

QRTips

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

2020-2021 APT Coming Soon! The AOABH and CYPBH Annual Provider Trainings will be provided to program in the near future. Please keep an eye out for communication on this.

FY21-22 Medication Monitoring Report Update

The purpose of Medication Monitoring is to assure the appropriateness of psychotropic medication prescription and establish a monitoring process to ensure safe and effective medication practices for Behavioral Health Services (BHS).

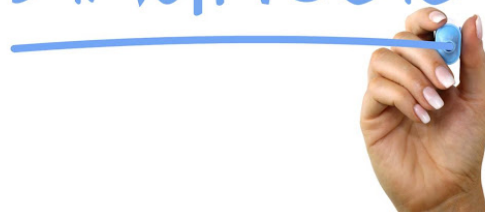
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County Only

Diagnosis Form Part II

There was some confusion regarding the April 2021 QRTips article on the Diagnosis Form. To be clear, if a Diagnosis Form is completed with an ICP at the onset of treatment, the Diagnosis Form will need to be completed again in the order identified in April 2021 QRTips after the Psychosocial for the initial evaluation and annual re-evaluation. This is true even if the diagnoses have not changed since the onset of treatment. This is to ensure the Master Care Plan “package” (Psychosocial, Dx Form, CFE, and Care Plan) is completed in its entirety and in the correct order. Additionally, providers are responsible to “clean up” the Diagnosis Form to remove, resolve, cancel, etc. any diagnoses that are no longer relevant or no longer apply to the client/beneficiary’s treatment. Please reach out to your respective AQIS Support Team if you have any questions.

DIAGNOSIS



TRAININGS & MEETINGS

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AOABH Online Trainings

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

[2019-2020 AOABH Annual Provider Training](#)

AOABH MHP QI Coordinator's Meeting

[WebEx Mtg. 5/6/21 10:30-11:30am](#)

CYPBH Online Trainings

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

CYPBH QRT Meeting

[5/6/21 1pm-2:230pm](#)

**More trainings on CYPBH ST website*

HELPFUL LINKS

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[AOIS AOABH Support Team](#)

[AOIS CYPBH Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Program Directors and County Service Chiefs will run roster:

- At the Beginning of the Fiscal Year run your clinic roster (don't rerun every Quarter) and submit the med monitoring form with the amount of Medi-Cal cases that will be submitted based on these guidelines:
 - Random selected charts or problem cases
 - Under 200 total Medi-Cal cases, submit 10 packets
 - Over 200 Medi-Cal cases, send in 5% of the total Medi-Cal cases
- Submit the charts during second and third quarter
 - 2nd quarter of fiscal year October 1st through December 31st
 - 3rd quarter of fiscal Year January 1st through March 31st
- The last day to submit total charts for the fiscal year is March 31st

Billable vs Non-billable Case Management

Recent audits have indicated the need to provide reminders on billable vs. non-billable Case Management Services (CMS). Providers should be mindful that overbilling or underbilling for services is considered fraud, waste, and abuse. The chart below should help to aid providers in identifying what services can and cannot be billed as Targeted Case Management. Please keep in mind that these types of services are generally considered to be billable, however, providers should refer to the current [Documentation Manual](#) for all necessary elements to include within a progress note for billable services. This includes but is not limited to the purpose of the service, medical necessity of the service, and the reason the client/beneficiary is not able to access these services on their own.

Billable Case Management	Non-billable Case Management
Linkage	Solely academic, vocational, recreational, or social in nature
Referrals	Appointment scheduling
Care Coordination	Transporting clients
Form Completion (requiring clinical knowledge)	Clerical activities (copying, faxing, etc.)
Consultation	Travel time from Medi-Cal Certified site to another Medi-Cal Certified site
Check in on goal progress	Leaving, receiving, reviewing telephone messages
Record Review – this is billable if the purpose and medical necessity is established for the review. An example could be reviewing hospital records prior to an appointment after a client/beneficiary is discharged from the hospital. The progress note would need to indicate the need to review the records i.e. any treatment changes or relevant information regarding the client/beneficiary's mental health	Time spent waiting for a client who "no showed"

AOABH Medi-Cal Certified Reviewer Training Available May 17!

