November 2021 | VOL. 1 | NO. 31

QRTips

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

CANS and ATD's Reminder

CANS is a collaborative process between the provider, client, family, and other service providers involved in the client's case. HIPAA rules still apply for Authorizations to Disclose. ATD's should be completed for third parties collaborating in completion of CANS. However, exceptions exist with Coordination of Care. People who would require an ATD before engaging on CANS would be: your client's family members, SSA case worker, close friend, and teacher. On the other hand, Providers at a County-operated Regional clinic are part of the County's Mental Health Plan, and thus do not require an ATD.

Discussing who will and will not participate in a Child Family Team meeting (CFTM) can help alleviate our clients' concerns, and operationalize the process as a collaborative effort. Both staff and clients alike may be accustomed to signing ATD's for virtually all disclosures, however; our efforts in framing CANS as a County-wide, collaborative process helps put it into perspective.

In addition, should a provider under the Orange County Mental Health Plan request a copy of a completed CANS assessment, please feel free to share without an explicit ATD in place. Sharing information regarding CANS falls under the umbrella of Coordination of Care. Furthermore, when clients are treated by two or more Behavioral Health programs in our Mental Health Plan, coordination is essential to ensure an accurate CANS. Only one program will complete the form and input into IRIS, however; coordination can and should occur as part of the Child Family Team Meeting process.

If there are further questions regarding the CANS please contact, AParker@ochca.com, 714-834-3172

TRAININGS & MEETINGS

• • •

AOABH Online Trainings

New Provider Training (Documentation & Care Plan)

2020-2021 AOABH Annual Provider Training

AOABH MHP QI Coordinators' Meeting

WebEx Mtg. - No mtg for November

CYPBH Online Trainings

2020-2021 CYPBH Integrated Annual Provider Training

CYPBH MHP QI Coordinators' Meeting

WebEx Mtg.

**More trainings on CYPBH ST website*

HELPFUL LINKS

• • •

AQIS AOABH Support Team

AQIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

Pathways to Well-Being and Intensive Services (CYPBH Only)

AQIS CYPBH Support Team (ST) would like to provide awareness on a specific noncompliance issue seen in recent audits. AQIS ST have noticed a pattern of noncompliance in the area of Pathways to Well-being (PWB) and Intensive Services (IS) requirements. These patterns are as follows:

- PWB/IS eligibility form is not being filled out in its entirety
- PWB/IS eligibility form shows the beneficiary as ineligible however does qualify based on a recent qualifying event
- PWB/IS criteria is met and indicated on the eligibility form however:
    - No Intensive Care Coordination (ICC) and/or Intensive Home Based Services (IHBS) are being provided or billed
    - ICC/IHBS is not added to the current Care Plan
- The chart does not have evidence of a CFT progress note and/or 90-day tracking form

A recent info notice, 21-058 (link provided), shows the State has become aware of the above issues and we expect it to be looked at more closely as audits progress. The info notice specifically states "*DHCS is aware of some cases in which MHP's are providing ICC, and IHBS, but claiming the services as targeted Case Management and/or Mental Health Services, respectively*." In addition, "*MHP's that continue to claim for ICC and IHBS services as TCM or MHS, respectively, must take immediate action to come into compliance to ensure that claims for ICC and IHBS include the appropriate modifiers, mode of service, and service function codes…MHPs out of compliance are subject to corrective actions*."

AQIS ST want to ensure that the county and county contract providers are in compliance with DHCS regulations pertaining to PWB/IS services, please use the following reminders and resources outlined below.

1. A clinician is required to complete the PWB/IS eligibility assessment form:
    a. At the start of services for *every* beneficiary/client once medical necessity has been established
    b. When there is a change that may affect eligibility (i.e. placement, medication, hospitalization, etc.)
    c. At discharge, if beneficiary/client previously met criteria for PWB/IS and is now being discharged or transferred
2. If the beneficiary/client meets the PWB criteria, the Katie A/PWB Cohort modifier in IRIS needs to be updated with a start date.
3. If the beneficiary/client is no longer eligible for PWB, the Katie A/PWB Cohort modifier in IRIS needs to be updated with an end date.
4. Update the Care Plan if a client meets PWB/IS criteria to authorize ICC in lieu of Targeted Case Management, and if applicable, IHBS services in lieu of Mental Health Rehab Services.
5. For clients that meet **PWB criteria**, the PWB CFT meeting needs to occur no less frequently than every 90 days with a review of the CFT Plan, and the clinician must document this in a progress note and/or complete the 90-day tracking log.
6. For beneficiaries/clients that meet **IS criteria**, the Care Plan needs to be reviewed during a CFT meeting no less frequently than every 90 days, and the clinician must document this in a progress note and/or 90-day tracking log.
7. For PWB/IS resources please refer to the following link:
    a. Pathways to Well-Being CYPBH Support Website

