

QRTips

Behavioral Health Services
Authority and Quality Improvement Services
AOABH / CYPBH / Managed Care
Support Teams

Grievance Fact Sheet

Per the requirements set forth by the California Board of Behavioral Sciences (BBS), as of July 1, 2020, “all mental health counselors, whether licensed or unlicensed, will be required to provide a notice to each of their clients stating where they can file a complaint.”

(https://www.bbs.ca.gov/pdf/ab_630.pdf) The information shall be provided to clients prior to initiating psychotherapy services and to all existing clients as soon as possible after July 1, 2020.

The [Grievance Fact Sheet](#) has been created to help programs meet this requirement. The document includes information for clients to file a grievance/complaint through various avenues including through the BBS. While providers continue to see clients via telephone/telehealth during this pandemic, this Fact Sheet is to be mailed out as appropriate after a client’s first appointment with his/her assigned Plan Coordinator.

NOABD Reminder: A Signed Statement

As a reminder, the Notice of Adverse Benefit Determination (NOABD) Termination is required to be issued at least 10 days before the date of action occurs. One of the exceptions to the advance notice is to obtain a signed statement from the beneficiary identifying they no longer wish to receive services. There has been no change to this requirement due to COVID-19. If programs only obtain a verbal statement from the beneficiary requesting to end services, the NOABD Termination is required to be issued at least 10 days before the date of action. Please refer to the NOABD Discharge Chart that was sent out to programs last month for appropriate timelines for termination.

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. 8/6/2020 1030-1130am

Contract Core Trainers Meeting
WebEx Mtg. 8/13/2020 130-3pm

CYPBH Online Trainings

[2019-2020 CYPBH Integrated
Annual Provider Training](#)

CYPBH QRT Meeting
WebEx Mtg. 8/6/2020 1pm

**More trainings on CYPBH ST website*

HELPFUL LINKS



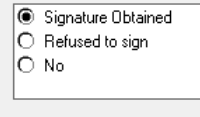
[AOIS AOABH Support Team](#)

[AOIS CYPBH Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Care Plan Signature Workflow Update



Signature Obtained
 Refused to sign
 No

During the COVID-19 pandemic, a verbal agreement for Care Plan is permissible. When a verbal agreement is obtained from the client, conservator, or parent/guardian, please select “Signature Obtained” as shown below and document in the corresponding progress note that a verbal agreement(s) was obtained along with the reason for the missing signature(s).

Please remember that a Care Plan becomes valid with the provider’s signature alone and is good for 365 days from the date of the provider’s signature. However, if client, conservator, or parent/guardian is not available to provide a verbal agreement at this time, then please continue to follow the existing workflow of selecting “Refused to sign” and documenting in the progress note the reason for the missing agreement/signature to validate the Care Plan.

Telehealth/Telephonic Services for Clients Outside of CA

As mentioned in the [May 2020 QRTips](#), providers are not permitted to provide telehealth and/or telephonic services to beneficiaries/clients who are located outside of California.

The following is the information from the Board of Behavioral Sciences (BBS) and California Association of Marriage and Family Therapists (CAMFT) regarding clients who are physically located out-of-state:

Per the Board of Behavioral Sciences, “California licensees or registrants who wish to engage in telehealth with a client located in another jurisdiction need to check with that jurisdiction to determine its laws related to telehealth, and if licensure in that jurisdiction is required.” (<https://bbs.ca.gov/licensees/hipaa.html>) For California, providers must be licensed or registered in California.

CAMFT advised that in addition to checking the laws in another state, the provider would also need to ensure their malpractice insurance provides coverage out of state.

Again, please note that providers are not allowed to provide telehealth and/or telephonic services to clients that are physically located outside of California. If you have questions, please contact AQIS.

Board of Behavioral Sciences (BBS) Update

The BBS has been granted two more waivers due to the COVID-19 pandemic:

California Law and Ethics Examination Requirement for Associate Marriage and Family Therapists, Associate Clinical Social Workers, and Associate Professional Clinical Counselors -

https://www.bbs.ca.gov/pdf/law_ethics_exam_waiver_faq.pdf

Practicum Enrollment Requirement for Marriage and Family Therapist Trainees -

https://www.bbs.ca.gov/pdf/practicum_waiver.pdf

These along with other COVID-19 waivers can be found on the BBS website at <https://bbs.ca.gov/>. Please visit the website frequently for updates and important information regarding license and registrations.

LPS Outpatient Designation Process Update

LPS Outpatient Designation process for Initial and Re-Designation is changing. More details will be sent to Division Managers and Program Managers within the next few weeks so new staff and individuals with upcoming expiring 5150/5585 LPS Outpatient Designation can begin the process. More details will be released in upcoming QRTips.

