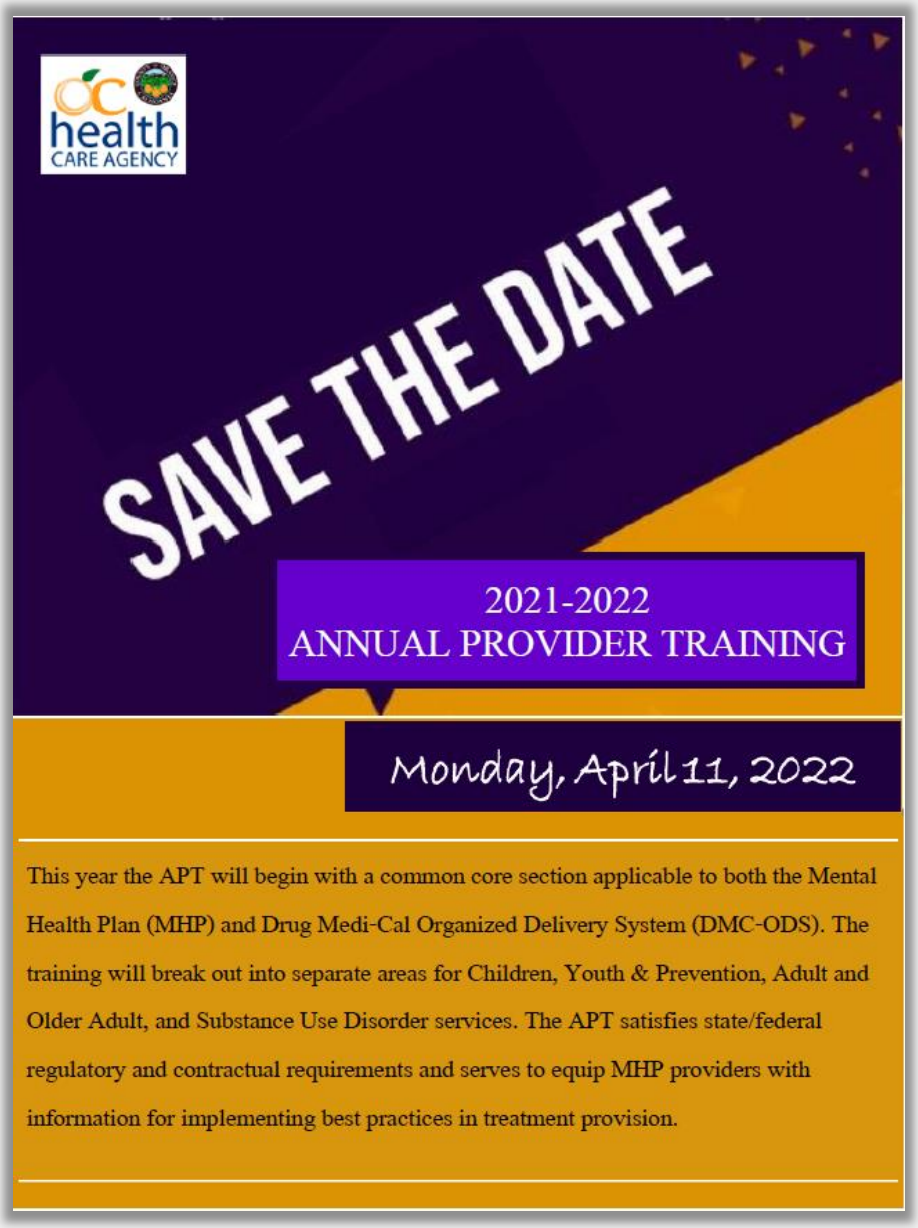
April 2022

QRTips

Mental Health & Recovery Services (MHRS)
Authority & Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOA-Support Team / CYP-Support Team / Managed Care / Certification and Designation

2021-2022 Annual Provider Training



AOA Providers should expect to complete the APT in 2 ½ hours.
CYP Providers should expect to complete the APT in 3 hours.

