January 2022

QRTips

Mental Health & Recovery Services (MHRS)
Authority & Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOA-Support Teams / CYP-Support Teams / Managed Care / Certification and Designation

AQIS Top 5 Reasons for Recoupment and Non-Compliance – Part 2

Non-Compliance Reasons

AQIS AOA and CYP MHRS Support Teams would like to go over the top noncompliance reasons: (1) No documentation of the beneficiary participating in the development of the Care Plan and (2) Noncompliance with timelines. As a reminder the information provided for this QRTips series was sourced from the 2020-2021 AOA and CYP MHRS Support Teams audit year in order to provide insight into the most current noncompliance trends.

Our first reason for noncompliance is an issue that can be easily overlooked; however, when completed, shows great quality of care for our beneficiaries. The noncompliance issue is the beneficiary not participating in the development of the care plan goals. This is not only an important compliance and quality issue looked at during audits, but it helps strengthen a Care Plan, shows the beneficiary's unique contribution towards their mental health treatment, and individualizes the Care Plan goals. Below are some suggestions to better meet this compliance area:

- Meet and collaborate with beneficiary/client on their mental health treatment goals
- Ensure there is evidence to support the collaboration on the Care Plan goals and that there is clear and concise documentation of this activity in a progress note.

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TRAININGS & MEETINGS

MHRS-AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2020-2021 AOABH Annual Provider Training

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Mtg. 1/6/2021, 10:30-11:30am

MHRS-CYP Online Trainings

2020-2021 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Mtg. 1/13/2022,10:00-11:00am

**More trainings on CYPBH ST website*

HELPFUL LINKS

MHRS-AOA Support Team

MHRS-CYP Support Team

BHS Electronic Health Record

Medi-Cal Certification

AQIS Top 5 Reasons for Recoupment and Non-Compliance – Part 2 continued

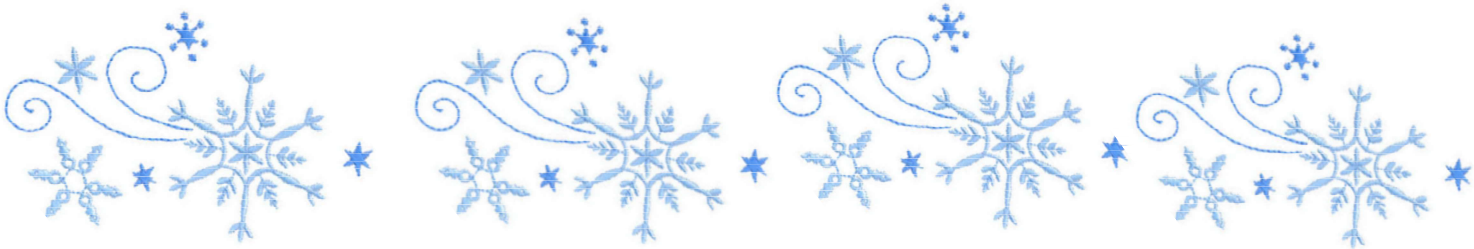
Another common reason for noncompliance is failure to meet timelines. Some examples of noncompliance with timelines are as follows: (1) Not completing or updating the initial/annual assessment and Care Plan on time, (2) Progress notes not being entered into the medical record within 30 days, etc. It's important to note as well, noncompliance with timelines can also increase the risk of recoupment if a service was billed when a Care Plan or documentation timeline has lapsed or expired. Below are general suggestions on timeliness(Please note some programs may have more stringent timeline requirements for their individual program or per MHP contract, so please consult with your program or Service Chief for additional information).

- Keep track of the Episode of Care start date as this will usually indicate when your initial assessment/Annual Care Plan is due.
- A Care Plan becomes valid at the time the provider signs and dates the Care Plan, not the beneficiary.
- A Care Plan is valid for 365 days from the provider's signature and date.
- Progress Note/ documentation into the beneficiary/client record is required within 30 days of the date of service except for STRTP programs which have 72 hours from the date of service.

Please stay tuned in for next QRTips where we will conclude our miniseries and cover the top 3 reasons for recoupment for AOA and CYP MHRS.

