



Policy & Procedure Number: BHSD #PRR-007

Primary Category	Impacts
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input checked="" type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
Effected Parties	<input type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers <input type="checkbox"/> Quality Managers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Electronic Signature Monitoring and Oversight Processes

Assigned Policy Number: PRR-007

Policy Owner: Provider Relations

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input checked="" type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input checked="" type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input checked="" type="checkbox"/> Personnel (PER) |
| <input checked="" type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

Sherrri Terao
DAB699BA2A1544D...

Date: 6/13/2023

Approved/Issue Date: 4/23/2023	Behavioral Health Services Director:	sherrri Terao
Last Review/Revision Date:	Next Review Date: 4/22/2026	Inactive Date:

III. REPLACES	<ul style="list-style-type: none"> BHSD PP# 4201 Use of Electronic Health Records BHSD PP# 4202 Electronic Signatures in Electronic Health Record Systems for County and Contractors Central Treatment and Recovery PP# 406 Code of Conduct BHSD PP# 14601 SUTS Medical Director Roles Responsibility Code of Conduct Requirement
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- BHSD PP# 412-101 Santa Clara County Mental Health Department Compliance Plan and Code of Conduct.

IV. REFERENCES:

- 45 CFR Parts 160, 162, 164 Health Information Privacy and Portability Act (HIPPA)
- 42 CFR Part 2. Confidentiality of Substance Use Disorder Patient Records
- 42 CFR § 438.242. Health Information Systems.
- 21 CFR §§ 11.1 -11.300. Electronic Records; Electronic Signatures
- 15 USC § 7006 Electronic signature
- Uniform Electronic Transactions Act (UETA)
- Federal Electronic Signatures in Global and National Commerce Act (ESIGN ACT)
- Confidentiality of Medical Information Act (CMIA)
- 9 CCR 1810.376. Health Information Systems
- 9 CCR § 1810.440. MHP Quality Management Programs
- 9 CCR § 9400. Application. Development and Administration of County Alcohol Programs
- 2 CCR §§ 22000-22005. Digital Signatures
- CIV §§ 1633.1-1633.17 Electronic Transactions
- GOV § 16.5. Use of digital signatures
- GOV § 6254. Exemptions from disclosure
- WIC § 5328. Qualified Professional Responsibility to Care
- Department of Mental Health (DMH) Letter 08-10 Electronic Signatures and Electronically Signed Records
- Department of Alcohol and Drug Programs (ADP) 10-01 Electronic Signatures in Electronic Health Record Systems Used by Counties and Providers
- HHS #585.23 Security of Electronic Protected health Information
- HHS #512.20 Information Systems Access and confidentiality.
- Code of Conduct

V. PURPOSE:

This policy defines initial electronic signature and annual attestation, termination or violation reporting and record retention requirements for all Financial, Programmatic, and Medical staff that use an electronic health record (EHR) system. These established processes will be compliant with federal and state regulations related to the use of electronic signatures.

For the purposes of this policy EHR refers to electronic records systems used by County Contracted Providers (CCP). Health Information System (HIS) refers to the electronic mechanisms employed by the BHSD Plan, in this case, Avatar.

VI. POLICY:

The Behavioral Health Services Department (BHSD) Plan requires Participating Provider workforce members that use an EHR or BHSD's HIS to comply with federal and state requirements:

1. For electronic signatures, workforce member completion of a signature attestation, **PRR-007 A. Electronic Signature Agreement (ESA)** is required prior to EHR or HIS use and annually thereafter.
2. All suspected privacy or security violations or any other types of misconduct must be reported.



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3. At the end of employment, affiliation, or contract with BHSD, the Participating Provider is required to complete a termination agreement to restrict further individual, group or agency access to the EHR and/or HIS.

This policy applies to all Financial, Programmatic, and Medical Records that require workforce member e-signature.

VII. DEFINITIONS:

Attestation. The act of applying an electronic signature to the content, showing authorship and legal responsibility for a particular unit of information.

