December 2020 | VOL. 1 | NO. 20

QRTips

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

Medication Consent Reminders

Psychiatric services that involve the prescription of psychotropic medication require the beneficiary/client or his/her legal representative to sign an additional consent for medication. Consents for medication should list the specific medications to be prescribed and their corresponding dosage ranges.

Medication consents must cover all of the following: 1) Reason for taking the medication; 2) Reasonable alternatives were discussed with beneficiary/client; 3) Frequency range; 4) Duration; and 5) Possible side effects if medication taken longer than 3 months. These areas cannot be left blank or crossed out. The consent also must include the psychiatrist's signature, degree/job title and license number. Please note that the duration cannot be left unspecified (i.e., TBD). Per DHCS, a specific end date must be provided. Psychiatric Medication Consents should identify an end date no later than one year from the date the form is signed. The beneficiary has the right to withdraw the consent at any time.

health CARE AGENCY

"CONFIDENTIAL PATIENT INFORMATION: See California Welfare and Institutions Code Section 5328"

PSYCHIATRIC MEDICATION CONSENT DOB: ____________

Client Name______________________ **MRN Number**______________________

I acknowledge that I have discussed with my (or my child's) prescriber my (or his/her) prescription of psychiatric medication(s) specified in this consent form, the reason(s) for taking such medication(s), and reasonable alternative treatment(s) available.

The REASON(S) diagnosis(es), symptoms and/or behaviors for taking the following psychiatric medication(s) are:

***All side effects indicated below could happen after either short term or long term (> 3 months) of medication treatment. Best effort is made here to address notable or likely side effects, but not all possible side effects could be listed or even predicted. It is important to always inform your prescriber as soon as possible any side effects that occur.**

☐ **Potential side effects that are of common concerns to all drugs**: allergic reactions, nausea, vomiting, headache, dizziness, fatigue, dry mouth, constipation, diarrhea, weight change, change in sleep and alertness, movement disorder, sexual dysfunction, birth defect, **and when the medication use is >3months:** osteoporosis, tardive dyskinesia, liver/kidney dysfunction, blood disorders; and ones below that are associated with a particular category of medication:

☐ **Antipsychotic (name, daily min/max dose, frequency range, route, duration)** ____________

Additional possible side effects: increased blood sugar/lipids, blurred vision, restlessness, tremor, stiff muscles, neuroleptic malignant syndrome (high fever, rigidity, delirium, circulatory and respiratory collapse), seizures, irregular heart rhythm, increased risk of stroke and death in the elderly with dementia; **treatment >3months:** diabetes, metabolic syndrome, decreased blood cells, **tardive dyskinesia (involuntary movements of the head, neck, limbs which may be irreversible and may appear after medications have been discontinued)**. Other side effects (specify if after >3 months treatment): ____________

☐ **Antidepressant (name, daily min/max dose, frequency range, route, duration)** ____________

Additional possible side effects: blurred vision, urinary retention, seizures, blood pressure dysregulation, irregular heart rhythm, **mood changes, irritability, violence, suicidal thoughts and behavior (especially in youth); treatment >3months:** sexual dysfunction, metabolic syndrome, tardive dyskinesia. Other side effects (specify if after >3 months treatment): ____________

☐ **Antianxiety/Hypnotic (name, daily min/max dose, frequency range, route, duration)** ____________

Additional possible side effects: trouble concentrating, confusion, clumsiness, loss of inhibition, adverse synergistic effect with alcohol and other drugs, including opioid analgesics; **treatment >3months:** tolerance/dependency, addiction. Other side effects (specify if after>3 months treatment): ____________

F346-7921 (Revised 3/19) Psychiatric Medication Consent   Page 1 of 3   ________ (client/legal guardian's initials)

TRAININGS & MEETINGS

AOABH Online Trainings

New Provider Training (Documentation & Care Plan)

2019-2020 AOABH Annual Provider Training

AOABH Core Trainers

County Core Trainers Meeting
WebEx Mtg. 12/3/20 10:30-11:30am

Contract Core Trainers Meeting
WebEx Mtg. 12/10/20 2-3pm

CYPBH Online Trainings

2019-2020 CYPBH Integrated Annual Provider Training

CYPBH QRT Meeting
WebEx Mtg. TBD

**More trainings on CYPBH ST website*

HELPFUL LINKS

AQIS AOABH Support Team

AQIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

Documentation Manual Updates – Case Management

90899-1 [HCPCS T1017] Case Management - Targeted

BHS has traditionally allowed a variety of services to be billed under case management as long as they referred to coordination of care (case consultation) between interagency providers (from different clinics/programs), monitor service delivery and linkage access to community services.

