

# QRTips

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

## Medication Consent Forms

Psychiatric services that involve the prescription of psychotropic medication require the beneficiary/client or his/her legal representative to sign an additional consent for medication. Consents for medication should list the specific medications to be prescribed and their corresponding dosage ranges.

Recent audits have made us aware that some providers are using outdated medication consent forms that do not include all of the required elements. Many medication consents are missing the prescriber's license number in the signature section. Please be sure you are using the most updated medication consent form. For Contract Providers, if you are using County medication consent forms, please be sure you are using the most recent updated form.

*continued on page 2...*

**IMPORTANT**

### Annual Provider Training Reminder

The Annual Provider Training (APT) has been posted [online](#) for all divisions (AOABH, CYPBH, and SUD) for providers to access. Please note the due date for completion is June 19, 2021. All existing providers are required to complete the APT.

## Consumer Informing Materials

The AQIS Consumer Informing Materials Compliance Audits for FY 20-21 will be conducted via Program self-audit. These audits must be completed and submitted to AQIS by June 24, 2021. Please note, if a program/clinic does not have these materials posted, SCs/PDs should note this and provide AQIS with feedback as to how you corrected the issues. Upon completion of the self-audit, please send completed Audit Sheet(s) to the assigned AOABH leads, Brenda Truong ([btruong@ochca.com](mailto:btruong@ochca.com)) and Ashley Bart ([abart@ochca.com](mailto:abart@ochca.com)). Eduardo Ceja ([eceja@ochca.com](mailto:eceja@ochca.com)) and Cenía Amaya ([camaya@ochca.com](mailto:camaya@ochca.com)) are the assigned CYPBH leads.

## TRAININGS & MEETINGS

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### AOABH Online Trainings

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

[2020-2021 AOABH  
Annual Provider Training](#)

### AOABH MHP QI Coordinator's Meeting

*WebEx Mtg. 6/3/21 10:30-  
11:30am*

### CYPBH Online Trainings

[2020-2021 CYPBH Integrated  
Annual Provider Training](#)

**CYPBH QRT Meeting**  
*6/3/21 1pm-2:30pm*

*\*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](#)

If a Contract provider is using their own medication consent form, please be sure it includes all of the required elements. Medication consents must cover all of the following: 1) Reason for taking the medication; 2) Reasonable alternatives were discussed with beneficiary/client; 3) Frequency range; 4) Duration; and 5) Possible side effects if medication taken longer than 3 months. These areas cannot be left blank or crossed out. The consent also must include the psychiatrist's signature, degree/job title and license number.

Please note that the duration cannot be left unspecified (i.e., TBD). Per DHCS, a specific end date must be provided. Psychiatric Medication Consents should identify an end date no later than one year from the date the form is signed. The beneficiary has the right to withdraw the consent at any time. This information was also included in December 2020 QRTips.

## PSC-35 Reminder

CYPBH Only

During recent audits it has been noticed that the PSC-35 was missing from the beneficiary's chart. As a reminder, the **PSC-35 is a required** form that must be completed at each mental health Episode of Care (EOC) start, every 6 months afterwards, and a final one at discharge. It is important to complete the PSC-35 as it contains information not only for case conceptualization but for outcome measures used to collect data by DHCS. Below are some helpful reminders regarding the PSC-35:

- **Every beneficiary ages 3- 18**, is required to have one filled out and placed in their chart
  - **Please note, beneficiaries that are 18 are still required to have a PSC-35**
- Intervals for completing the PSC-35 are at the **start of Mental Health EOC, every 6 months after, and at discharge**
- PSC-35 is available in all of the threshold languages (English, Spanish, Vietnamese, Farsi, Korean and Arabic)
- PSC-35 is completed by any Caregiver (i.e., biological parents, foster parents, etc.)
  - **Question #1:** What if there is no primary caregiver at the moment it's due?

**Answer:** Go to the top right-hand corner of the PSC-35 form and select "**no**" for the question "Is caregiver involved in treatment". This should be included in the beneficiary's chart. Please Note, in IRIS for both County and Contracted programs the PSC-35 PowerForm should also be filled out with "no" for the question "is caregiver involved in treatment". Updates should still be completed at the 6-month mark and so on.

- PSC-35 can be billed two ways:
  1. As a billable assessment activity if there is documentation to support how the information on the PSC-35 will be used towards the beneficiary's mental health treatment. Simply providing the PSC-35 is not a billable activity as it is seen as an administrative task.
  2. As Intensive Care Coordination (ICC) during a Child and Family Team meeting (CFT) if the beneficiary is eligible through Pathways to Wellbeing/Intensive Services (PWB/IS), then the PSC-35 is to be completed during the assessment/reassessment of the needs and strengths.

