

# St. Clair County Community Mental Health Authority

## OASIS Refresher Training

This form **MUST** be completed & forwarded to QI/DM staff (Denise Choiniere) 1 week prior to scheduled training.

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Staff Program: \_\_\_\_\_

Staff Title: \_\_\_\_\_

Check the box of the following item(s) you would like reviewed/discussed at the OASIS Refresher Training. If an item is not listed write in "Other" the item(s) you would like reviewed/discussed.

#	Check Box	Issue/Item:	Expert:	Document /Source:
1.		Coding/Billing	Amy Jacobs 810-966-4475 ajacobs@scccmh.org	Handouts – Billing Codes
2.		Waiver Case (i.e. 1915; SPA HAB waiver)	Tammy Schneider 810-966-7850 tschneider@scccmh.org	
3.		BH-TEDs	Char Lutz 810-966-7854 clutz@scccmh.org	Handouts
4.		Calendar		
5.		Collecting signature(s) (i.e. CEHR, electronically, hardcopy)		
6.		Change/Deleted Signed Document		
7.		Data Management Review for Claims Verification	Tammy Schneider 810-966-7850 tschneider@scccmh.org	
8.		Documentation completion timeframe, requirements/standards		Policy # 03-002-0010 Case Record Timeline
9.		Verbal signature requirements		
10.		Demographics (i.e. update/review & current residential living arrangement)		
11.		Quick Links	Amy Kandell 810-966-3725 akandell@scccmh.org	
12.		Authorization		
13.		Discharge (i.e. undone)		
14.		Short cuts in header (i.e. diagnosis, health status etc.)		
15.		Review/Update Admission/Assignments		
16.		Data Errors Chang/Delete SAL/ SAL Overlap Memo Code Use	Kiera Jevens 810-583-4101 kjevens@scccmh.org	
17.		Other:		
18.		Other:		