

Workflow effective July 1, 2017 – Care Plus Documentation Workflow (All Programs including Fee for Service and CCBHC)

Evolv is accessed from our Care Plus Intranet. Evolv can only be used on Internet Explorer and your computer must be configured for Evolv. Be sure you log into Evolv "LIVE." You can find step by step instructions to configure your computer on the Intranet page or you can contact the IT Department at ext. 6011 and they can assist you.

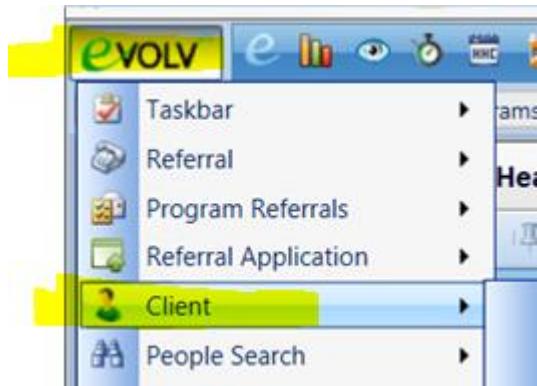


Log In using your computer login name and password.



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Required Documentation for all Clients - Go to the Client module; Click on the Evolv button and select Client:



First you want to ensure basic demographic information is collected on your client. All Programs must complete these demographics fields. Please complete the following:

Client > Client Information > Personal Information > Demographics

- 1.) Type of Residence – address including zip code, street, city, state, is mailing address, and effective date
- 2.) Race
- 3.) Ethnicity
- 4.) Is Veteran?
- 5.) Marital Status
- 6.) Languages – Spoken Primary Language & Primary Language Proficiency and Primary Reading Language (if applicable complete secondary and tertiary languages)

Here are the breadcrumbs for the documentation requirements once you begin seeing the client:

Client > Case Management > Service Management > Service Entry

- 1.) CPNJ Handbook Receipt – [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- 2.) Health Pain & Nutrition Screen - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- 3.) Initial Intake Form - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- 4.) Authorizations to Release PHI (be sure to get authorizations for outside providers, especially Pediatrician/Primary Care Physicians at the time HPN is completed) [Client>Client Information>Relationships>Consents](#)
- 5.) PHQ9/PHQ-A (Depression Screening) - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- 6.) AUDIT or CRAFFT (Alcohol/drug Screening) - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- 7.) Initial Comprehensive Assessment [Client>Case Management>Service Management>Service Entry>Care Plus program](#)

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- a. Comp Assessment Addendums - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)
- b. Once the Initial Comp Assessment is completed, a Comp Assessment Review is done upon changes in client's condition, at the time of enrollment into an additional program; and/or annually

8.) Suicide Risk Assessment (when applicable) [Client>Case Management>Service Management>Service Entry>Care Plus program](#)

9.) Danger to Others/Property Assessment (when applicable) - [Client>Case Management>Service Management>Service Entry>Care Plus program](#)

10.) Face to Face service entries [Client>Case Management>Service Management>Service Entry>program client is enrolled in](#)

11.) Placement Disruptions [Client>Client Information>Critical Information>Placement Disruption](#)

12.) Alerts/Restrictions [Client>Client Information>Critical Information>Alerts/Restrictions](#)

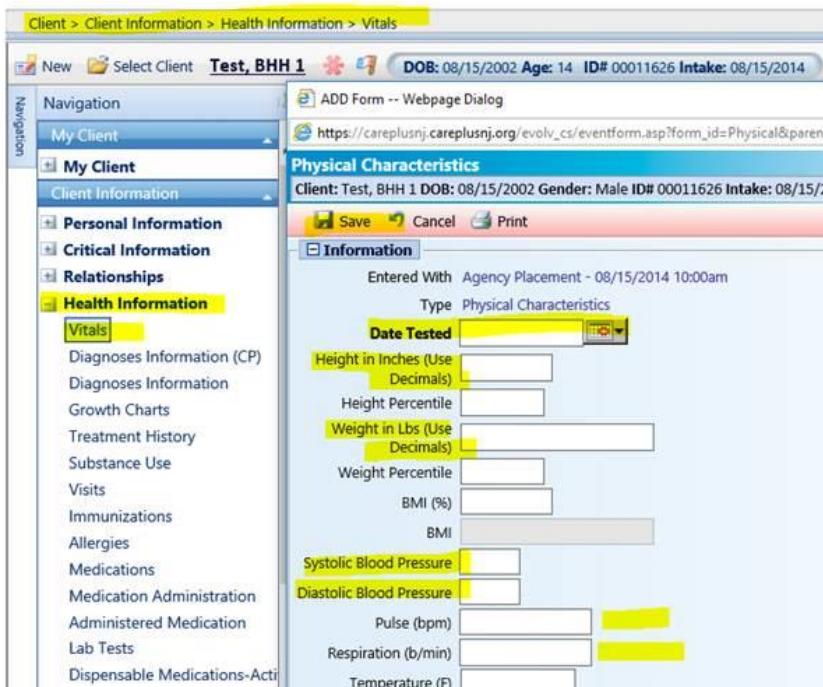
13.) Treatment Plan – completed upon intake and updated every 90 days (may vary depending on your specific program requirements) [Client>Case Management>Service Management>Plan Development>Planning](#)

- a. **re-administer Screening Tools at each Tx Plan Review
- b. **ensure findings from HPN, Screening Tools and Addendums are incorporated into Client's Goals and Objectives on the Treatment Plan

14.) Aftercare Planning event – completed upon discharge from the program [Client>Case Management>Service Management>Service Entry>program client is enrolled in](#)

