

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

Beneficiary/Client Assessments

Recent audits have uncovered a growing trend of poor practices regarding assessment completion.

The following practices have been noted:

- ❖ Providers completing an assessment without ever meeting with the beneficiary (face to face, through telehealth, nor over the phone)
- ❖ Providers completing annual assessments when the beneficiary has been inactive in treatment or there has been a gap in time since the beneficiary's last visit.

These assessments were completed solely through historical information (i.e. record review and/or gathering information from other professionals/providers).

Assessments Include:

- Mental Status Examination
- Analysis of clinical history
- Analysis of relevant cultural issues and history
- Diagnosis and may include testing procedures.

Assessments may also Include:

- Gathering information from other professionals that contribute towards the completion of the assessment formulation (i.e., determining diagnosis, course of treatment, etc.)

An assessment should not be completed based solely off the information gathered from other professionals and/or chart reviews.

REMINDER:

Assessment is a service activity designed to evaluate the **current** status of a beneficiary's mental, emotional, or behavioral health. Assessments guide beneficiary treatment and can impact many aspects of their future lives and therefore, it is the ethical duty our providers as health care professionals to conduct and complete accurate assessments.

TRAININGS & MEETINGS

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AOA Online Trainings

[New Provider Training \(Documentation & Care Plan\)](#)

[2021-2022 MHRS Integrated Annual Provider Training](#)

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Mtg. 5/5/22
10:30-11:30am

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CYP Online Trainings

[CYP New Provider Training 2021](#)

[2021-2022 MHRS Integrated Annual Provider Training](#)

MHRS-CYP MHP QI Coordinators' Meeting

Teams Mtg. 5/12/22
10:00-11:30am

*More trainings on [CYP ST website](#)

HELPFUL LINKS

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[AOISAOASupport Team](#)

[AOISCYP Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

New Provider Training (NPT) and Annual Provider Training (APT)

AQIS AOA and CYP Support Teams would like to provide some clarification to our County and Contracted providers regarding the NPT and APT. More specifically, this article will address common questions asked and provide helpful tips for those who need to complete the NPT and APT.

Per our Mental Health Program Contract, all new providers are required to take the NPT (version 2021) upon starting their role with a county or contracted provider. This helps ensure all new staff have a foundation for Orange County Medi-Cal.

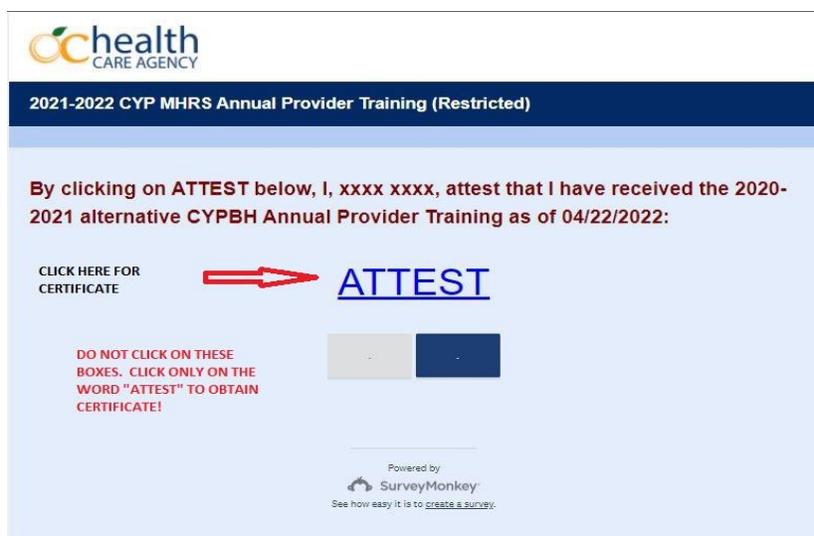
The APT is a re-occurring training that must be taken by every provider annually during the current fiscal year., The APT helps to ensure that the most current DHCS regulations and documentation trends are reviewed by all Orange County providers on a yearly basis. On April 11, 2022, the 2021-2022 APT went live and is due by May 10,2022.

Common questions:

- Is a new provider who just took the NPT required to take the APT?
 - Short answer, Yes. Even though the NPT and APT have similar topics, at this time the APT does include additional training information not covered in the NPT.
- I am a new provider and I haven't taken the NPT yet, can I just take the current APT?
 - Short answer, No. The NPT is a required training for all new providers in order to be in compliance with our Mental health program contract.

Helpful Tips for the APT:

- A helpful tip for the APT is to bookmark part 2 of the training in your internet browser, so when you need to resume, you don't have to start at the end of part 1. If you follow this step, you can open part 2 and then resume.
- You can bookmark or print the resources from the resource tab for future references.
- When finishing the APT you will be prompted to take a survey. After completing the survey, you will need to **click on the word "ATTEST"**, not on the 2 empty boxes underneath the word as it will take you to the advertisement websites and you will not be able to get back to the certificate website (See example below)



Consumer Perception Survey May 2022 Administration

The administration of the annual Consumer Perception Survey is fast approaching! The survey asks consumers about their perceptions on access and quality of care, satisfaction with participation in treatment and in general, and improvements on several treatment outcomes. It is important to collect as many surveys as possible so we can compare trends over time and identify areas of improvement and areas of strength.

