



April 8, 2025

Mary Watanabe, Director  
Dan Southard, Chief Deputy Director  
Sarah Ream, General Counsel  
Sonia Fernandes, Deputy Director, Office of Enforcement  
Department of Managed Health Care  
980 9th Street, Suite 500  
Sacramento, CA 95814-2725

Dear Ms. Watanabe, Mr. Southard, Ms. Ream and Ms. Fernandes:

On behalf of the National Union of Healthcare Workers (NUHW), I am submitting a complaint regarding Kaiser Foundation Health Plan's ("Kaiser's") illegal and substandard system for triaging tens of thousands of Southern California enrollees who seek care from Kaiser for mental health and substance use (MH/SUD) conditions.

**I. Summary:** Health plans shall "provide or arrange for the provision, 24 hours per day, 7 days per week, of triage or screening services by telephone" for enrollees "for the purpose of determining the urgency of the enrollee's need for care." Cal. Health & Saf. Code § 1367.03.<sup>1</sup>

Triage assessments are inherently clinical and require sophisticated and nuanced considerations of individuals' mental health, substance use, and medical conditions as well as generally accepted standards of care in the behavioral health field. California law requires triage assessments to be provided by "a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care..." Cal. Health & Saf. Code § 1367.03(e)(5). An unlicensed staff person handling enrollees' phone calls "shall not, under any circumstances... attempt to assess, evaluate, advise, or make a decision regarding the condition of an enrollee or determine when an enrollee needs to be seen by a licensed medical professional." Health & Safety Code 1367.03(a)(8)(B)(i)(II)(iii).

In Southern California, most Kaiser enrollees seeking care for behavioral health conditions are triaged over the phone after contacting Kaiser's "KP Mental Health Call Center." Formerly, these telephone triage assessments were provided by licensed non-physician behavioral health therapists (e.g., masters-level therapists such as Licensed Clinical Social

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<sup>1</sup> California law uses the terms "triage" or "screening" to refer to "the assessment of an enrollee's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care for the purpose of determining the urgency of the enrollee's need for care." Cal. Health & Saf. Code § 1367.03(e)(5) In this complaint, we use the term "triage" to refer to both "triage" and "screening."

Workers and Licensed Marriage & Family Therapists). Each triage assessment typically consisted of a 10 to 15 minute telephone encounter.

In 2019, Kaiser began implementing aggressive changes to its triage system in order to cut costs. It replaced licensed therapists with unlicensed, untrained clerical staff and sharply reduced the duration of each triage assessment to fewer than five minutes. During each triage assessment, an unlicensed clerical staffer employed by Kaiser poses questions to an enrollee, including about suicidal and homicidal ideation, and enters information into a Tridium (now LUCET) software tool. An algorithm then calculates an acuity score and, based on the score, generates a response that guides the clerical staffer in scheduling the enrollee for subsequent care. In most cases, these triage determinations are not reviewed by licensed and trained therapists. Each week, Kaiser uses this system to triage thousands of enrollees with behavioral health disorders.

Kaiser’s illegal triage system exposes enrollees to serious risks to their health and safety as well as treatment delays. According to therapists, this system often mistakenly assesses the urgency of patients’ treatment needs. Patients with urgent conditions often are triaged as having non-urgent ones, thereby requiring them to wait two weeks for an appointment rather than 48 hours, as required by state law. For example, it routinely schedules patients with suicidal ideation, including those with C-SSRS Suicidal Ideation Scores of 3 or higher,<sup>2</sup> for non-urgent appointments at Kaiser’s ADAPT Program, which only treats patients with mild to moderate conditions.<sup>3</sup> The following table describes the meaning of C-SSRS scores.

**Columbia-Suicide Severity Rating Scale (C-SSRS)**

<b>Suicidal Ideation Score</b>	<b>Description</b>
1	<p><b>Wish to be Dead</b>            Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  <i><b>Have you thought about being dead or what it would be like to be dead?</b></i></p>

<sup>2</sup> “Any score greater than 0 is important and may indicate the need for mental health intervention...” (p. 4) Developed in 2007, the Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with support from the National Institute of Mental Health. It rates individuals’ suicidal ideation on a scale of 1 to 5, with 5 being most severe. C-SSRS has been adopted nationally and internationally as a standard protocol by government, non-government organizations and private organizations. Mary Nilson et al. [Columbia–Suicide Severity Rating Scale Scoring and Data Analysis Guide](#). 2013

<sup>3</sup> The ADAPT Program only offers virtual treatment appointments of only 20-30 minutes in duration (even at the onset of patients’ care episodes), which violates professionally recognized standards of care even for patients with low-to-moderate anxiety, depression and adjustment disorders. Care episodes are typically limited to eight individual treatment appointments with a therapist. ADAPT Program therapists only use Problem-Solving Therapy, a cognitive–behavioral intervention geared to improve an individual’s ability to cope with stressful life experiences.

	<p><b><i>Have you wished you were dead or wished you could go to sleep and never wake up?</i></b>  <b><i>Do you ever wish you weren't alive anymore?</i></b>  If yes, describe:</p>
2	<p><b>Non-Specific Active Suicidal Thoughts</b>  General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., <i>"I've thought about killing myself"</i>) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.  <b><i>Have you thought about doing something to make yourself not alive anymore?</i></b>  <b><i>Have you had any thoughts about killing yourself?</i></b>  If yes, describe:</p>
3	<p><b>Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b>  Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, <i>"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i>  <b><i>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</i></b>  If yes, describe:</p>
4	<p><b>Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b>  Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to <i>"I have the thoughts but I definitely will not do anything about them."</i>  <b><i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.</i></b>  If yes, describe:</p>
5	<p><b>Active Suicidal Ideation with Specific Plan and Intent</b>  Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.  <b><i>Have you ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it?</i></b>  <b><i>What was your plan?</i></b>  <b><i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i></b>  If yes, describe:</p>

**Source:** Posner, K. et al. [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#). The Research Foundation for Mental Hygiene, Inc. June 23, 2010.

In other cases, Kaiser’s triage system directs patients to obtain care at clinical programs that cannot treat patients’ conditions. For example, it sends patients with symptoms of Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Bi-Polar Disorder (BPD) and Eating Disorders to clinical programs that are unable to treat these disorders because they do not employ appropriate treatment modalities.

Typically, Kaiser’s triaging errors are only discovered weeks after faulty triage assessments, thereby forcing patients to endure multi-week care delays and/or inappropriate and inadequate services (for which they still incur out-of-pocket costs).

As discussed below, Kaiser’s triage system violates California law and exposes tens of thousands of enrollees to serious risk of harm and injury. NUHW requests that DMHC take immediate action to protect the health and safety of California residents.

**II. Evidence:** In its “Final Report” dated February 25, 2025, DMHC describes the system by which Kaiser’s Southern California region performs behavioral health triage assessments for thousands of Kaiser enrollees each week.<sup>4</sup> The report states:

To receive a MH/SUD appointment, SCPMG permits enrollees to self-refer or request a referral through their primary care provider or other specialty provider.<sup>145</sup> Enrollees are then **triaged** to determine disposition:

In SCAL, for an initial disposition, a patient undergoes a **Kaiser Permanente Entry Pathway (KPEP) screening**. To be clear, SCAL does not consider the KPEP screening to be an appointment.<sup>146</sup>

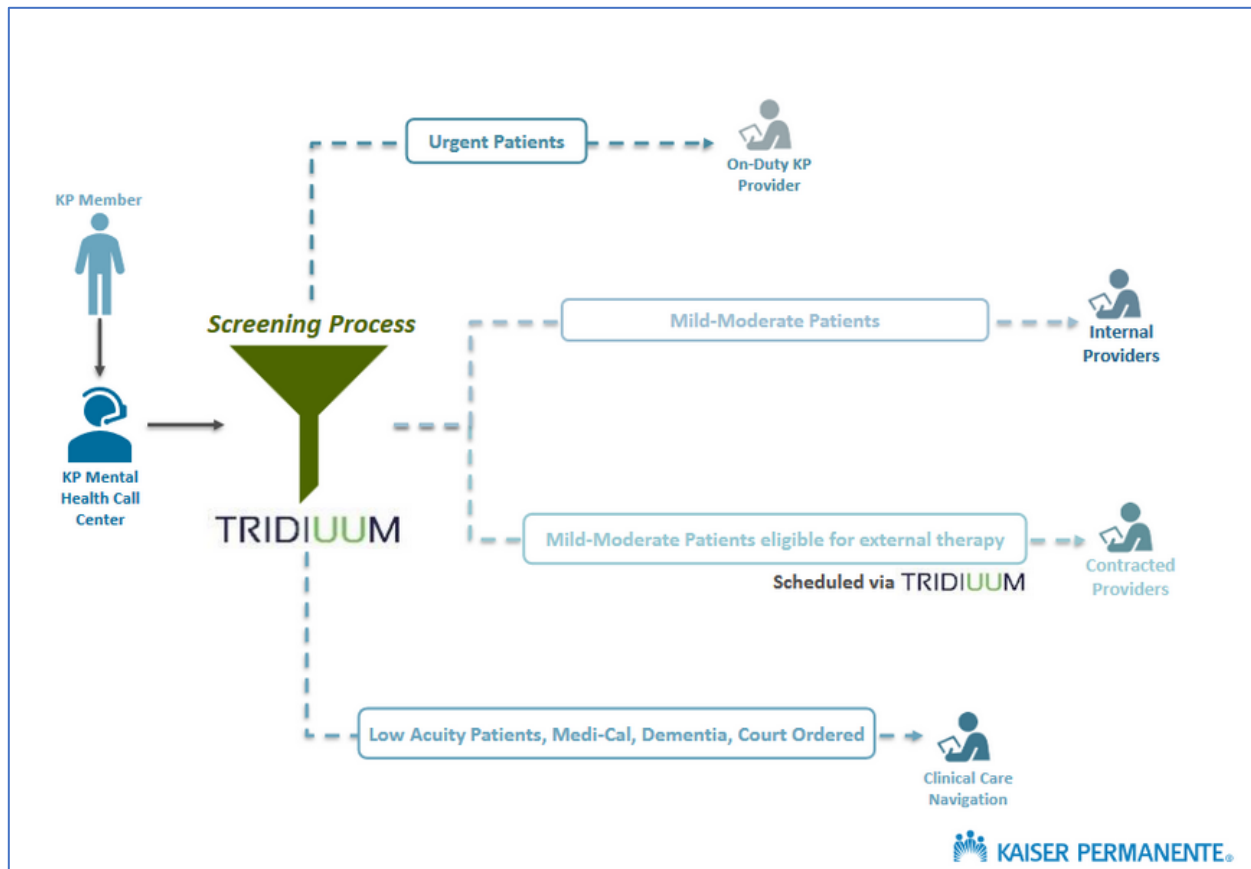
If urgent or emergent care is not needed, then enrollees are scheduled an intake appointment. During interviews, SCPMG stated the 10-business day requirement applies to intake, not **triage**, as the intake appointment marks the beginning of treatment. (p. 59, emphasis added)

The diagram below, prepared by Kaiser, describes the flow of Southern California enrollees through Kaiser’s behavioral health triage system. The triage process is performed by clerical staff housed in the KP Mental Health Call Center using the Tridium algorithm.<sup>5</sup>

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<sup>4</sup> DMHC. [“Final Report: Nonroutine Survey of Kaiser Foundation Health Plan, Inc.”](#) February 25, 2025.

<sup>5</sup> In a separate issue, note the text box at the bottom of the diagram that reads: “Low Acuity Patients, Medi-Cal, Dementia, Court Ordered.” According to the diagram, all of these patients are treated by “Clinical Care Navigation,” which provides “brief telephone evaluations” for these patients in order to “connect them to appropriate services.” Obviously, Medi-Cal enrollees may have a range of acuities (low to severe), yet all are being directed to a course of treatment designed for only “low acuity patients.”



In its own materials, Kaiser describes its KPEP process in the following manner. According to the third bullet point: “Built in logic and algorithm that identifies acuity range of patient and prompts call center agent to book with the appropriate provider.”

### What is Kaiser Permanente Entry Pathway (KPEP)?

- A robust tech platform that will assist in screening patients for the next appropriate clinical service.
- Standardized screening administered to all new patients that call into Psychiatry
- Built in logic and algorithm that identifies acuity range of patient and prompts call center agent to book with the appropriate provider
- Documentation & TPI reports (e.g. initial screening, Intake & Txt Plan and Discharge summaries) completed by external providers will be viewable in KPHC Media Tab

Exhibit A is a 75-page document entitled “Kaiser Permanente Behavioral Health Psychiatry and Addiction Medicine: SB855 Clerical Training,” dated November 2024. The following is an excerpt from page 14 of Exhibit A. It uses the term “KPEP” as a verb: i.e., “to KPEP” a patient. In the second bullet point on the left hand side, it states: “Patients are KPEP’d using LUCET screener” and “Based on LUCET outcome patient will be offered RULA, LUCET, ADAPT or internal services.” “Rula” refers to Rula Mental Health, a provider in

Kaiser’s external provider network. “Lucet” refers to Lucet Health, which was formed from New Directions Behavioral Health’s acquisition of Tridium in 2022. Lucet provides technology platforms to Kaiser and also serves as a provider in Kaiser’s external provider network. “ADAPT” refers to Kaiser’s ADAPT Program, which is staffed by Kaiser’s internal network of licensed therapists. According to Kaiser, the ADAPT Program is designed to provide “quick therapy” to patients with low to moderate anxiety, depression and adjustment disorders by providing brief episodes (approximately 8 appointments lasting 20-30 minutes each) of virtual, individual psychotherapy.

### Intake & FIC Re-Engagement Booking Guideline Reminders

Psych	ADM
<ul style="list-style-type: none"> <li>A new intake is scheduled for patients every 2 years using Intake Visit types.</li> <li>Patients are <span style="background-color: #0056b3; color: white; padding: 2px;">KPEP'd</span> using LUCET screener for initial intakes and FIC re-engagement (over 3 months)</li> <li>Based on LUCET outcome patient will be offered RULA, LUCET, ADAPT or internal services</li> </ul>	<ul style="list-style-type: none"> <li>A new intake in ADM is scheduled every 6 months.</li> <li>For FIC re-engagement book with provider of record under 6 months               <ul style="list-style-type: none"> <li>Patient may require a nursing or physician appointment before re-engagement</li> </ul> </li> </ul>

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### III. Applicable Laws

The following are statutes and regulations applicable to the violations described above. Below, NUHW has excerpted portions of DMHC’s recently released, 88-page “Final Report” of DMHC’s non-routine survey of Kaiser’s behavioral health services.<sup>6</sup>

A plan shall provide or arrange for the provision, 24 hours per day, 7 days per week, of triage or screening services by telephone, as defined in subdivision (e). Cal. Health & Safety Code § 1367.03(a)(8).

