

QR Tips

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

STRTP Summertime Refresher



In the 2021/2022 Fiscal year, many of Orange County STRTPs had their first internal audit. AQIS CYP Support Team appreciate all the hard work the programs showed in their charts

and in the frontline work they provide to such a vulnerable population. AQIS CYP would like to provide a quick summertime refresher regarding some STRTP documentation requirements. For a complete list of regulations and requirements regarding STRTP, please refer to the [SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM \(STRTP\) Interim STRTP Regulations Ver II](#)

- A Mental Health Assessment needs to be completed and signed by a licensed mental health professional or waived/registered professional within 5 calendar days of the client's arrival.
 - Exception, if a client is placed at the STRTP as an emergency placement pursuant to Welfare and Institutions Code section 11462.01(h)(3), the mental health assessment is due within 72 hours of arrival along with a written determination that the child requires the level of services and supervision provided at the STRTP to meet their behavioral and mental health service needs.
- A Treatment Plan needs to be completed and signed by a licensed mental health professional, waived/registered professional or the Head of Service within ten calendar days of the client's arrival at the STRTP.
 - Reminder, included in the treatment plan should be one or more transition goal that supports in the rapid and successful transition of the client back to a lower level of care.
- A Clinical review should be completed every 90 days to review the client's current mental health status, progress in treatment and if they should be transitioned to a different level of care.

Continued on page 2

TRAININGS & MEETINGS

•••

AOA Online Trainings

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

[2021-2022 AOABH
Annual Provider Training](#)

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting: 9/1/22

10:30- 11:30am

CYP Online Trainings

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

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting: 9/8/22

10:00-11:30am

**More trainings on CYP ST website*

HELPFUL LINKS

•••

[AOIS AOA Support Team](#)

[AOIS CYP Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

STRTP Summertime Refresher continued...

- A minimum of 1 daily Mental Health progress note should be completed for each client at the STRTP.
 - If a progress note for specialty mental health services (SMHS) is written, this replaces the requirement for the daily mental health progress note
- Each client is required to be screened by a physician or psychiatrist prior to prescribing any psychotropic medication.
- Don't forget to fill out/update the Pathways to Wellbeing/Intensive Services eligibility.



shutterstock.com - 216521533

shutterstock.com - 216521533



Scope of Practice



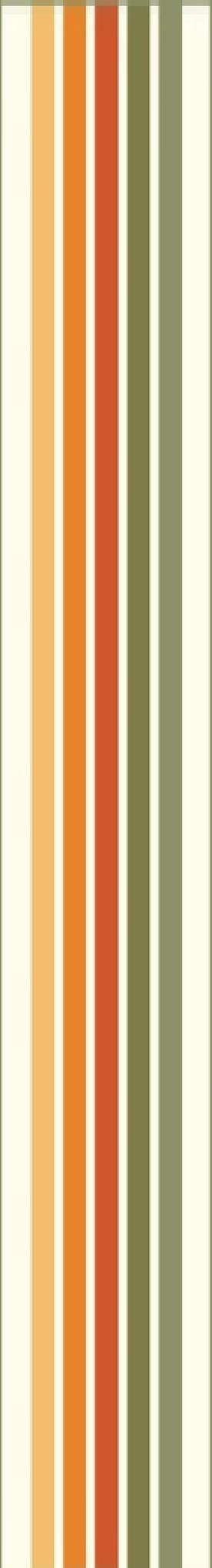
Non licensed and non-licensed waived providers **cannot** provide clinical interventions since clinical interventions are outside of their scope of practice. Please encourage those providers to reference these suggested action words which describe non-clinical interventions:

Action words commonly used in Rehab notes

Assisted	Encouraged	Identified	Rehearsed
Clarified	Engaged	Modeled	Reminded
Coached	Explained	Practiced	Role Played
Demonstrated	Facilitated	Problem Solved	Set Limits
Educated	Taught	Provided	Summarized

Action words commonly used in Case Management notes

Addressed	Contacted	Explained	Informed
Answered	Coordinated	Facilitated	Inquired
Arranged	Developed	Followed Up	Instructed
Checked-In	Directed	Gathered	Linked
Consulted	Documented	Helped Plan	Monitored



CalAIM Newsflash:

Assessment Domains

Important

Presenting Problem



Trauma



Behavioral Health History



Medical History



Psychosocial factors



Strengths/Risks



Clinical Summary



AQIS has incorporated all required Psychosocial elements into a new Psychosocial Assessment for the county EHR. Orientation and training to the new form will be shared with all providers via a variety of meetings and trainings in the following weeks.