Definition of Elderly Age Change

Due to the passage of AB-135, beginning January 1, 2022, "elder" will be defined as a person who is 60 years of age or older and a "dependent adult" defined as a person who is between 18 and 59 years of age, inclusive, and has prescribed limitations. Providers will need to be mindful of this update as this update impacts Adult Protective Services (APS) reporting requirements.

Service Time for Form Completion

This is a reminder that time spent completing a form is Service Time. This includes form completion of assessment documents such as the Biopsychosocial, Psychosocial, Diagnosis Form, CFE, and Care Plan. Time spent completing external forms such as the Mental Disorder Questionnaire (MDQ) is also captured as Service Time. If a form is completed without the beneficiary/client present, the provider needs to document the non-face-to-face (NFTF) Service Time within the progress note.

For example: The MD meets with a beneficiary/client for 45 minutes of face-to-face (FTF) time for an Initial Psych Evaluation to work on the Biopsychosocial. The MD is unable to finish entering information into the Biopsychosocial with the beneficiary/client present and has to complete the Biopsychosocial once the beneficiary/client leaves. The MD continues to work on the completion of the Biopsychosocial for an additional 20 minutes without the beneficiary/client present. The MD will enter 65 minutes of Service Time with 45 minutes of FTF time. The Documentation Time calculation is solely the number of minutes it takes to write the progress note for that service. Any NFTF Service Time, including time spent synthesizing information gathered from the beneficiary/client in session, must be clearly outlined in the progress note. If explanation of the NFTF time, is omitted from the progress note, the NFTF Service Time will be subject for recoupment in an audit.

MCST OVERSIGHT

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

REMINDERS

ACCESS LOGS

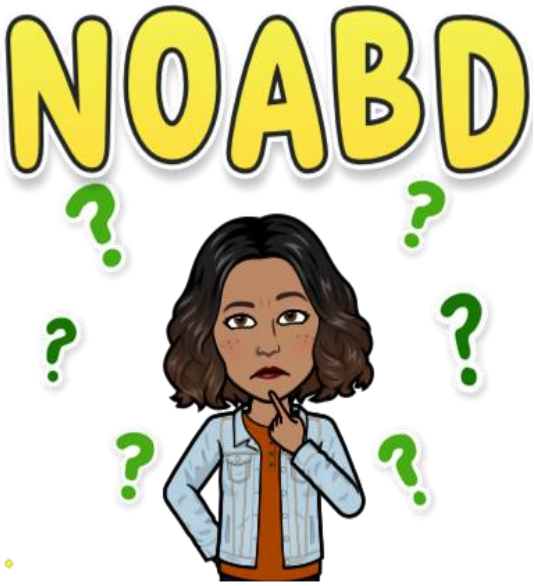
- An Access Log entry is required each time a NEW beneficiary enters our provider network and requests services. This access log entry is created through the use of the Access Log form accessed in IRIS by the provider receiving the beneficiary's service request.

- The Access Log provides data that measures beneficiaries' access to SUD and MHP services. It is from this access log entry that the network can describe the number of days between a beneficiary's request for services, the date of the initial appointment, the number of days until the service was actually delivered to the beneficiary and whether or not a Timely Access NOABD should be issued.
- MCST will be developing a more streamlined process to monitor programs more closely to ensure compliance with DHCS requirements to track Access Log entries.
- The only exception to creating an Access Log occurs when the beneficiary is scheduled by the Beneficiary Access Line (BAL) or 24/7 Behavioral Health Access Line to your program. In such case, the BAL or 24/7 Behavioral Health Access Line, gathers the same access log data from the beneficiary during the beneficiary's telephone call with them.

REMINDERS CONT.

