

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



Snapshot of CalAIM Memo #004

Please read the memo in its entirety

Assessment Requirements for Specialty Mental Health Services

The time period for providers to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion. **However**, providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practices.

- In Orange County's MHP, the generally accepted timeframe for completing an initial assessment is within 60 days from the episode of care admit date into the MHP.
- Reassessments are to be completed based on clinical discretion but minimally to be completed every three (3) years based on the initial episode of care admit date into the MHP.

Question: For current beneficiaries, does the 3-year timeline for reassessments start from their initial episode of care admit date into the MHP?

Answer: The 3-year timeline for reassessments of current beneficiaries begins from the time that their current care plan expires, and their reassessment paperwork is completed. The reassessment paperwork includes: the psychosocial assessment, the problem list, and the applicable care plan (*more information about Care Plans will be released in a future memo*).



For Example: Maria's Care Plan expires on 10/10/22. The provider completes a new psychosocial assessment, the problem list, and the applicable Care Plan by 10/14/22. The next reassessment would be due, at minimum, 3 years from 10/14/22.

Question: Is this Memo saying that providers are no longer required to complete the assessment paperwork annually?

Answer: This Memo is stating that, at a minimum, a reassessment needs to be completed every 3 years. A reassessment can be completed sooner than 3 years when clinically indicated/appropriate (e.g., significant changes in the beneficiaries symptomology/ functioning/social determinants, etc).

A CYP Example: A 6 month CANS was completed which shows a significant change in the beneficiaries symptoms, functioning, social determinants, etc. The assigned LPHA determines (based off of their clinical discretion) that a reassessment needs to be completed before the triannual timeline. The LPHA then conducts a reassessment and completes the reassessment paperwork by 10/14/22. At that point the next reassessment would be due, at minimum, 3 years from 10/14/22.

Disclaimer *Please keep in mind the CANS and PSC-35 need to be reviewed every 6 months and upon discharge.



TRAININGS & MEETINGS

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AOA Online Trainings

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

[2021-2022 AOABH
Annual Provider Training](#)

MHRS-AOA MHP QI
Coordinators' Meeting

Cancelled

CYP Online Trainings

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

MHRS-CYP MHP QI
Coordinators' Meeting

Teams Meeting: 11/10/2022

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](#)

Medication Monitoring Packets Reminder

- Medication Monitoring Packets **due by 12/31/2022**
- Email completed forms to AQISSupportTeams@ochca.com
 - Include AOA in the subject line for adult programs
 - Include CYP in the subject line for children's program
- How can I reach the medication monitoring leads?
 - **CYP:**
 - Cheryl Pitts; CPitts@ochca.com
 - Maby Ruelas; Mruelas@ochca.com
 - **AOA:**
 - Blanca Rosa; BAyala@ochca.com
 - Sharon Hoang; SHoang@ochca.com



CANS and PSC-35 101 Part 1

- The purpose of CANS is to be a communication tool for coordination of care across all providers.
- It's important to stay current on your CANS certification, if your current CANS certification has expired you cannot administer the CANS.
- You must recertify your CANS on an annual basis
- CANS and PSC-35 timelines
 - Initial
 - Every 6 months afterwards
 - Upon discharge
- CANS can be a useful tool for treatment planning as it helps identify areas of need.
- Questions: Email AQISSupportTeams@ochca.com

Treatment Authorization Request Part 2

Medi-Cal beneficiaries may be eligible to receive medically necessary Specialty Mental Health Services under the MHP from out-of-network providers in certain circumstances. It is the policy of Mental Health and Recovery Services (MHRS) that all out-of-network providers meet specified requirements, including but not limited to those required by the Department of Health Care Services (DHCS) for Medicaid Managed Care Plans.

SCENARIO 2:

A Medi-Cal beneficiary requests a specific treatment intervention/modality which is not available at your clinic/program:

- Do not convey that the MHP does “not” offer a particular service or treatment modality. *The MHP is required to ensure that at all medically necessary covered SMHS are made available, sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished* (MHSUDS Information Notice No.: 19-026).
- Ensure that the psychosocial assessment has been completed and that the beneficiary is notified of the process to authorize out of network treatment services (i.e., assessment must be completed and treatment team determines if requested service is medically necessary to address their mental health needs/condition).
- Whether the treatment team decides the intervention/modality is medically necessary, the provider is to contact the **AQIS Support Teams** (AQISupportTeams@ochca.com), MCST (aqismanagedcare@ochca.com) and their **County Program Manager** of this request immediately for further guidance. These requests are time sensitive and require the MHP to meet the DHCS timely access standards and issue NOABDs when needed.
- The AOA or CYP support teams will approve or deny the service request after reviewing the supporting documents and medical records.

CalAIM Care Plan Updates:

- Interim Care Plans (ICPs) are no longer required to authorize services for Medi-Cal beneficiaries during the assessment period. **Please discontinue ICPs for Medi-Cal beneficiaries only.**
**Medicare/Medi-Medi beneficiaries are still required to have an ICP completed at this time.*
- Care Plans are no longer needed to include all services. The following services require a Care Plan: Targeted Case Management, Intensive Care Coordination, Intensive Home Based Services, Therapeutic Foster Care Services, Therapeutic Behavioral Services, STRTPs, STP-SNF, PHF, Social Rehab Services, and Certified Peer Support Services. **Medicare/Medi-Medi beneficiaries are still required to have a completed Care Plan completed for all SMHS at this time.*

AQIS will soon release more guidance on Care Plans.

