health CARE AGENCY

January 2021 | VOL. 1 | NO. 21

QRTips

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

Medi-Cal Beneficiaries on Parole are Eligible for Specialty Mental Health Services

Due to the passage of Senate Bill (SB) 389, funding provided by the Mental Health Services Act (MHSA) is now allowed to be used for mental health services for persons who meet existing eligibility criteria for MHSA-funded programs and who are participating in a pre-sentencing or post-sentencing diversion program or who are on parole, probation, Post-Release Community Supervision (PRCS), or mandatory supervision. MHSA funded services are still not available for individuals incarcerated in state or federal prisons. The Department of Health Care Services Information Notice 20-018 provides additional information on this update.

Additionally, Medi-Cal beneficiaries on parole, probation, or on PRCS are entitled to receive Specialty Mental Health Services (SMHS) if they meet medical necessity criteria and the SMHS are needed to address the beneficiary's mental health needs and goals as documented in the beneficiary's care plan. This applies regardless of whether the beneficiary is currently receiving mental health services through the state parole system. It is encouraged that collaboration and coordination occurs with all agencies involved in the beneficiary's care.

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. 1/7/21 10:30-11:30am

Contract Core Trainers Meeting
WebEx Mtg. 1/14/21 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

Additional Telehealth Q&A

AQIS has received additional questions from various sources regarding Telehealth. These questions and answers have been addressed in some way or another previously, however, it may be more helpful for providers to receive information in a centralized format. Please see information below and keep for your records as it pertains to the services you may already be providing.

Can the FO/MHS/Peer provide IC, NPP, and completing ATDs? Or should the IC working from home obtain verbal consent for these documents? Or can we hand the beneficiary/client a packet with all those forms and have the IC review during telehealth intake?
A MHS would be able to provide the Informed Consent, NPP, and completing ATDs as it does not require a Licensed/Licensed waiver to complete prior to the session. If a MHS is not able to do it prior to the Intake Appointment session, the Intake Counselor can obtain verbal consent for these documents.

Is the General Informed Consent for Telehealth and Telephonic Services required for existing beneficiaries/clients that will only be receiving telephonic services?
Yes.

Can providers provide interstate telehealth?
Providers are still not allowed to provide services to beneficiaries/clients who are physically located outside of CA.

If a staff is onsite monitoring the beneficiary/client while they are in the telehealth room, can they document a non-billable case management note for their time?
Yes, they will be able to complete a non-billable case management note.

How often should staff members check in on beneficiary/client while they are in the telehealth room?
AQIS would advise that beneficiaries/clients are provided privacy while onsite and engaging in treatment via the Telehealth equipment. IF program has concerns regarding the beneficiary/client and the need to sit in or frequently "check-in" on the beneficiary/client they should note this in the documentation. Staff should assist with set up and come five minutes before the end of their session time to assist with ending their telehealth appointment.

Can a FO/MHS/Peer obtain Med Consent Signature on the MD behalf or do they get verbal consent for these forms?
MDs should be completing the medication consent form, whether it is a written or verbal consent (with goal to obtain written consent at next in-person appointment if possible). Staff should never sign on behalf of another providers. They can have the beneficiary/client sign the consent and note on the consent form to review the MD documentation. The MD should have clearly documented that they reviewed the Med Consent with the beneficiary/client and that staff onsite assigned with obtaining the beneficiaries/clients signature on the consent.

Would the psychiatrist be able to bypass providing weight and blood pressure check during telehealth services?
The MDs can bypass checking weight and vitals during telehealth sessions since they cannot really check them unless beneficiary/client is in person, but if this information is clinically indicated (ie. certain meds require more monitoring than others), then MDs are encouraged to obtain the information in other ways like PCP office or pharmacies. Unless it is a reliable/verified source, it is recommended they document any "beneficiary/client report" information in free-text sections rather than the formal medical history box on the progress note. However, weight and blood pressure are best recorded regularly. The longer without them, the greater the risk.

If an MD is telecommuting but has to come into the office to see a beneficiary/client in person can he/she claim travel time with that client?
No, provider may not claim travel time for going into the office to see a client. (Traditionally, DHCS has not allowed travel time to be claimed for traveling from provider's residence to a provider's site. - IN 17-040)

Managed Care Support Team (MCST) 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.

MCST Oversight:

- Grievances & Investigations
- Appeals/State Fair Hearings
- Notice of Adverse Benefit Determination (NOABDs)
- Clinical Supervision
- MHP/SUD DMC-ODS Provider Directories
- Credentialing
- Access Logs
- Change of Provider/2nd Opinions

CONTACT INFORMATION
200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I) – our building number has changed.
Santa Ana, CA 92701
(714) 834-5601

E-MAIL ADDRESSES
AQISGrievance@ochca.com (Grievances and NOABDs only)
AQISManagedCare@ochca.com

Required Elements for the Assessment

The purpose of an intake assessment and annual assessment is to gather information to identify if the criteria for medical necessity has been met. Medical necessity establishes that the beneficiary/client has an included mental health diagnosis, resulting impairments and proposed interventions to reduce the impairments. Having medical necessity provides a strong foundation for our providers to clinically treat a beneficiary/client and bill for the service provided.