TRAININGS & MEETINGS

• • •

AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2020-2021 AOABH Annual Provider Training

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Mtg. 4/7/22 10:30-11:30am

CYP Online Trainings

2020-2021 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Mtg. 2/10/22 10:00-11:00am

**More trainings on CYP ST website*

HELPFUL LINKS

• • •

AQIS AOA Support Team

AQIS CYP Support Team

BHS Electronic Health Record

Medi-Cal Certification

Mental Health Specialists Reviewing and Obtaining Beneficiary/Client Signatures on Care Plans

When a Mental Health Specialist (MHS) **reviews** a Care Plan (completed by a LMHP) and obtains the beneficiary/client signature, the AQIS team will provide a quality comment in an audit stating it is best practice that a Care Plan is reviewed by a LMHP since the Care Plan contains clinical information that is outside the scope of practice of a BA level provider. Since a BA level provider is not able to review and explain the clinical aspects of a Care Plan, the MHS should not be asking a beneficiary/client to sign a document that they cannot fully explain. Obtaining the beneficiary/client signature should be completed by a provider qualified to discuss all the information on a Care Plan.

Keep in mind:

- It is required to develop a Care Plan with the participation of the beneficiary/client. As such, the LMHP may document that such collaboration took place in the Progress Note, obtained verbal agreement from the beneficiary/client and wait until the LMHP meets with the beneficiary/client again to obtain the signature.
- The signature of the LMHP validates the Care Plan, not the beneficiary/client's signature.

When an MHS, under the direction of a LMHP, is simply reading the contents of a Care Plan (completed by a LMHP) to the beneficiary/client and obtaining their signature, it would be documented as a Case Management service. The MHS should operate within their scope of practice and not assess for any clinical elements within the Care Plan.

Reminders:

Documentation Rule:

The documentation rule allows the documentation of a service up to 30 days from the date of the service. As a reminder, it is best practice to document either during the service, within 24 hours or as soon as possible. Documentation should be fully completed no later than three business days after service is provided. The 30-day timeline allows time for correcting errors and allows for services to be billed. Providers should not wait until the end of the timeline to complete documentation.

Reminders Continued:

To bill or not to bill? Non-Billable, AWOL and Lock Outs

In recent audits, CYP support teams has seen some confusion for providers over when a service is considered a non-billable activity. More specifically, questions have come up regarding if DHCS will allow billing of Medi-Cal during a time when a client/beneficiary is considered AWOL. The following is meant to provide some helpful guidance on what and when non- billable activities occur and support for documentation when a client is AWOL. For a more inclusive list of non-billable activities or additional guidance, please reference the Documentation and Coding Manual version 11, as well as consult with your Service Chief/Program Director.

Non billable service examples

- Services provided to a client/beneficiary when placed on a psychiatric hold
- Services provided to a client/beneficiary when placed in Juvenile Hall or Jail
- When services are not medically necessary
- Completing a discharge summary as an administrative task only
- Claiming travel time when no service was provided
- Claiming Travel time between two Medi-Cal approved sites
- Services during a time client is considered AWOL (see exception below)
    - Although it is good clinical practice to consult with the parent or caregiver and to create a plan to treat the consumer upon their return, Medi-Cal will not reimburse for activities during client/ beneficiary's AWOL, as it remains uncertain whether or not the client/ beneficiary will ever benefit from your service.
    - **Exception:** DHCS allow it to be reimbursed through Medi-Cal **ONLY** if a direct service is provided to the client/beneficiary during AWOL and the documentation shows how the service will support client/ beneficiary in returning home.
        - Example: Client/beneficiary AWOLs and calls therapist over the phone. Therapist documents in a progress note they talked about coping skills to decreasing negative thinking/depressed thoughts, processed about people who care for him and encouraged client/beneficiary to return home. As a result, the client/beneficiary agrees.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- GRIEVANCES & INVESTIGATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CLINICAL SUPERVISION
- PAVE ENROLLMENT FOR COUNTY SUD DMC-ODS CLINICS & PROVIDERS
- PAVE ENROLLMENT FOR MHP PROVIDERS
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP)
- MHP/SUD DMC-ODS PROVIDER DIRECTORIES

REMINDERS

CLINICAL/COUNSELOR SUPERVISION

- Supervision must be provided and documented for **ALL** registered/waivered employees, interns and volunteers. If supervision is not provided the individual is **prohibited** from providing and billing for services.
- BBS license-waivered providers are required to submit their Clinical Supervision Report Form (CSRF) only when they have a registration number.

