

QRTips

Behavioral Health Services
Authority and Quality Improvement Services
AOABH / CYPBH / Managed Care
Support Teams

REMINDER

Medi-Cal Specialty Mental Health Services Reasons for Recoupment: Fiscal Year 18-19

As AQIS prepares to resume the periodic audits, we want to remind all programs of the Department of Health Care Services (DHCS) "Reasons for Recoupment" for Medi-Cal Specialty Mental Health Services (SMHS). Here are some of the changes:

Medical Necessity/Assessment

1. The Mental Health Plan (MHP) did not submit documentation substantiating it complied with the following requirements:
 - a. Provider used DSM-V Criteria Sets as the clinical tool to make diagnostic determinations.
 - b. Provider determined the corresponding ICD-10 DX code used when submitting claim for billing purposes.
2. The chart did not show documentation substantiating the beneficiary's need for services was established by an Assessment.
 - a. The required elements of an assessment are:
 - i. Presenting Problem
 - ii. Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health
 - iii. Mental Health History
 - iv. Medical History
 - v. Medications
 - vi. Substance Exposure/Use
 - vii. Client Strengths
 - viii. Risks
 - ix. Mental Status Exam (MSE)
 - x. Diagnosis
 - xi. Additional clarifying formulation information as needed per the MHP Contract.

**Please note that these same elements are also required in every annual update per DHCS feedback from the Triennial Audit.*

TRAININGS & MEETINGS

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AOABH

New Provider Training
(Documentation & Care Plan)

Only available online at:
AOABH New Provider Training

AOABH Core Trainers Meetings

County Core Trainers Meeting

Thurs Feb 6th 10 – 11:30am Rm 433

Contract Core Trainers Meeting

Thurs Feb 13th 1:30 – 3pm Rm 433

CYPBH Trainings

**Please see CYPBH Support Team
website for online trainings.*

HELPFUL LINKS

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AOIS AOABH Support Team

AOIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

...continued from the previous page

Client Care Plan

3. Services shall be provided based on medical necessity established by an Assessment and CP. Services were claimed when the planned service intervention (type of service) was not on the current CP.

Progress Notes

4. The focus of the intervention did not address at least one below re: the beneficiary's included mental health condition:
 - a. A significant impairment in an important area of life functioning
 - b. A probability of significant deterioration in an important area of life functioning
 - c. A probability the child will not progress developmentally as individually appropriate; and
 - d. If full-scope Medi-Cal <21 years old; condition a result of MI that SMHS can improve
5. No documentation substantiating the expectation that the intervention will do at least one of the following:
 - a. Significantly diminish the impairment
 - b. Prevent significant deterioration in an important area of life functioning
 - c. Allow the child to progress developmentally as individually appropriate; or
 - d. If full-scope Medi-Cal <21 years old; correct or ameliorate the condition
6. Progress note does not describe how services provided reduced impairment, restored functioning, prevented significant deterioration in area of life functioning, or how services were necessary to improve a beneficiary's (if under the age of 21) mental health condition

REMINDER

Non-Licensed Mental Health Professionals and Assessment

Per the Information Notice 17-040 released by the DHCS on chart documentation requirement clarifications, the diagnosis, Mental Status Exam (MSE), medication history, and assessment of relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health must be completed by a provider, operating in his/her scope of practice under California State law, who is licensed, waived, and/or under the direction of a Licensed Mental Health Professional (LMHP).

However, the MHP may designate certain other qualified providers to contribute to the assessment, including gathering the beneficiary's mental health and medical history, substance exposure and use, and identifying strengths, risks, and barriers to achieving goals.

IMPORTANT UPDATE

Care Plan Validation Date – for Medi-Cal Charts

Per DHCS at the Triennial Audit, a Care Plan becomes valid from the date the provider (who is qualified to authorize a Care Plan, i.e. LPHA) signs the Care Plan, not from the date of the client/legal guardian's signature or the last required signature. However, client participation continues to be crucial in the development of Care Plans and should be documented appropriately. AQIS will begin auditing to this updated standard effective immediately to ensure compliance with the DHCS chart documentation standards.

ACTION REQUIRED

Required Elements in a Psychosocial Assessment

The DHCS Information Notice 17-040 identifies the specific components required in a psychosocial. A complete list of required elements of an assessment is on page 1 of this month's QRTips. It is encouraged to conduct a comprehensive assessment by utilizing the assessment form in its totality. However, the current BH Psychosocial Evaluation PowerForm in the County EHR allows a significant amount of the required information to be optional. In order for the MHP to ensure requirements are met, the areas identified below must now be completed in *their entirety*. In addition, all blue prompts must to be answered and explained in the narrative.

- *Presenting Problem
- *Psychiatric history
- *Risk and Protective Factors
- *Medical (Medical Problems & Medications)
- *Care Coordination
- *Substance Abuse
- *Family History
- *Developmental History (*for children and adolescents only*)
- *Abuse and Trauma
- *ADLs
- *Legal
- *Strengths and social support

Please remember that this list is in addition to the already required items in the BH Psychosocial Evaluation in the County EHR. Please also note that individual program (both County and Contract) may have additional requirements for the Psychosocial.

Short-Term Residential Therapeutic Program (STRTP) – Part 2

The previous QRTips (December 2019) provided introduction about the STRTP and the nature of the intensive services being provided in a short period of time. As a result, the documentation of Specialty Mental Health Services (SMHS) may be challenging due to multiple timeline requirements. Below are the timelines and documentation based on the STRTP Mental Health Program Approval protocol.