"Triage" or "screening" means the assessment of an enrollee's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care for the purpose of determining the urgency of the enrollee's need for care. Cal. Health & Saf. Code § 1367.03(e)(5)

<sup>6</sup> DMHC. [“Final Report: Nonroutine Survey of Kaiser Foundation Health Plan, Inc.”](#) February 25, 2025.

A plan shall ensure that telephone triage or screening services are provided in a timely manner appropriate for the enrollee's condition, and that the triage or screening waiting time does not exceed 30 minutes. Health & Safety Code 1367.03(a)(8)(A)

“Triage or screening waiting time” means the time waiting to speak by telephone with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care. Health & Safety Code 1367.03(e)(6)

An unlicensed staff person handling enrollee calls may ask questions on behalf of a licensed staff person to help ascertain the condition of an insured so that the enrollee may be referred to licensed staff. However, an unlicensed staff person shall not, under any circumstances, use the answers to those questions in an attempt to assess, evaluate, advise, or make a decision regarding the condition of an enrollee or determine when an enrollee needs to be seen by a licensed medical professional. Health & Safety Code 1367.03(a)(8)(B)(i)(II)(iii)

Rule 1300.70(b)(1)(A) requires health plans to ensure a level of care which meets professionally recognized standards of practice is being delivered to all enrollees.

Health care service plans must ensure that their networks have adequate capacity and availability of licensed providers to offer enrollees appointments for covered services that meet specific timeframes. Health & Saf. Code, § 1367.03, subd. (a)(5); Cal. Code Regs., tit. 28, § 1300.67.2.2, subd. (c).

Health care service plans are required to have procedures in place for continuous review of the quality of care, performance of medical personnel, utilization of services and facilities, and costs. (Health & Saf. Code, § 1370.) To meet DMHC’s requirements for a Quality Assurance program, the program must, in part, continuously review the quality of care provided to ensure that the level of care meets professionally recognized standards of practice, quality of care problems are identified and corrected, and appropriate care which is consistent with professionally recognized standards of practice is not withheld or delayed for any reason. Cal. Code Regs., tit. 28, § 1300.70, subd. (b)(1)(A)-(E).

- § 1300.70(b)(1)(D): Health plans cannot withhold or delay appropriate care from their patients for any reason, "including a potential financial gain and/or incentive."
- § 1300.70(b)(1)(A): Health plans are required to ensure that patients receive "a level of care which meets professionally recognized standards of practice."
- § 1300.70(b)(2)(H)(2): Health plans are required to "detect and correct under-service" by its providers, "including under-utilization of specialist services."
- § 1300.70(a)(1): Health plans must monitor the quality of care provided to its members, identify problems, and take effective action to improve care where deficiencies are identified, including accessibility, availability, and continuity



of care. See also § 1300.70(a)(3), § 1300.70(b)(1)(D), § 1300.70(b)(2)(G)(3), §1300.70(c)(1), § 1300.70(c)(5), and § 1300.70(d)(3).

- §1300.74.72 (California Mental Health Parity Act): Health plans that offer coverage for mental health or substance use disorders are required to provide the same level of benefits that they do for general medical treatment.

Health plans must cover behavioral health services consistent with generally accepted standards of care and must ensure that enrollees do not face barriers to scheduling behavioral health appointments that do not exist for non-behavioral health appointments. Health & Saf. Code, §§ 1374.72(a), 1367.005(a)(2)(D), and 1374.76.

Health plans shall ensure that enrollees are provided with timely behavioral health care services that are consistent with each enrollee's treatment plan, individualized behavioral health care needs, good professional practice, and timely access standards. Health & Saf. Code, §§ 1367.03, 1374.72; Cal. Code Regs., tit. 28, §§ 1300.70, subds. (a)(3), (b)(1), (b)(2)(G), (b)(2)(H).

Finally, the following is an excerpt from DMHC's recently released "Final Report" of its nonroutine survey of Kaiser's behavioral health services, dated February 25, 2025. DMHC's "Final Report" cites Kaiser for 20 deficiencies, including Deficiency #14, which has not been corrected by Kaiser, according to DMHC. Deficiency #14, which is connected to behavioral health triage assessments and other clinical operations, states the following:

Professionally recognized standards of practice require clinicians to conduct a suicide risk screening and/or assessment for all enrollees receiving MH/SUD services during triage, intake, and as indicated thereafter.<sup>34,35</sup> Furthermore, for enrollees who have a documented risk of suicide, a level of care that is appropriate to the enrollees' assessed risk must be delivered in a timely manner...

The Department determined the Plan failed to demonstrate its [Quality Assurance] QA program includes sufficient level of oversight to ensure enrollees receive suicide risk screening, assessment, and treatment consistent with professionally recognized standards of practice. (p. 66)

#### **IV. Analysis**

Using an algorithm provided by LUCET, Kaiser's unlicensed clerical staff provide enrollees with brief behavioral health triage assessments to determine enrollees' subsequent care. These triage assessments result in multiple clinical determinations affecting enrollees' future treatment, including whether enrollees have emergent, urgent or non-urgent conditions; whether enrollees' have severe, moderate, mild or low acuity; and whether enrollees will be treated by internal, external or virtual internal providers.

Kaiser claims that the unlicensed clerical staff who provide the triage assessments are not, in fact, providing triage assessments. Instead, says Kaiser, they are simply posing "yes" or



“no” questions about enrollees’ symptomology, suicidal/homicidal ideation, treatment history, and other matters. Clerical staff then enter these responses into a Tridium/LUCET software tool, which yields the triage decisions. In most cases, no other staff or providers are involved in these triage decisions.

If clerical staff are not making triage decisions, then who is? The Tridium/LUCET algorithm.

Kaiser’s practices constitute clear violations of state and federal laws.

First, California law does not permit algorithms to make triage decisions. “‘Triage’ or ‘screening’ means the assessment of an enrollee’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice and who is trained to screen or triage an enrollee who may need care for the purpose of determining the urgency of the enrollee’s need for care.” Cal. Health & Saf. Code § 1367.03(e)(5).

Second, not only is Kaiser using an algorithm to make behavioral health triage decisions, it has programmed its algorithm to use illegal medical necessity criteria and guidelines. According to Health and Safety Code section 1374.721, health plans must use criteria and guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty when making clinical determinations in relation to treatment of mental health and substance use disorders. LUCET’s triage algorithm uses proprietary medical necessity criteria and guidelines, such as the Behavioral Health Index (BHI) and Treatment Progress Indicator (TPI), that are illegal under California law.

Third, Kaiser’s triage system subjects enrollees with behavioral health disorders to sharply disparate and unequal standards and limitations as compared to enrollees with medical and surgical conditions. Rather than being triaged by an algorithm, the latter receive telephone triage assessments from licensed and trained medical professionals. Why is Kaiser subjecting enrollees with MH/SUDs to second-class treatment?

Lastly, Kaiser’s triage system subjects enrollees to treatment delays, treatment barriers, and extra out-of-pocket costs. Typically, Kaiser’s triage errors are only discovered two weeks after faulty triage assessments when patients undergo 60-minute, non-urgent diagnostic assessments. Upon discovering that they cannot treat the patients, therapists schedule patients for a second diagnostic assessment, oftentimes two weeks later, with a different therapist, at which point patients must tell their stories again and pay additional out-of-pocket appointment costs. This unnecessarily subjects patients to worsening symptoms, retraumatization, stress, and financial burdens.

In October 2023, Kaiser was cited for these same practices as violations of the Mental Health Parity Act. The \$200 million settlement agreement noted that Kaiser “enrollees who

seek behavioral health services face greater obstacles and challenges accessing behavioral health care and, even after obtaining it, retaining such care.” One of these barriers is Kaiser’s system that forces enrollees “to explain their behavioral health concerns multiple times to different clinicians,” in contrast to Kaiser’s practices for enrollees with medical or surgical conditions.<sup>7</sup>

### **III. Request**

NUHW requests that DMHC take urgent action to enforce California law and to protect the rights of Kaiser enrollees.

NUHW requests that DMHC immediately order Kaiser to cease and desist from violating California laws. We request that DMHC impose significant financial penalties on Kaiser for violating California law, especially given its serial violations as documented in DMHC’s October 2023 settlement agreement with Kaiser.

Please contact me with any questions or requests.

Sincerely,



Fred Seavey

cc: Rob Bonta, Attorney General  
Mike McGuire, Senate President Pro Tempore  
Robert Rivas, Speaker of the Assembly  
Kim Johnson, Secretary, California Health and Human Services Agency  
Kimberly Chen, Acting Deputy Secretary for Program and Fiscal Affairs, CalHHS  
Sen. Scott Wiener, Chair, Senate Select Committee on Mental Health  
Assemblymember Mia Bonta, Chair, Assembly Health Committee  
Sen. Caroline Menjivar, Chair, Senate Health Committee  
Don Moulds, CalPERS  
Dr. Julia Logan, CalPERS

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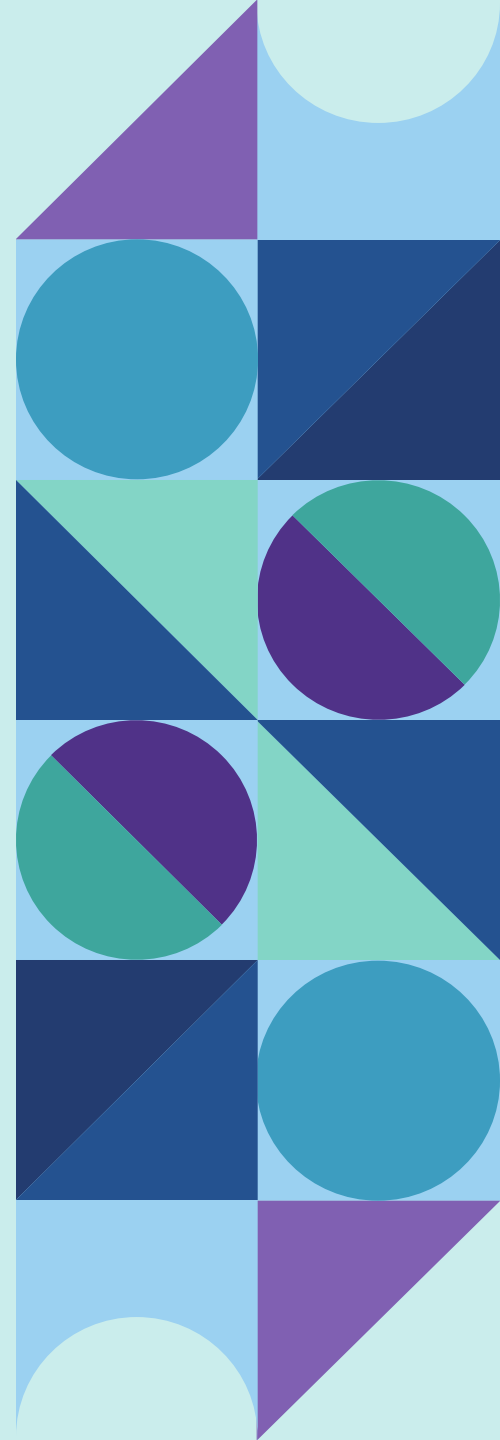
<sup>7</sup> Kaiser Permanente and DMHC. [Settlement Agreement](#). October 11, 2023. p. 25.

# EXHIBIT A

# Kaiser Permanente Behavioral Health Psychiatry and Addiction Medicine

## SB855 Clerical Training

November 2024



# Before we get started...

Please hold all questions to the end of the presentation-As you take notes, make sure to write down the slide number to reference or topic you need clarification on & we'll circle back as we go through each section.

By following these workflows, we are assisting our patients in offering timely services and providing care that meets their mental health & ADM needs in compliance with SB221 and SB855 regulatory requirements.

Thank you in advance for all your great work!

Please remember when implementing workflows and smartphrase utilization, that we do not copy/paste or delete. Document as they populate.

# Contents

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Reporting, Auditing & Local Area Oversight

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Coming Soon

# SB855 Overview



# SB855 Requirements

## Requirement Changes

As of April 01, 2024:

- Health plans are required to **provide an arrange coverage** for **out-of-network (OON) providers**, if they are unable to reschedule an appointment with an in-network provider within **geographic and timeliness standards**
- If unable to secure an OON provider, **members can seek care from any provider**
- Applies to all MH/SUD services

## Notes & Considerations

- To comply with timeliness standards, patient visits/offers must be able to be coded as psychotherapy appointments (individual, follow up, crisis session, etc.)
  - *Visit and documentation must support the service and summarize diagnosis, symptoms, functional status, treatment plan and progress*
- Timeliness applies to the earliest **offered** appointments

# SB855 Workflow Overview

## Intake Workflow

Ensuring that all new patients are offered appointments (from internal and external supply) within 10 business days and there is adequate documentation for all instances

**Regional required Standardized SmartPhrases for intakes developed.**

## Follow-up Workflow

Ensuring that KP patients are offered appointments with in-network external providers if their internal KP therapist (or registry during the work stoppage) is unable to offer an appointment within the documented clinically indicated return interval

**Standardizing manager and clerical routing and response. Updates to Clerical escalation response SmartPhrase.**

## Clinic Cancels/LOA Workflow

When KP must cancel a patient's appointment (e.g., provider on LOA, out sick, family emergency, clinic emergency, etc.), patients are eligible for OON services if we cannot meet their clinically indicated return interval.