- DMC-ODS AOD Registered Counselors must be in supervision until they become Certified Counselors. The MCST has created a **SUD Counselor Supervision Reporting Form** (SUD CSRF) form specifically for AOD Registered Counselors to track the providers and supervisors. The anticipated date to begin completing the new form for ALL Registered AOD Counselor will go into effect **4/1/22.** Deadline to submit the SUD CSRF will be by **5/1/22**.

ACCESS LOGS

- ALL **new** recipients requesting **initial access** to Specialty Mental Health Services (SMHS) for serious and persistent mental illness (SPMI) and/or Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS) (via phone, walk-in, etc.) must complete an Access Log.
- Every **access point** should be entering an Access Log in IRIS for beneficiaries.
- If your clinic/program doesn't have an appointment available within the timeframe (e.g., emergent, urgent, routine), you can schedule an appointment with another clinic/program to meet the timely access requirement. For SUD, you may contact the Beneficiary Access Line (BAL) to schedule and locate an available appointment across the DMC-ODS network.
- Access Logs must be entered in IRIS **immediately** after the beneficiary has been screened for an initial appointment to access services.
- Service Chiefs/Program Directors are to run and review Access Log reports in IRIS **weekly** to fix timely access errors and ensure Access Log entries are entered **daily** by the staff (e.g. Intake Counselor, Screeners, etc.).

GRIEVANCES

- "Grievance" is defined to mean an expression of dissatisfaction to the MHP, DMC-ODS, or any provider about any matter having to do with the provision of Medi-Cal services.
- Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect Medi-Cal beneficiary rights regardless of whether remedial action is requested, and the beneficiary right to dispute an extension of time proposed by the Plan to make an authorization decision.
- County-contracted programs that have an internal grievance process **MUST** also file a County grievance form on the beneficiary's behalf when the client has expressed dissatisfaction to the provider. If the beneficiary has Medi-Cal or may have Medi-Cal a Grievance Tracking Form will be required to complete as well.
- Minors have the right to file a grievance and it cannot be waived by the person's parent, guardian, or conservator.

REMINDERS (CONTINUED)

PROVIDER DIRECTORY

The Provider Directory is a DHCS requirement (DHCS IN#18-020) that entails an exhaustive list of providers and program information under the Health Plans to be made available for all beneficiaries to access mental health and substance use disorder services. The MCST heavily relies on the accuracy of the Service Chiefs/Head of Services submission to compile the Provider Directory for publishing. You must review the monthly spreadsheet to ensure the list of providers are current and accurate before submitting it to the MCST by the 15th of each month.

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, MCST is now required to enhance the tracking and monitoring of all NOABD submissions and Access Log entries:

- ✓ A quarterly report tracking NOABD submissions and Access Log entries will be e-mailed to the Director, Division Manager and Program Managers to review and disseminate to all County and Contracted providers to assist and discuss with program the need to adhere to the DHCS requirements.
- ✓ The report will identify programs that have zero or a low numbers of submissions and entries.
- ✓ Programs that are determined to be non-compliant could be placed on a Corrective Action Plan (CAP).
- ✓ The MCST can offer NOABD and/or Access Log Training, if necessary.

NOABDS FOR BENEFICIARIES REQUESTING AN OUT-OF-NETWORK TREATMENT MODALITY (MHP ONLY)

If a beneficiary is requesting a specific modality of treatment that is not available within the MHP network (e.g. Outpatient DBT, Eating Disorder Residential Treatment, etc.) the Service Chief/Head of Service must inform the **AQIS MCST Manager, AOA or CYP Support Team Manager and the County Program Administrative Manager** of this request immediately for further guidance. The process for such a request is time sensitive and requires the MHP to meet the DHCS timely access standards and issuance of the types of NOABDs.

