

# QRTips

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

## Intensive Care Coordination (ICC) and Discharge planning for Pathway to Wellbeing/ Intensive Services (PWB/IS) only

ICC is an integral part of ensuring our clients receive the quality care they deserve. This is done in collaboration with the client's treatment team. At times, during client's therapeutic process being placed on a psychiatric hold is the only option available to keep them safe. To ensure that the quality of care continues during this crucial time, AQIS Support Team want to provide some clarification and tips pertaining to claiming ICC services for Discharge planning when a client is placed on a psychiatric hold.

### What does Medi-Cal say about claiming ICC during a psychiatric hold?

- When ICC is provided in a hospital, psychiatric health facility, community treatment facility, or psychiatric nursing facility, it will be used solely for the purpose of coordinating placement of the child or youth on discharge from those facilities. In this circumstance, ICC may be provided for the purpose of discharge planning, during the 30 calendar days immediately prior to the day of discharge, for a maximum of three, nonconsecutive periods of 30 calendar days, or less, per continuous stay in the facility. (Medi-Cal manual for ICC/IHBS/TFC Services 3<sup>rd</sup> edition)

### Does this mean I can claim ICC services for discharge planning when a client is on a psychiatric hold?

- Yes, however your discharge planning documentation must clearly show how its related to client's discharge transition plan. In addition, your documentation needs to have a service date of 30 calendar days before discharge and meet the other criteria listed above. Keep in mind that the purpose of your discharge planning is to work with other professionals/significant support person within the client's mental health treatment team in order to determine the most appropriate level of care for client.

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## TRAININGS & MEETINGS

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### AOA Online Trainings

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

[2021-2022 MHRS Integrated Annual Provider Training](#)

### MHRS-AOA MHP QI Coordinators' Meeting

WebEx Mtg. 7/7/22  
10:30-11:30am

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### CYP Online Trainings

[CYP New Provider Training 2021](#)

[2021-2022 MHRS Integrated Annual Provider Training](#)

### MHRS-CYP MHP QI Coordinators' Meeting

Teams Mtg. 7/14/22  
10:00-11:30am

\*More trainings on [CYP\\_ST website](#)

## HELPFUL LINKS

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[AOIS AOA Support Team](#)

[AOIS CYP Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

## Intensive Care Coordination (ICC) and Discharge planning (Pathway to Wellbeing/ Intensive Services, PWB/IS only) cont...

### What is an example of a billable and non-billable service during this time?

- **Billable ICC Service:** Therapist receives a call from client's psychiatric hospital to provide an update on client's status, his upcoming release date and coordinate on after care services. Therapist gathers that client has been feeling happier, not tearful, less anxious, has had no suicidal thoughts since being placed on the hold. Therapist and psychiatric hospital therapist brainstormed appropriate services and level of care for client. At this time, due to client's level of symptoms, client seems appropriate to return to mother's care, continue with outpatient therapist and psychiatrist for medication appointment will be offered. Psychiatric hospital therapist also recommended client getting a mentor and therapist will follow up on mentoring services.
- **Non-Billable ICC Service:** Therapist provides a phone call to client's mother to provide a resource for a local food bank. Therapist gathered from mother that she misses client and wants him to come home. Therapist gathers from mother that client would want to see therapist and obtained visiting hours from mother. Therapist will contact hospital to see about visiting client who is placed on a psychiatric hold.
  - Even though these are great services, this is a non-billable activity because none of them are related to the coordination of client's placement/transition upon discharging from psychiatric hospitalization.

## Medi-Cal Certification

CDSS appreciates your work and cooperation on Medi-Cal Certification and Re-Certification. A few items and reminders:

- Please continue to respond quickly when CDSS contacts you about Medi-Cal Certification and Recertification
  - Prepare and update your binders with any changes since your previous certification if you are recertifying!
  - Medi-Cal Certification and Recertification is complicated and overwhelming! Please read our e-mails carefully – we have a lot of instruction and guidance packed into our notifications and other communication.
  - Feel free to reach out during your preparations to ask for guidance, and to submit documentation for review in advance.
    - Giving yourself and CDSS extra time to review is recommended.
- Please continue to update CDSS with Head of Service changes – we **must** be notified in advance and we need to review the qualifications of your new/interim Head of Service.
  - Please provide name, copy of professional license (or resume if unlicensed), contact phone number, office address and description of administrative coverage if and when the new Head of Service is away from work.
- If you have any questions about Medi-Cal Certification requirements, feel free to contact CDSS at [AQISCDSS@ochca.com](mailto:AQISCDSS@ochca.com) and we will be happy to assist.

