

QRTips

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

Important Changes to Assessment Workflows

The following important changes to the assessment workflows will be implemented in response to the 2019-2020 DHCS Triennial Review findings:

- I. Psychosocial and Periodic Re-Evaluation
 - BH Psychosocial will be completed at initial assessment AND at every annual update to ensure all required elements are captured at every assessment.
 - BH Periodic Re-Evaluation will no longer be used.
- II. Mental Health Specialist/Mental Health Rehabilitation Specialist
 - Mental Health Specialists (MHS) will no longer complete the following assessment forms:
 - BH Psychosocial
 - BH Diagnosis (No change)
 - BH Community Functioning Evaluation (CFE)
 - Care Plan (CP)
 - BH Interim Care Plan (ICP)
 - Mental Status Exam (MSE)

Please note that certain elements of assessment and care planning may continue to be gathered by Mental Health Specialists/Mental Health Rehabilitation Specialists.

Effective **April 1, 2020**, the following issues will result in recoupment:

- Assessment missing the required elements
- Chart missing the evidence that the diagnosis was formulated by a provider that is licensed and/or under the direction of a licensed provider (registered/waivered and intern/trainee providers)
- Assessment (the elements required to be completed by an LPHA) completed by a provider that is not licensed and/or not under the direction of a licensed provider

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

April: Canceled

Contract Core Trainers Meeting

April: Canceled

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

Pathways to Well Being / Intensive Service

Reminders and Clarifications

Pathways to Well Being / Intensive Service Reminders and Clarifications

Here are a few reminders and clarifications regarding Pathways to Well Being (PWB) or Intensive Services (IS). The Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd Edition -January 2018) says that ICC and IHBS are provided through EPSDT benefit to all children and youth who:

- Are under the age of 21
- Are eligible for the full scope of Medi-Cal services; and
- Meet medical necessity criteria for Specialty Mental Health Services (SMHS)
- Have an open child welfare case (PWB only)

If services are still medically necessary after the client turns 21, the provider can bill for Case Management or Rehabilitation Services provided that the care plan has been revised, these services (Case Management and Individual/Collateral Rehab) have been added to the plan, and the client is still eligible for the full scope of Medi-Cal services. The client must meet the criteria for medical necessity before he or she can be eligible for PWB or IS classification and receive ICC and IHBS services. What is required to establish medical necessity? The client must have an included DSM5/ICD10 diagnosis, an impairment(s) as a result of the mental health diagnosis, and the likelihood that he or she would benefit from the services provided. As a reminder, a licensed or waived clinician practicing within their scope of practice must establish the mental health diagnosis and resulting impairment(s) through an assessment services.

Frequently Asked Questions (FAQs)

Question # 1: “Does that mean that I have to complete a full assessment and care plan before I can establish eligibility for PWB or IS?” The answer is “Not necessarily, depending on whether or not you have established medical necessity.” Remember that we use the Interim Care Plan (ICP) in a similar manner. We have completed a “mini” assessment, which is usually documented in a progress note that demonstrates medical necessity of the included diagnosis and resulting impairment(s) and the reason(s) that treatment needs to be initiated before completion of a full assessment. Then, we complete the ICP with the services that we need to provide to decrease the immediate problem. For establishing PWB or IS eligibility prior to the full assessment and care plan being completed, you would need the same process of an assessment note by a licensed or waived clinician documenting the criteria for medical necessity and the ICP authorizing ICC and IHBS services.

Question #2: “What if the client hasn’t been assessed by a licensed or waived clinician? Can I still complete the eligibility form?” The answer is no. We should not give the impression that we have established medical necessity for any treatment services including ICC and IHBS without the licensed or waived clinician’s direct assessment or review of the assessment and ICP.

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Question # 3: “When do I start using the ICC or IHBS codes?” Once the client has been made eligible for PWB or IS services, and ICC and IHBS are listed as type of services on an ICP/CP, then all case management services are to be coded as ICC and all rehab services (individual and collateral) are to be coded as IHBS .

Question #4: “Can I continue to use assessment code after the client has been classified PWB/IS eligible?” DHCS has clarified that we can use assessment codes even after establishing that the client is PWB/IS eligible. The only requirement is that the progress note must have the elements that would make an assessment service. If we establish that the client is PWB/IS eligible prior to completing the full assessment, we can continue to bill assessment codes to complete the full assessment and treatment plan. Please note, however that the state has been monitoring how long it takes for client to be in treatment. The expectation is likely that we probably would not need too many sessions to complete the assessment since we already have established medical necessity. So our notes need to justify additional assessment sessions. For the 6-month review, psychological testing, administering outcome measures and Annual Re-evaluation, we can use assessment code instead of ICC code as long as the progress note contains the elements for assessment services. Presently, there is only one assessment activity that should be coded as ICC. This is assessing and re-assessing for needs and strengths activity during a CFT meeting. Any activity during a CFT meeting should be coded as ICC.

If you have any questions, please call AQIS (714) 796-0332.

Medi-Cal Certification/Re-Certification Reminders



When can a new Medi-Cal certified program begin billing?

The date is based on the Medi-Cal Activation approval date that is the latest date of the following three items:

1. Date the Provider requested Certification:



- a. For *County Operated Providers*, this is the date the completed application package (DHCS application, Fire Clearance, Head of Service license, Program Description) is accepted by DHCS.
- b. For *Contract Providers*, this is the date the Legal Entity entered into a signed agreement with the County of Orange Health Care Agency (OC HCA).

2. Date the site was Operational:

- a. This is the date the Provider can demonstrate they have the minimum staffing pattern(s) required for the Modes of Service they are requesting to have certified.

3. Date of Fire Clearance: Date the Fire Clearance was *granted*

- a. Onsite review must be conducted within one year from date of the granted Fire Clearance.
- b. Each Fire Clearance must be reviewed by AQIS to verify validity.

Questions can be sent to AQISMccert@ochca.com.



NEW

Quality Assurance and Quality Improvement Division

There are several exciting changes happening at AQIS, including the development of a new division: Quality Assurance and Quality Improvement. This new division is comprised of the AOABH, CYPBH, DMC-ODS, and Managed Care Support Teams.

Kelly K. Sabet, LCSW, CHC, has been promoted to the position of Division Manager of AQIS' Quality Assurance & Quality Improvement division effective February 14, 2020. BlancaRosa Craig, LMFT, has also been promoted to the position of Administrative Manager II of the CYPBH Support Team effective January 31, 2020.

ANNOUNCEMENTS

Please stay tuned for guidance and resources to help providers navigate during the COVID-19 pandemic.

REMINDERS

Service Chiefs and Supervisors, the Change of Provider/2nd Opinion logs and Med Monitoring packets are due on April 10th, 2020.

Service Chiefs and Supervisors, please remember to submit monthly updates on program and provider changes for Provider Directory to AQISManagedCare@ochca.com.

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

AQIS Quality Assurance & Quality Improvement Division

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AOABH Support Team

714.834.5601

AOIS AOABH Support Manager

Vacant

(Kelly K Sabet, LCSW, CHC, DM covering)

AOIS AOABH Support Service Chief

Vacant

(Annette Tran, LCSW, SCII covering)

ASO / Special Projects

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Contract

Brenda Truong, LCSW

County / Crisis Recovery Services

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Support Staff

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CYPBH Support Team

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