NOABD - BENEFICIARY REQUESTING AN APPEAL

- Under federal regulations, an NOABD "Appeal" is a review by the Plan of an Adverse Benefit Determination.
- Federal regulations require beneficiaries to file an appeal within 60 calendar days from the date of when the NOABD was issued.
- When the beneficiary files an NOABD "Appeal" the MCST is required to open an investigation and resolve it within 30 calendar days.
- The program is also required to assist the beneficiary with the continuation of benefits during an appeal of the adverse benefit determination in accordance with federal regulations. This means, the program must keep the case open and continue to provide services until the investigation has been upheld or overturned.
- Refer to DHCS MHSUDS Information Notice #18-010E: https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS_IN_18-010_Federal_Grievance_Appeal_System_Requirements.pdf



MCST TRAININGS ARE AVAILABLE UPON REQUEST

- If you and your staff would like a specific or a full training about 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.

PROVIDER DIRECTORY

- All Medi-Cal Certified Sites are required to provide an updated provider list to MCST **every month by the 15th**. We ask that you also cc: IRIS (BHSIRISLiaisonTeam@ochca.com) on the monthly submission beginning 11/1/21.

ANNOUNCEMENTS

The AQIS department would like to announce and welcome the following staff to AQIS:

- Stephanie Stefanelli Psy.D., CYPBH Support Team
- Sang Patty Tang, LCSW, AOABH Support Team
- Eunice Lim, LMFT, CDSS Team

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

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

Kelly K. Sabet, LCSW, CHC, DM
ksabet@ochca.com

AOABH Support Team
714.834.5601

Manager
Berenice Moran, LMFT, AMII
bmoran@ochca.com

Service Chief II
Ken Alma, LCSW
kalma@ochca.com

BHCII Staff
Blanca Rosa Ayala, LMFT
bayala@ochca.com

Ashley Bart, LMFT
abart@ochca.com

Grace Ko, LCSW
gko@ochca.com

Brenda Truong, LCSW
btruong@ochca.com

Staci Lopez, LMFT
stlopez@ochca.com

Sang Patty Tang, LCSW
Stang@ochca.com

Support Staff
Sharon Hoang, SA
shoang@ochca.com

Ashley Lopez, OS
aslopez@ochca.com

CYPBH Support Team
714.834.5601

Manager
John Crump, LMFT, AMII
jcrump@ochca.com

Service Chief II
Asmeret Hagos, LMFT
ahagos@ochca.com

Audit Staff
Tim Hoang, Psy.D.
thoang@ochca.com

Mark Lum, Psy.D.
mlum@ochca.com

Cheryl Pitts, LCSW
cpitts@ochca.com

Chris Uyeno, LCSW
cuyeno@ochca.com

Eduardo Ceja, LMFT
eceja@ochca.com

Stephanie Stefanelli, Psy.D.
Sstefanelli@ochca.com

Support Staff
Mabel (Maby) Ruelas, SA
mruelas@ochca.com

Cenia Amaya, OS
camaya@ochca.com

MC Support Team
714.834.6624

Manager
Annette Tran, LCSW, AMI
anntran@ochca.com

BHCII Staff
Paula Bishop, LMFT
pbishop@ochca.com

Esmeralda Carroll, LCSW
ecarroll@ochca.com

Elaine Estrada, LCSW
eestrada@ochca.com

Jennifer Fernandez, ASW
jfernandez@ochca.com

Elizabeth Sobral, LMFT
esobral@ochca.com

Staff Specialists
Araceli Cueva, SS
acueva@ochca.com

Samuel Fraga, SS
sfraga@ochca.com

Elizabeth Martinez, SS
emmartinez@ochca.com

Support Staff
Katherine Alvarado, OS
kalvarado@ochca.com

Certification & Designation Support Services Team
714.834.5601

Service Chief II
Rebekah Radomski, LMFT
RRadomski@ochca.com

Certification
Sara Fekrati, LMFT
sfekrati@ochca.com

Debbie Montes, LMFT
dmontes@ochca.com

Andrew Parker, LMFT
aparker@ochca.com

Designation
Diana Mentas, Ph.D.
dmentas@ochca.com

Selma Silva, Psy.D.
ssilva@ochca.com

Support Staff
Josie Luevano, SA
jluevano@ochca.com

Fabiola Medina, OS
fmedina@ochca.com