Authentication. The security process of verifying a user's identity with the system that authorizes the individual to access the system (i.e., the sign-on process). Authentication shows authorship and assigns responsibility for an act, event, condition, opinion, or diagnosis.

Behavioral Health Services Department (BHSD). The local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), this integrated behavioral health system is also referred to as the Plan.

County Contracted Providers (CCPs). Contracted Providers (CCPs) that agree to provide covered specialty mental health services and/or substance use treatment services to Beneficiaries, or any other organization or person who agrees to perform any administrative function or service for BHSD specifically related to securing or fulfilling its obligations to the DHCS under the terms of their existing contracts.

Electronic signature. An electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record pursuant to 15 UCS § 7006. Under California law, an electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record. The use of an electronic signature or digital signature shall have the same force or effect as a manual signature.

Electronic Health Record (EHR). An electronic health record is a digital version of a beneficiary's paper chart. EHRs are real-time, beneficiary-centered records that make information available instantly and securely to authorized users. For this policy, EHR. Refers to the electronic system used by County Contracted Providers, CCP.

Health Information System (HIS). Systems used by Managed Care Plans to collect, analyze, integrate, and report accurate and consistent data on areas including but not limited to utilization, claims, grievances, and appeals. BHSD's Health Information System (HIS) includes electronic and manual mechanisms to:

- Collect data on beneficiary and provider characteristics and on services furnished to Beneficiaries.
- Ensure the data received from providers is accurate and complete.
- Verify the accuracy and timeliness of reported data, including data from network providers compensated based on capitation payments.
- Screen the data for completeness, logic, and consistency.
- Collect service information in standardized formats to extent feasible and appropriate, including secure information exchanges and technologies utilized for quality improvement and care coordination purposes.
- Make collected data available to the California Department of Health Care Services (DHCS) and on request, to the Centers for Medicare and Medicaid Services (CMS).

The BHSD Plan currently uses Avatar as the primary electronic mechanism to meet basic element requirements of the health information system.

Participating Provider. A County, Individual Provider or Contracted Certified Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members who are providing direct Beneficiary care services, are licensed, registered, waived, certified, or meet criteria as a paraprofessional.

Workforce Member. Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether or not they are paid by the covered entity.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Standards for Electronic Signatures in Electronically Signed Records	<ol style="list-style-type: none"> 1. Workforce member signatures that have been submitted electronically have the same force and effect as a manual signature. <ol style="list-style-type: none"> a. This definition is consistent with federal law that defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record" and California law where a digital signature is defined as "an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature." 2. Electronic Health Record systems that utilize electronic signatures will comply with the following Certification Commission for Healthcare Information Technology (CCHIT) certification criteria or equivalent: <ol style="list-style-type: none"> i. Security: Access Control ii. Security: Audit iii. Security: Authentication 3. Electronic signatures will meet the following requirements:



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	<ol style="list-style-type: none"> a. The electronic signature mechanism is: <ol style="list-style-type: none"> i. Unique to the signer, ii. Under the signer's sole control iii. Capable of being verified iv. Linked to the data so that, if the data are changed, the signature is invalidated. v. Ongoing renewal of the password recommences the electronic signature agreement.
DHCS Audit Requirements for Electronically Signed Records	<ol style="list-style-type: none"> 1. Electronic records and electronically signed records may replace paper-based records for purposes of an audit, licensing, or certification review. BHSD and contract providers must conform to the standards for electronic signatures in electronically signed records set forth in this DHCS bulletins. When BHSD and or State conducts an audit, licensing, or certification review, BHSD and contracted providers must make the following available: <ol style="list-style-type: none"> a. Physical access to EHR systems b. Adequate computer access to the EHR needed for the audit or review c. System or network access to electronic records such as user IDs and passwords d. Access to printers and capability to print necessary documents e. Technical assistance as requested f. Scanned documents, if needed, that are readable and complete 2. The above documentation shall be sufficient to ensure that electronically signed records are capable of verification by qualified auditors, analysts, or investigators.

