

# QRTips

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

## Telehealth Services: Frequently Asked Questions and Helpful Resources

***Does the General Informed Consent for Telehealth and Telephonic Services replace the original Informed Consent for Services?***

No, it does not replace the Informed Consent for Services. Any beneficiary/client (new or existing) who will be receiving telephone or telehealth services will need to be given the General Informed Consent for Telehealth and Telephonic Services. For those determined appropriate for and able to engage in telehealth services, the Email Acknowledgment Form will also need to be completed. Both forms will need to be reviewed with beneficiary/client and their verbal consent should be obtained and documented in the progress note. For more guidance on when and how to use the General Informed Consent for Telehealth and Telephonic Services, please see the [COVID-19 Fact Sheet: Guidance for County Operated MHP Programs](#).

***Do the General Informed Consent for Telehealth and Telephonic Services and the Email Acknowledgment Form need to be completed prior to the Initial Intake Appointment for a new beneficiary/client?***

At the time of scheduling telehealth appointment, all that would need to be reviewed and signed is the Email Acknowledgment Form. The General Informed Consent for Telehealth and Telephonic Services can be done at the telehealth Intake Appointment.

***How about for existing beneficiaries/clients? When do the General Informed Consent for Telehealth and Telephonic Services and the Email Acknowledgment Form need to be completed?***

For existing beneficiaries/clients, the General Informed Consent for Telehealth and Telephonic Services and the Email Acknowledgment Form will need to be completed prior to the first telehealth appointment.

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### 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

WebEx Mtg. 6/4/2020 10-1130am

Contract Core Trainers Meeting

WebEx Mtg. 6/11/2020 130-3pm

#### CYPBH Trainings

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

### HELPFUL LINKS

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AOIS AOABH Support Team

AOIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

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***Are providers permitted to provide telehealth and/or telephonic services to beneficiaries/clients who are located outside of California?***

No. According to the Board of Behavioral Sciences (BBS), providers who are “licensed or registered in California are permitted to perform services via telehealth with clients who are located **in California**,” unless the provider is also licensed to practice in another state that beneficiary/client is currently located in.

## **Reminders: Notices of Adverse Benefit Determination (NOABDs) and Grievances**

There have been **no changes** to the requirements for the NOABDs and Grievances during the COVID-19 pandemic. Please continue to comply with the requirements as before for Medi-Cal beneficiaries.

Here are some important reminders:

### ➤ **NOABDs**

The following circumstances apply when an NOABD is not applicable to termination of services:

- The consumer does not have active Medi-Cal
- The Medi-Cal beneficiary declines services and the care plan has expired
  - If the beneficiary declines services and the care plan is still valid, issue the Termination NOABD
- The Medi-Cal beneficiary has been transferred to another program within the Mental Health Plan (MHP)

All other circumstances outside of the above exceptions will result in the issuance of a Termination NOABD upon termination of services.

### ➤ **Grievances**

Remember that grievances are to be submitted on behalf of a Medi-Cal beneficiary when a statement of dissatisfaction is made.

The Grievance Tracking Form is to be submitted by programs with [the Grievance or Appeal Form](#) for a Medi-Cal beneficiary.

- The Grievance Tracking Form identifies additional information necessary when submitting grievances on behalf of Medi-Cal beneficiary.
- Please be sure to mark the box that identifies if the beneficiary agreed to file the grievance or did not agree. This is often missing from the form submitted to AQIS.
- Please ensure that all requested information is provided upon submission of both the Grievance or Appeal Form and the Grievance Tracking Form.