The criteria for billing case consultation between 2 providers requires the following:

- The documentation clearly indicates the specific need or purpose for case consultation between the 2 providers, and
- The documentation is clearly related to addressing the mental health condition, and

In addition for 2 provider intra-agency (from the same clinic):

- The case consultation resulted in a change to the Care Plan, **or**
- The case consultation resulted in a change to the course/delivery of treatment, **and**
- The documentation clearly indicates how the client is likely to benefit from the case consultation and includes any clinical decisions based on the consultation

For additional documentation guidance regarding specific case management activities, please review the following scenarios:

1. Case Consultations between 2 service providers (intra-agency) – If 2 providers from the same clinic decide to do a case consultation for a particular client, there is other information that should be included in your documentation, in addition to the criteria listed above, to claim for services. Here are some of the questions to consider for both providers in their progress notes:

    - Are both providers part of the treatment team for the client, or in the process of referring the client to the other provider (i.e., clinician consulting with psychiatrist that may result in a medication evaluation; or therapist seeking psychological testing from psychologist)? In other words, do both providers have clinical business consulting and coordinating care as part of the treatment team or adding the provider to the treatment team? If so, then both providers should indicate their relationship to the beneficiary and could both claim for services. If not, then, the service is non-billable.
    - Is this meeting activity between 2 providers a routine (i.e., weekly) occurrence that would be seen as clinical or administrative supervision? If so, the service activity should not be billed to Medi-Cal. If not, does the documentation support the medical necessity for ongoing (i.e., weekly) consultation? If so, the service activity could be billed to Medi-Cal. Please note that there should be a proportionate amount of direct (treatment) services along with indirect case management services. We have received feedback in the past from DHCS that overutilization of case management service, while underutilizing direct treatment services is an audit concern. The exception being indirect services for the purpose of attempting to reengage the client back into treatment.

- Finally, have both providers documented in their progress notes their role and involvement in the service? Do both providers support the time claimed in their documentation by describing in detail what information was shared and how it can/will be used in planning for the client care or services to the client (i.e., how the information discussed will impact the client plan)? If all of the above conditions and criteria have been addressed, you have a billable consultation between 2 providers of the same clinic.

2. Case Consultations in Case Conference or Treatment Team Meetings (Intra-Agency Team) - The term "case conference" is not specifically defined in the State Plan, MHP contract or regulations; however, it may refer to a discussion between direct service providers and other significant support persons or entities involved in the care of the beneficiary. Please note that the service activity of the case conference or team meeting must be consistent with the service code claimed. For example, if the case conference or team meeting's activities consist of coordinating care between providers, monitoring of client's progress, clinical decision making, adjusting of treatment and linking to any other mental health services needed, then the case conference should be claimed as case management. Similarly, if the documented case conference or team meeting's discussion among multiple providers consisted of establishing medical necessity, clarifying diagnosis or determining appropriate treatment, the service code claimed would better fit the assessment code. The only exception might be for Pathways to Well Being (PWB) cases where these Child, Family Team meetings would code certain assessment activities (e.g., re-assessing strengths and needs at least every 90 days) to Intensive Care Coordination (ICC).

Notice of Adverse Benefit Determination (NOABD) Reminders

- Due to MCST staff working remotely, please send all NOABDs via e-mail to 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.
- 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.

Suffering from GMO?

Many BHS programs have created "shared" or "group" mailboxes to ensure emails arrive to the correct person or team rather than to a person who may be out on vacation, unexpectedly away from work, or otherwise unavailable. On the sender's side, discerning which group mailbox to use can lead to some frustration. With almost ten group mailboxes, AQIS may be contributing to Group Mailbox Overload, Unspecified. The following grid may be helpful to those recently expressing frustration.