WHY

A Medi-Cal Certified Reviewer process is the MHP's process to ensure that staff who are responsible for reviewing documentation of services are knowledgeable and well trained in identifying the presence of required documentation components that are compliant with Medicare/Medi-Cal reimbursement documentation requirements.



WHO

A Certified Reviewer applicant is a trained, licensed mental health professional who completed the AQIS Medi-Cal Certified Reviewer training program and an extensive review of billable clinical documents prior to conducting independent reviews of Medicare/Medi-Cal documents to determine their compliance with reimbursement documentation requirements.

WHAT

The Certified Reviewer requirements has been updated to ensure that the application process can be completed within a 90-day timeline and to ensure that the applicant is provided with the result within a timely manner. For most cases, the applicant will receive notification within 4 weeks from the date of their application submission.

Training and Submission Requirements:

- Attend AOABH New Provider Documentation Training (Day 1)
- Attend AOABH New Provider Care Plan Training (Day 2)
- Review Certified Reviewer Training PowerPoint
- HCA Annual Provider Training
- HCA Annual Compliance Training
- Review documentation under the supervision of an AOABH Medi-Cal Certified Reviewer
- Care Plan Packets
- Progress Notes

WHERE

All trainings, reviews, consultations and application packets will be completed and submitted on-line.

QUESTIONS

Please email the AQIS AOABH Support Team at AOISSupportTeams@ochca.com with questions and to request an application packet.

Managed Care Support Team

MCST OVERSIGHT:

GRIEVANCES & INVESTIGATIONS
NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
CLINICAL SUPERVISION
MHP/SUD DMC-ODS PROVIDER DIRECTORIES
CREDENTIALING
ACCESS LOGS
CHANGE OF PROVIDER/2ND OPINIONS (MHP)

CLINICAL SUPERVISION

- A Clinical Supervisor outside of the MHP and SUD DMC-ODS health plans must provide a signed and dated Written Oversight Agreement Letter (See BBS website for sample) on employer letterhead **PRIOR** to gaining hours of experience.
- New supervisees are required to submit the Clinical Supervision Reporting Form (CSRF) and Board of Behavioral Sciences (BBS) Responsibility Statement Form.
- Any status change to clinical supervision (i.e. new clinical supervisor, termination) requires an updated CSRF and BBS form to be submitted.
- Clinical Supervision is required weekly until licensed.

NOABDS

- MCST reviews all NOABDs and will provide quality comments and/or correction requests. The provider **MUST** submit the correction within 5 business days and mail the revised NOABD to the beneficiary.

EXPIRED LICENSES, CERTIFICATES OR REGISTRATIONS

- Credentialing is contingent upon providing and maintaining current licenses, certificates or registrations in accordance with the appropriate licensing or certifying organization. Failure to provide and maintain all the credentialing requirements will result in the suspension, denial of privileges and disciplinary action. When the license has expired the provider will no longer be permitted to deliver services requiring licensure for the Orange County Health Care Agency. The provider must contact MCST and IRIS immediately to petition for their credentialing suspension to be lifted and provide proof of the license, certification or registration renewal. The provider's reinstatement is **NOT** automatic.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Lead(s): Esmi Carroll, LCSW Jennifer Fernandez, MSW

CREDENTIALING AND PROVIDER DIRECTORY

Lead: Elaine Estrada, LCSW

ACCESS LOGS AND CLINICAL SUPERVISION

Lead: Elizabeth Sobral, LMFT



CONTACT INFORMATION

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E-MAIL ADDRESSES

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

ANNOUNCEMENTS

The CYPBH Support Team would like to congratulate John Crump, LMFT, on his promotion to Administrative Manager II of CYPBH Support Team. John will also be overseeing the Certification and Designation Support Services Team until a new Service Chief II is hired into that position.

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!

***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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