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/2ND OPINIONS (MHP/DMC-ODS)
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHPS/DMC-ODS PROVIDER DIRECTORIES

REMINDERS

CLINICAL/COUNSELOR SUPERVISION REPORTING FORM (CSRFB)

- All registered counselors and licensed waived providers must submit a CSRFB to the MCST to track and monitor those who must undergo clinical supervision.
- Registered counselors and licensed waived providers are **prohibited** from delivering Medi-Cal covered services if they have not submitted their CSRFB.

NEW PROVIDERS MUST UNDERGO COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing letter of approval.

COUNTY CREDENTIALING TRAINING FOR SUPERVISORS



**COUNTY CREDENTIALING
TRAINING FOR SUPERVISORS**

An opportunity for supervisors to learn about the county credentialing requirements and process to successfully complete and submit the initial credentialing packet within 5-10 business days of the new hire's start date.

RSVP to attend the virtual invitation for the TRAINING at:
✉ AQISManagedCare@ochca.com
Subject Line: Credentialing – RSVP for Training (DATE OF TRAINING)

TRAINING DATES

October 27, 2022	Thursday @ 11:00 a.m. (Paula)
November 8, 2022	Tuesday @ 1:00 p.m. (Sam)
November 10, 2022	Thursday @ 3:00 p.m. (Elaine)



UPDATED: GRIEVANCE TRACKING FORM

- The grievance tracking form has been slightly updated to: (1) allow for more space to describe the complaint and how the grievance was resolved (2) Identify if the grievance is for a change of provider and (3) Identify the provider's name the client is requesting to change from.

REMINDERS (CONTINUED)



E-MAIL NOABDS TO THE MCST

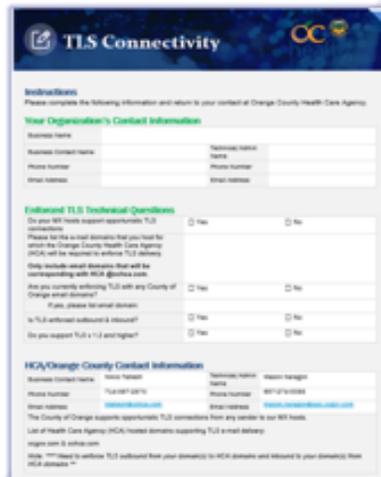
NOABDs must be e-mailed to the AQISGrievance@ochca.com instead of faxed. We are moving away from faxing to create a better experience for staff, protecting patient information and an overall more efficient system of modernizing the processing of NOABDs.

TRANSPORT LAYER SECURITY (TLS)

Don't want to go through additional steps opening an encrypted email from HCA or want to initiate an email without having to encrypt it manually?



Orange County
Security Incident & EHR Auditing
and Monitoring
securityincidents@ochca.com



The screenshot shows a form titled "TLS Connectivity" with sections for "Your Organization's Contact Information", "Enhanced TLS Technical Questions", and "HCA/Orange County Contact Information".

What is TLS?

- TLS or transport layer security is a protocol that ensures the secure delivery of emails over the Internet. Enabling client and server applications to support TLS ensures that data transmitted between them is encrypted with secure algorithms and not viewable by third parties.

How Can TLS Help You?

- TLS can help you safely communicate with the providers you most frequently contact and send PHI/PII to by encrypting the communication in both directions so that **nor you or the provider have to encrypt/secure** an email manually by typing [secure] in the subject line.

How to Request TLS with Frequently Contacted Providers

- Please submit your request to securityincidents@ochca.com and provide the web domain, i.e., @exampleinc.com, that you would like to enable TLS with and a contact name and number of the organization's Security Officer or other IT professional who HCA IT Security can work to implement TLS with.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Providers are required to maintain their credentials under their certifying board (i.e. BBS, BOP, CCAAP, etc.) and must renew it on-time. If the provider has let their credentials lapse, they must **NOT** deliver Medi-Cal covered services and claim Medi-Cal reimbursement in reliance of those services. This practice is viewed as fraudulent.
- When the provider's credential has expired the MCST and IRIS immediately takes action to deactivate the provider in the County system. The provider must petition for their credentialing suspension to be lifted and provide proof of the license, certification and/or registration renewal to the MCST and IRIS. The reinstatement is **NOT** automatic.

PROVIDER DIRECTORY – UPDATED VERSION COMING SOON!!!



The Provider Directory spreadsheet will undergo changes to streamline the data collection by incorporating the NACT requirement fields. This will help reduce the reporting duplication and save time for you as a provider. A brief training on the new spreadsheet will be offered at the QI Coordinators' Meetings in November and December. The newly revised Provider Directory spreadsheet will go into effect **January 1, 2023.**

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 Administrative Manager, Annette Tran at anntran@ochca.com.

TRAINING?



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.

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.

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