# QRTips

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

## New Clinician Support Program

The New Clinician Support Program is being reintroduced at AQIS to provide support for newly hired clinicians as well as existing clinicians who may need additional assistance with documentation within Adult & Older Adult Behavioral Health Services County Outpatient Programs. The program will provide the flexibility for the clinicians enrolled to have as much or as little support as deemed necessary for a two month period. Clinicians enrolled in the New Provider Support Program will be assigned to an AQIS staff member who will be available to answer any documentation questions the clinician may have. AQIS staff will be able to review documentation already completed by the clinician and provide feedback, and also be able to walk the clinician through the process of documentation of the various services that are expected to be provided. Resources will be made available to the clinicians to aid them in their journey to learn proper documentation that falls within Medi-Cal standards.

Service Chiefs within AOABH County Outpatient programs received an email on 10/26/20 providing them with the information to refer their staff (new hire or existing) to be a part of the program. Referrals for participation in the program will be sent by email. The email template will be submitted to the email inbox for AQIS at AQISSupportTeams@ochca.com. Once the referral is submitted, an AQIS staff member will reach out to the clinician identified in the referral to introduce themselves, and provide additional resources the clinician can review in their own time to gain a better understanding of documentation standards and guidelines. The Service Chief will have the option to be included in all communication between the AQIS staff assigned and the clinician referred. All support will be conducted virtually through various platforms such as telephone, Lync, Outlook, EHR, and Webex to ensure adherence to current physical distancing guidelines due to COVID-19. Any questions about the program can also be sent to the AQIS Support Teams inbox.

# Documentation Guidelines and Expectations

Effective September 30, 2020, the 14-day documentation rule was updated to allow documentation of a service up to 30 days from the date of service, with the date of service being Day 1. If your note was written after 30 days from the date of service, it should be coded as non-compliant (date of service is counted as day 1). While providers have up to 30 days for a billable service to be captured within the progress note as billable, it is expected that providers document a service as soon as practically possible. The 30 day documentation rule applies to all services on or after September 30, 2020. Any services conducted prior to September 30, 2020 are still under the 14-day documentation rule.

HCA Code of Conduct outlines that providers are responsible to maintain complete, accurate records that are prepared in a timely manner. BHS Policy 05.01.03 identifies that "services provided shall be documented either during the service, within 24 hours (1 business day) or as soon as possible thereafter. Documentation shall be fully completed, including IRIS entry, no later than three business days after service is provided." It should be noted that while BHS Policy references documentation to be completed within three business days, providers have up to 30 days under the new rule to be able to document a billable service as such. It should also be clarified that billing information is not to be manually entered into IRIS before the progress note is completed for those clinics that are not in EHR. The Coding Manual & Clinician Handbook with Documentation Guidelines is currently being updated to reflect the updated 30-day documentation rule.

Providers who struggle to complete documentation in a timely manner should consult with their supervisor to obtain additional support and/or training. It is important to note that the longer a provider waits to document a service, there is an increased chance that information documented will be less accurate and complete. Best practice is to complete the documentation on the same day the service is provided. Please reference the standards and guidelines outlined in the HCA Code of Conduct, BHS Policy 05.01.03., and the Coding Manual & Clinician Handbook with Documentation Guidelines for additional information. If there are any questions regarding these standards and guidelines, providers can reach out to AQIS for additional support.

# Note to Chart

It has been brought to the attention of AQIS that recently providers have been documenting services more frequently within a note to chart, but should have documented in a progress note instead. After completing inquiries into these concerns, it was identified that some of the services documented within a note to chart should have been documented as billable progress notes. Documenting services incorrectly leads to lost revenue through reimbursement of billable services as well as inaccurate and/or incomplete client records.

A Note to Chart is a very brief administrative document to note non-clinical activity that is relevant to the client's care. It is activity that should be documented in the chart, but the content of which does not meet the criteria for a Progress Note. Such activities may include simply documenting a no-show to a scheduled appointment or leaving and/or receiving a phone message.

It is important to note that it is best practice to document all activities that are provided on behalf of, and relevant to the client's care, in a manner that illustrates the quality of care we are expected to deliver. Please also remember that Note to Chart documents do not generate any Units of Service and do not appear on the EOC Last DOS Report.

# Notice of Adverse Benefit Determination (NOABD) Reminders

- Due to MCST staff working remotely, please send all NOABDs via e-mail to [AQISGrievance@ochca.com](mailto:AQISGrievance@ochca.com) , instead of faxing them.

- When submitting a NOABD correction, please make sure to attach the correction notice to the beneficiary via e-mail at [AQISGrievance@ochca.com](mailto:AQISGrievance@ochca.com).

- Same day Termination NOABD requires a signed statement from the beneficiary that they are in agreement with the termination date.

- Please be sure to place your initials next to each of the enclosure items at the end of the NOABD letter to indicate that they have been included in the letter sent to the beneficiary.

If you have any questions about NOABDs, please contact:

Esmi Carroll, LCSW or Jennifer Fernandez, MSW at (714) 834-5601.

# Telehealth & Telephonic Services Guidelines Reminder

At the beginning of each telephone/telehealth session, the provider is to confirm and obtain beneficiary/client's full name and address of present location. This information must also be documented in the progress note. This information is referenced in the California Code of Regulations Title 16 Section 1815.5.

# Medi-Cal Certification/Re-Certification Reminders

Moving to a new location soon? Facilities planning to move to a new address must notify AQIS at least 60 days prior to moving to your new service location. Please be mindful of the following requirements:

1) Obtain a current Fire Clearance. Services cannot be provided until this occurs
2) Know the current location's last date of service & the new location's first date of service
3) Update your facility's NPI profile no earlier than one (1) week before services begin at the new location
4) Ensure your providers update their individual NPI profiles once the move is completed
5) Coordinate with the AQIS IRIS team to ensure that all services provided at the old location have been entered into IRIS
6) Schedule a Re-Certification Site Visit once you have moved into the new location
7) Update relevant parts of the Medi-Cal Certification Binder to reflect the location change, e.g. emergency evacuation map & procedures, key policy, office procedure.

There are slight differences in how county providers and contracted providers complete some of these steps.

Send an email to AQISMCCert@ochca.com to contact an AQIS certification consultant. Contracted providers should also consult with their Program Monitors.

If you have any questions for specific staff, please contact:

AOABH: Chris Uyeno, LCSW cuyeno@ochca.com

AOABH or CYPBH STRTP:  Sara Fekrati, LMFT sfekrati@ochca.com

CYPBH:  Elizabeth Sobral, LMFT esobral@ochca.com

Service Chief II: John Crump, LMFT jcrump@ochca.com