New 5150 Form and Training

The *Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* (5150/5585 form) has been updated by DHCS in 12/2019 and with permission modified by AQIS. Program will need to contact HCA Publishing to order the 5150/5585 form-DHCS 1801 (12/2019) in triplicate. An email was sent on July 1, 2020 to all Division Managers to distribute to their staff a Memo from Kelly K. Sabet, LCSW, CHC, AQIS Division Manager with highlights of the 5150/5585 form changes, the AQIS Designation Support Team New 5150/5585 Form 2020 Training Guideline Instructions and the new AQIS 5150/5585 Form-DHCS 1801 (12/2019). These three documents can be found on the AQIS Webpage under Designation Support Team - www.ohealthinfo.com/bhs/about/aqis/designation

2019-2020 Annual Provider Training: Resources Link

The 2019-2020 Annual Provider Training (APT) was released on May 22, 2020 for our mental health providers. It is expected that all of the required staff complete this training by 5pm on July 10, 2020. The APT provides information on our Mental Health Plan's practice standards and Medi-Cal documentation guidelines. In addition to the comprehensive information provided in the APT, there are numerous resources embedded in the training.

As a reminder, there is a "Resources" link at the top right hand corner of the training. Using your mouse, you can hover over and click on the word "Resources" which will link you to another page full of useful resources for our providers. Here you can find helpful tools and information to enhance your understanding of Medi-Cal documentation standards and the MHP's expectations surrounding the standard of care.

AOABH



RESOURCES

CYPBH



AQIS Resources and Web links 20...

Resources

Here are some useful links and documents:

Medi-Cal Certification/Re-Certification Update

Medi-Cal Certification Contract Application has been updated.

Brand new programs requesting MC Certification will begin to use this application beginning July 1, 2020. The new information is located on pages 3 & 4 of the Medi-Cal Certification Application. The added information is as follows: Tax ID of Legal Entity; Name of Provider in Which Interest is Held; Date of Birth; Social Security # for Individuals with ≥ 5% interest in company and Other Tax ID #'s for Corporations with ≥ 5% Control. You can access the updated application here: [Contract Provider Medi-Cal Certification Application](#)

Here are screenshots of the updated Medi-Cal Certification Application.

MEDI-CAL CONTRACT PROVIDER DISCLOSURE STATEMENT OF SIGNIFICANT BENEFICIAL INTERESTS

Name: Click here to enter text. Type of Provider: Short Doyle/Medi-Cal
 Address: Click here to enter text. Medi-Cal Provider Number: Click here to enter text.
 NPI #: Click here to enter text.
 Tax ID #: Click here to enter text.

	Type of Provider	Address	Name of Relative(s) Who Holds The Interest	Relation	Type of Interest	Percentage and/or Dollar Amount of the Interest
1. Name of Provider in Which interest is Held: Click here to enter text. Date of Birth: Click here to enter text. Social Security # for individual only with ≥ 5% interest in company: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Name of Provider in Which interest is Held: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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MEDI-CAL CONTRACT PROVIDER DISCLOSURE STATEMENT OF SIGNIFICANT BENEFICIAL INTERESTS -cont

Other Tax ID #'s for Corporations with ≥ 5% Control	Click here to enter text.	Click here to enter text.	Click here to enter text.
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I hereby certify under penalty of perjury that all the above statements are true and correct to the best of my knowledge.

 Local Entity Authorized Signature of Contract Provider Date

INSTRUCTIONS

Section 14002 of the Welfare and Institutions Code provides that no payment shall be made to a Medi-Cal provider or to any facility or organization in which he or his immediate family has a "significant beneficial interest" unless the provider has a statement on file disclosing his or the interest his immediate family has in other Medi-Cal providers to which they refer beneficiaries. The applicable section under Medi-Cal program regulations is Division 91.144, Article 9, Chapter 9, Subdivision 1 of Division 9 of Title 22 of the California Administrative Code. This regulation is shown below.

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If you have any questions please contact:

- ❖ AQIS AOABH: Chris Uyeno, LCSW cuyeno@ochca.com
- ❖ AQIS AOABH / CYPBH STRTP: Sara Fekrati, LMFT sfekrati@ochca.com
- ❖ AQIS CYPBH: Elizabeth Sobral, LMFT esobral@ochca.com

ANNOUNCEMENTS

A new mailbox for the AQIS Support Teams has been created to better serve programs. Please send any documentation questions for AOABH and CYPBH Support Teams to AOISSupportTeams@ochca.com.

For inquiries and submissions regarding the Final Rule requirements such as the Provider Directory and Clinical Supervision Requirements, please continue to use AOISManagedCare@ochca.com.

REMINDERS

Service Chiefs and Supervisors, please remember to submit monthly updates on program and provider changes for Provider Directory to AOISManagedCare@ochca.com.

Please document the review of QRTips in staff meetings. Thank you!

AQIS Quality Assurance & Quality Improvement Division

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