**Regional Standardized SmartPhrases for Clinic cancellations, Waitlist policy alignment and workflows developed.**

## High Level Overview

### Intake/FIC Re-engagement

- Patients calling in requesting care
  - Psych: RVMC & Back-Office Queues
  - ADM: Back-Office Queues
- Department outreach-patients being contacted for an intake per Physician request, case mngt request from POSH/ED follow up, or local area Tapestry referral (e.g. sent from primary care)
- ADM (from Nursing request/triage) when outreaching to patient

**Psych:** Patients should always be KPEP'd in order to offer RULA, LUCET, ADAPT options before scheduling internally

For Ages 4 or younger or members who DECLINE KPEP:  
KPEP Screener will not be completed, follow local area workflow for booking and will complete regional SmartPhrase

### SmartPhrase Names

**Psych:** .RBHPSYINTAKEDOCUMENTATION

**ADM:** .RBHADMIINTAKEDOCUMENTATION

## High Level Overview

### Follow Up Appointments

- Patients getting scheduled for follow-up appointments
- **Psych:** Clerical will outreach patients who could not get offered an appointment within return standard by provider for Feedback Informed Care (FIC) and Case Management appointments
- **ADM:** Clerical will outreach patients who could not get offered an appointment within return standard by provider for Feedback Informed Care (FIC) and Case Management appointments AND does not have a group appointment within 10 days (patient must already be active in group)

**Psych: Patients will be offered the option to be seen by a RULA or LUCET provider for ongoing care (offered date to be captured) and may decline to remain with internal provider for next available.**

### SmartPhrase Names (Psych & ADM)

.RBHTHERAPISTESCALATIONREVIEW (formerly  
.rbhpsyescalationreview)

.RBHSCHEDULINGASSISTANCE

.RBHMANAGERREVIEW

## High Level Overview

### Clinic Cancel/ Leave of Absence

- Clerical outreaching patients for same day and in-advanced clinic cancellations
  - Includes call backs if patient does not answer outreach call
- Same Day Clinic Cancellations can use the following blocks for scheduling:
  - Open Intakes
  - Open Transfers
  - Open FIC 60
  - Case Management will look for “like” Case Management blocks (e.g. Gender Case Mgmt to Gender Case Mgmt)

**Psych: Patients will be offered the option to be seen by a RULA or LUCET provider for ongoing care (offered date to be captured) and may decline to remain with internal provider for next available.**

### SmartPhrase Names

**Psych:** .RBHPSYCLINICCANCELATION  
.RBHPSYCLINICCANCELATIONCALLBACK

**ADM:** .RBHADMCCLINICCANCELATION  
.RBHADMCCLINICCANCELATIONCALLBACK

# SB855 SmartPhrases

SmartPhrases and SmartLists have been created to capture the information needed for reporting purposes.

**ALL dates and information must be entered each time, in each phrase, to allow for accurate data reporting**

## Clerical PSY:

- ✓ .RBHPSYINTAKEDOCUMENTATION
- ✓ .RBHSCEHDULINGASSISTANCE
- ✓ .RBHPSYCLINICCANCELATION
- ✓ .RBHPSYCLINICCANCELATIONCALLBACK

## Clerical ADM:

- ✓ .RBHPADMINTAKEDOCUMENTATION
- ✓ .RBHSCEHDULINGASSISTANCE
- ✓ .RBHADMCCLINICCANCELATION
- ✓ .RBHADMCCLINICCANCELATIONCALLBACK

## Management PSY/ADM:

- ✓ .RBHMANAGERREVIEW

## Therapists PSY/ADM:

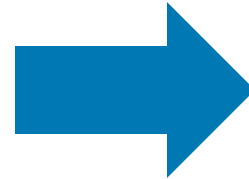
- ✓ .RBHTHERAPISTESCALATIONREVIEW  
(formerly .rbhpsyescalationreview)

# **Intake & FIC Re-engagement**



# Intake & FIC Re-Engagement Workflow - Updates

What SB221 escalation and booking steps are going to be updated for Intakes & FIC Re-Engagement?



Smartphrases will be completed by clerical staff to document First Offered appointment dates and SB855 escalation steps, if needed.

## High Level Overview

### Intake/FIC Re-engagement

- Patients calling in requesting care
  - Psych: RVMC & Back-Office Queues
  - ADM: Back-Office Queues
- Department outreach-patients being contacted for an intake per Physician request, case mngt request from POSH/ED follow up, or local area Tapestry referral (e.g. sent from primary care)
- ADM (from Nursing request/triage) when outreaching to patient

**Psych:** Patients should always be KPEP'd in order to offer RULA, LUCET, ADAPT options before scheduling internally

For Ages 4 or younger or members who DECLINE KPEP:  
KPEP Screener will not be completed, follow local area workflow for booking and will complete regional SmartPhrase

### SmartPhrase Names

**Psych:** .RBHPSYINTAKEDOCUMENTATION

**ADM:** .RBHADMINTAKEDOCUMENTATION

# Intake & FIC Re-Engagement Booking Guideline Reminders

## Psych

- A new intake is scheduled for patients every 2 years using Intake Visit types.
- Patients are KPEP'd using LUCET screener for initial intakes and FIC re-engagement (over 3 months)
- Based on LUCET outcome patient will be offered RULA, LUCET, ADAPT or internal services

## ADM

- A new intake in ADM is scheduled every 6 months.
- For FIC re-engagement book with provider of record under 6 months
  - Patient may require a nursing or physician appointment before re-engagement

# Clerical Readiness (Incoming) - Intake/FIC Re-engagement



If patients call in requesting care, then create...



## Incoming MH/BH Telephone Encounter

- Provider: Each area will choose a manager name to list these under
- Reason for Call: Intake
- Incoming call info clicked
- Only close encounter if/when:
  - No further action is selected in SmartPhrase

## Appointment Searching/Booking

- Psych: Have RULA, Lucet, and HealthConnect open for searching
  - Block Names: Intake Adult, Intake Peds, IntakeAllAges
- ADM: Have HealthConnect up for searching
  - Block Names: Intake, Intake Pediatric

# Clerical Readiness (Outgoing) - Intake/FIC Re-engagement



If patient needs to be contacted for an intake per Physician request, case management request, or local area Tapestry referral then create...



## Outgoing MH/BH Telephone Encounter

- Provider: Each area will choose a manager name to list these under
- Reason for Call: Intake
- Outgoing call info clicked
- Only close encounter if/when:
  - No further action is selected in SmartPhrase

## Appointment Searching/Booking

- Psych: Have RULA, Lucet, and HealthConnect open for searching
  - Block Names: Intake Adult, Intake Peds, IntakeAllAges
- ADM: Have HealthConnect up for searching
  - Block Names: Intake, Intake Pediatric

# Intake SmartPhrase

## During Clerical Intake Booking PSY:

### The Patients Presents With:

- Dementia Needs
- Medication Only
- Activity Rx
- Gender Health



Follow local process for internal booking. If appointment is not available to offer by the due by date, offer EPN appointment.

## During Clerical Intake Booking ADM:

### The Patients Presents With:

- KP Medi-Cal
- Process Addictions workflows



Complete ".RBHMEDICALMATSCREEN and refer as appropriate.

- MAT only with Physician/Extender
- Bundled services (therapy/case management/higher levels of care) refer to county.

# Intake & FIC Re-engagement BookIt First Offered Edits

## Utilizing "comments" section in First Offered:

- Select Questionnaire
- SCAL Patient Access Questionnaire
- Enter Rula or Lucet first offered date
- Must enter a comment: document if the first offered was with Rula, Lucet or ADAPT

Appointment Information

Registration LCD/ABN

PSY INTAKE 60  
11/25/2024 7:00 AM

Clinical Information

**Appointment Target Date - Please Validate**

11/20/2024

Close Cancel

Previous Next

Appointment Information

PSY INTAKE 60 at 7:00 AM (60 min)  
Monday November 25, 2024  
WS PSY BEL IMP PROV 08 in PSYBEIMP PSY1 1

Appointment Type  
Outpatient

Private Encounter  
—

Appointment Notes  
—

Questionnaire

INTERPRETER SERVICES QUESTIONNAIRE  
SCAL PATIENT ACCESS QUESTIONNAIRE  
SCAL CAD SCHEDULING PROXY QUESTIONNAIRE

Appt Information

Registration LCD/ABN

PSY INTAKE 60  
11/25/2024 7:00 AM

Clinical Info

11/20/2024

Questionnaire

Appointment Information

PSY INTAKE 60 at 7:00 AM (60 min)  
Monday November 25, 2024  
WS PSY BEL IMP PROV 08 in PSYBEIMP PSY1 1

Appointment Type  
Outpatient

Private Encounter  
—

Appointment Notes  
—

Questionnaire

INTERPRETER SERVICES QUESTIONNAIRE

Did patient want/need interpretation services?  Enter a comment

> (If YES) What type of Interpretation service was used?  
> (If NO) Please Indicate Reason Interpretation Service was Refused or ...

SCAL PATIENT ACCESS QUESTIONNAIRE

What is the first date offered to the patient?  Enter a comment



# Intake SmartPhrase

## .RBHPSYINTAKEDOCUMENTATION

### .RBHPSYINTAKEDOCUMENTATION

#### Intake Scheduling and FIC Reengagement

**{VANISHING TIP:**

1. Check tapestry tab
2. If patient/caller is requesting Dementia, Medication, Activity Rx, or other specific services. Please follow local process for internal bookings after completing KPEP Lucet screener. If appointment is not available within due by date, please offer EPN.

**Scripting:** *"Thank you for calling Kaiser Permanente/Thank you for taking our call. We want to remind our members that we have mental health services available to everyone. I can offer you an appointment with one of our network providers for therapy services on [date] with [RULA, Lucet, Internal Provider]."*

**Patient Status:**

1	Outreached to patient to schedule intake, patient not available. Left message with request for call back. (Add patient to department intake waitlist).
2	Patient available:
	New Patient (or patient returning after 2 years): Complete KPEP and schedule as appropriate with External or ADAPT. If member requests internal or is not appropriate for EPN/ADAPT, schedule internal intake.
	Returning Patient seen within the last 3-6 months: (If member is open to seeing new provider, Complete KPEP and schedule as appropriate with External or ADAPT. If member wants to remain internal or is not appropriate for EPN/ADAPT, schedule return with provider of record.
	Returning Patient seen in the last 6 months to 2 years: (Complete KPEP and schedule as appropriate with External or ADAPT. If member wants to remain internal or is not appropriate for EPN/ADAPT, schedule return with provider of record. If provider is no longer with KP, schedule transfer appointment.
	KP Medi-Cal member. Medi-Cal screening completed.
	Score 5 and under is non specialty mental health. Book external (not Rula) or internal KP.
	Score 6 and higher is specialty mental health. Message routed to local Medi-Cal pool for county linkage.

### Intake SmartPhrase PSY:

- Used to contact patients when local area receives tapestry referral.
- Incoming calls to RVMC for new services.
- Incoming return calls to RVMC from return outreach to schedule intake.

*(continued next page)*

# Intake SmartPhrase

## .RBHPSYINTAKEDOCUMENTATION

<b>Patient contacted department to establish services or reengage:</b>	
1	Outreached to patient to schedule intake, patient not available. Left message with request for call back.
2	Patient available:
	Patient offered appointment with network provider within 10 days. First offer date: MO/DA/YEAR
	ADAPT Scheduled appointment MO/DA/YEAR and time
	Rula: Scheduled appointment: MO/DA/YEAR and time
	Lucet: Scheduled appointment: MO/DA/YEAR and time
	Internal Scheduled appointment: MO/DA/YEAR and time
	No appointment available within 10 days. Patient informed of SB855. (scripting). First offer date: MO/DA/YEAR
	ADAPT Scheduled appointment MO/DA/YEAR and time
	Rula: Scheduled appointment: MO/DA/YEAR and time
	Lucet: Scheduled appointment: MO/DA/YEAR and time
	Internal Scheduled appointment: MO/DA/YEAR and time
	No appointment available within 10 days. Patient informed of SB855. (scripting). Member chose not to book at this time.
	Member routed to local Medi-Cal Pool for County Care Coordination.
<b>Further Action needed?</b>	
	Outreached to patient to schedule intake, patient not available. Left message with request for call back. When patient returns call please use Psych Intake Smart Phrase.
	No
	Yes, patient booked with EPN. Routing to local area for tapestry to be completed.
	Yes, routing to escalation pool to SB855 letter to be sent. "Appointment Request" for reason for call.
	***

**Local areas will continue to create/send tapestry for EPN (non-strike).**

## Outreach to Patient or Incoming Call from Patient:

1. Patient not available: Document, add to *department intake waitlist*, and outreach again. *Patient will need 2 outreach attempts and a letter before removing from wait list (14 days after letter is sent).*
2. Patient available: Offer appropriate intake within due by date (10 days from referral or call to dept). Document if SB 855 is needed.
3. KP Medi-Cal will be documented.

# Intake SmartPhrase

.RBHADMINTAKEDOCUMENTATION

## .RBHADMINTAKEDOCUMENTATION

### Intake Scheduling and FIC Reengagement

**{Vanishing Tip:**

**Walk in:** "Thank you for coming to Kaiser Permanente. I'm going to ask you a few questions to ensure that we can connect you to the right services."

**Incoming Call:** "Thank you for calling Kaiser Permanente. I'm going to ask you a few questions to ensure that we can connect you to the right services."

**Outgoing Call from Referral:** Check tapestry tab "Thank you for taking our call. We received a referral from one of your providers and would like to offer you services. I'm going to ask you a few questions to ensure that we can connect you to the right services." }

**Patient Status:**

Outreached to patient to schedule intake, patient not available. Left message with request for call back. (Add patient to department intake waitlist)

**Patient available:**

New Patient (follow local intake workflow)

Returning patient seen within the last 3 months (schedule with provider of record for FIC follow up)

Returning patient not seen in over 6 months (follow local intake workflow)

Medi-Cal Member (Please insert ".RBHMEDICALMATSCREEN" and follow SmartPhrase workflow for internal MAT appointment or linkage for county bundled SUD services.)

### Intake SmartPhrase ADM:

- Used to contact patients when local area receives tapestry referral.
- Walk ins requesting services and needing an intake.
- Incoming return calls from return outreach to schedule intake.

*(continued next page)*

# Intake SmartPhrase

.RBHADMINTAKEDOCUMENTATION

## Patient contacted department to establish services or reengage:

Outreached to patient to schedule intake, patient not available. Left message with request for call back.	
Patient available:	
Patient offered appointment with provider within 10 days. Scheduled first offer date: <b>MO/DA/YEAR</b>	Internal Provider: <b>MO/DA/YEAR</b>
No appointment available within 10 days. Patient informed of SB855. (scripting). Patient requesting to book appointment. Scheduled first offer date: MO/DA/YEAR	
Internal Provider: <b>MO/DA/YEAR</b>	
No appointment available within 10 days. Patient informed of SB855. (scripting). Member chose not to book at this time.	
Medi-Cal member requesting to bundle services with county. (Provided linkage to county services).	
Medi-Cal member requesting MAT services only and booked with prescribing physician.	

## Further Action needed?

Outreached to patient to schedule intake, patient not available. Left message with request for call back. When patient returns call please complete ADM Intake Smart Phrase.
No
Yes, SB855 letter to be sent.
Tapestry referral for SUD County Care Coordination has been completed
***

## Outreach to Patient or Incoming Call from Patient:

1. Patient not available: Document, add to department intake waitlist, and outreach again. *Patient will need 2 outreach attempts and a letter before removing from wait list (14 days).*
2. Patient available: Offer appropriate intake within due by date (10 days from referral or call to dept). Document if SB 855 is needed.
3. KP Medi-Cal will be documented.

