March 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

Travel Time

Recently AQIS Support Teams have received some questions regarding the regulations around travel time versus transportation time. We realize a lot of helpful services are provided outside the traditional office setting and we want to ensure that these services are accurately documented. The article is intended to provide clarification between travel time and transportation time.

First, we would like to define what travel time and transportation time are.

- **Travel Time**: When the provider is in the car without a beneficiary/client.
- **Transportation Time:** Beneficiary/client is in the car with the provider and there is no service being provided.

Helpful Tip Transportation of a beneficiary/client is always non-billable. Billing of transportation in service time will result in recoupment of the transportation time.

When is travel time billable?

- Travel time is billable when traveling between specific locations without the beneficiary/client and a billable service is going to be provided.

When is travel time non-billable?

- Travel time is non-billable when traveling between two certified Medi-Cal approved sites. To determine if your location is a Medi-Cal approved site, please consult with your Service Chief or Program Director.
- Travel time is also non-billable when a non-billable service is provided in relation to the travel time.

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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. 3/3/21 10:30-11:30am

CYP Online Trainings

2020-2021 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Mtg. 3/10/22 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

Travel time (continued)

Can I bill for a service provided to a beneficiary/ client while in the car with me?

- If a provider provides a billable service to the beneficiary/client while in the car, then this is considered SERVICE time.
  AND
- It is billable Service Time only if the beneficiary/client's riding in the car is part of an identified and documented impairment from a mental health disorder and the intervention addresses impairment and objective on the Care Plan.

Example of a completed billable service with travel time:

- Provider went from the clinic to the beneficiary's/client's home in their car without the beneficiary/client (15 minutes – **Travel time**).
- Picked up the beneficiary/client and took them to the grocery store. During the ride the provider spoke to the beneficiary/client about how to manage their stress and anxiety while riding to grocery store, which has prevented them from leaving the house to buy food (12 minutes – **Service time**).
- At the grocery store the provider assisted the beneficiary/client in learning how to utilize coping skills while being in crowded areas, how to communicate their needs, and how to rate their stress and anxiety level using a 1-10 scale (31 minutes – **Service Time**).
- Then the provider took the beneficiary/client back home and throughout the drive explored and debriefed about their experience, highlighting strengths and reinforcing the utilization of positive coping skills (8 minutes – **Service time**).
- The provider then traveled back to his/her office without the beneficiary/client in the car (15 minutes - **Travel time**).

For further reading and information on this subject please refer to the Behavioral Health Provider Handbook Coding Manual and Documentation Guidelines version 11.

Updates:

To all AOA, CYP, and DMC-ODS Mental Health & Recovery Services Programs,

Our Health Care Agency IT Department has made significant changes to our Ochealthinfo.com webpages. AQIS maintains several pages dedicated to serving the needs of both beneficiaries and providers. Please visit this link to find the new starting point for content from AQIS.

For Mental Health Plan and Provider Information, including links to the MHP Provider Directory, Medi-Cal Beneficiary Handbook , and other forms and brochures, such as Grievances and NOABD's, click here.

For information on Quality Assurance and Quality Improvement, including Training and Documentation Support, Practice Guidelines, Links and Resources, QRTips, QA/QI Documents, and many others, click here.

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Update continued :

To all AOA, CYP, and DMC-ODS Mental Health & Recovery Services Programs (continued)

For the Drug Medi-Cal Organized Delivery System (DMC-ODS), click here to access the main public-facing page. We also have a page for providers, which can be accessed by clicking here.

HCA IT and AQIS will continue to refine the website. Links are subject to change and consolidation, and updates will be forthcoming. If you have any questions regarding the AQIS portions of the Ochealthinfo.com webpage, or notice anything amiss, please e-mail us at AQISCDSS@ochca.com.

