QRTips

Behavioral Health Services
Authority and Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOABH / CYPBH / Managed Care / Certification and Designation Support Services Teams

Correction Needed for PWB eligibility forms completed between March 13 to July 6, 2021 (CYPBH COUNTY EHR Only)

<u>**Attention CYPBH County EHR users:**</u> It has come to attention of AQIS CYPBH Support Team that there was a County EHR error occurring when completing the Pathways to Wellbeing/Intensive Services (PWB/IS) Eligibility Form. Specifically, you could not enter "No" to any items in question 4 "Is the youth currently **RECEIVING or BEING CONSIDERED FOR** any of the following services (see checklist below)?" The error would result in an incomplete PWB/IS eligibility form due to certain fields being left blank and not allowing you to progress to mark "Yes" or "No" to the PWB/IS eligibility fields.

Please carefully read the following section below to determine if your beneficiary needs to have their PWB/IS form corrected by completing a new form.

- PWB/IS form was completed during the impacted timeframe of <u>**March 13, 2021 to July 6, 2021**</u>

- During the timeframe above, Double check question 4 "Is the youth currently **RECEIVING or BEING CONSIDERED FOR** any of the following services ?"
  - If **Yes** is selected to any fields in question 4, <u>**no update or correction is needed**</u> as you have been allowed to complete the form.
  - If the answer is left **Blank**, <u>**a new PWB Eligibility form (revised after July 6th) needs to be completed**</u>. The new form will allow you to select the box "None of the above apply" if applicable to question 4, which will open the rest of the form to check "Yes" or "No" for PWB or IS eligibility.

STRTP Timelines (CYPBH STRTP)

With the recent addition of STRTP programs in Orange county, AQIS CYPBH Support Team would like to provide a reminder regarding important STRTP program timelines. For a full reference of all the STRTP timelines and requirements, please refer to the STRTP Regulations version II.

- **Assessment**: Assessments are to be <u>completed and signed within 5 calendar days</u> of the child/minor's arrival/admission to the STRTP by a licensed mental health professional or waivered/registered professional. If the child/minor is on an emergency placement, an assessment shall be completed as soon as possible or no later than 72 hours from the time the child arrives at the facility.

- **Admission Statement**: After completing the assessment within 5 calendar days, the STRTP Head of Service (HOS) shall complete an <u>admission statement within the 5 calendar days</u> as well. The admission statement affirms that the HOS has read the child/minor's referral documentation, previous mental health assessments, considered the needs and safety of the child/minor, considered the needs and safety of other children/minors already admitted to the STRTP. For detailed information, please refer to the STRTP Regulations version II, Section 9.

- **Care Plan (CP):** The CP is to be completed and <u>signed 10 days</u> from the date of arrival/admission to the STRTP. This CP should be reviewed by a mental health program staff at least every 30 calendar days and documented appropriately.

- **Clinical Reviews, Collaboration and Transition Determination**: A clinical review, collaboration and transition determination plan is to be <u>completed every 90 days</u> by a Licensed Mental Health Professional or waivered/registered professional. Please refer to the STRTP Regulations version II, Section 14.

- **Progress notes**: Progress notes are to be completed and signed by the provider <u>within 72 hours of the date of service</u>.

- **Psychiatric review**: A psychiatrist shall examine each child/minor prior to prescribing any psychotropic medication. The exam shall include a screening to determine any medical complications that could impact the mental health condition.
  - If the child/minor is determined to receive psychotropic medication(s), a psychiatric review is due <u>when clinically appropriate **but at least every 45 days**</u>.
  - If a child/minor is determined not to be prescribed any psychotropic medication, the psychiatrist review the course of treatment <u>when clinically appropriate **but at least every 90 days.**</u>

AOABH New Provider Training

The AOABH New Provider Training (NPT) Documentation and Care Plan has been uploaded to the AQIS website **here**. The training is comprised of two separate parts. BOTH parts need to be taken to fulfill the requirement. The trainings, when taken in succession, should take approximately two (2) hours. If a provider began taking the previous version and did not finish prior to the posting of the updated version, they will need to take the updated versions from start to finish. All new providers are required to take this training as part of the onboarding process. For questions regarding this training, please reach out to Staci Lopez, AOABH Support Team, by email at AQISSupportTeams@ochca.com

Audit Timelines

AQIS would like to remind all County and Contract programs there is a 10 day turnaround to provide audit documents to AQIS Audit Staff once the request is made to produce the records. County programs will need to ensure all necessary documents are uploaded and available within EHR. Contract programs will need to ensure all necessary documents are uploaded and available within the Box. It is suggested the identified uploader for each contract program log in to the Box in advance of the due date. This will help minimize any technical difficulties that may occur, and provide enough time to troubleshoot any access issues pertaining to the Box.