# Intake Waitlist Entries

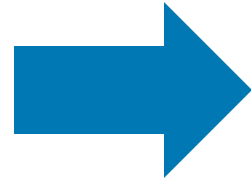
This applies if a patient does not answer for Tapestry outreach or they are being Clinic Cancelled for their Intake...

If patient...	Then...
Answers the phone	<p>Reschedule patient in real time and do not waitlist <b>UNLESS</b> they specifically ask for the provider they were scheduled with.</p> <p>Patient should be offered all options to reschedule with all in network provider options:</p> <ul style="list-style-type: none"> <li>• Psych: Rula, Lucet and Internal Providers</li> <li>• ADM: Internal providers.</li> </ul>
Does not answer the phone	<ul style="list-style-type: none"> <li>• Patients <b>MUST</b> be wait listed under manager designee or generic Intake department Waitlist and be contacted 2x with a letter sent within 14 days.</li> <li>• Patient WL entry can be removed 14 days after letter is sent. Recommendation is to send letter on same day as 1<sup>st</sup> attempt.</li> <li>• Do not waitlist under the provider of record because they can be booked with any provider with an open template.</li> </ul>

## **221 Workflow Overview**

## 221 Follow Up Workflow - Updates

What SB221 escalation and booking steps are going to be updated for Follow-Up appointments?



Clerical will be outreaching the patients for scheduling assistance to offer in network EPN options and documenting first offered if patient decides to remain internal.

Managers will be completing chart review and messaging clerical for follow up. Managers will route actions/next steps to clerical to complete. Managers will no longer need to outreach patients.



# 221 Follow Up Workflow

If provider has no appointments inside of 10 days, including possible PMT or other overbook options to offer patient.

Provider will route message to Clerical or Manager for scheduling assistance based off the following criteria:

Escalated to Clerical:


- When patient is booked with an appointment although is clinically indicated to be seen sooner than what was offered.

Expedited to Clinical Manager:

- When patient is NOT booked with an appointment due to high-risk needs and immediate manager action.

No follow up treatment indicated	1	Patient is graduating from this episode of care.	Excluded from denominator
	2	Patient is being discharged from this episode of care due to ***	Excluded from denominator
Therapy services are not clinically indicated at the completion of DATE of intake			Excluded from denominator
Individual therapy	1	It is recommended the member return with in 10 days	
		Patient booked within 10 days	Within standard
		Patient offered appointment within 10 days and declined that appointment and booked outside of 10 days	Within standard
		Patient expedited to the manager for scheduling assistance	Fall out if not booked in 10 days
		Patient booked outside of 10 days and escalated for scheduling assistance	Fall out if not booked in 10 days
		Patient referred to one of the following:	
		External Provider Network	Claim data will determine within standard or fall out
	ADAPT Program	Fall out if not booked in 10 days	
	Addiction Medicine Department	Excluded from denominator	
	Case management Services (KP PSY)	Fall out if not booked in 10 days	
	ADAPT patient referred to Home area	Fall out if not booked in 10 days	
	VMC patient referred to Home area	Fall out if not booked in 10 days	

# Option 1: "Patient expedited to **manager** for scheduling assistance"

<p><b>Managers &amp; Clerical must be attached to this escalation pool for oversight and coordination of which messages will be worked by clerical vs management</b></p>		
<p><b>SmartPhrases</b></p> <p>The SmartPhrases listed <u>must</u> be used by both clerical and clinical team members when documenting action taken.</p>	<p><b>Therapist:</b></p> <p>.rbhtherapistescalationreview (formerly .rbhpsyescalationreview)</p>	<p><b>Manager:</b></p> <p>.rbhmanagerreview</p>
<p><b>Workflow Steps</b></p>	<ol style="list-style-type: none"> <li>1. Therapist route to escalation pool for your area due to high-risk needs and immediate manager action. <i>(This must be a separate pool from OD or clerical.)</i></li> <li>2. Provider can then "flag"  the expedited message for manager identification.</li> <li>3. Manager will complete .rbhmanagerreview phrase and choose escalation actions</li> <li>4. Manager will route message back to clerical pool for further action             <ul style="list-style-type: none"> <li>• If SB855 Letter required, send message as "high priority"</li> </ul> </li> </ol>	

## Option 2: "Patient booked outside of 10 days and escalated for scheduling assistance"

Managers & Clerical must be attached to this escalation pool for oversight and coordination of which messages will be worked by clerical vs management		
<p><b>SmartPhrases</b></p> <p>The SmartPhrases listed must be used by both clerical and clinical team members when documenting action taken.</p>	<p><b>Therapist:</b></p> <p>.rbhtherapistescalationreview (formerly .rbhpsyescalationreview)</p>	<p><b>Clerical:</b></p> <p>.rbhschedulingassistance</p>
<p><b>Workflow Steps</b></p>	<ol style="list-style-type: none"> <li>1. Therapist routes to escalation pool for your area when patient is booked but is clinically indicated to be seen sooner than what was offered (<i>This must be a separate pool from OD or clerical</i>)</li> <li>2. Clerical will follow workflow and outreach to patient to offer sooner options with an in-network provider.</li> <li>3. Clerical will complete .rbhschedulingassistance choosing escalation and complete further actions, if needed.</li> <li>4. <i>Additional actions - send pt SB855 letter, add to Sooner appointment list/Fast Pass or offer a sooner appointment with provider of record.</i></li> </ol>	

# Editing First Offer if Patient Declines

Utilizing "comments" section in First Offered:

- Select Questionnaire
- SCAL Patient Access Questionnaire
- Enter Rula or Lucet first offered date
- Must enter a comment: document if the first offered was with Rula or Lucet

Appointment Information

Registration LCD/ABN

PSY INTAKE 60  
11/25/2024 7:00 AM

Clinical Information

**Appointment Target Date - Please Validate**

11/20/2024

Close Cancel

Previous Next

Appointment Information

PSY INTAKE 60 at 7:00 AM (60 min)  
Monday November 25, 2024  
WS PSY BEL IMP PROV 08 in PSYBEIMP PSY1 1

Appointment Type  
Outpatient

Private Encounter  
—

Appointment Notes  
—

Questionnaire

INTERPRETER SERVICES QUESTIONNAIRE  
SCAL PATIENT ACCESS QUESTIONNAIRE  
SCAL CAD SCHEDULING PROXY QUESTIONNAIRE

Appt Information

Registration LCD/ABN

PSY INTAKE 60  
11/25/2024 7:00 AM

Clinical Info

Appt Info

Questionnaire

Demographics

Print

11/20/2024

Appointment Information

PSY INTAKE 60 at 7:00 AM (60 min)  
Monday November 25, 2024  
WS PSY BEL IMP PROV 08 in PSYBEIMP PSY1 1

Appointment Type  
Outpatient

Private Encounter  
—

Appointment Notes  
—

Questionnaire

INTERPRETER SERVICES QUESTIONNAIRE

Did patient want/need interpretation services?  Enter a comment

> (If YES) What type of Interpretation service was used?  
> (If NO) Please Indicate Reason Interpretation Service was Refused or ...

SCAL PATIENT ACCESS QUESTIONNAIRE

What is the first date offered to the patient?  Enter a comment

# Clerical Readiness Clerical Readiness: 221 Follow up Escalation Outreach



Patient is being called to offer sooner options after being escalated by provider of record or calling back after responding to 221 clerical escalation outreach.



## Outgoing/Incoming MH/BH Telephone Encounter

- Provider: Name of Provider who is escalating
- Reason for Call: Appointment
  - Comment: SB221/855 Escalation
- Outgoing/incoming call info clicked
- Only close encounter if/when:
  - No further action is selected in SmartPhrase

## Appointment Searching/Booking

- Psych: Have RULA, Lucet, and HealthConnect open for searching
  - Block Names: FIC, FICREMOTE
- ADM: Have HealthConnect up for searching
  - Block Names: FIC, FICREMOTE

# 221 Therapist Escalation

.RBHTHERAPISTESCALATIONREVIEW (Psy and Adm **Therapist** Escalation)

**\*\*Used by Therapists and Case Managers**

Revise: .RBHTHERAPISTESCALATIONREVIEW

{LOCAL AREA LIST BHS AMB SCAL:278370}

BEHAVIORAL HEALTH

**Therapist Scheduling Assistance Required**

Name: @PREFFULLNAME@

Medical Record Number: @MRN@

Date: @TD@

**Scheduling Information**

Department:

Psychiatry

Addiction

221 Escalation Pool:

Patient being escalated for clerical assistance for in standard appointment options

Patient being expedited for manager assistance and does not have follow up appointment (mark message "!")

Did you order a scheduling ticket for the patient?

Yes

No

N/A

**Revised Phrase and Name–  
Not Net New**

**Escalated to Clerical:**

When patient is booked with an appointment although is clinically indicated to be seen sooner than what was offered.

**Expedited to Clinical  
Manager:**

When patient is NOT booked with an appointment due to high-risk needs and immediate manager action.

# 221 Therapist Escalation

.RBHESCHEDULINGASSISTANCE (Psy and Adm **Clerical** Response)

**\*\*Used by Clerical**

Revise .RBHSCHEHDULINGASSISTANCE

## Clerical Scheduling Response

### 221 Escalation Action:

- |   |   |
|---|---|
| 1 | Patient was offered in network appointment within 10 days and declined. Patient chose to stay with provider of record.<br>Follow up offer date: <b>MO/DA/YEAR</b> |
|   | Scheduled appointment: <b>MO/DA/YEAR</b>  |
| 2 | Patient accepted appointment with network provider within 10 days. Follow up offered date: <b>MO/DA/YEAR</b> (previously booked appointment has been canceled)    |
|   | Rula: Scheduled appointment: <b>MO/DA/YEAR</b>  |
|   | Lucet: Scheduled appointment: <b>MO/DA/YEAR</b>   |
| 3 | No appointment available within 10 days. Patient informed of SB855. (scripting). Follow up offer date: <b>MO/DA/YEAR</b>  |
|   | Rula: Scheduled appointment: <b>MO/DA/YEAR</b>  |
|   | Lucet: Scheduled appointment: <b>MO/DA/YEAR</b>   |
|   | Internal Provider: <b>MO/DA/YEAR</b>  |
| 4 | No appointment available within 10 days. Patient informed of SB855. (scripting). Member chose not to book at this time and will seek care from OON provider.      |
| 5 | Clerical outreached patient, patient not available. Left message with request for call back.  |

### Further Action needed?

- |   |
|---|
| No  |
| Yes, clerical to send SB855 letter to be sent   |
| Yes, patient to be added to providers sooner list.  |
| Yes, patient to be added to fast pass.  |
| Yes, patient not available. When patient returns call, please use Scheduling Assistance Smart Phrase. Follow up offer must be by: <b>MO/DA/YEAR</b> |
| ***   |

## Outgoing Call:

### Revised Phrase–Not Net New Scheduling Assistance SmartPhrase used by PSY & ADM:

- Used to contact patients to offer sooner appointment.
- Used to contact patients to add to sooner list, fast pass, or engage in the SB 855 process.
- Incoming return calls from clerical outreach for escalation.



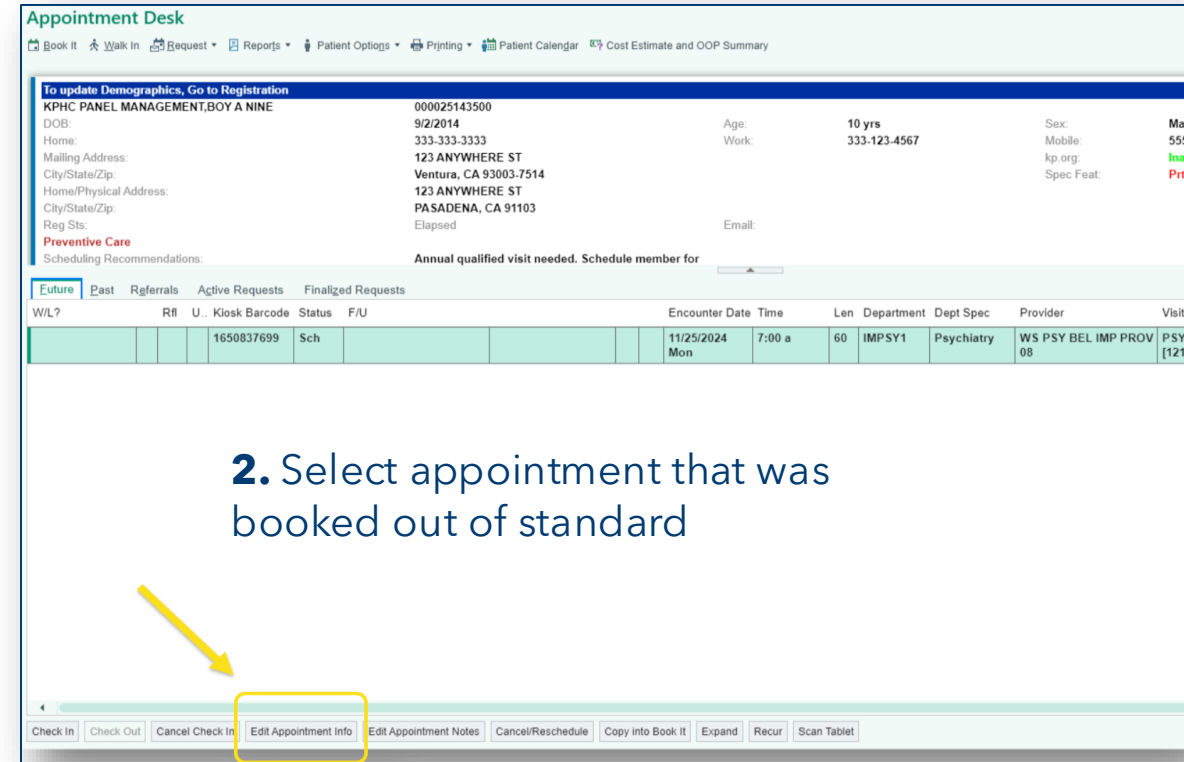
# Clerical Escalation Workflow: Patient declines sooner EPN appointment

Once escalated for Clerical assistance, if patient is offered an in-network (EPN) provider and declines an available EPN appointment, clerical must go into BookIt and edit the First Offered date to match the offered EPN date...

