health CARE AGENCY

FEBRUARY 2020 | VOL. 1 | NO. 10

QRTips

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

2019-2020 DHCS Triennial Review: Chart Review Preliminary Findings

I. Assessment Timeliness and Frequency
   a. Initial Assessments are completed in over 60 days
   b. Annual Updates are completed more than 365 days after previous assessment

II. Required Elements in Assessment
   a. Out of compliance with several elements missing in the initial and annual assessments (See January 2020 QRTips for a list of required assessment elements)

III. Scope of Practice for Assessments
   a. Non-licensed, non-waivered providers such as Mental Health Workers (MHW), Mental Health Specialists (MHS) and Mental Health Rehabilitation Specialists (MHRS) cannot complete the Mental Status Exam (MSE) and Diagnosis
   b. Non-licensed, non-waivered providers should also not be completing medication history and relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health

IV. Care Plan Requirements
   a. Annual Care Plan updates are completed more than 365 days after previous Care Plan
   b. No signature and copy offered indicated on Interim Care Plan
   c. Copy offered to client was not on the full Care Plan
   d. Completed Care Plan was not found in chart and no progress note explaining why
   e. Goals and objectives not measurable on Interim Care Plan

V. Medication Consents
   a. Required elements missing such as frequency and range, method of administration, duration, alternative treatments, etc.

TRAININGS & MEETINGS

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AOABH
New Provider Training
(Documentation & Care Plan)

Only available online at:
AOABH New Provider Training

AOABH Core Trainers Meetings

County Core Trainers Meeting

Thurs Mar 5th 10 – 11:30am Rm 433

Contract Core Trainers Meeting

Thurs Mar 12th 1:30 – 3pm Rm 433

CYPBH Trainings

**Please see CYPBH Support Team website for online trainings.*

HELPFUL LINKS

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AQIS AOABH Support Team

AQIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

VI. Progress Notes
   a. What are the qualifications of "Other Qualified Providers?" What are their credentials? Signature must indicate provider's credentials
   b. Services were provided and billed during gaps between completed Care Plans
   c. Claims recouped for overbilling
   d. Date on claim did not match date on progress note

VII. Completion Dates on the Assessment, Medication Consents, Care Plans and Progress Notes
   a. Missing date of documentation on progress notes
   b. Missing date of signature on the assessment
   c. Missing date of completion on the Care Plan
   d. Date of referenced document not matching the date of service

VIII. Intensive Care Coordination (ICC)
   a. Missing proof of eligibility

IX. Over and Under Utilization
   a. Care Plans act as authorization mechanism for services provided
   b. State now monitors over and under utilization of services based on services authorized on Care Plans
   c. Overbilling of assessment (number of assessment sessions for one client)

AQIS is currently reviewing and discussing ways to ensure compliance with the DHCS Triennial Review findings. Please stay tuned for more information and updates.

COUNTY EHR CLINICS ONLY

Important Change to the Care Plan Signature Workflow

As announced in the January QRTips, a Care Plan becomes valid when the provider (LPHA) signs the Care Plan and is good for 365 days from that date. AQIS IRIS Liaison Team is working with IT on making the required changes to the Care Plan validation process. In the meantime, please follow the interim workaround outlined below:

- Interim workaround for when client's signature is not obtained the same day as the LPHA's signature:
  - Click "Refused to Sign" button (this will be changed to "Client to sign at a later date") for Client Signature on Care Plan
  - Document that client was unavailable to sign on this date and that signature will be obtained as soon as possible
  - Upon obtaining client's signature at a later date, change the selection from "Refused to Sign" to "Signature Obtained" for Client Signature. This will not affect the original Care Plan validation dates

Please keep in mind that client's signature is still required on a Care Plan and all efforts should be made and documented to obtain client's signature as soon as possible.

CYPBH ONLY

Short-Term Residential Therapeutic Program (STRTP) – Part 3

The previous QRTips (January 2020) provided the timelines and documentation based on the STRTP Mental Health Program Approval protocol. This QRTips provides additional information in regards to medication control and monitoring.