# Medi-Cal Certification/Re-Certification Reminders: COVID-19 Update



Per DHCS recent guidance: Emergency Enrollment in Medi-Cal for Specialty Mental Health Service Providers (4/9/20) states the following:

**In light of the many challenges counties are facing due to the COVID-19 crisis, including the inability to obtain a fire clearance, the DHCS is waiving the Medi-Cal Certification requirements for an onsite review and a fire clearance, during the approved 1135 Waiver period.**

During this time, providers may be certified and recertified using the streamlined procedures outlined below:

- For initial certification of county providers, where DHCS conducts the onsite review the County will submit to DHCS a copy of the head of service license and Program Description for the provider.
- For re-certification of county providers, where the MHP conducts the onsite review, the MHP shall submit a copy of the head of service license.
- For re-certification or change of address of county providers where DHCS conducts the onsite review, i.e., crisis stabilization unit, day treatment and/or adding medication room(s), the MHP shall submit all updates via email to include a head of service license and Program Description, as needed.
- For re-certifications of contracted providers, the provider will submit to the MHP a copy of the head of service license and Program Description for the provider.
- MHPs following these procedures will be granted enrollment for 60 days, retroactive to March 1, 2020.
- Please note that the 60-day emergency Medi-Cal Certification may be extended in 60-day increments in accordance with the 1135 Waiver.
- Upon conclusion of the 1135 Waiver, the MHP will be required to submit any outstanding documentation and meet all certification requirements, including the requirement for onsite review and having a valid fire clearance.

**For those County and Contracted Programs that are in various stages of their MC certification or re-certification, AQIS will be reaching out to the Service Chief directly or Contract Consultant or Monitor for further direction.**

Please reach out to your AQIS consultant if you have any questions:

- ❖ AOABH and STRTP AQIS Consultant: Sara Fekrati, LMFT [sfekrati@ochca.com](mailto:sfekrati@ochca.com)
- ❖ CYPBH AQIS Consultant: Elizabeth Sobral, LMFT [esobral@ochca.com](mailto:esobral@ochca.com)

## Reminders and Frequently Asked Questions Regarding Discharging Cases During the COVID-19 Pandemic

### Reminders:

AQIS is strongly advising programs NOT to terminate/discharge clients from services for no shows or lack of engagement at this time due to the COVID-19 pandemic. Programs may continue to terminate/discharge cases that are appropriate, but please be mindful of the current situation and ensure that clients are linked to ongoing services and/or resources. Please refer to April 2020 QRTips.

### Frequently Asked Questions:

**Question #1:** The parent and client came in for three sessions and have not participated in their assessment sessions for the past 4 weeks. The 60 day assessment timeline is approaching on 5/5/2020. Can we close the case?

**Answer:** It is best to use your clinical judgement. The clinician could complete the assessment and care plan based on the information already obtained from previous sessions. Just as a reminder, the Care Plan becomes valid from the date the LPHA/waivered provider signs the Care Plan, not from the date of the client/legal guardian's signature.

**Question #2:** The client and parent have not engaged in telehealth/telephonic services since their last session, which was the end March. Can we discharge the case?

**Answer:** AQIS suggests to proceed with caution and to keep the case open if possible due to the current COVID-19 pandemic. However, if the provider feels strongly about closing the case after consulting with his/her supervisor and CFT team and weighing clinical factors, then AQIS would highly encourage this be well documented in order to justify the provider's reasons for discharge. If the provider has already discharged services, did he/she issue an NOABD Termination letter prior to discharging the case? If not, then the provider still needs to issue an NOABD Termination letter.

**Question #3:** If a client and parent want to have the case closed, can we proceed with discharging the case during this time?

**Answer:** If the provider is in agreement and determines that it is clinically appropriate to discharge the case, then make sure that the client and parent are linked to ongoing resources as appropriate before discharging case. However, if the provider disagrees then an NOABD Termination letter needs to be issued.

\*Please refer to <https://www.ochealthinfo.com/bhs/about/cys/support/trainings> for guidance on issuing an NOABD.

# We Are Here to Support You

There have been so many changes in the way we serve our clients and a lot of new information to digest due to the current public health crisis. AQIS is working hard to provide important guidance and resources to support programs and providers during this very challenging time. AQIS Support Team staff are available to answer questions and provide support. Please do not hesitate to contact us.

We hope everyone stays safe and healthy.

## REMINDERS

Service Chiefs and Supervisors, please remember to submit monthly updates on program and provider changes for Provider Directory to [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com).

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

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