UPDATES TO THE CARE PLAN RULES IN THE MHP COUNTY EHR (COUNTY OPERATED PROGRAMS ONLY):

- The IRIS system no longer requires a workaround for the CP to become valid without the beneficiary/conservator signature
- If the "Signature Obtained" buttons are left on "***No***" the Care Plan will still be valid

Client
Signature Required
Not of Sufficient Age or Understanding
Signature Obtained
Refused to sign
No
Name and Relationship
Parent/Guardian/Conservator
Signature Required
No
Signature Obtained
Refused to sign
No

EXCEPTIONS:

- If the beneficiary has Medi-Care coverage as primary health plan **or**
- If the Provider/PC is on a co-signature status

These scenarios will continue to require a secondary signature to validate a Care Plan

MANAGED CARE SUPPORT TEAM

ochealth CARE AGENCY

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 SUPERVISION

Supervisor Self-Assessment Report (NEW)

This form will affirm that the licensee is qualified to be a supervisor. New supervisors (a licensee serving as a supervisor for the FIRST TIME on or after January 1, 2022) must submit this form to BBS within 60 days of commencing supervision for the first time. Existing supervisors (a licensee who served as a supervisor PRIOR TO January 1, 2022) must submit this form to BBS by January 1, 2023. This is a one-time submission. Do NOT resubmit upon commencing supervision with a new supervisee.

The MCST will require a copy of the Supervisor Self-Assessment Report to keep on file in order to ensure compliance with the clinical supervisor requirements.

See hyperlink for the Supervisor Self-Assessment Report form:
https://bbs.ca.gov/pdf/forms/supervisor_self_assessment.pdf

Clinical Supervision Reporting Form (REVISED)

This form has been revised to meet the BBS new requirements and must be used effective 2/1/22.

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABD & 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 in order to adhere to the DHCS requirements.
- ✓ The report will identify programs that have zero or a low number 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.

Reminders

2ND OPINION/CHANGE OF PROVIDER (MHP ONLY)

County Clinics:

- The Service Chief/Program Director must oversee providers entering data into the Integrated Records Information System (IRIS) Electronic Health Record (EHR) PowerForm AND log the Request for Change of Provider/Second Opinion Log to ensure information is completed accurately, in a timely manner and the appropriate referrals are being made. At the end of each quarter, the Service Chief/Program Director shall forward the completed logs to the MCST for review.
- A grievance and grievance tracking form is to be completed when a beneficiary request for a change of provider as a result of personality issues, incompatibility, discomfort, lack of respect, etc.). The forms are to be submitted to the MCST even if the beneficiary is content after the request is granted.

County-Contacted Clinics:

- The Change of Provider/2nd Opinion Log is to be used at the start of each quarter. The Program Director/Service Chief must oversee and complete the Request for Change of Provider/Second Opinion Log to ensure information is entered accurately, in a timely manner and the appropriate referrals are being made. At the end of each quarter, the Program Director/Service Chiefs shall forward the completed logs to the MCST for review.
- A grievance and grievance tracking form is to be completed when a beneficiary request for a change of provider as a result of personality issues, incompatibility, discomfort, lack of respect, etc.). The forms are to be submitted to the MCST even if the beneficiary is content after the request is granted.

GRIEVANCES

- County and County Contracted programs are required to file a grievance on the beneficiary's behalf when there is any expression of dissatisfaction and mail it to AQIS at no cost to the beneficiary. County-Contracted programs that have their agency internal grievance process must also submit a formal grievance to AQIS as well.

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.

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

Leads: Elaine Estrada, LCSW Sam Fraga, Staff Specialist (County Credentialing, Cal-Optima Credentialing & Provider Directory)

CONTACT INFORMATION

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E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

March Self Care:

Mark your calendar: Spring starts Sunday, March 2022. Here are some Spring themed self-care ideas so you can be at your best!!!

- Take a nature walk outside
- Smell the blooming flowers
- Plant some flowers
- Have a picnic
- Do some Spring cleaning

Service Chiefs and Program Directors:

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.

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