>Transition/Discharge Plan</li> </ul>	Informed Consent     Primary Care Release     Advanced Directives     Internal Communication	

NOTE: Each of the above form types will be included in the Pilot Study based on appropriate use by individual programs in the pilot study.

To ensure that the proposed forms and processes meet the compliance needs of community-based providers, the MSDP's Compliance Review Team (CRT) identified five areas of compliance which the documentation forms and processes must address to be used in community-based settings. Those five areas are listed in the following table.

State Payer	Managed Care	National Accreditation	Federal Payers	Medicaid/Medicare Documentation Support Focus
MEDICAID/ DMA	• MBHP	• JCAHO	Medicaid	<ul> <li>Medical Necessity</li> </ul>
• DMH	State MCOs	• COA	Medicare	<ul> <li>Client Participation</li> </ul>
DPH - BSAS		• CARF		Client Benefit
DPH - HCQ		NCQA		

The Pilot Study is essential to ensure that the forms and processes designed will meet the needs of community-based providers of mental health and substance abuse services. *MHSACM members are encouraged to participate by using and evaluating the pilot forms in a formal six week pilot study in February and March 2008.* The Pilot Study will allow MHSACM members an opportunity to assess their current processes around service delivery, documentation, and compliance while also contributing to the success of the MSDP.

The QMC has established several selection criteria to guarantee that the standardized documentation forms and processes are used in a number of different mental health and substance abuse program settings. The criteria for selection of Pilot participants are:

#### Standardized Documentation Pilot Program Selection Criteria

- 1. A regional mix of programs
- 2. A cross section of providers of mental health and substance abuse services that include the types of programs that will use all of the MSDP form types/processes developed (i.e., Detox, CBAT, etc.)
- 3. A cross section of programs for child/adolescent and adult services
- 4. Pilot programs will ensure that each staff participating in the pilot will optimally use each MSDP documentation process at least seven times
- 5. Pilot programs will represent a mix of national accreditation (JCAHO, CARF, NCQA and COA)
- 6. A mix of types of port of entry into service including centralized access to care and unit/program based intakes into service
- Participating programs agree to send staff to a statewide pilot study one day training session on February 7, 2008 in order to provide a "Train the Trainer" model to support training for local program staff that will participate in the pilot
- 8. Pilot program staff agree to utilize new documentation processes throughout the period of the pilot study
- 9. Pilot programs agree to participate in the MSDP Pilot Study Evaluation Program including completion of two levels of evaluation as follows:
  - a. Program-Based Evaluation Instrument
  - b. Individual Participating Direct Care Staff Evaluation
- 10. Agrees for program staff to participate, if requested, as a Trainer/Consultant in a single event regional/statewide implementation training in the summer and fall 2008

### Programs participating in the pilot study will have an opportunity to provide valuable leadership and feedback that will help determine the final standardized documentation forms and processes that will be implemented statewide in 2008.

Programs that want to participate in the pilot study are encouraged to review the Participant Request form below. A user friendly separate electronic version of this form will be emailed to each member of MHSACM to accommodate electronic submission to email addresses: <u>vdigravio@mhsacm.org</u> and <u>mtmserve@aol.com</u> Also, if needed, a completed paper version of the form can be completed and mailed to MHSACM, 251 West Central Street, Suite 21, Natick, MA, 01760, or faxed to: 508-647-8311. Submission for consideration to become a pilot study participant should be received by no later than the end of business on Tuesday, November 20, 2007.

MSDP Pilot Study Program Participation Request Form								
Agency Name:				Date:				
Address:								
City:		State: MA	Zip:					
Contact Person:		Work Area/Title:						
Contact Person:			Work Area/ Hite.					
Phone Number of Contact Person:			E-mail Address of Contact Person:					
Our program(s), as identified below, desires to participate in the Standardized Documentation Pilot Study under the selection criteria listed below. Please Check the Program(s) that will participate in the pilot study and complete all columns of information for only the selected program(s):								
Programs in the MSDP Pilot Study	Number of Persons Served Monthly	Estimated Percent of Persons Served Monthly to be Included in Pilot	Population Served A = Adults C = Child/Adoles A/C – Adult and Child/Adoles.	National Accreditation? (None, JCAHO, CARF, COA, NCQA or Other - Indicate)	Indicate DMH Area or DPH Region			
Community Based Acute Treatment (CBAT)								
Community Rehabilitation Services (CRS)								
Community Support Program (CSP)								
Child Day Services								
Crisis Stabilization Unit (CSU)								
Day Rehabilitation								
Detox - Enhanced Acute Treatment Services (EATS)								
Detox - Level III (Inpatient: Pregnant Women)								
Detox - Level III A (Inpatient)								
Detox - Level III B (Inpatient: Residential/Dual Diagnosis)								
Detox - Level III.V (Short Term Intensive Inpatient Treatment)								
Detox - Level IV (Inpatient: All Inclusive Detox Adult/ Adolescents)								
Detox - Outpatient								
Detox - Adolescent								
Dual Diagnosis Acute Residential Treatment (DDART)								
Emergency Services Program (ESP)								
Family Stabilization Team (FST)								
Flex Support Program								
Intensive Community Based Acute Treatment (ICBAT)								
Intensive Outpatient Program - Substance Abuse (IOP)								
Intensive Residential Treatment Program								
Opiate Treatment Program								
Outpatient Mental Health								
Outpatient Substance Abuse								
Partial Hospitalization Program (PHP)								
Program of Assertive Community Treatment (PACT)								
Psychiatric Day Treatment								
Rehabilitative Treatment in the Community (RTC)								
Residential Services - Adult DMH								
Residential Services - Adult DPH								
Residential Services - Child/Adolescent DMH								

Residential Services - Child/Adolescent DPH

Supported Education and Employment
 Transitional Support Services (TSS)

□ Structured Outpatient Addiction Program (SOAP)

Respite

Port of Entry Model Used: 
Centralized Access Within Agency

Location/Program/Unit Based Access

#### Our program(s) agrees to participate in the MSDP Pilot Study at the following levels of participation:

- 1. Agrees for program staff to participate, if requested, as a Trainer/Consultant in a single event regional/statewide implementation training in the summer and fall 2008
- 2. Pilot program staff agree to utilize new documentation processes throughout the period of the pilot study
- 3. Participating programs agree to send staff to a statewide pilot study Orientation/Training to be held the second week of February 2008 in order to provide a "Train the Trainer" model to orient/train local program staff that will participate in the pilot
  - Pilot programs agree to participate in the MSDP Pilot Study Evaluation Program including completion of two levels of evaluation as follows:
    - a. Program-Based Evaluation Instrument
    - b. Individual Participating Direct Care Staff Evaluation Tool

Signature of Program Representative:

4.

Please submit this form on or before Tuesday, November 20, 2007

# All programs selected to participate will be notified in December 2007 to provide adequate time to prepare for the pilot and local training in February 2008.

For further information regarding the MSDP initiative and the Standardized Documentation Project Team please refer to the MSDP Initiative web site at: <u>http://mtmservices.org/MSDP-Update.html</u> contact Vic DiGravio, Quality Management Council Facilitator email address: <u>vdigravio@mhsacm.org</u> or by phone at (508) 647-8385.