1. Go to patient's appointment desk in Health Connect

## Option 1 in .rbhschedulingassistance SmartPhrase

Clerical Scheduling Response	
<b>221 Escalation Action:</b>	
1	Patient was offered in network appointment within 10 days and declined. Patient chose to stay with provider of record. Follow up offer date: <b>MO/DA/YEAR</b> Scheduled appointment: <b>MO/DA/YEAR</b>
2	Patient accepted appointment with network provider within 10 days. Follow up offered date: <b>MO/DA/YEAR</b> (previously booked appointment has been canceled) Rula: Scheduled appointment: <b>MO/DA/YEAR</b> Lucet: Scheduled appointment: <b>MO/DA/YEAR</b>
3	No appointment available within 10 days. Patient informed of SB855. (scripting). Follow up offer date: <b>MO/DA/YEAR</b> Rula: Scheduled appointment: <b>MO/DA/YEAR</b> Lucet: Scheduled appointment: <b>MO/DA/YEAR</b> Internal Provider: <b>MO/DA/YEAR</b>
4	No appointment available within 10 days. Patient informed of SB855. (scripting). Member chose not to book at this time and will seek care from OON provider.
5	Clerical outreached patient, patient not available. Left message with request for call back.
<b>Further Action needed?</b>	
No	
Yes, clerical to send SB855 letter to be sent	
Yes, patient to be added to providers sooner list.	
Yes, patient to be added to fast pass.	
Yes, patient not available. When patient returns call, please use Scheduling Assistance Smart Phrase. Follow up offer must be by: <b>MO/DA/YEAR</b>	
***	



2. Select appointment that was booked out of standard

3. Select Edit Appointment Info



# 221 Therapist Escalation

.RBHESCHEDULINGASSISTANCE (Psy and Adm **Clerical** Response)

**\*\*Used by Clerical**

Revise .RBHSCHEHDULINGASSISTANCE

## Clerical Scheduling Response

### 221 Escalation Action:

- 1 Patient was offered in network appointment within 10 days and declined. Patient chose to stay with provider of record.  
Follow up offer date: **MO/DA/YEAR**  
Scheduled appointment: **MO/DA/YEAR**
- 2 Patient accepted appointment with network provider within 10 days. Follow up offered date: **MO/DA/YEAR** (previously booked appointment has been canceled)  
Rula: Scheduled appointment: **MO/DA/YEAR**  
Lucet: Scheduled appointment: **MO/DA/YEAR**
- 3 No appointment available within 10 days. Patient informed of SB855. (scripting). Follow up offer date: **MO/DA/YEAR**  
Rula: Scheduled appointment: **MO/DA/YEAR**  
Lucet: Scheduled appointment: **MO/DA/YEAR**  
Internal Provider: **MO/DA/YEAR**
- 4 No appointment available within 10 days. Patient informed of SB855. (scripting). Member chose not to book at this time and will seek care from OON provider.
- 5 Clerical outreached patient, patient not available. Left message with request for call back.

### Further Action needed?

- No
- Yes, clerical to send SB855 letter to be sent
- Yes, patient to be added to providers sooner list.
- Yes, patient to be added to fast pass.
- Yes, patient not available. When patient returns call, please use Scheduling Assistance Smart Phrase. Follow up offer must be by: **MO/DA/YEAR**

\*\*\*

## Incoming Call:

### Revised Phrase–Not Net New Scheduling Assistance SmartPhrase used by PSY & ADM:

- Used to offer sooner appointment.
- Used to document that patient has been added to sooner list, fast pass, or engage in the SB 855 process.

# 221 Therapist Escalation

.RBHESCHEDULINGASSISTANCE (Psy and Adm **Manager** Response)

**\*\*Used by Manager**

Revise .RBHMANAGERREVIEW

## Manager Expedited Response

### 221 Escalation Action:

- Appointment available with current provider of record within clinically indicated time frame to offer patient
- Patient appropriate for higher level of care
- Patient is being transferred to the on-duty clinician for follow up
- Patient reviewed and appropriate for external provider
- No appointment available on or before the reschedule due by date to offer patient. Patient to be informed of SB855 and that they would receive a letter with the same information.

### Further Action needed?

- Yes, routed to 221 pool for clerical scheduling assistance \*\*\*
- Yes, routed to 221 pool for clerical to contact patient regarding SB 855
- No, chart review completed, \*\*\*

## Revised Phrase–Not Net New Expedited to Manager SmartPhrase used by PSY & ADM:

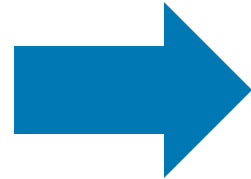
- These will only be routed for Managers for chart review. No outreach to patient required
- Used to identify possible times/blocks that can be used to offer patient
- Transfer to OD, referral to higher levels of care, or appropriate for external provider network
- Notate that patient is to be informed of SB 855, exhausted all options

Managers will route messages to the 221 pool for clerical to complete actions needed.

## Clinic Cancellations (Same Day & LOA)

# Clinic Cancels/LOA Workflow - Updates

What SB221 escalation and booking steps are going to be updated for clinic cancellations and LOAs?



There will be new workflows, smartphrases, and scripting for clerical to follow when appointments are clinic cancelled.

# Clinic Cancellations - Requirements and Regional Alignment

CONFIDENTIAL

Areas must follow clinic cancellation policy guidelines and complete at least 2 outreaches and a letter.

- **Example: Outreach 1:** Initial Cancel/reschedule call
- **Outreach 2:** 2<sup>nd</sup> call made within 14 days of initial call
- **Letter sent:** Letter should be sent ASAP, with a recommendation of sending on the same day of first attempt or within the 14 days via kp.org send letter function or mailed to patients address on file. Patient can be removed 14 days after letter sent.

For Therapist returns, intakes and case management appointments: **Patients cannot be preliminary cancelled** by certain team members and then outreached later. The process must happen in the same steps.

- **Example:** Master Schedulers cannot cancel the full day of patients and give a list of the MRNs to others to call to reschedule.

At this time, **we cannot use KPNS or text outreach to notify patients** of their clinic cancelled/reschedule offered appointment. These efforts must be documented via the standardized smartphrases.

If we are unable to reach the patient, **they must be added to the department and/or provider waitlist.**

A manager's name (or generic dept intake WL) should be assigned for intakes -patients should not be WL'd under the provider they were scheduled with as they can see any case carrying FIC provider for an intake. (ex: Cpm A =Adult intake WL, CPM B=Peds intake WL)

**WL entries must be listed in health connect following WL workflow and WL entry policy-** they should not be sent to a clerical pool for follow up instead of using a WL. These are true WL entries that must be monitored.

**If a provider will be out and typically contacts some of their patients** to notify of cancellations and then just ask clerical to cancel in health connect because the provider already called, we will have to ask them not to do this as we need to capture the smartphrase and reschedule options.

# Strike & Normal Operational Workflows

## Clinic Cancels/LOA Workflow

When KP must cancel a patient's appointment (e.g., provider on LOA, out sick, family emergency, clinic emergency, etc.), patients are eligible for OON services if we cannot meet their clinically indicated return interval

### Same Day Clinical Cancellations

Patients are contacted the night before or same day for a provider call out or same day schedule change.

### Advance Notice Clinic Cancellations/LOA's


Patients are contacted in advance for clinic cancellation when their provider will be out for an extended period of time.  
*(Any appointment over 24hrs ahead)*

### Patients returning Calls after their clinic cancelled appointment


Patients have been contacted for same day clinic cancels or LOA outreach and have return the call after the appointment date.

# Clerical Readiness: Clinic Cancellation

## Outgoing:

- 
- Telephone Encounter MH/BH
  - Provider Name: Provider of Record for Follow ups & Case management, Designated Manager for Intakes
  - Reason for Call: Cancel
  - Click outgoing Call on depending if patient is calling in or we are outreaching
  - Only close encounter if/when:
    - "No further action is required" in Smartphrase

## Incoming:

- 
- Telephone Encounter MH/BH
  - Provider Name: Provider of Record for Follow ups & Case management, Designated Manager for Intakes
  - Reason for Call: Cancel
  - Click Incoming call Only close encounter if/when:
    - "No further action is required" in Smartphrase

## Appointment Searching/Booking

- Psych: Have RULA, Lucet, and HealthConnect open for searching
  - Block Names: Varies depending on visit type of clinic cancel, see smartphrase chart
- ADM: Have HealthConnect up for searching
  - Block Names: Varies depending on visit type of clinic cancel, see smartphrase chart

## Clinic Cancellation

### {VANISHING TIP:

**SCRIPTING FOR SAME DAY CALL OUTS:** "Good morning/afternoon, we are calling to cancel your appointment with XXX on [date and time]. We would like to offer you an in-network provider for your ongoing care. You may also choose to continue with your current provider, and I will reschedule you at a later date."  
(Offer and document available appt for today).

\*\*If patient accepts a new EPN provider, they will continue with that provider.

**Scripting for LOA:** "Good morning/afternoon, we are calling to cancel your appointment with XXX on [date and time]. Your provider is on an extended leave with a pending return date. We would like to offer you an in network provider for your ongoing care." (Offer and document available appt for today).

**Is patient in crisis?** :If yes, offer internal OD appointment same day.

### SAME DAY CANCELLATION:

If patient declines EPN transfer and requests to see someone today for a one time appt: Okay to offer open same day FIC 30/60 or open intake block with another provider. :2051000}

### Cancellation Type:

Same Day

Advanced Notice

## PSY Clinic Cancellation Outgoing Calls:

### Scripting for:

Same Day call outs and LOA  
(Advanced Notice call out).

### Reminders:

If patient is in crisis, book with OD.

### New:

If patient declines EPN options and requests to be seen same day, they can be booked into a Same Day open FIC or Intake Block (not used for Advanced Notice calls).

(continued next page)



# PSY Clinic Cancellation

.RBHPSYCLINICCANCELATION

**Patient is being clinic canceled:**

**Same Day**

**Intake Appt:**

☐ Patient accepted appointment with network provider for same day. Reschedule Offer date: **MO/DA/YEAR**

Rula: Scheduled appointment: **MO/DA/YEAR** and time

Lucet: Scheduled appointment: **MO/DA/YEAR** and time

Internal Scheduled appointment (booked from dept. WL): **MO/DA/YE**

Patient offered appointment with network provider same day and declined. Rescheduled offer date: **MO/DA/YEAR**

No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.

No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: **MO/DA/YEAR**

Rula: Scheduled appointment: **MO/DA/YEAR** and time

Lucet: Scheduled appointment: **MO/DA/YEAR** and time

Internal Scheduled appointment (booked from dept. WL): **MO/DA/YE**

Patient not available, left voicemail with cancelation information. Patient added to department intake waitlist.

Patient not available and unable to leave voicemail, patient added to department intake waitlist.

**Follow Up Appt:**

☐ Patient accepted appointment with network provider for same day. Reschedule Offer date: **MO/DA/YEAR**

Rula: Scheduled appointment: **MO/DA/YEAR** and time

Lucet: Scheduled appointment: **MO/DA/YEAR** and time

Internal Scheduled appointment (booked from dept. WL): **MO/DA/YE**

Patient declined same day appointment with network provider. Patient chose to stay with provider of record. Reschedule offered date: **MO/DA/YEAR**

☐ Scheduled appointment with provider of record date: **MO/DA/YEAR** and time

No appointment available same day. Patient informed of SB855. Member chose not to book at this time.

No appointment available for same day. Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: **MO/DA/YEAR**

Rula: Scheduled appointment: **MO/DA/YEAR** and time

Lucet: Scheduled appointment: **MO/DA/YEAR** and time

Internal Scheduled appointment (booked from dept. WL): **MO/DA/YE**

Patient not available, left voicemail with cancelation information. Patient added to provider waitlist.

Patient not available and unable to leave voicemail. Patient added to provider waitlist.

## PSY Clinic Cancellation Outgoing Calls:

Clerical contacting a patient to clinic cancel on the same day:

1. Choose the "Same Day" option for clinic cancelation.
2. Select if cancelation is:
  - An intake
  - Follow Up Appointment
3. Clerical will then identify if further actions are needed.

SmartPhrase is built to capture available options for booking and escalation needs for these "Same Day" cancelations.

*(continued next page)*

# PSY Clinic Cancellation

.RBHPSYCLINICCANCELTION

Advanced Notice	
<b>Intake Appt:</b>	
Patient accepted appointment with network provider by due by date (10 days from referral or date of initial call). Reschedule Offer date: <b>MO/DA/YEAR</b>	
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Internal Scheduled appointment (booked from dept. WL): <b>MO/DA/YEAR</b> and time
Patient was offered appointment with network provider by due by date and declined (10 days from referral or date of initial call). Reschedule Offer date: <b>MO/DA/YEAR</b>	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Reschedule offer date: <b>MO/DA/YEAR</b> Patient requesting to book appointment.	
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Internal Scheduled appointment (booked from dept. WL): <b>MO/DA/YEAR</b> and time
Patient not available, left voicemail with cancellation information. Patient added to department intake waitlist.	
Patient not available and unable to leave voicemail, patient added to department intake waitlist.	
<b>Follow Up Appt:</b>	
Patient accepted appointment with network provider prior to or on same day as cancellation. Reschedule Offer date: <b>MO/DA/YEAR</b>	
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Internal Scheduled appointment (booked from dept. WL): <b>MO/DA/YEAR</b> and time
Patient declined appointment with network provider prior to or on same day as cancellation. Patient chose to stay with provider of record. Reschedule offered date: <b>MO/DA/YEAR</b>	
	Scheduled appointment with provider of record date: <b>MO/DA/YEAR</b> and time.
No appointment available prior to or on same day as cancellation Patient informed of SB855. Member chose not to book at this time.	
No appointment available prior to or on same day as cancellation. Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: <b>MO/DA/YEAR</b>	
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Internal Scheduled appointment (booked from dept. WL): <b>MO/DA/YEAR</b> and time
Patient not available, left voicemail with cancellation information. Patient added to provider waitlist.	
Patient not available and unable to leave voicemail. Patient added to provider waitlist.	

## PSY Clinic Cancellation Outgoing Calls:

Clerical contacting a patient to clinic cancel for a future date:

1. Choose the "Advanced Notice" option for clinic cancellation.
2. Select if cancellation is:
  - An intake
  - Follow Up Appointment
3. Clerical will then identify if further actions are needed.

SmartPhrase is built to capture available options for booking and escalation needs for these "Advanced Notice" cancellations.