- Assessments are to be completed within 5 calendar days of the child's arrival to the STRTP
 - Needs to be reviewed and signed by a LMHP
 - A previous assessment may be used if it meets all the requirements and was completed within 60 days prior to the child's STRTP arrival
- If the referral is for an Emergency Placement, the assessment must be completed within 72 hours
- Upon completion of the Assessment or an Emergency Placement assessment, the Head of Service affirms the child meets the criteria for the STRTP with an Admission Statement
- Both a Needs and Service Plan driven by a Social Services model and a Care Plan driven by Specialty Mental Health Services need to be completed, reviewed and signed by the Head of Service or related discipline designated by the HOS within 10 calendar days from the child's arrival to the STRTP
 - Document the child's participation/agreement on the NSP and CP
 - The child or SW must sign to authorize treatment services
 - Document if the child refuses to sign and any attempts made to obtain the signature
 - Treatment goals must also address the child's readiness to transition to an alternative tx. setting
 - A 30 day review of the child's progress towards the NSP and CP goals are documented by a MH program staff
- If mental health services need to be provided before the assessment is completed, an Interim Care Plan (ICP) may be put in place
 - Documentation must meet medical necessity in order for services to be provided
- A Clinical Review Report & Transition Determination is completed every 90 days
 - This is an in depth clinical review of the progress towards the treatment goals
 - The report determines if the child should remain in the program or be transitioned to a different level of care
- A Transition Determination Plan is similar to a discharge summary.
 - It is not to be confused with the Clinical Review Report and Transition Determination as mentioned earlier
 - Even though the MH Program Approval provides us guidance that the Transition Determination Plan is to be developed, completed and signed by a member of the MH program staff before the child transitions out of the STRTP, DHCS has further recommended the STRTP "prepare a Transition Determination Plan for each youth upon admission since it should be developed prior to transition, whether planned or not."
- Progress Notes are to be completed within 72 hours of the service being provided

As a reminder, please review the STRTP MH Program Approval protocol for details and requirements on timelines and documentation. You can find a copy of the protocol on our County website at:

<http://www.ochealthinfo.com/bhs/about/cys/support/strtp>

Medi-Cal Certification/Re-Certification Reminders



HCA/BHS Medi-Cal Certification/Re-Certification
Physical Plant Inspection Checklist Per DHCS Medi-Cal Protocol
(Program to complete checklist and return to AQIS 6 weeks prior to site visit)

Provider Name: Click here to enter text.		Provider Number: Click here to enter text.	
Address: Click here to enter text.		Provider's Inspection Date: Click here to enter a date.	
City & Zip Code: Click here to enter text.		Provider's Correction Date (if applicable): Click here to enter a date.	
Telephone #: Click here to enter text.		Provider's Inspection Conducted by: Click here to enter text.	
Category 3: Physical Plant (page 8) Observe the building and grounds for actual and potential hazards (e.g. loose or torn carpeting, electrical cords that might pose a hazard), is the facility and its property clean, sanitary, and in good repair? Free from hazards that might pose a danger to the beneficiary?		CCR, Title 9, Section 1810.435 (b) (2) (b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.	
Evaluation Criteria	Yes	No	Comments
Fire exits clear and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Aisles and hallways unobstructed and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Floors clean, dry and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Is the condition of all carpeting clean, intact and in good repair? No torn or loose or stained carpeting.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Tile floors are intact with no loose or missing tiles - tripping hazard.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Walls clean and in good repair, no holes, base boards are attached.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Furniture clean and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are all computer cables, telephone cords, and wires properly secured or guarded to prevent tripping and entanglement?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are all bookcases, file cabinets, etc. over 42" in height secured or anchored to prevent tipping during an earthquake?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Programs planning to be MC Certified/Re-Certified must complete the Physical Plant Inspection Checklist. Return the completed form to AQIS 6 weeks prior to the site visit. Programs must address potential physical plant hazards and take corrective action to avoid a Plan of Correction (POC).

Questions can be sent to AQISmccert@ochca.com.

REMINDERS

Service Chiefs and Supervisors, please document the review of QRTips in staff meetings. Thank you!

AQIS SUPPORT TEAMS

AOABH

714.834.5601

AQIS AOABH Support Manager

Kelly K Sabet, LCSW, AMII

AQIS AOABH Support Service Chief

Mary Malady, LCSW, SCII

ASO / Special Projects

Christine Min, LCSW

Contract

Brenda Truong, LCSW

County / Crisis Recovery Services

Blanca Rosa Ayala, LMFT

Sarah Kang, LMFT

Jessica Rycroft, LMFT

Support Staff

Araceli Cueva, SA

Sharon Hoang, SA

Kandee Tran, SA

CYPBH

714.834.5601

AQIS CYPBH Support Manager

Vacant

AQIS CYPBH Support Service Chief

BlancaRosa Craig, LMFT, SCII

Audit Staff

Luis Arevalo, Ph.D.

Asmeret Hagos, LMFT

Tim Hoang, Psy.D.

Mark Lum, Psy.D.

Cheryl Pitts, LCSW

Chris Uyeno, LCSW

Contract Consultants

Selma Silva, Psy.D.

Medi-Cal Certifications

Chris Uyeno, LCSW

Support Staff

Irene Adams, OS

Elizabeth Martinez, SA

Managed Care

714.834.6624

AQIS MCST Support Manager

Vacant

(Kelly K Sabet, LCSW, AMII covering)

BHCII Staff

Elaine Estrada, LCSW

Sara Fekrati, LMFT

Chung M Nguyen, LCSW

Elizabeth Sobral, LMFT

Staci Ziegler, LMFT

Vacant

Vacant

Support Staff

Vacant

Vacant

Vacant