**For Further assistance, please reach out to Andrew Parker at 714-834-3172 or AParker@ochca.com.**

# Managed Care Support Team

## GRIEVANCES & INVESTIGATIONS

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)

APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS

CLINICAL SUPERVISION

**PAVE ENROLLMENT FOR MHP**

CREDENTIALING

ACCESS LOGS

CHANGE OF PROVIDER/SECOND OPINION (MHP)

MHP AND SUD-DMC PROVIDER DIRECTORIES

## PAVE ENROLLMENT FOR MHP PROVIDERS

- PAVE enrollment has officially transferred over to MCST as of 6/1/21.
- Programs must ensure ALL new and existing providers are enrolled in PAVE - Nurse Practitioner, LCSW, LMFT, LPCC, Psychologist, MD, DO, Physician Assistant, Pharmacist and Speech Therapist.
- Send all inquiries and PAVE enrollment requests to: [AOISManagedCare@ochca.com](mailto:AOISManagedCare@ochca.com) with the Subject Line: PAVE Enrollment - \_\_\_\_\_.

## REVISED: PERSONNEL ACTION NOTIFICATION (PAN) FORM

- A newly revised PAN form is available and programs are now required to cc: [AOISManagedCare@ochca.com](mailto:AOISManagedCare@ochca.com) for ALL new hires, terminations and change of status (i.e., newly licensed, program change, etc.).

## 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. The Direct Supervisor **MUST** ensure the CSRF, BBS and Written Oversight Agreement is submitted to MCST.

**Reminder**

### Change of Provider/2<sup>nd</sup> Opinion:

The recent Change of Provider (COP)/2<sup>nd</sup> Opinion Q3 Report revealed that some clinics are not filing the COP/2<sup>nd</sup> Opinion PowerForm in the EHR, please utilize the form. What we were finding was that the COP had been reported in the progress notes but a COP request form had not been filed in the EHR. Please remember that a grievance form needs to be submitted if the COP is being requested due to a care and treatment concern (i.e. "My psychiatrist is not listening to me"; "My PC won't help me"; "I'm not connecting well with my therapist", etc...).

# Managed Care Support Team Cont.

## ACCESS LOGS

- 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 clinic staff.
- Providers should speak with the beneficiary, legal guardian/conservator requesting access to services. If the beneficiary, legal guardian or conservator agrees with having a representative acting on their behalf, then an initial appointment can be made (i.e. hospital Social Worker). It should also be noted in the “referral comment” section of the Access Log that verbal consent from the beneficiary was given.
  - ✓ Referral Comment Example #1: *Provider obtained verbal consent from the beneficiary to allow the representative to schedule an appointment.*
  - ✓ Referral Comment Example #2: *Hospital SW indicated beneficiary was unavailable to speak and attested confirming the beneficiary’s desire to access treatment services upon hospital discharge.*
- The provider is to determine if a request for an appointment is deemed urgent, routine or emergent, NOT the beneficiary.
- The provider must **always** “offer” an appointment within the required timeframe (i.e., Routine – 10 business days, Urgent – 24 hours, Emergent – 4 hours) and the beneficiary may decline and accept another appointment date (even if it is outside the timeframe). Remember, as long as the provider schedules an appointment within the timeframe or schedules an appointment with another clinic, an NOABD for Timely Access is not required.

### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> 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

### PAVE ENROLLMENT FOR MHP PROVIDERS

Araceli Cueva      Elizabeth “Liz” Martinez      Sam Fraga



### CONTACT INFORMATION

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(714) 834-5601      FAX: (714) 480-0775

### E-MAIL ADDRESSES

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



## Hot off the Press!

The CYPBH New Provider Training (NPT) has been updated and uploaded to the AQIS website [here](#). All new providers are required to take this training as part of the onboarding process. For questions regarding this training, please reach out to Mark Lum, CYPBH Support Team, by email at [aqissupportteams@ochca.com](mailto:aqissupportteams@ochca.com)

## ANNOUNCEMENTS

The AOABH Support Team would like to welcome Ashley Lopez, Office Specialist, to the team. Ashley comes to us from the AOABH Anaheim Clinic. We are excited to have her as part of our team!

## REMINDERS

### Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to:

[AOISManagedCare@ochca.com](mailto:AOISManagedCare@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.*

## AQIS Quality Assurance & Quality Improvement Division

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