Behavioral Health Services Name Change

The Behavioral Health Services (BHS) department name has changed to Mental Health & Recovery Services (MHRS). This decision was made to capture the essence of the department, which includes behavioral health services and so much more. This transition will happen over a period of time; county staff will begin making this name change to e-mail signature blocks and forms.



Postmortem Procedure

Integrity requirements under the Mental Health Plan's (MHP) contract with DHCS *require the MHP* to provide prompt notification to the State about changes in a beneficiary's/enrollee's circumstances that may affect the beneficiary/enrollee's eligibility such as:

(i) Changes in the beneficiary's/enrollee's residence;

(ii) The death of a beneficiary/enrollee.

The AQIS Support Teams may contact the service provider directly to request that any open Episodes of Care (EOC) be closed immediately to avoid the potential for postmortem billing.

AQIS

- Will verify through IRIS that all EOC's with County or Contracted Programs are closed.
- If open EOC's are identified, the Head of Service will receive an email notifying them of the beneficiary's death with a request to close the EOC(s) open in IRIS.
- Will monitor the EOCs. If they are not closed within 30 days from the date of the first email notification, the service provider will be contacted again.

Service Provider

- Will confirm that no billable services were provided after the beneficiary's date of death and will discharge the beneficiary immediately with an accompanying discharge note.
- If billable services occurred after the date of death, replace with non-billable services.
- If discharge is completed after AQIS' notification of beneficiary's death, indicate discharge reason as "deceased" and date of death(use date given to you by AQIS).
- If the beneficiary chart has a discharge note and the discharge has not been processed, it is not necessary to write a new discharge note.
- If notification is of a beneficiary death with older EOC's, indicate why the EOC's were not closed in IRIS. If paper charts are utilized, ensure a discharge note is present in the chart. If corresponding EOC was considered closed by the service provider, ensure that it was also closed in IRIS. You may use the original discharge note and date to close the EOC.
- If a discharge note is not present in the chart, have a clinician write a discharge note and close the EOC in IRIS (encounter date for the FIN and discharge note must match).
- Forward the discharge to office staff to process and to close the EOC in IRIS.

CLINICAL SUPERVISION (EFFECTIVE 1/1/22)

Please be advised that LMFT, LCSW, and LPCC Clinical Supervisors and Supervisees will have new requirements set by the BBS. These requirements apply to NEW supervisory relationships established on or after 1/1/22.

THINGS TO KNOW

New Forms

1. **Supervision Agreement Form**, this will replace the Supervisor Responsibility Statement & Supervisory Plan. The form is signed within 60 days of commencing supervision. *(New form to post to the BBS website on or prior to 1/1/22)*
2. **Supervisor Self-Assessment Report**, this form will affirm that the licensee is qualified to be a supervisor. *(New form to post to the BBS website on or prior to 1/1/22)*

Supervisor Training and Course Work

1. **15 Hour Training for New Supervisors:** This training is required for those who commence supervision for the first time in California on or after 1/1/22.
2. **6 Hours of Continuing Professional Development (CDP) Each Renewal:** Supervisors are to complete a minimum of 6 hours of CDP in supervision during each renewal period that occurs on or after 1/1/22.
3. **2 Year Lapse in Supervision:** If a supervisor has not conducted supervision in 2 years or more, they must take 6 hours of supervision training/coursework within 60 days of resuming supervision. This applies to supervisors who resume supervision on or after 1/1/22.
4. **Weekly Log (Newly Required for LCSW Licensure Hours):** Applies only to hours gained toward LCSW licensure on or after 1/1/22 (a weekly log is already required for those pursuing LPCC or LMFT licensure).

MCST is gearing up to enhance the Clinical Supervision Reporting Form (CSRF) in a response to the changes made by the BBS. We will provide updates as soon as the BBS has posted the new forms to their website.

The information listed above is a summary of the changes to come for clinical supervision. It is the responsibility of the Clinical Supervisors and Supervisees to keep current with changes to regulations. Please review the following link in depth for the detailed changes.

https://bbs.ca.gov/pdf/law_changes_2022/supervision_reg_changes.pdf

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- If you and your staff would like a specific or a full training about the MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Program Manager, Annette Tran at anntran@ochca.com.

REMINDERS

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AQISManagedCare@ochca.com and BHSIRISLiaisonTeam@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.*

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