# Child and Adolescent Needs and Strengths (CANS)

- AQIS is preparing to audit CYP Contracted programs and your CANS certifications. This audit will be performed using data collected from your June 2022 Provider Directory updates.
  - Results will be shared with CYP Administration and your Contract Monitors, who will then review feedback with you.
  - Goal of this audit is to ensure all staff completing CANS assessments are certified and remain certified during their employment.
  - If staff have a valid CANS certification obtained outside employment with the County of Orange and/or a County-Contracted agency, this may lead to a false-positive during the audit. Staff may appear to not have a valid certification with the audit tools used. Please do not panic!
  - As long as the CANS certification was obtained within the last year, and is for the Integrated Practice CANS or California CANS 50 1.0, you will pass.
    - Certifications on tools other than the Integrated Practice CANS or California CANS 50 1.0 can be reviewed on an individual basis, however; providers are strongly encouraged to certify in either of the two mentioned.
  - AQIS will begin to provide feedback on CANS certifications on a regular basis starting with this audit
- AQIS is working on creating CANS training, administration, and data entry standards, and will be contacting CANS Certified Trainers to participate. Stay tuned!
- AQIS is looking more closely at CANS and PSC-35 data, and continues to work on cleaning up data submitted in IRIS. If you receive error correction e-mails from the IRIS Liaison Team, please follow up with them ASAP.

## The Summer of Self-Care

Summer is upon us and this is a good reminder to practice Self-Care. Here are a couple Self-Care ideas that are summer friendly.

- Grab a good book for your summer read
- Have a water balloon fight to stay cool
- Enjoy a dip in the pool or take a trip to the beach
- Have a movie night outside
- Enjoy the clear skies and look at the stars
- Explore the outdoors, go on a nature walk or camping
- Enjoy an Iced version of your favorite Coffee drink



# MANAGED CARE SUPPORT TEAM



## MCST OVERSIGHT

- **GRIEVANCES & INVESTIGATIONS**
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- **APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS**
- **PAVE ENROLLMENT FOR COUNTY DMC-ODS CLINICS & PROVIDERS**
- **PAVE ENROLLMENT FOR MHP PROVIDERS**
- **CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS (MHP/DMC-ODS)**
- **COUNTY CREDENTIALING**
- **CAL-OPTIMA CREDENTIALING**
- **ACCESS LOGS**
- **CLINICAL/COUNSELOR SUPERVISION**
- **MHP/DMC-ODS PROVIDER DIRECTORIES**

## REMINDERS

### GRIEVANCES (MHP ONLY)

Grievance forms and self-addressed envelopes must be readily available and accessible to the beneficiary to file a grievance in the lobby with the MHP and/or PRAS. The MHP has two types of self-addressed envelopes that must be displayed:

#### Authority and Quality Improvement Services

P.O. Box 355  
Santa Ana, CA 92702

#### Patients' Rights Advocacy Services

600 West Santa Ana Blvd., Suite 805  
Santa Ana, CA 92701

### COUNTY CREDENTIALING



- If, the **County Contracted Programs** have completed credentialing all existing and new providers during the initial credentialing timeline then all new hires must submit their credentialing packet (usually within 2 weeks) to be processed and approved before being able to deliver Medi-Cal covered services and be activated in IRIS.
- **County Employees** who are licensed, waived, registered and/or certified providers will soon undergo the credentialing process that will start in phases beginning September 1, 2022. Please be sure to attend the QI Coordinators' Meeting in August for more information about the implementation with the MCST and Human Resources.

### 2<sup>ND</sup> OPINION/CHANGE OF PROVIDER (DMC-ODS ONLY)

DMC-ODS County and County Contracted programs will be required to complete the 2<sup>nd</sup> Opinion/Change of Provider log and submit it to the MCST each quarter starting July 1 – September 30, 2022. The quarterly log must be submitted to the MCST by **October 10, 2022** deadline. A training has already been provided at the SUD QI Coordinators' Meeting on 5/19/22. If you need a training, please reach out to Jennifer Fernandez and/or [Esmi Carroll](#).



### ACCESS LOGS

Access Log entries are required when attempting initial access to Specialty Mental Health Services (SMHS) for serious and persistent mental illness (SPMI) and/or Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS). This means, ALL Medi-Cal beneficiaries accessing services for the first time within the MHP or DMC network via phone/walk-in is required to complete an Access Log when scheduling an initial assessment appointment with an Intake Counselor to determine medical necessity for services. If an appointment is not offered within the timely access standard (routine, urgent, emergent) to be assessed by a provider anywhere within the network then a Timely Access NOABD must be issued.

## REMINDERS (CONTINUED)

### 2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, MCST is tracking and monitoring all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries was provided for Q3 FY 21-22 and will continue to be disseminated each quarter to all County and Contracted providers to monitor and ensure the compliance with the DHCS requirements. The report has identified programs with zero and/or a low numbers of submissions and entries. Be sure to monitor your programs closely to assist the MCST with ensuring meeting the DHCS requirements.

### UPDATE: NOABD LETTERS

The NOABD letters will be updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. Once the newly revised NOABD templates have been updated they will be distributed to the providers and posted on the AQIS website to begin using, immediately.