*(continued next page)*

# PSY Clinic Cancellation

.RBH**PSY**CLINICCANCELATION

Further Action needed?
Yes, patient needs to be contacted again. When patient returns call please use Clinic Cancellation SmartPhrase. Patient reschedule due by date: <b>MO/DA/YEAR</b>
No, patient was available.
Yes, patient booked with EPN. Tapestry to be completed.
Yes, patient to be sent SB855 letter.
***

## Further Action for Outgoing Calls:

1. Patient will need to be contacted again. Clerical will add the reschedule due by date so that the next person working the message can easily identify the date.
  - Intake appointments are 10 days from referral/initial call for services.
  - Follow up: Date of cancellation.
2. Patient available, actions will be completed at end of call.
3. Tapestry referral for EPN needs to be completed.
4. SB 855 letter needs to be sent.

\*If all actions are complete and patient was reached, clerical can sign and close encounter.

# PSY Clinic Cancellation Vanishing Tip

.RBHPSYCLINICCANCELTIONCALLBACK

	Patient outreach or incoming return call for same day cancelation	Advanced Notice: Patient outreach or incoming return call for future LOAs and Clinic Cancels	Patient incoming return call after canceled appointment date has passed
Intake	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>
	<b>Available Offer/Booking:</b> Lucet same day Open Intake or Transfer block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Lucet or Rula Open Intake block	<b>Available Offer/Booking:</b> Lucet or Rula Open Intake block Open FIC 60 block (same day)
Follow Up	<i>Reschedule Offer must be same day as cancelation.</i>	<i>Reschedule Offer must be prior to or on the same day as cancelation.</i>	<i>Patient has fallen out of access, offer soonest available.</i>
	<b>Available Offer/Booking:</b> Lucet same day Open Intake block Open Transfer block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Lucet or Rula Open FIC 60 block with current provider before reschedule by date Internal Transfer Block	<b>Available Offer/Booking:</b> Lucet or Rula Open FIC 60 block with current provider
<b>*If patient is in crisis, book with OD same day using "internal."</b>			

## Newly Available:

If a patient is being clinic canceled for a follow up session and declines a transfer to EPN (same day or advance notice cancelation) they may request to be booked with a provider for a one-time visit only on same day of clinic cancelled appointment.

## BookIt Appt Notes:

CCXL: 1x patient of \_\_\_\_\_ (Name of Provider who is out)

Block guide allows clerical to easily identify what may or may not be used as a block to offer/book.

# PSY Clinic Cancellation Call Back

.RBHPSYCLINICCANCELTIONCALLBACK

	Patient outreach or incoming return call for same day cancelation	Advanced Notice: Patient outreach or incoming return call for future LOAs and Clinic Cancels	Patient incoming return call after canceled appointment date has passed
Intake	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>
	<b>Available Offer/Booking:</b> Lucet same day Open Intake or Transfer block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Lucet or Rula Open Intake block	<b>Available Offer/Booking:</b> Lucet or Rula Open Intake block Open FIC 60 block (same day)
Follow Up	<i>Reschedule Offer must be same day as cancelation.</i>	<i>Reschedule Offer must be prior to or on the same day as cancelation.</i>	<i>Patient has fallen out of access, offer soonest available.</i>
	<b>Available Offer/Booking:</b> Lucet same day Open Intake block Open Transfer block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Lucet or Rula Open FIC 60 block with current provider before reschedule by date Internal Transfer Block	<b>Available Offer/Booking:</b> Lucet or Rula Open FIC 60 block with current provider
<b>*If patient is in crisis, book with OD same day using "internal."</b>			

## PSY Clinic Cancellation Incoming Calls: RVMC or Back Office

### Vanishing Tip:

Shows available blocks to offer and reschedule by dates.

### Phrase will cascade open depending on when the call is received:

- On the same day as clinic cancelation
- On the same day or prior to canceled appointment date
- Returning calls after the appointment date has passed.

### Further Action Needed:

Guides clerical on any outstanding actions that need to be completed during this call.

- SB 855 letter
- Tapestry referral
- Or no further action needed, sign and close.

Patient Returning Call from recent clinic cancelation:	
<b>Same Day</b>	
	Intake
	Follow up
<b>Advanced Notice- Patient returning call prior to original cancelation date</b>	
	Intake
	Follow up
<b>Call Returned after Cancelation Date</b>	
	Intake
	Follow up



# PSY Clinic Cancellation Call Back

.RBHPSYCLINICCANCELTIONCALLBACK

Call Returned after Cancellation Date	
1	<b>Intake Appt:</b>
	Patient accepted appointment with network provider by due by date (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b>
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b>
	Internal Scheduled appointment (booked from dept. WL): <b>MO/DA/YEAR</b>
	Patient was offered appointment with network provider by due by date and declined (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR
	No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.
2	<b>Follow Up Appt:</b>
	Patient accepted appointment with network provider. Reschedule Offer date: MO/DA/YEAR
	Rula: Scheduled appointment: <b>MO/DA/YEAR</b>
	Lucet: Scheduled appointment: <b>MO/DA/YEAR</b>
	Internal Scheduled appointment: (booked from dept. WL): <b>MO/DA/YEAR</b>
	Patient declining services at this time.
	No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Reschedule offer date: <b>MO/DA/YEAR</b> Patient requesting to book appointment.

## Incoming Calls after the canceled appointment date:

### For:

- Patients who do not answer on the first outreach and call back after the appointment date.
- Patients who answer on second outreach attempt after the appointment date.

### Intakes:

The schedule by date may not have passed yet.

### Follow Ups:

“Fall out” appointment for patients calling after the appointment date. Book soonest available. SB 855 does NOT apply to patients who do not call back or answer prior to the appointment date or on same date.

# ADM Clinic Cancellation

.RBHADMCLINICCANCELTATION

## Clinic Cancellation

**{ Vanishing Tip:**

**Scripting for call outs:** "Good morning/afternoon, we are calling to cancel your appointment with XXX. We can reschedule your appointment for a later date. We would also like to offer for you to see someone today if needed." (Offer and document an available one time appt for today).

**Scripting for LOA:** "Good morning/afternoon, we are calling to cancel your appointment with XXX. They are on an extended leave and we are unsure of their return date. We would like to offer you another provider for your ongoing care." (Offer and document available appt).

**Is patient asking to be seen today for 1x?:** If yes, offer same day intake or FIC slot.

**Is patient in crisis?:** If yes, offer OD or available CM same day.

If patient has group appointment for same day, that can be used as the offer date. }

**Cancellation Type:**

Advanced Notice

Same Day

## ADM Clinic Cancellation Outgoing Calls:

**Scripting for:**

Same Day call outs and LOA  
(Advanced Notice call out).

**Reminders:**

If patient is in crisis, book with OD or open CM block.

**New:**

If patient requests to be seen same day, they can be booked into a Same Day open FIC or Intake Block (not used for Advanced Notice calls).

If a patient is in group on the same day as clinic cancellation, group can be used as the reschedule offer date.

(continued next page)

# ADM Clinic Cancellation

**.RBHADMCLINICCANCELTATION**

<b>Patient clinic canceled:</b>	
<b>Same Day</b>	
<b>Intake Appt:</b>	
Patient accepted appointment with network provider for same day. Reschedule Offer date: MO/DA/YEAR	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient offered appointment with network provider same day and declined. Rescheduled offer date: MO/DA/YEAR	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient not available, left voicemail with cancelation information. Patient added to department intake waitlist.	
Patient not available, unable to leave voicemail with cancelation information. Patient added to department intake waitlist.	
<b>Follow Up Appointment:</b>	
Patient is scheduled for group on same day as cancelation. Patient will be rescheduled with network provider. Reschedule Offer date: <b>MO/DA/YEAR</b>	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient accepted appointment with network provider for same day. Reschedule Offer date: <b>MO/DA/YEAR</b>	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient declined same day appointment with network provider. Patient chose to stay with provider of record. Reschedule offered date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
No appointment available to offer patient same day. Patient is not engaged in group services on same day. Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
No appointment available to offer same day. Patient is not engaged in group services on same day. Patient informed of SB855. Member chose not to book at this time.	
Patient not available, left voicemail with cancelation information. Patient added to provider waitlist.	
Patient not available, unable to leave voicemail with cancelation information. Patient added to provider waitlist.	

## ADM Clinic Cancellation Outgoing Calls:

Clerical contacting a patient to clinic cancel on the same day:

1. Choose the "Same Day" option for clinic cancellation.
2. Select if cancelation is:
  - An intake
  - Follow Up Appointment
3. Clerical will then identify if further actions are needed.

SmartPhrase is built to capture available options for booking and escalation needs for these "Same Day" cancelations.

*(continued next page)*



# ADM Clinic Cancellation

.RBHADMCLINICCANCELTATION

Advanced Notice	
<b>Intake Appt:</b>	
+	Patient accepted appointment with network provider by due by date (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Patient was offered appointment with network provider by due by date and declined (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR
	No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.
	No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: MO/DA/YEAR
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Patient not available, left voicemail with cancelation information. Patient added to department intake waitlist.
	Patient not available, unable to leave voicemail with cancelation information. Patient added to department intake waitlist.
<b>Follow Up Appointment:</b>	
	Patient is scheduled for group on same day or prior to cancelation. Patient will be rescheduled with network provider. Reschedule Offer date: <b>MO/DA/YEAR</b>
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Patient accepted appointment with network provider prior to or on same day as cancelation. Reschedule Offer date: MO/DA/YEAR
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	Patient declined appointment with network provider prior to or on same day as cancelation. Patient chose to stay with provider of record. Reschedule offered date: MO/DA/YEAR
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	No appointment available prior to or on same day as cancelation. Patient not engaged in group services. Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: MO/DA/YEAR
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
	No appointment available prior to or on same day as cancelation. Patient not engaged in group services. Patient informed of SB855. Member chose not to book at this time.
	Patient not available, left voicemail with cancelation information. Patient added to provider waitlist.
	Patient not available, unable to leave voicemail with cancelation information. Patient added to provider waitlist.

## ADM Clinic Cancellation Outgoing Calls:

Clerical contacting a patient to clinic cancel for a future date:

1. Choose the "Advanced Notice" option for clinic cancelation.
2. Select if cancelation is:
  - An intake
  - Follow Up Appointment
3. Clerical will then identify if further actions are needed.

SmartPhrase is built to capture available options for booking and escalation needs for these "Advanced Notice" cancelations.

*(continued next page)*

## Further Action needed?

Yes, patient needs to be contacted again. When patient returns call, please use the ADM Intake SmartPhrase.

Reschedule due by date: **MO/DA/YEAR**

Yes, patient to be sent SB855 letter.

No, patient was available.

\*\*\*

## Further Action for Outgoing Calls:

1. Patient will need to be contacted again. Clerical will add the reschedule due by date so that the next person working the message can easily identify the date.
  - Intake appointments are 10 days from referral/initial call for services.
  - Follow up: Date of cancellation.
2. SB 855 letter needs to be sent.
3. Patient available, actions will be completed at end of call.

\*If all actions are complete and patient was reached, clerical can sign and close encounter.

# ADM Clinic Cancellation Vanishing Tip

.RBHADMCLINICCANCELCATIONCALLBACK

	Patient outreach or incoming return call for same day cancelation	Advanced Notice: Patient outreach or incoming return call for future LOAs and Clinic Cancels	Patient incoming return call after canceled appointment date has passed
Intake	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>
	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Open Intake Block	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)
Follow Up	<i>Reschedule Offer must be same day as cancelation.</i>	<i>Reschedule Offer must be prior to or same day as cancelation.</i>	<i>Patient has fallen out of access, offer soonest available.</i>
	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Open FIC 60 block with current provider Open intake block to transfer to another provider if provider is on LOA.	<b>Available Offer/Booking:</b> Open FIC 60 block with current provider
<p><b>Is patient in crisis?: If yes, offer OD or available CM same day.</b>  <b>Is patient asking to be seen today for 1x?:If yes, offer same day intake or FIC slot.</b></p>			

## Newly Available:

If a patient is being clinic canceled for a follow up session they may request to be booked with a provider for a one-time visit.

Block guide allows clerical to easily identify what may or may not be used as a block to offer/book during a call back on same day, prior, or after appointment time has passed.

# ADM Clinic Cancellation Call Back

.RBHADMCLINICCANCELCATIONCALLBACK

	Patient outreach or incoming return call for same day cancellation	Advanced Notice: Patient outreach or incoming return call for future LOAs and Clinic Cancels	Patient incoming return call after canceled appointment date has passed
Intake	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>	<i>Reschedule Offer must be by 10 days of referral/target date.</i>
	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Open Intake Block	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)
Follow Up	<i>Reschedule Offer must be same day as cancellation.</i>	<i>Reschedule Offer must be prior to or same day as cancellation.</i>	<i>Patient has fallen out of access, offer soonest available.</i>
	<b>Available Offer/Booking:</b> Open Intake block Open FIC 60 block (same day)	<b>Available Offer/Booking:</b> Open FIC 60 block with current provider Open intake block to transfer to another provider if provider is on LOA.	<b>Available Offer/Booking:</b> Open FIC 60 block with current provider
<p><b>Is patient in crisis?: If yes, offer OD or available CM same day.</b>  <b>Is patient asking to be seen today for 1x?: If yes, offer same day intake or FIC slot.</b></p>			

## ADM Clinic Cancellation Incoming Calls: Clerical or Back Office

### Vanishing Tip:

Shows available blocks to offer and reschedule by dates.

### Phrase will cascade open depending on when the call is received:

- On the same day as clinic cancellation
- On the same day or prior to canceled appointment date
- Returning calls after the appointment date has passed.

### Further Action Needed:

Guides clerical on any outstanding actions that need to be completed during this call.

- SB 855 letter
- Or no further action needed, sign and close.

Patient Returning Call from recent clinic cancellation:	
Same Day	
	Intake
	Follow up
Advanced Notice- Patient returning call prior to original cancellation date	
	Intake
	Follow up
Call Returned after Cancellation Date	
	Intake
	Follow up

# ADM Clinic Cancellation Call Back

.RBHAD<sup>ADM</sup>CLINICCANCELTATIONCALLBACK

Call Returned after Cancellation Date	
<b>Intake Appt:</b>	
Patient accepted appointment with network provider by due by date (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient was offered appointment with network provider by due by date and declined (10 days from referral or date of initial call). Reschedule Offer date: MO/DA/YEAR	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Member chose not to book at this time.	
No appointment available prior to patients due by date (10 days from referral or date of initial call). Patient informed of SB855. Patient requesting to book appointment. Reschedule offer date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
<b>Follow Up Appointment:</b>	
Patient accepted appointment with network provider. Reschedule Offer date: MO/DA/YEAR	
	Internal Scheduled appointment: <b>MO/DA/YEAR</b> and time
Patient declining services at this time.	