Group Mailbox	AQIS Team	Uses
AQISDesignation@ochca.com	Certification & Designation Support Services	Inpatient Involuntary Hold Designation LPS Facility Designation Outpatient Involuntary Hold Designation
AQISGrievance@ochca.com	Managed Care Support Team	Grievances NOABDs
AQISManagedCare@ochca.com	Managed Care Support Team	Access Log errors/corrections Change of Provider Clinical Supervision Credentialing Provider Directory
AQISmccert@ochca.com	Certification & Designation Support Services	MHP Medi-Cal Certification
AQISSUDSUPPORT@ochca.com	SUD Support	CalOMS questions (clinical-based) Clinical Chart Reviews DATAR submissions DHCS audits of DMC-ODS providers DMC-ODS ATD MPF updates SUD Documentation questions SUD Documentation trainings SUD Newsletter questions
AQISSupportTeams@ochca.com	Program Support	AOABH & CYPBH MHP Documentation Support
BHSHIM@ochca.com	BHS Health Information Management (HIM)	**County-operated MHP and DMC program use related to:** Centralized retention of abuse reports & related documents (when applicable) Client Record Requests/Releases of Information/ATDs IRIS Scan Type, Scan Cover Sheets, Scan Type Crosswalks Quality Assurance Correction Activity with HIM Services
bhsirisfrontofficesupport@ochca.com	BHS Front Office Coordination	IRIS Billing; Office Support
BHSIRISLiaisonTeam@ochca.com	BHS IRIS Liaison Team	IRIS; EHR Processes (county)

5150/5585 LPS Outpatient Designation Reminders

Lost or Leaving?

The LPS Outpatient Designation card issued to you is similar to an access card issued to you by your employer or a state's driver license. You cannot access your workplace or drive a car without that particular card or a temporary replacement. Without your LPS card on your person, you cannot conduct a 5150/5585 evaluation or place a person on an involuntary psychiatric hold. As soon as you suspect your LPS card is lost or stolen, please submit a completed "Request for Replacement 5150/5585 LPS Outpatient Card" form to your Program Director or Service Chief, who will then review and sign the form before submitting to their HCA Program Manager. A new photo must be submitted along with the "Request for Replacement 5150/5585 LPS Outpatient Card" form. Upon reviewing your request, the AQIS Certification and Designation Support Service (CDSS) Designation staff may issue a temporary LPS notice or require you to apply for Re-Designation, depending on how close your renewal date is approaching. Email AQISDesignation@ochca.com for the Request for Replacement 5150/5585 LPS Outpatient Card.

An LPS cardholder with an expired LPS card or separating from the current employer must return the assigned card to their administrative supervisor. Please return the LPS card along with a completed "Return LPS Outpatient Designation Card" form to the AQIS CDSS office. If you are in the process of being Re-Designated and your card has expired, you must return your card along with the completed "Return LPS Outpatient Designation Card" form as part of your LPS Outpatient Designation application.

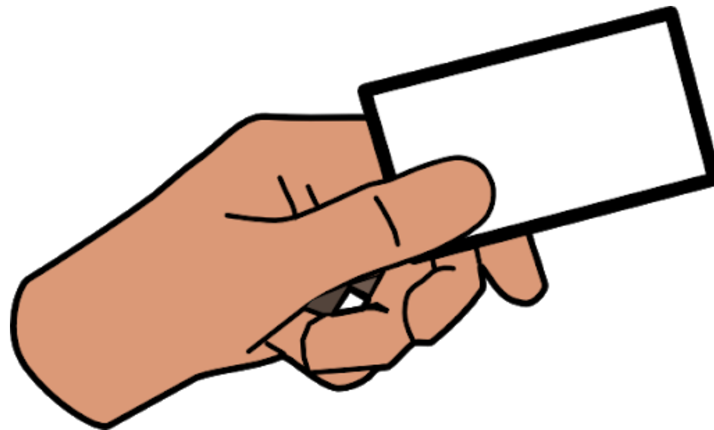
AQIS CDSS' Designation staff looks forward to responding to your questions regarding LPS Outpatient Designation sent to AQISDesignation@ochca.com.

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

Diana Mentas, Ph.D. dmentas@ochca.com

Selma Silva, Psy.D. ssilva@ochca.com

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



ANNOUNCEMENTS	REMINDERS
We would like to wish the following staff the best of luck in their future endeavors as they depart from AQIS and move on to other opportunities: BlancaRosa Craig, AMII, CYPBH Support Team Christine Min, BHCII, AOABH Support Team Irene Adams, OS, CYPBH Support Team Jessica Rycroft, BHCII, AOABH Support Team The AQIS CYPBH Support Team would like to welcome one new staff to the team:: Eduardo Ceja, LMFT, BHCII	Service Chiefs and Supervisors: Please remember to submit monthly updates on program and provider changes for Provider Directory to AQISManagedCare@ochca.com The first half of the Psychiatric Services Medication Monitoring is to be submitted by December 31, 2020. Please document the review of QRTips in staff meetings. Thank you!

Disclaimer: *The AQIS Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to County and County Contracted Behavioral Health providers as a tool to assist with compliance with various QA/QI regulatory requirements. IT IS NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and compliance with all local, state, and federal regulatory requirements.*

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