The MCST will provide the program guidance along the way with timelines and issuing the correct NOABD type. The AOA or CYP AQIS Support Team Manager and County Program Administrative Manager will collaborate to determine approving or denying the request after reviewing the supporting documents and medical records within **14 calendar days upon the completion of the assessment**. If additional time is required to authorize the services an extension for an additional 14 calendar days may be granted and an NOABD for Delay in Processing Authorization of Services must be issued. If the beneficiary is approved to be authorized for out-of-network treatment, the County Program Administrative Manager will work in partnership with Contract Services to develop a contractual agreement with the out-of-network provider and link the beneficiary for treatment services within **10 business days**.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

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

MANAGED CARE SUPPORT TEAM

ochealth CARE AGENCY

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

CLINICAL SUPERVISION
Lead: Esmi Carroll, LCSW

ACCESS LOGS
Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD
Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Paula Bishop, LMFT

CONTACT INFORMATION
200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I)
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES
AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATIVE MANAGER
Annette Tran, LCSW

ANNOUNCEMENTS

AQIS would like to welcome Eunice Lim, LMFT, to the AQIS Certification and Designation Support Services Team! Eunice Lim is fluent in Korean. She has a cat with one single fang and no other teeth.

Please join us in welcoming her to the team!

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AQISManagedCare@ochca.com and BHSIRISLiaisonTeam@ochca.com

Review QRTips in staff meetings and include in meeting minutes.

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.*

AQIS Quality Assurance & Quality Improvement Division

Kelly K. Sabet, LCSW, CHC, DM
ksabet@ochca.com

MHRS-AOA Support Team
714.834.5601

Manager
Berenice Moran, LMFT, AMII
bmoran@ochca.com

Service Chief II
Ken Alma, LCSW
kalma@ochca.com

BHCII Staff
Blanca Rosa Ayala, LMFT
bayala@ochca.com

Ashley Bart, LMFT
abart@ochca.com

Grace Ko, LCSW
gko@ochca.com

Brenda Truong, LCSW
btruong@ochca.com

Sang-Patty Tang, LCSW
stang@ochca.com

Support Staff
Sharon Hoang, SA
shoang@ochca.com

Ashley Lopez, OS
aslopez@ochca.com

MHRS-CYP Support Team
714.834.5601

Manager
John Crump, LMFT, AMII
jcrump@ochca.com

Service Chief II
Asmeret Hagos, LMFT
ahagos@ochca.com

Audit Staff
Tim Hoang, Psy.D.
thoang@ochca.com

Mark Lum, Psy.D.
mlum@ochca.com

Cheryl Pitts, LCSW
cpitts@ochca.com

Chris Uyeno, LCSW
cuyeno@ochca.com

Eduardo Ceja, LMFT
eceja@ochca.com

Stephanie Stefanelli, Psy.D.
sstefanelli@ochca.com

Support Staff
Mabel (Maby) Ruelas, SA
mruelas@ochca.com

MC Support Team
714.834.6624

Manager
Annette Tran, LCSW, AMI
anntran@ochca.com

BHCII Staff
Paula Bishop, LMFT
pbishop@ochca.com

Esmeralda Carroll, LCSW
ecarroll@ochca.com

Elaine Estrada, LCSW
eestrada@ochca.com

Jennifer Fernandez, ASW
jfernandez@ochca.com

Staff Specialists
Araceli Cueva, SS
acueva@ochca.com

Samuel Fraga, SS
sfraga@ochca.com

Elizabeth Martinez, SS
emmartinez@ochca.com

Support Staff
Katherine Alvarado, OS
kalvarado@ochca.com

Certification & Designation Support Services Team
714.834.5601

Service Chief II
Rebekah Radomski, LMFT
rradomski@ochca.com

Certification
Sara Fekrati, LMFT
sfekrati@ochca.com

Eunice Lim, LMFT
elim@ochca.com

Debbie Montes, LMFT
dmontes@ochca.com

Andrew Parker, LMFT
aparker@ochca.com

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

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

Support Staff
Josie Luevano, SA
jluevano@ochca.com

Fabiola Medina, OS
fmedina@ochca.com