### REQUIREMENT FOR TIMELY ACCESS FOR INTAKE AND INITIAL ASSESSMENT (MHP ONLY)

## REQUIREMENT TO PROVIDE TIMELY ACCESS TO SERVICES



### WHEN A BENEFICIARY REQUESTS SPECIALTY MENTAL HEALTH SERVICES (SMHS)

#### INITIAL INTAKE APPOINTMENT TO ACCESS SMHS

- MHP is required to provide a new beneficiary an **initial** appointment for an assessment within **10 business days, 24 calendar hours or 4 calendar hours** of the request.
- If the MHP is unable to offer an appointment at the clinic within timely access standard, the provider must look for an appointment at other clinics to meet the timely access and distance requirement.
- If all options have been exhausted then an NOABD – Timely Access Notice must be given to the beneficiary within 2 business days.
- Provider is also required to complete an Access Log entry.

#### UPON INITIAL ASSESSMENT

- Beneficiary meets criteria for SMHS.
- Provider determines the authorization of services (e.g., **initial** medication, case management, therapy, etc.) on the Interim Care Plan (ICP – 60 days) then the **initial** appointment must be offered within **10 business days**.
- If the MHP is unable to offer an appointment at the clinic within 10 business days, the provider must look for an appointment at other clinics to meet the timely access and distance requirement.
- If all options have been exhausted then an NOABD – Timely Access Notice must be given to the beneficiary within 2 business days.

#### INTERIM CARE PLAN/CARE PLAN

- **Initial** Medication evaluation from a psychiatrist is authorized on the ICP or Care Plan then an appointment for Medication Support Services must be provided within **15 business days**.
- If the MHP is unable to offer an initial medication appointment at the clinic within 15 business days, the provider must look for an appointment at other clinics to meet the timely access and distance requirement.
- If all options have been exhausted then an NOABD – Timely Access Notice must be given to the beneficiary within 2 business days.

### PROVIDER DIRECTORY

The Provider Directory is a DHCS requirement (DHCS IN#18-020) that entails an exhaustive list of providers and program information under the Health Plans to be made available for all beneficiaries to access mental health and substance use disorder services. The MCST heavily relies on the accuracy of the Service Chiefs/Head of Services submission to compile the Provider Directory for publishing and utilizes it to reconcile several reports and tracking systems within AQIS. Be sure to review the monthly spreadsheet to ensure the list of providers are current and accurate before submitting it to the MCST by the 15<sup>th</sup> of each month.

## REMINDERS (CONTINUED)

### NOABD TERMINATION LETTERS

As a reminder, programs are not to discharge or terminate beneficiaries before the termination date stated on the NOABD, which informs the beneficiary that his/her services will no longer be approved. NOABDs have rules and regulations that we must follow per the DHCS INFORMATION NOTICE NO.: 18-010E.

#### C. Timing of the Notice

The Plan must mail the notice to the beneficiary within the following timeframes:<sup>10</sup>

1. For termination, suspension, or reduction of a previously authorized specialty mental health and/or DMC-ODS service, at least 10 days before the date of action,<sup>11</sup> except as permitted under 42 CFR §§ 431.213 and 431.214.

The DHCS has allowed for a few exceptions to this 10-day rule (see the exceptions slide below). Remember that these are legal documents, and the beneficiary has the right to file an appeal. The beneficiary is also able to file for a State Fair Hearing and the hearing will review the NOABD content. If the beneficiary was prematurely discharged by the program (discharge date does not match the termination date on the NOABD), this will be questioned by the judge as it is not in line with the regulations. When the beneficiary calls the MCST about their termination NOABD and is still within that 10-day window we instruct them to call the program to continue services and the case should not have been closed/discharged before the date on the NOABD.

## NOABD TERMINATION



### SAME DAY TERMINATION CAN BE ISSUED WHEN

- ✓ The beneficiary is deceased - NOABD does not need to be mailed and should be placed in the chart.
- ✓ Incarcerated
- ✓ In long-term hospitalization
- ✓ Invalid address - A copy of the top of the envelope with the date of returned mail and states "returned mail/return to sender" needs to be scanned into the beneficiary chart and submit a copy to the MCST with the NOABD.
- ✓ Beneficiary agrees with terminating services and has signed/dated a statement stating such. Signed statement must accompany the NOABD to the MCST.
- ✓ **Narcotic Treatment Programs and Residential Treatment Programs may do a same day termination when an "admission agreement" is signed and dated by the beneficiary.**

### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW      Jennifer Fernandez, MSW

### CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

### ACCESS LOGS

Lead: Jennifer Fernandez, MSW

### PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist      Elizabeth "Liz" Martinez, Staff Specialist

### CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW  
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist  
Provider Directory Lead: Paula Bishop, LMFT



### CONTACT INFORMATION

200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I)  
Santa Ana, CA 92701  
(714) 834-5601      FAX: (714) 480-0775

### E-MAIL ADDRESSES

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

### MCST ADMINISTRATIVE MANAGER

Annette Tran, LCSW

## 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](mailto:AQISManagedCare@ochca.com) and [BHSIRISLiaisonTeam@ochca.com](mailto: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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