## Incoming Calls after the canceled appointment date:

### For:

- Patients who do not answer on the first outreach and call back after the appointment date.
- Patients who answer on second outreach attempt after the appointment date.

### Intakes:

The schedule by date may not have passed yet.

### Follow Ups:

“Fall out” appointment for patients calling after the appointment date. Book soonest available. SB 855 does NOT apply to patients who do not call back or answer prior to the appointment date or on same date.

# SB855 Letter



Date: [DATE]

[NAME]  
[ADDRESS]

**Re: Notification of Coverage for Behavioral Health Services**

Dear [NAME]

We recently met with you to discuss your behavioral health needs and have rescheduled your appointment for behavioral health service(s).

As we shared with you during our telephone discussion, your rescheduled appointment is outside the timeframe originally requested by your provider, so we are informing you of your rights if you prefer to pursue care outside our network instead of the appointment that we have scheduled for you.

**Information about coverage for outside network:**

Kaiser Permanente must arrange and pay for the services requested by [KP STAFF INITIATING LETTER] from a health care provider outside our network because Kaiser Permanente does not have an in-network (Mental Health or [Substance Use Disorder \(MH/SUD\)](#)) provider available within the required timeframe or geographic area. Your provider requested coverage for the following services: Psychiatry. You will only be responsible for paying your usual in-network cost sharing amount for these services. You may obtain additional information about obtaining out-of-network MH/SUD services from Kaiser Permanente at 1-833-579-4848. If you are having trouble with Kaiser Permanente arranging the approved out-of-network services and have been unable to resolve the issue with Kaiser Permanente, please contact the Department of Managed Health Care's Help Center at 1-888-466 2219 or go to the Department's website at [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov) to receive additional help.

If your coverage ends for any reason, you'll have to pay for care you receive after the coverage ends.

**Additional Information if you are pursuing coverage for behavioral health services outside the network and have coverage that is not Medi-Cal.**

The external clinician is responsible for collecting your visit cost-share/copay at the time you receive services. When you have an active authorization, no additional service charges or fees beyond the cost-share/copay should be requested by them. If you're asked to pay more than your cost-share/copay, contact Member Services at 1-800-464-4000 to verify your financial responsibility.

**Need more information?**

If you would like additional information about this notification, please call Member Services at 1-800-464-4000, 24/7 for most services, except major holidays.

Sincerely,

Kaiser Foundation Health Plan, Inc.



# SB855 Letter Sending

## Further Action needed?

Outreached to patient to schedule intake, patient not available. Left message with request for call back. When patient returns call please use: ".RBHPSYINTAKEDOCUMENTATION"

No

Yes, patient booked with EPN. Routing to local area for tapestry to be completed.

Yes, routing to escalation pool to SB855 letter to be sent. "Appointment Request" for reason for call.

\*\*\*

## If further action is to send SB855 Letter:

- Route message to Escalation Pool
- Clerical will monitor Escalation pool for SB855 Letter messages to complete and send same day
- Letters sent through Letter Send Functionality in KPHC or by U.S. Mail if patient does not have kp.org established

## In Development....

- Clerical Scripting
- Membership Services Scripting

# Waitlist Reminders



# Sooner Appointment and Waitlist Reminders

## Waitlist:

- Patient does not have a current appointment.
- Waitlists should be used
  - There are no appointments available
  - A provider has called out or needs to clinic cancel patient and we cannot get a hold of the patient.
  - WL entry signifies follow up outreach needed

## Sooner Appointment:

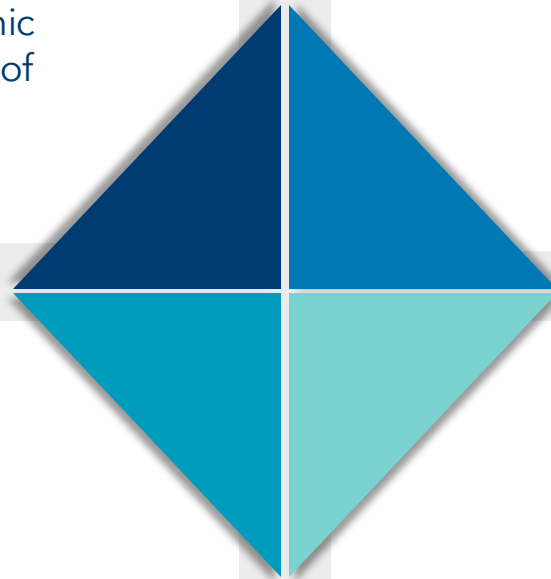
- Patient already has an appointment, however, is requesting something sooner.
  - E.g. Certain of week or prefers afternoons
- Patient can be added to provider's SAL=Sooner appointment List only if they have a currently scheduled appointment.
  - (The digital version of this is fast pass)

## Waitlist Reminders

- Clinic cancelled waitlist should be monitored and worked daily to meet Clinic cancel and WL policies.
- Patients should be called 2x and sent a letter within 14 days. Patients can be removed from WL 14 days after letter is sent. Recommendation is to send on same day as making first attempt.

## Sooner Appt List Reminders

- Sooner appointment lists should be monitored daily.
- Patients SAL entries should be scheduled from if something becomes available sooner or deleted once the scheduled appointment occurs.



# Adding Patient to a Waitlist

Scenario	WL Start Date	WL End Date	WL Notes	Important Info
Patient is Clinic Canceled	Day of original appointment that needs to be rescheduled	Enter "y+11"	CCXL on "Date"	<ul style="list-style-type: none"> <li>WL under Provider of record</li> <li>List patient by original appointment type (video, f2f, etc.)</li> </ul>
Patient is a new Intake via Tapestry	Date of Tapestry creation	Enter "y+11"		<ul style="list-style-type: none"> <li>WL under Manager name for intakes</li> <li>List patient by original appointment type (video, f2f, etc.)</li> </ul>

**This applies if an appointment is being cancelled due to normal operations.  
If an appointment is cancelled due to strike, please follow waitlist rules in Strike trainings**

In order to maintain current Waitlist and department access standards, every area must have assigned staff to monitor the department waitlists (all Providers & Physicians) AND the Autoscheduling WorkQueue **DAILY**.

# Waitlist - Scheduling

The screenshot displays the 'Appointment Desk' interface. At the top, there are navigation tabs: 'Appt Desk', 'Registration', 'Book It', and 'Auto Generated Default Patient Wait List'. Below the tabs, there are utility icons for 'Book It', 'Walk In', 'Request', 'Reports', 'Patient Options', 'Printing', and 'Cost Estimate and OOP Summary'. The main area is divided into two sections. The top section shows patient details for 'ZZZKPHCLINCONT,CCTVATHREESCAL' with fields for DOB, Home, Mailing Address, City/State/Zip, Home/Physical Address, City/State/Zip, Reg Sts, and Scheduling Recommendations. The bottom section is a table with columns: 'R...', 'Start Date', 'End Date', 'Priority', 'Dept', 'Visit Type', 'Provider', 'Status', 'Preferences', 'Notes', and 'O...'. A context menu is open over the first row of the table, with 'Schedule from Wait List' highlighted in red. At the bottom left of the interface, there are buttons for 'Expand', 'Delete', 'Schedule from Wait List', and 'Cancel Appointment', with 'Schedule from Wait List' also highlighted in red.

R...	Start Date	End Date	Priority	Dept	Visit Type	Provider	Status	Preferences	Notes	O...
	10/29/2024	10/29/2035	Wait List	TOPSY	PSY FOLLOW UP 60	Corey, N...	60	Pending	WS2024	

## Scheduling From

- ✓ Right click entry for provider of record
- ✓ Choose "Schedule from Wait List" option

or

- ✓ Click entry for provider of record
- ✓ Choose "Schedule from Wait List" in bottom left corner

# Waitlist - Deleting

The screenshot shows the 'Appointment Desk' interface. At the top, there are navigation tabs: 'Appt Desk', 'Registration', 'Book It', and 'Auto Generated Default Patient Wait List'. Below this is a patient information panel for 'ZZZKPHCLINCONT,CCTVATHREESCAL'. The patient's details include DOB (9/23/1990), Age (34 yrs), Sex (Female), and Home Address (5601 DE SOTO AVE, Woodland Hills, CA 91367-6701). A 'Preventive Care' section contains a scheduling recommendation: 'Annual qualified visit needed. Schedule member for F2F/VV visit. Do not schedule if seen within the last 7 days unless patient requests additional appt.' Below the patient info is a 'Wait List' table with columns: R..., Start Date, End Date, Priority, Dept, Visit Type, Provider, Len, Status, Preferences, Notes, and O... The table contains one entry: 10/29/2024, 10/29/2035, Wait List, TOPSY, PSY FOLLOW UP, Forey, Nicole Mallory (Lmft), 60, Pending, WS2024. A context menu is open over this entry, with 'Delete' highlighted in red. At the bottom left of the interface, there is a toolbar with buttons: 'Expand', 'Delete', 'Schedule from Wait List', and 'Edit Wait Appointment'. The 'Delete' button in the toolbar is also highlighted in red.

## Deleting Waitlist Entry

- ✓ Right click entry for provider of record
- ✓ Choose "Delete" option

or

- ✓ Click entry for provider of record
- ✓ Choose "Delete" in bottom left corner

# Local Area Workflow Options

## SB221 Scheduling Escalation

- If local area back office reaches the patient for 221 escalation, and appointments with RULA, Lucet, or Internal PMT/unused blocks with provider of record cannot be found, one-time appointments can be offered with other internal providers to meet access.
- Not required, but an option to meet standards for local areas.

## Clinic Cancellations (Same Day/LOA)

- If back office reaches the patients and there is a department preferred provider (e.g. new provider with open supply), they can expand past table options in SmartPhrase to offer appointments and blocks with those preferred providers beyond 24 hours to get patients in access.
- Not required, but an option to meet standards for local areas.

\*RVMC will follow workflows and booking options as they are written, but local areas will have slightly more flexibility with options to offer, if they prefer.

# Documenting First Offered

**RULA, Lucet & Health Connect**

12.12.24

**RULA**

# RULA

## RULA

### Capturing first offered

- Offering patient first available for timely care
- Capturing first offer date for RULA/KP reporting
- Documenting the date you offered in smarphrases

Please offer the patient the first available appointment. Once you have offered the first available to the patient, **click on that time slot.**

*The action of the click on the time slot will be captured as the first offered appointment.*

Time	Sunday, September 22	Monday, September 23	Tuesday, September 24	Wednesday, September 25	Thursday, September 26	Friday, September 27	Saturday, September 28
7 AM				Available	Available	Available	Available
8 AM				Available	Available	Available	Available
9 AM				Available	Available	Available	Available
10 AM				Available	Available	Available	Available
11 AM				Available	Available	Available	Available
12 PM				Available	Available	Available	Available
1 PM			Available	Available	Available	Available	Available
2 PM			Available	Available	Available	Available	Available
3 PM			Available	Available	Available	Available	Available
4 PM			Available	Available	Available	Available	Available
5 PM			Available	Available	Available	Available	Available
6 PM			Available	Available	Available	Available	Available
7 PM			Available	Available	Available	Available	Available
8 PM			Available	Available	Available	Available	Available
9 PM			Available	Available	Available	Available	Available
10 PM			Available	Available	Available	Available	Available
11 PM			Available	Available	Available	Available	Available



Available provider slots are denoted by the green boxes, fully booked slots are denoted by white or empty boxes as unavailable.

Please offer the patient the first available appointment. Once you have offered the first available to the patient, click on that time slot. This click on the time slot will be captured as the first offered appointment.

If the patient is interested in the appointment offered, you can either click on the time slot box to bring up a fly-out menu of available providers for that time, or you can further filter the available slots based on patient preferences such as provider ethnicity, gender, specialty, language, etc.

Fly-out menu of available providers for a specific time slot:

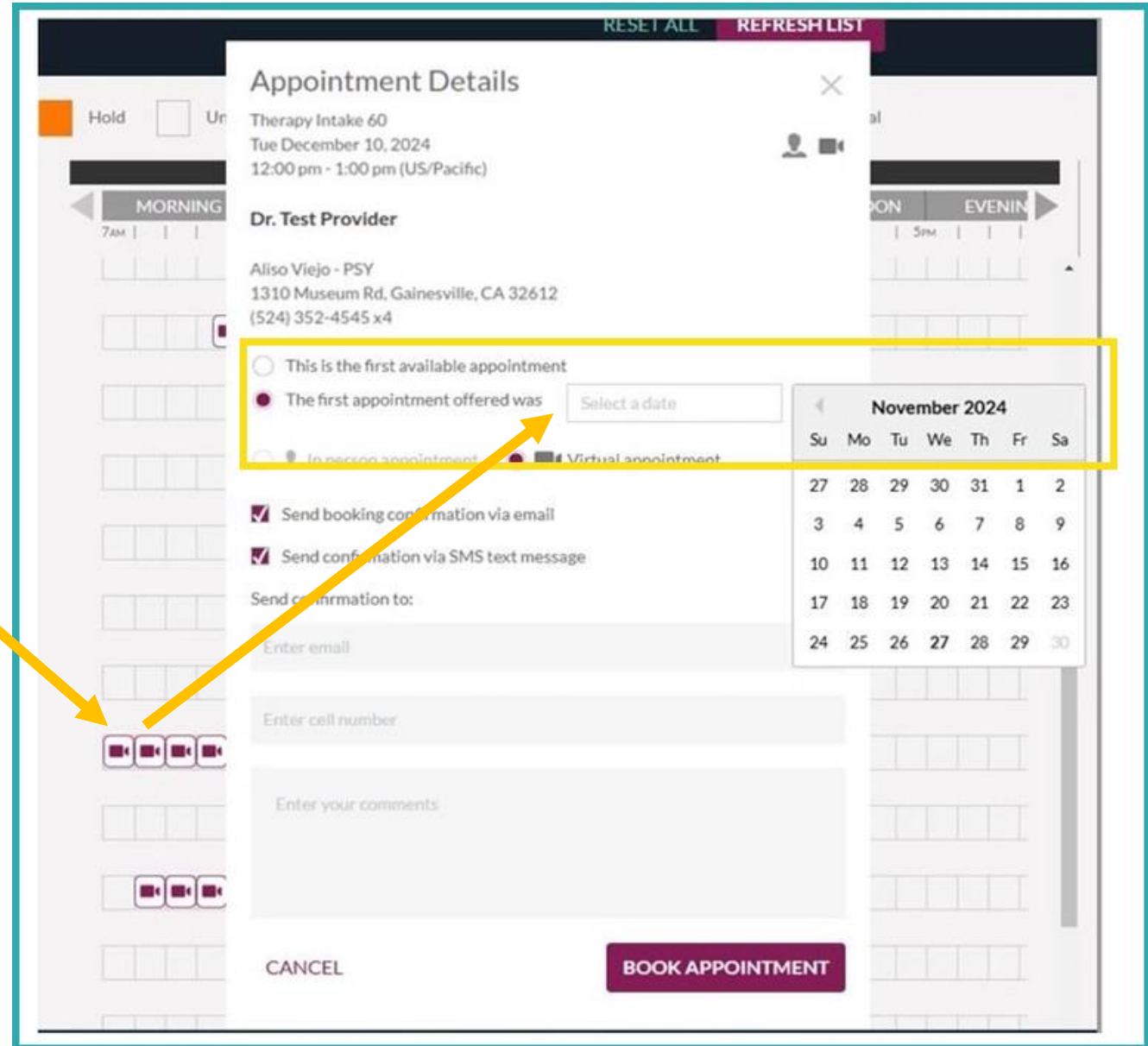
**LUCET**

## Lucet

### Capturing first offered

-First Offered date will be the first available option in booking confirmation page