During our last Triennial audit in December 2019, the State identified that some of our assessment were out of compliance. They pointed to some of the missing elements required for our assessments. The State deemed that our MHP was out of compliance in this area and required our MHP to come up with a Corrective Action Plan (CAP) to ensure that our providers are addressing and documenting the 11 required assessment elements in our charts.

Below is a list of the 11 required elements for an assessment:

1. Presenting Problem
2. Relevant conditions & psychosocial factors
3. History of Trauma
4. Mental Health History
5. Medical History (care coordination documenting evidence of linkage to a primary care physician)
6. Medications
7. Substance Exposure/Use
8. Beneficiary/client Strengths
9. Risks
10. Mental Status Exam
11. A Complete Diagnosis

The State is expecting our MHP to ensure our providers address all 11 elements in our initial assessments and every annual assessment thereafter. Any of these elements not addressed during the assessment will be an out of compliance chart. When addressing these elements, please document more than just "yes" or "no" when possible. For example, we have seen some assessment forms that have check boxes identifying a beneficiary/client with trauma and with no further elaboration. Although this may indicate that the provider did ask about the beneficiary/client's trauma history, it is vague and doesn't provide good clinical information to paint the overall picture of the beneficiary/client's presentation.

The care plan is another item the State focused on during our last audit. They found that some of our interim care plans and formal care plans were missing required elements. Since our MHP was out of compliance on the care plans, we also had to come up with a CAP to ensure our charts would be in compliance heading into the next State audit. As a note, the State does not differentiate between an Interim Care Plan (ICP) and a formal Care Plan (CP). They view both as a plan to treat the beneficiary/client and therefore require that any treatment plan in place must include the items listed below:

1. Specific, Observable and/or Quantifiable goals/treatment objectives related to Functional Impairments as a result of the mental health diagnosis
2. Proposed Types of Intervention (ie. Ind., Col., CM, etc.) and detailed descriptions
3. Proposed Frequency of Intervention (ie. Ind. Tx. 1x a wk.)
4. Proposed Duration of Intervention (ie. By 3, 6, 9, 12 mth.)

5. Interventions Focus on Functional Impairments as a result of a MH disorder
6. Interventions consistent with Care Plan goals and Tx Objectives
7. Interventions consistent w/Included Dx

Please remember:

1. The person providing the service or representative of treatment team signs the care plan
2. The Care Plan has the provider's degree, licensure or job title
3. The Care Plan has a date
4. Services should be provided within the scope of practice and/or under the direction of MD, PHD/PSYD, LCSW, LMFT, LPCC, RN, or Waivered/Registered Professional under supervision
5. Care Plan is co-signed by LMHP directing services if the individual requires direction under LMHP and is not a physician; licensed/waivered psychologist; licensed/registered/waivered social worker, marriage & family therapist, professional clinical counselor or registered nurse, including but not limited to nurse practitioners and clinical nurse specialists.
6. There is documentation of the beneficiary/client's participation & agreement on the Care Plan (ie. documented on Care Plan and/or Progress Note)
7. A signature is obtained from Beneficiary/client or Beneficiary/client's Representative on CP (or verbal agreement in progress note)
8. There is documentation that a copy of the Care Plan is offered to beneficiary/client

ANNOUNCEMENTS	REMINDERS
The AOABH Support Team would like to welcome Berenice Moran, LMFT, AMII to the team. Berenice has been promoted to Administrative Manager II presiding over the AOABH Support Team.	Service Chiefs and Supervisors: All Quarterly logs are due on **January 10, 2020**. **Change of Provider/2nd Opinion logs**: AOABH - AQISManagedCare@ochca.com CYPBH – AQISManagedCare@ochca.com Please remember to submit monthly updates on program and provider changes for Provider Directory to AQISManagedCare@ochca.com 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.*

AQIS Quality Assurance & Quality Improvement Division

Kelly K. Sabet, LCSW, CHC, DM

ksabet@ochca.com

AOABH Support Team
714.834.5601

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

Service Chief II
Vacant

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

Staci Ziegler, LMFT
sziegler@ochca.com

Support Staff
Sharon Hoang, SA
shoang@ochca.com

CYPBH Support Team
714.834.5601

Manager
(Kelly K Sabet, LCSW, CHC, DM covering)

Service Chief II
Vacant

Audit Staff
Asmeret Hagos, LMFT
ahagos@ochca.com

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

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

Elizabeth Sobral, LMFT
esobral@ochca.com

Staff Specialists
Araceli Cueva, SS
acueva@ochca.com

Samuel Fraga, SS
sfraga@ochca.com

Elizabeth Martinez, SS
emmartinez@ochca.com

Certification and Designation Support Services Team
714.834.5601

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

Certification
Sara Fekrati, LMFT
sfekrati@ochca.com

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

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

Support Staff
Josie Luevano, Staff Assistant
jluevano@ochca.com