Documentation Questions

At AQIS we want to provide the best quality support possible for our programs/providers. We encourage programs/providers to reach out to AQIS with questions, but oftentimes, the answers to the questions that AQIS receives can be found in the Documentation Manual and/or online trainings or previously distributed QRTips. As a reminder, please be sure to review the resources in the next column prior to emailing AQIS with a documentation question. Reviewing resource materials that are available online may help provide an answer more quickly than a Support Team member can respond.

If a provider/program is unable to find the answer to a question in these resources, please send a detailed question to the AQIS Support Teams inbox at AQISSupportTeams@ochca.com and a Support Team member will respond in a timely manner. **Please note**, Contract programs need to include their contract monitor on these emails.

Helpful Documentation Resources

- The Documentation Manual
- Annual Provider Training (APT)
- APT forms and resources
  - Sample notes are provided
- New Provider Trainings
- QR Tips

pppst.com

- GRIEVANCES & INVESTIGATIONS

- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)

- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS

- CLINICAL SUPERVISION

- PAVE ENROLLMENT FOR COUNTY SUD DMC-ODS CLINICS AND PROVIDERS

- CREDENTIALING

- ACCESS LOGS

- CHANGE OF PROVIDER/SECOND OPINION (MHP)

- MHP/SUD DMC-ODS PROVIDER DIRECTORIES

REMINDERS

CLINICAL SUPERVISION
- BBS applicant's for an associate registration who graduated on or after January 1, 2020 may only count post-degree hours of supervised experience gained under the "90-day rule" if the workplace required the applicant to complete a Live Scan fingerprinting prior to gaining those hours.
- According to BBS, the goal of the 90-day rule is to secure public protection by ensuring that applicants who are applying for an associate registration were fingerprinted by the employer. The reason for this requirement is that these individuals have graduated and are no longer under the close purview of their school, but they are not associated yet and therefore are not yet under the jurisdiction of the Board.
- County employees do NOT qualify for the "90-day rule" clause, per Human Resources. However, the County-Contracted programs may hire a graduate without an associate registration number and must follow the County procedure below:

CLINICAL SUPERVISION

COUNTY-CONTRACTED PROGRAM REQUIREMENT

✓ CSRF Form, BBS Responsibility Form, Written Agreement (if applicable) and a completed **Live Scan Fingerprint Form** from the employer must be submitted to MCST.
✓ IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate #.
✓ Once BBS issues an Associate #, the provider must submit _updated_ clinical supervision forms to IRIS and MCST, along with the PAN.
✓ Without a PAN, IRIS will **NOT** activate the provider to begin billing for Medi-Cal covered services.

OC health CARE AGENCY

Graduating on or After January 1, 2020?

BBS Board of Behavioral Sciences

Learn About Changes to the 90-Day Rule

Keep a copy of your completed employer-required Live Scan Fingerprint Form in order to count postdegree hours before issuance of your Associate registration

Make Your Hours Count!

https://www.bbs.ca.gov/pdf/90day_rule.pdf

90-DAY RULE FOR GRADUATES

Reminders (Continued)

PERSONNEL ACTION NOTIFICATION (PAN) FORM – NEW UPDATE (EFFECTIVE 8/1/21)
- New providers who are licensed waivered (e.g. APCC, ACSW, AMFT, Psychological Candidates, Psychological Assistants, Registered Psychologist) will now be required to submit the CSRF, BBS Responsibility Form, and Written Agreement (if applicable) **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services, effective 8/1/21.
- Existing providers who have a credential change (e.g. ACSW to LCSW) or separation from the employer must submit the PAN with an updated CSRF to indicate the termination of clinical supervision.
- Be sure to send the PAN to IRIS and include MCST via e-mail at: AQISManagedCare@ochca.com with the Subject Line – PAN.

PROVIDER DIRECTORY
- All Medi-Cal Certified Sites are required to provide an updated provider list to MCST **every month by the 15th**.
- The most current spreadsheet is e-mailed every month and requires you to type in the date it was revised in column A1 (see below):

DATE REVISED: 6/1/2021
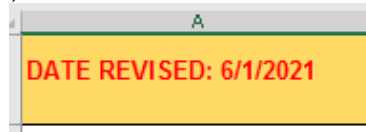
- Submit your spreadsheet even if there are NO changes to your program and/or provider tab and update the "Date Revised".
- On the spreadsheet be sure to:
  - **Add Provider:** Highlight in RED who is new and being added for the current submission. Please note all fields included are a requirement by DHCS, do not leave any blanks.
  - **Remove Provider:** Strike through who needs to be removed for the current submission.

MCST TRAININGS ARE AVAILABLE UPON REQUEST
- If you and your staff would like a specific or a full training about MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Program Manager, Annette Tran at anntran@ochca.com.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER
Lead(s): Esmi Carroll, LCSW   Jennifer Fernandez, MSW

CREDENTIALING AND PROVIDER DIRECTORY
Lead: Elaine Estrada, LCSW

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Lead: Elizabeth Sobral, LMFT

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Araceli Cueva   Elizabeth "Liz" Martinez   Sam Fraga

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