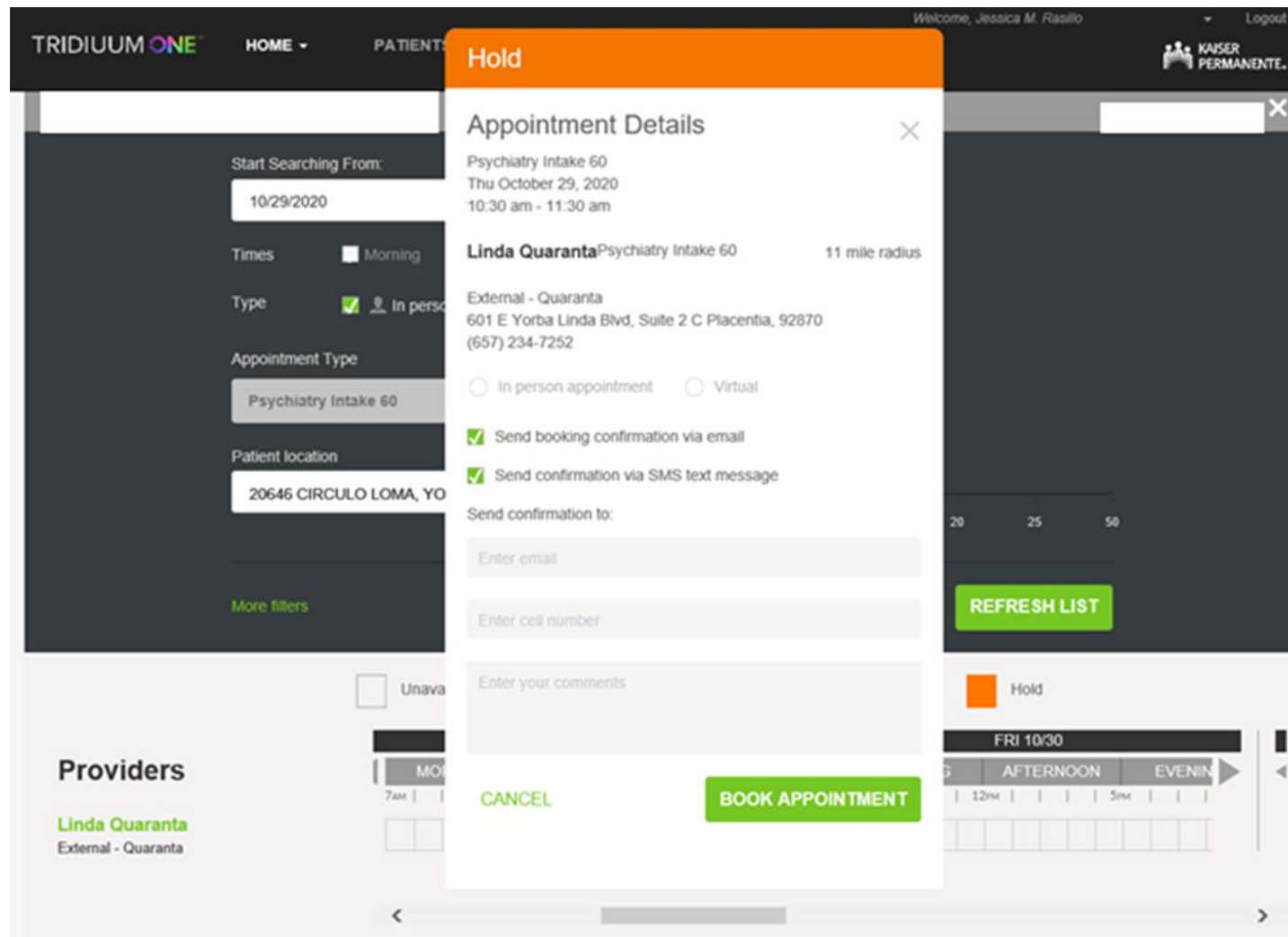
-This date is what will be entered in the Appointment Details pop-up when scheduling appointment



## Lucet

### Capturing first offered for held appointments

-When an appointment has been held by a specific provider, the First Offered date will be the date of the held appointment



# Health Connect

## Health Connect BookIt

When booking internal, there is a hard stop to capture FIRST OFFERED in BookIt.

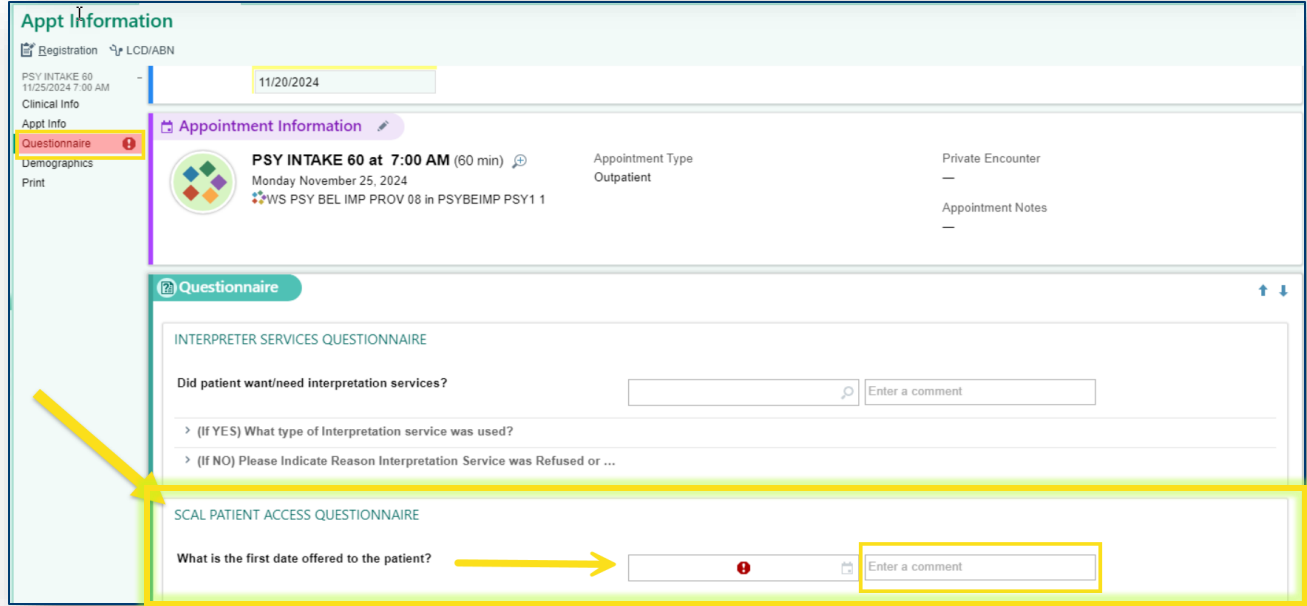
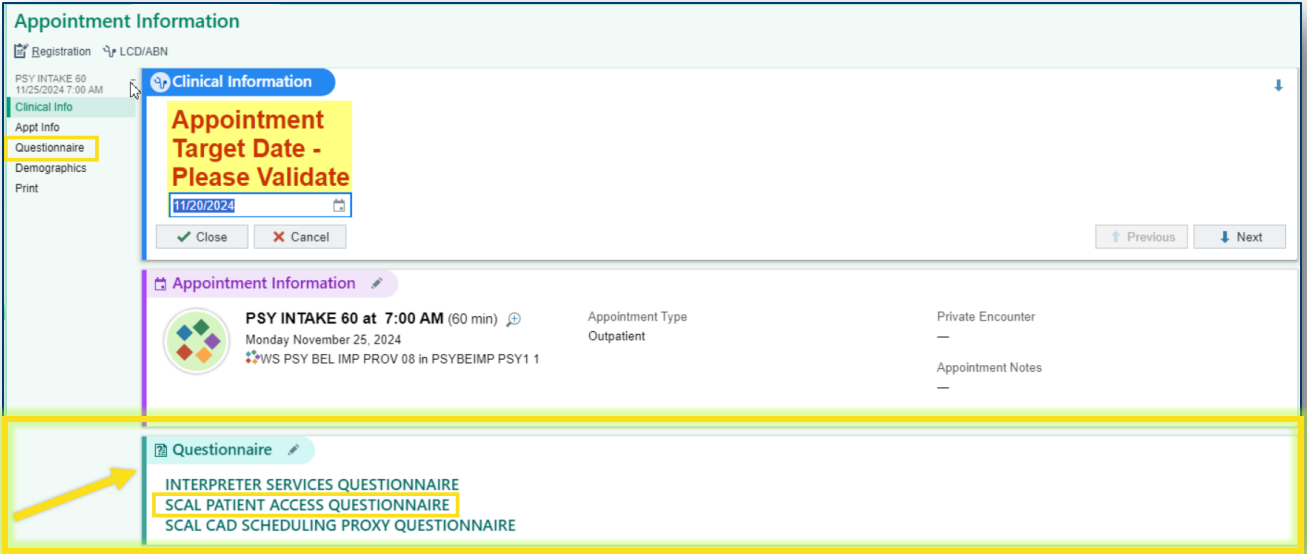
To align with updated smartphrases, we will now verify that our first offered match the dates we are documenting for RULA, Lucet and Health Connect.

If a patient is dispositioned with an Outcome for ADAPT or EPN (RULA/Lucet) and requests to stay internal, clerical is required to document the first available/offered appointment in ADAPT, RULA, or Lucet that patient declined.

# Intake, FIC Re-engagement & FIC Follow-Up BookIt First Offered Edits

## Utilizing "comments" section in First Offered:

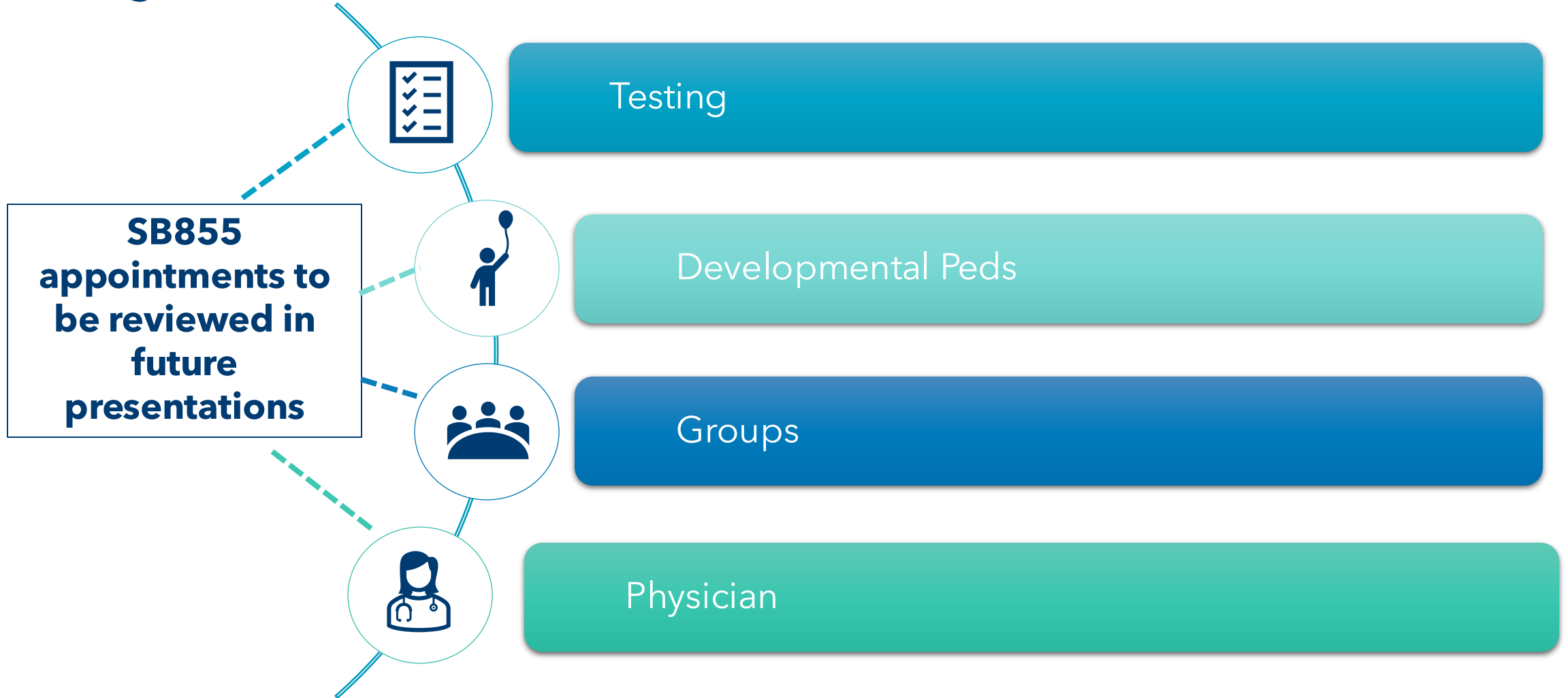
- 1 Select Questionnaire
- 2 SCAL Patient Access Questionnaire
- 3 Enter Rula or Lucet first offered date
- 4 *Must* enter a comment: document if the first offered was with Rula, Lucet or ADAPT



# **Non 221 & SB855**



# Coming Soon



➤ **Clerical Scripting for SB855 will be shared once approved (pending)**

**Questions?**