- Medication Control and Monitoring:
  - Every child entering the STRTP shall be examined by a prescribing physician prior to being prescribed psychotropic medication
    - The screening should include potential medical complications that may contribute to the child's mental health condition
    - The examination should be conducted as soon as possible due to the STRTP's short term and intensive services treatment model.
    - Compliance with Medication Control and Monitoring need to be documented in the chart. If the child refuses to be seen by the prescribing physician, please clearly document the attempts made to set up this appointment, the reason why the child refuses to be seen, and your plan to address these issues (i.e. perhaps in a CFT meeting).
  - A written medication review need to be completed at least every 6 weeks and signed by the prescribing physician
    - The written medication review can be prepared by a Mental Health Program staff member acting within their scope of practice (i.e. LVN, RN); however, the prescribing physician must sign the medication review
    - The review must include side effect, efficacy, medication compliance, and justification to continue or change the medication
    - Medication treatment must be consistent with the treatment goals
  - A 90 day medication review need to be completed for every child who is not on any psychotropic medication
  - To be consistent with Medi-Cal documentation standards, please ensure that medication support services is listed on the Interim Care Plan or the signed Care Plan prior to providing psychiatric treatment services.
  - Finally, please ensure that all medications being prescribed have a medication consent in the chart.

As a reminder, please review the STRTP Metal Health Program Approval protocol for details and requirements on timelines and documentation. You can find a copy of the protocol on our County website at: http://www.ochealthinfo.com/bhs/about/cys/support/strtp

Medi-Cal Certification/Re-Certification Reminders

According to the Short Doyle/Medi-Cal Provider Certification & Re-Certification Protocol:

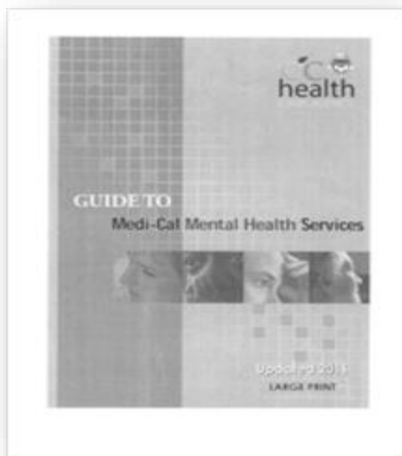
CATEGORY 1: (POSTED BROCHURES AND NOTICES) states as follows:

1) Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services, at a minimum, does the provider have the following information available?

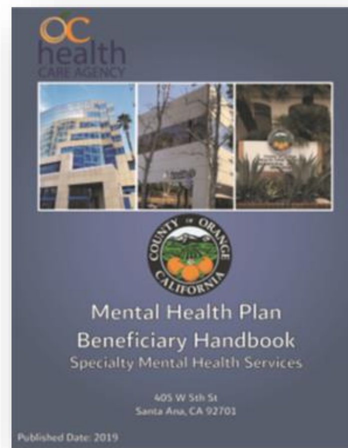
   A) The beneficiary brochure per MHP policies and procedures?

   - The availability of a booklet and provider list that contain information required by Title 42, Code of Federal Regulations, Section 438.10(f)(6) and (g).
   - The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers. This responsibility applies to the beneficiary's receipt of any specialty mental health services, including but not limited to an assessment to determine whether medical necessity criteria pursuant to Section 1830.205 are met.
   - General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.

MC Certification/Re-Certification questions can be sent to AQISmccert@ochca.com.



Out with the old!



In with the new!

REMINDER:

The Mental Health Plan Beneficiary Handbook-
Specialty Mental Health Services has been updated (2019). Please update all MHP Handbooks.
To download the handbook, go to http://ochealthinfo.com/bhs/about/medi_cal

UPDATE

NPI on Chart Documentation

DHCS provided clarification that provider's National Provider Identifier (NPI) does not need to be present on every chart document. The NPI submitted along with claims on the back end is sufficient.

ANNOUNCEMENTS

As of February 1, 2020, Clinical Supervision Requirements is managed by AQIS Managed Care Support Team (Lead: Elaine Estrada). Please continue to submit the required forms to AQISManagedCare@ochca.com.

REMINDERS

Service Chiefs and Supervisors, please document the review of QRTips in staff meetings. Thank you!

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