CCBHC Measures Documentation- Clinic Led Created

1.) Vitals – enter height, weight, systolic/diastolic BP – if our device includes temperature, pulse or respiration, include



The screenshot shows a software application window for 'Client > Client Information > Health Information > Vitals'. The title bar displays 'Test, BHH 1' and 'DOB: 08/15/2002 Age: 14 ID# 00011626 Intake: 08/15/2014'. The left sidebar has a 'Navigation' tree with 'My Client' selected, and 'Health Information' is expanded, with 'Vitals' highlighted. The main panel is titled 'Physical Characteristics' and shows fields for 'Date Tested', 'Height in Inches (Use Decimals)', 'Height Percentile', 'Weight in Lbs (Use Decimals)', 'Weight Percentile', 'BMI (%)', 'BMI', 'Systolic Blood Pressure', 'Diastolic Blood Pressure', 'Pulse (bpm)', 'Respiration (b/min)', and 'Temperature (F)'. Buttons for 'Save', 'Cancel', and 'Print' are at the top of the form.

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2.) Smoking Status – Complete the Status....if client is smoker, complete the bottom section for more detail.

Description	Code	Recode
None --		
Chain smoker	CHS	10
Cigar smoker	CS	11
Cigarette smoker	CTTS	12
Current every day smoker	CED	1
Current some day smoker	CSD	2
Finding of tobacco smoking behavior	FTSB	13
Finding of tobacco smoking consumption	FTSC	14
Former Smoker	FS	3
Heavy cigarette smoker	HCS	16
Heavy cigarette smoker (20-39 cigs/day)	HS39	15
Heavy smoker (over 20 per day)	HS20	17
Heavy tobacco smoker	HTS	6
Light cigarette smoker	LCS	18
Light cigarette smoker (1-9 cigs/day)	LC9	19
Light tobacco smoker	LTS	7
Moderate cigarette smoker	MCS	20
Moderate cigarette smoker (10-19 cigs/day)	MS19	19
Moderate smoker (20 or less per day)	MS20	21
Never Smoker	NS	4
Occasional cigarette smoker	OCS	22
Pipe smoker	PS	23

Clinic Measures:

Measure: Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)

BMI Recorded is outside of normal parameters during the encounter or during previous 6 months

- Age 65 years and older BMI < 23 or > 30 kg/m²
- Age 18-64 years BMI < 18.5 or > 25 kg/m²

Possible Interventions for out of range BMI:

- Adult BMI Follow up is documented as Other Activity ("Lifestyle Education Regarding Diet" provided) OR,
- Adult BMI - Referral for Weight Assessment is documented as Other Activity, OR
- Medication prescribed thru Order Connect

-- None --	
Activities - Other	*Adult BMI - Follow Up
Activities - Other	*Adult BMI - Referral for Weight Assessment

Measure: Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)

Documented BMI for youth age 3-17 during the encounter or during previous 6 months.

Interventions for out of range BMI for youth:

- Counsel on Physical Activity AND
- Counsel on Nutrition

Activities - Other	*Child/Adolescent Nutrition Counseling for BMI
Activities - Other	*Child/Adolescent Physical Activity Couns for BMI

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Measure: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)

Percentage of consumers aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Intervention for Tobacco User:

- Adult Smoking Cessation Counseling provided for 3-10 minutes OR
- Adult Smoking Cessation Counseling provided for greater than 10 minutes OR
- Prescribe Medication thru Order Connect

Participating Staff/Notes	Other Activities	Assessments	Participants
Other Related Activities			
Type *Adult Smoking Cessation & Counseling	Duration 00:10	From Time 10:00 AM	To Time 10:10 AM X

Measures: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

Adult clients screened at least once within the last 24 months for unhealthy alcohol use using the AUDIT AND who received brief counseling if identified as an unhealthy alcohol user (score of 8 or higher)

- Adult Unhealthy Alcohol Use Brief Counseling

Activities - Other	*Adult Unhealthy Alcohol Use Brief Counseling

Measure: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

Measure: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A) Percentage of consumer visits for those consumers aged 6 through 17 years and age 18+, with an active diagnosis of major depressive disorder at the time of the encounter with an assessment for suicide risk conducted.

Intervention:

- Complete the Suicide Risk Assessment v2 in its entirety
- Prescribers will document their full Suicide Risk Assessment in their progress note & document **Suicide Risk Assessment - MDD D- in the Other Activities

Activities - Other	**Suicide Risk Assessment - MDD Dx

Measure: Screening for Clinical Depression and Follow-Up Plan (CDF-BH)

Percentage of consumers aged 12 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen. This measure is stratified by age group (ages 12 to 17, ages 18 to 64, and age 65 and older). PHQ9 used for Adults and PHQ-A used for Adolescents.

Possible Interventions:

- Medication prescribed thru Order Connect OR,
- Suicide Risk Assessment performed (see measure above), OR
- Follow Up Plan for Depression is documented as Other Activity

PHQ9 - Patient Health Questionnaire v3
PHQ-A - Patient Health Questionnaire-Adolescents
Other

Activities - Other	*F/U for Depression Age 18+
Activities - Other	*F/U Plan for Depression Age 12-17

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Measure: Depression Remission at Twelve Months (DEP-REM-12)

Adult consumers 18 years of age or older with Major Depression or Dysthymia who reached remission 12 months (\pm 30 days). Re-administer the PHQ9 at 12 months ($=/-$ 30 days). Clients with a score of 5 or less have achieved Remission.

Reconcile the Flag after you documented your intervention or prescribed medication thru Order Connect.

Client is due for a Metabolic Screen due to abnormal BMI and Diagnosis of Schizophrenia.
Rule: 0421 - Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow Up:
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow Up