

Mental Health Update Call Minutes – 1/16/2014

- 1) 19-2524 Update
 - Ben Skaggs will be the point person for 19-2524
- 2) PASRR Update
 - Heidi spoke about the new share point site and process
 - For those people whom do not yet has have access to the share point site, please contact Heidi
 - Email Heidi with any problems. No questions
- 3) ERMTS Update
 - The Next few months ERMTS reports will not be sent out as Kym will be out of the. Send questions to either Jamie or Robert.
- 4) WITS Release Notes
 - Reviewed the work items for the December 2013, Rev. 5 release
- 5) New WITS User Interface
 - The new user interface will roll out in April and will totally change the look but not the functionality of WITS.
 - The need for volunteers to practice with it from each region was expressed and will be coordinated with the Regional WITS Admins.
 - There will be two live sites, WITS Prime and the new WITS Beta site. There will be no need for double entry as date entered in both sites goes to the same database.
 - Casey will be leading the beta testing during Jamie's maternity leave
 - Robert will put the PowerPoint for the new WITS User Interface on the MentalHealthData drive in the WITS folder
- 6) WITS billing update
 - FEi continues to work on the WITS to BARs extract issue and hopes to have the resolution in January release
 - Billing is waiting for FEI to update the extract file – January and February billing will be lost, we are hopefully for being able to bill for March.
- 7) Hospital After Care Program

- Discussed hospital aftercare program enrollment and the need to be able to complete encounter notes for billable services. Group discussed all three options and decided to allow one week for vote on Options 2 & 3. Robert will send a voting email to the Regional WITS admins on 1/16/2014 and allow until COB 1/22/2013 to vote. Decision will be made based on majority votes and sent out in the minutes.

Option #1:

Change hospital aftercare program type from a type that doesn't require an admission to a type that requires an admission. All clients in hospital aftercare must have an admission even though we may not be providing more than hospital aftercare services.

Option #2:

Client discharges from state hospital and the plan is to transition the client to the community w/in 30 days:

- 1) Enter client into Hospital Aftercare program and create misc. notes

Client discharges from state hospital and the plan is to transition the client to the community but the client needs prescriber services from the region until a prescriber is located:

- 1) Enter client into Hospital Aftercare program
- 2) Enter client into Med Only program and create encounter notes
- 3) Complete admission/discharge (per previous decision – clients who receive actual “services” from the region MUST be have an admission and discharge)

Note: per policy, client will not need a treatment plan being enrolled in med only until 30 days after hospital discharge

Client discharges from state hospital and the plan is to provide regional mental health services:

- 1) Enter client into appropriate level of care program enrollment (e.g., ACT, Clinic, Med-only)
- 2) Do NOT use hospital aftercare program

Option #3

Client discharges from state hospital and the plan is to transition the client to the community w/in 30 days:

- 1) Enter client into Hospital Aftercare program and create misc. notes

Client discharges from state hospital and the plan is to transition the client to the community but the client needs prescriber services from the region until a prescriber is located:

- 1) Enter client into Hospital Aftercare program and create misc. notes
- 2) Do NOT enter into a concurrent program enrollment, prescribers do not enter encounter notes
- 3) No admission/discharge required unless client is enrolled for more than 30 days, at which time, the region will end hospital aftercare and enter client into appropriate level of care program enrollment.

Client discharges from state hospital and the plan is to provide regional mental health services:

- 1) Enter client into appropriate level of care program enrollment (e.g., ACT, Clinic, Med-only)
- 2) Do NOT use hospital aftercare program

8) Alerts

- The WITS Help Desk is still working on determining why the alerts are not functioning
- The next step is for Robert to delete and rebuild the alerts
- Bugs
- At was asked if everyone would be interested in the creation of a bug list. The regional response was yes.
- Robert will create a bugs list in the MentalHealthData drive