Who receives the survey?

- This survey is *State-mandated* and all County and contract outpatient programs providing mental health services are required to participate (this includes FSP, Wellness Centers, and MHP services provided via telehealth).
- Anyone receiving outpatient mental health services during the week of administration should be offered the opportunity to complete the survey.

What type of survey instruments are used and how is it collected?

- There are three survey instruments:
 - **Youth Services Survey (YSS):** Satisfaction survey, completed by adolescent consumers.
 - **Youth Services Survey for Families (YSS-F):** Satisfaction survey, completed by the parent or caregiver of consumers up to 18.
 - **Mental Health Statistics Improvement Program (MHSIP):** Satisfaction survey, completed by adults.
- The State provides Adult forms with or without the Quality of Life Scales. Our system uses the forms **with the Quality of Life Scales**. Clients in Transitional Age Youth (TAY) and AB3632 programs are to receive the Youth forms, regardless of their age.
- Paper and online versions are available and the survey is available in more than 10 languages.
- Support staff should assist clients with completing the survey. Clinicians who provided service to the consumer should not assist with the survey collection to allow individuals to respond honestly.
- All completed surveys should have a unique Client Number and include the clinic's 5-digit code (assigned by AQIS and provided with the materials). Without these identification codes, the survey will not be counted at the State.

What are the important dates?

May						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25

- The list of participating programs is finalized the **week of May 2nd**.
- Participating programs will receive survey materials (staff instructions, links to the online surveys, and a client fact sheet) the **week of May 9th**.
- The week of survey administration is **May 16-20th**.
- Each program must batch any completed paper surveys together with a cover sheet and AQIS must receive submissions by **June 1st**.
- The State must receive our paper surveys by **June 13th**.

Once the materials are distributed to your program the week of May 9th, prepare for the week ahead by encouraging support staff to read the staff instructions, print survey materials, and learn your program's assigned 5-digit code. This preparation will make administering the survey less stressful and produce more consistent results!

Documentation Tips

During recent audits, AQIS AOA and CYP Support Teams reviewed various documents with the usage abbreviations. In the field we are in, we love to use abbreviations; however, there is not one standardized way of using them. To better understand documentation, AQIS has provided some tips below.

- Spell the word out the first time you abbreviate the word in the documentation
 - i.e., treatment -Tx, Case Management-CM, Therapist-Thx, etc.
 - this will ensure your documentation is understood the way you meant it to be read
- Create and attach an abbreviation list to your chart for example:
 - YP= Youth Partner
 - PT= Primary Therapist
 - SI= Suicidal ideation

Informing Materials SITE-Audit

All Medi-Cal certified Mental Health Plan (MHP) county and county contracted programs/sites must be audited annually to ensure that all required informing materials are available and posted for Medi-Cal beneficiaries. This year, AQIS QA/QI MHR Support Teams will be making unannounced visits to all sites in the month of June. This is to ensure that all programs are in compliance with the informing materials being posted and available to beneficiaries without having to request them.



MCST OVERSIGHT

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

REMINDERS

COUNTY CREDENTIALING

- Effective 4/11/22 all **NEW HIRE** credentialing packets submitted to the MCST must have the new Annual Provider Training (APT) 2021-2022 certificate of completion.
- **EXISTING PROVIDERS** who are undergoing credentialing may submit the APT 2020-2021 certificate up until 5/11/22. After 5/11/22 existing providers are required to submit the certificate of completion for the APT 2021-2022.
- If, the County Contracted Programs have completed credentialing all existing and new providers during the initial credentialing timeline then all new hires there after must be credentialed **first** before being able to deliver Medi-Cal covered services and be activated in IRIS.

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 and utilizes it to reconcile several reports and tracking systems within AQIS. Be sure to 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 of the NOABD submissions and Access Log entries have been disseminated to all County and Contracted providers to improve the compliance with the DHCS requirements. The report has identified programs with zero and/or a low numbers of submissions and entries that may require "enhanced monitoring". Be sure to monitor your programs closely and provide a response (if applicable) to assist the MCST with ensuring compliance and managing the accuracy of the reports.

REMINDERS (CONTINUED)

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

If a beneficiary OR provider 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.

For all **new** beneficiaries requesting an out-of-network treatment modality the individual will need to undergo the completion of the 60-day assessment by a license mental health professional in order to determine whether the requested treatment modality, is medically necessary. If it is an **existing** beneficiary requesting an out-of-network treatment modality an assessment must be offered within **10 business days**. Once the assessment has been completed all medical records and supporting documentation must immediately be submitted to the AOA or CYP AQIS Support Team Manager.

The MCST Manager 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.

TRAINING?



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

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E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
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MCST ADMINISTRATIVE MANAGER

Annette Tran, LCSW

REMINDERS

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.*

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