1. **Presenting Problem/Chief Complaint:** Focuses on the main reason the person is seeking care, in their own words if appropriate. The goal is to document an account of what led up to seeking care.
 - a. Domain includes current and history of the problem, current mental status and impairments in functioning.
2. **Trauma:** Involves information on traumatic incidents, the person in care's reactions to trauma exposures and impact of trauma on the presenting problem.
 - a. Domain includes trauma exposures, trauma reactions, trauma screening and systems involvement.
3. **Behavioral Health History:** Focuses on history of behavioral health needs and the interventions that have been received to address those needs. Domains 3 also includes substance use/abuse to identify co-occurring conditions and the impact of substance use/abuse on the presenting problem.
 - a. Domain includes Mental health History, substance use/abuse, previous services
4. **Medical History and Medications:** Integrates medical and medication items into the psychosocial assessment.
 - a. Domain includes physical health conditions, medications, developmental history
5. **Psychosocial Factors:** Understanding the environment in which the person in care is functioning.
 - a. Domain includes family history, social and life circumstances and cultural considerations
6. **Strengths, Risk and Protective Factors:** Explores areas of risk for the individuals we serve, but also the protective factors and strengths that are an equally important part of the clinical picture.
 - a. Domain includes strengths and protective factors, risk factors and behaviors and safety planning.
7. **Clinical Summary, treatment recommendations and Level of Care Determination:** Provides clinicians an opportunity to clearly articulate a working clinical theory about the person in care and how treatment should proceed based on this hypothesis.
 - a. Domain includes clinical impression, diagnostic impression and treatment recommendations.

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
- MHPS/DMC-ODS PROVIDER DIRECTORIES

REMINDERS

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.
- Minors have the right to file a grievance and it cannot be waived by the person's parent, guardian, or conservator.
- When a beneficiary is filing a grievance and has a complaint against a provider it is important to identify the name of the provider on the grievance forms.



COUNTY CREDENTIALING

- If, the **County Contracted Programs** have completed credentialing all their providers during the initial credentialing timeline then any new providers on-barding going forward must submit their credentialing packet (within 5-10 business days) of being hired. The newly hired provider must not deliver Medi-Cal covered services under their license, registration and/or certification until their credentials are approved by the MCST. IRIS will not activate the new provider in the system to bill for services without a credentialing letter of approval.
- **County Employees** who are licensed, waived, registered and/or certified providers will undergo the credentialing process that will start in phases for existing providers beginning September 1, 2022. All new hires, must submit their credentialing packet within 5-10 business days of being hired.

UPDATE: NOABD LETTERS

The NOABD letters have been updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. The newly revised NOABD templates have been updated and is available on the AQIS website to begin using, immediately. Discard all old NOABD templates.

Hyperlink Access: <https://www.ochealthinfo.com/about-hca/mental-health-and-recovery-services/quality-services-compliance/mental-health-plan-and>

REMINDERS (CONTINUED)

ACCESS LOGS REPORTS & CORRECTIONS

- Service Chiefs/Program Directors are to run and review Access Log reports **weekly** to fix timely access errors and ensure Access Log entries are entered **daily** by the staff (e.g. Intake Counselor).
- MCST runs an IRIS Access Log report monthly and quarterly for the DMC-ODS and MHP to monitor, reconcile and request errors to be corrected by the programs.
- Any errors found by the MCST must be corrected and re-submitted by the program within **3 business days**.
- The MCST Access Log Team is required to reach out to the program to correct the errors and confirm it has been completed.
- If the corrections are not resolved timely each month the programs may be subject to a corrective action plan.

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?



Dolores Castaneda, LMFT
Service Chief II

Congratulations to Dolores on
her promotion! The
AQIS/MCST family is very
excited to welcome you!



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 ADMINISTRATORS

Annette Tran, LCSW, Administrative Manager
Dolores Castaneda, LMFT, Service Chief II

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.

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!

AQIS Quality Assurance & Quality Improvement Division

Ian Kemmer, LMFT

Director, AQIS

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

Mark Lum, Psy.D.

mlum@ochca.com

Cheryl Pitts, LCSW

cpitts@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

Service Chief II

Dolores Castaneda, LMFT

DCastaneda@ochca.com

BHCII Staff

Paula Bishop, LMFT

pbishop@ochca.com

Esmi 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