February 2023

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

AOA Clinic Announcement

In a continued effort to provide ongoing support during the MHP's transition to CalAIM documentation, the AOA Support Team is extending the offer to attend AOA program staff meetings. This offer is also extended to the county non billing clinics who provide services to the adult population.

How can I sign up to have an AOA Support Team consultant attend my program's staff meeting?
The service chief and/or program manager can email the request to AQISSupportTeam@ochca.com. In the email please identify the date and time of the next staff meeting and what kind of support you hope to gain from the visit.

COUNTY CLINIC ONLY

Community Functioning Evaluation (CFE)

The CFE domains of functioning are built into various sections of BH Assessment Form. It is the expectation that the CFE sections be completed for each area of functioning in which the beneficiary/client has identified impairments. Completion of the CFE is important as it informs the development of the various care plans for SMHS that continue to require a Care Plan per the CalAIM initiative.

Please use this example as a reference on how to complete a CFE domain

Is there an impairment in this area of Education/Employment due to Mental Health? *If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:* ☑ Yes ☐ No

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
Quickly frustrated and angered	Tantrums and aggressive behaviors toward peers	At risk for more restrictive educational placement

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

WebEx Meeting: 2/2/2023

10:30-11:30am

CYP Online Trainings

2021-2022 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting: 2/9/23

10:00-11:30am

**More trainings on CYP ST website*

HELPFUL LINKS

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AQIS AOA Support Team

AQIS CYP Support Team

BHS Electronic Health Record

Medi-Cal Certification

Drop-In Hours, Q&A's (County Clinics)

If a client needs medication right away, will we need to complete the TCM Care Plan Progress Note?

No, all SMHS are able to be billed during the assessment period if clinically justified by the documentation. The TCM Care Plan Progress Note is to be completed as part of an initial assessment (at minimum, within 90 days of the opening of the MHP EOC) or reassessment if Targeted Care Management is deemed clinically necessary. Medication Services are no longer required to be on a care plan for Medi-Cal clients, self-pay clients or for non-billing clinics.

Can we bill for a SDOH?

Yes, as an ICD code (F55 through F65).

When will the CalAIM assessment forms be available in EHR?

There is no definitive time frame of when the forms will be available in EHR however the clinics will be informed when the forms become available in EHR.

Where can we find the newest versions of the Downtime Forms?

They are posted on the BHS IRIS Blog. *Link Below*

BHS EHR INFO – BHS MHP EHR Information (ochca.com).

Are the SNOMED codes mandatory?

The SNOMED codes are not required at this time, **but they are HIGHLY encouraged as the Diagnosis/Problem List informs treatment**. SNOMED codes can be used to accompany ICD-10 codes on the Diagnosis/Problem List in cases where and ICD-10 code does not fully explain or represent the client's symptoms, behaviors, impairments, Social Determinants of Health (SDOH) and/or other conditions. SNOMED codes cannot be used as a primary billing code. The ICD-10 codes remain the primary billing codes.

Drop-In Hours, Q&A's (Contract Clinics)

Are the SNOMED codes mandatory?

The SNOMED codes are not required at this time, **but they are HIGHLY encouraged as the Problem List informs treatment**. SNOMED codes can be used to accompany ICD-10 codes on the Problem List in cases where and ICD-10 code does not fully explain or represent the client's symptoms, behaviors, impairments, Social Determinants of Health (SDOH) and/or other conditions. SNOMED codes cannot be used as a primary billing code. The ICD-10 codes remain the primary billing codes.

When would a SNOMED code be used?

SNOMED codes can be used to accompany ICD-10 codes on the Problem List in cases where an ICD-10 code does not fully explain or represent the client's symptoms, behaviors, impairments, Social Determinants of Health (SDOH) and/or other conditions. SNOMED codes cannot be used as a primary billing code. The ICD-10 codes remain the primary billing codes.

For example: Homelessness can be represented by an ICD-10 code however the provider can use a SNOMED code that explains the client's homelessness with more specificity like: sleeping on the street or living in a shelter.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

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

REMINDERS

COUNTY CREDENTIALING

- Any provider who is licensed, waivered, registered and/or certified AND delivers Medi-Cal covered services must be credentialed by the County.
- MHP/DMC-SUD programs with multiple locations will have a credential approval letter that will cover their entity for that provider. However, if a provider works at two different entities, then **two** credential approval letters will be issued.

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.
- Starting January 2023, the MCST will be issuing a formal Corrective Action Plan to programs that have 3 providers with expired credentials. There may be extenuating circumstances which can be addressed on an individual basis.

CLINICAL SUPERVISION

- BBS requires supervisors to complete and submit a Supervisor Self-Assessment Report to the board by January 1, 2023 attesting that the clinical supervisor has fulfilled the requirements.
- The MCST requires a copy of this form as proof to be kept on file. If the form is completed online using the Breeze portal, it must be submitted as proof to the MCST as well.

NOABDS

- The MCST has made some modifications to the Termination NOABD requirements per discussion with DHCS and EQRO.
- NOABD Terminations are no longer required for beneficiaries who have successfully completed the program, even if they are not moving onto a lower level of care.

REMINDERS (CONTINUED)

NOABDS (CONTINUED)

MHP/DMC-ODS Termination Timelines for Termination NOABDs

Termination Reason	Issue	Termination Timeline
No contact with beneficiary/no services provided for a period of time (30 days or longer for DMC-ODS or 60 days or longer for MHP).	Yes	10 Days
Beneficiary declines services verbally or no longer wishes to receive services but clinically would still benefit from ongoing services.	Yes	10 Days
Beneficiary declines services with a signed statement (wet signature/date) and no longer wishes to receive services but clinically would still benefit from ongoing services.	Yes	Same day
Beneficiary has completed treatment/services and AGREES with discharge.	No	N/A
Beneficiary has completed treatment/services and DISAGREES with discharge.	Yes	10 Days
Beneficiary transitioned to provider within MHP/DMC-ODS.	No	N/A
The beneficiary's whereabouts are unknown and the post office returns agency mail directed beneficiary indicating no forwarding address.	Yes	Same day
Beneficiary is in a long term care facility.	Yes	Same day
Beneficiary is incarcerated for a lengthy period of time.	Yes	Same day
Beneficiary is deceased.	Yes	Same day

"10 days" refers to providing the beneficiary with at least 10 days prior to the adverse action. The adverse action is the termination. The date of the NOABD counts as day 1, therefore, the termination date occurs on day 11. For example, if a NOABD is issued on 6/1/22, the earliest termination date provided is 6/11/22 if the circumstances fall in the 10 day timeline.

PROVIDER DIRECTORY

- The new Provider Directory spreadsheet (Version 12.31.22) is required to be used effective 1/1/23. Refer to the Provider Directory guideline for detailed instructions.
- Providers covering at the other sites must be identified and placed on the "Provider Tab" for each program location.

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 or Service Chief II, Dolores Castaneda at dcastaneda@ochca.com.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND 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

400 W. Civic Center Drive., 4th floor
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

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

MCST ADMINISTRATORS

Annette Tran, LCSW, Administrative Manager
Dolores Castaneda, LMFT, Service Chief II

***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.

Thank you!

AQIS Quality Assurance & Quality Improvement Division

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Division Manager, AQIS

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