IX. WORKFLOW PROCEDURE	
Responsible Party	Action Required
Workforce Members that Require Access to BHSD Health Information System (HIS) Avatar	<ol style="list-style-type: none"> 1. To obtain access to Avatar, complete and submit: <ol style="list-style-type: none"> a. BHSD System Access Request Form (SARF) b. IT User Responsibility Statement c. PRR-007 A. Electronic Signature Agreement

	<ul style="list-style-type: none"> d. Additional attachments may be required to get remote access or permission to use of a personally-owned device. e. Materials are found at the site below. <p>https://bhdp.sccgov.org/analytics-reporting/electronic-health-records</p> <ul style="list-style-type: none"> 2. Use of electronic signature and system access for BHSD health information systems is governed by the HHS User Access Control policy and related policies of Santa Clara County including but not limited to Access Control, Password, Documentation Accountability and Security Violation policies. <ul style="list-style-type: none"> a. By signing the Statement, Users acknowledge that they have read and understand the contents and that violation of any of the provisions may result in disciplinary action, up to and including termination of employment and/or criminal prosecution. b. Setting a new password for my user-ID (electronic signature) renews the terms of this agreement. 3. Report any suspected privacy or data security violations and any other types of misconduct to your Manager and the Santa Clara County Health and Human Services (HHS) Compliance Office via email: ComplianceOfficer@hhs.sccgov.org or by phone:408.885.3794 4. At end of my employment, affiliation, or contract with BHSD, I agree to notify BHSDBusinessOffice@hhs.sccgov.org
<p>County Contracted Provider (CCP) Agency Oversight and Monitoring</p>	<ul style="list-style-type: none"> 1. Must have an electronic signature process policy which includes the identification of workforce members that are required to have electronic signatures, the process to distribute the PRR-007 A. Electronic Signature Agreement to their staff for signature prior to electronic health record (EHR) access and annually thereafter. 2. For HIS access, follow the Workforce Member instructions above. 3. Beginning March 15, 2023 and annually thereafter, obtain signature from CCP EHR Vendor on their letterhead using the PRR-007 B. CCP Electronic Signature Certification template, to verify that E.H.R signature and electronic health record system meet the standards described in ADP Bulletin 10-01 and DMC Bulletin 08-10. 4. Retain to keep signed copies of PRR-007 A. Electronic Signature Agreement and PRR-007 B. CCP Electronic Signature Certification for a minimum of 10 years and made available for audit by BHSD and other oversight entities.
<p>County Clinic Oversight and Monitoring</p>	<ul style="list-style-type: none"> 1. Obtain workforce member signature on PRR-007 A. Electronic Signature Agreement for new hires prior to electronic health record access. 2. Monitor and ensure practitioners have completed their annual Health Learning attestation which includes the annual PRR-007 A. Electronic Signature Agreement signature requirement and Code of Conduct.



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	<ol style="list-style-type: none"> 3. Retain completed PRR-007 A. Electronic Signature Agreement forms in the employee files for audit purposes for 10 years. 4. Managers are responsible for monitoring workforce member compliance for Health Learning completion.
Provider Relations	<ol style="list-style-type: none"> 1. Will request BHSD Director signature on PRR-007 C. BHSD Director Electronic Signature Certification beginning March 15, 2023 and annually thereafter. 2. Distribute copy of BHSD Director signature to Participating providers. 3. Retain signed PRR-007 C. BHSD Director Electronic Signature Certification documents for 10 years. 4. Will verify compliance during routine site certification or annual monitoring or other Participating Provider audits.
X. ATTACHMENTS	<ol style="list-style-type: none"> A. Electronic Signature Agreement B. CCP Electronic Signature Certification C. BHSD Director Electronic Signature Certifications

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes