

January 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

CANS and PSC-35 101 part 2

(Revisions in red from December 2022)

- What are the age ranges for the CANS and PSC-35?
 - CANS:
 - For clients aged **6 - 20**, use the standard Integrated Practice CANS
 - For clients aged **0 - 5**, use the Early Childhood Module
 - PSC-35: required for clients aged **3 - 18** when a caregiver/parent is involved in client's treatment. **This includes 18-year-old clients.**
- Tracking the CANS and PSC-35
 - Tracking the date of a client's initial CANS and PSC-35 helps to calculate when a reassessment is due and avoid duplications.
 - This information can and should be communicated during the Coordination of Care process.
 - Dates of previous CANS and PSC-35 completion can be looked up:
 - **County:** you can see CANS and PSC-35 documents in the Clinical Documents section or Form Browser of your client's chart in PowerChart.
 - **Contract:** you can see CANS and PSC-35 documents in the Form Browser section of PowerChart for your client. Please check with your supervisor or QA staff to see who has access to PowerChart.
- How do we code/bill for completion of the CANS and PSC-35?
 - Code/bill as Assessment
 - If client is eligible for Pathways to Wellbeing, **and** you are assessing or re-assessing as part of a Child Family Team (CFT) meeting, and code as ICC.
 - If the client is eligible for Intensive Services **and** you are assessing or re-assessing as part of a review of the Care Plan with the client/beneficiary, and code as ICC.
 - Please note, solely documenting completion of the CANS and PSC-35 are non-billable activities, because they are viewed as "administrative task." To minimize the risk of being seen as solely an "administrative task," documentation should show the clinical appropriateness or interpretation of the CANS and PSC-35 for treatment planning.
- Questions: Email AQISSupportTeams@ochca.com

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: 1/5/2023

10:30- 11:30am

CYP Online Trainings

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

MHRS-CYP MHP QI
Coordinators' Meeting

Teams Meeting: 1/12/2023

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](#)

CalAIM

As we become more familiar with CalAIM, AQIS wanted to provide a common ground for some definitions seen in the access criteria. This is to support our HCA county and contract providers to be on the same page and share the same nomenclature. If further information is needed on the definitions please reference, [BHIN No: 21-073](#).

Involvement in child welfare:

- The beneficiary has an open child welfare services case, or
- The beneficiary is determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or
- The beneficiary is a child whose adoption or guardianship occurred through the child welfare system.
- A child has an open child welfare services case if:
 - a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or
 - b) the child has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement.

* A child can have involvement in child welfare whether the child remains in the home or is placed out of the home.

Homelessness:

- Individuals who lack a fixed, regular, and adequate nighttime residence, and/or
- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children

Juvenile justice involvement:

- Has ever been detained or committed to a juvenile justice facility, or
- Is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency.
- Beneficiaries who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the “juvenile justice involvement” definition.
- Beneficiaries on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the “juvenile justice involvement” criteria.

AOA Contracts Clinics

Thank you for attending the AOA Contract Clinic Drop-In Hours.

A CalAIM Assessment Implementation PowerPoint was presented during the meetings.

The same PowerPoint is attached to the January QRTips email for your reference.

The PowerPoint does not contain information about additional services provided by CYP.

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 DIRECTORY

REMINDERS

COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. It is the responsibility of the Direct Supervisor or QI Representative to review and submit the credentialing packet for the new hire to the MCST. This would minimize the errors and help prevent any further delays in the credentialing process. As a reminder, the newly hired providers 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 approval letter.
- **Existing County Employees** who are licensed, waived, registered and/or certified providers that deliver Medi-Cal covered services are now undergoing the credentialing process in phases as of September 2022. A Credentialing Team member will reach out to the Service Chiefs 3-4 weeks prior to the credentialing timeframe to schedule a "Meet & Greet" in order to provide support when undergoing the process.

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.

CLINICAL SUPERVISOR

- All clinical supervisors are required to submit the Supervisor Self-Assessment Report to BBS and the MCST by 1/1/23.

NOABDS

- In response to the EQRO audits, the MCST will make some revisions to the NOABD Termination guidelines. Please stay tune for the new changes in the new year.

REMINDERS (CONTINUED)

PROVIDER DIRECTORY

- The Provider Directory spreadsheet has been streamlined and incorporates the NACT requirement fields. This will help reduce the reporting duplication and save time for you as a provider. 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 antran@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

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AQISManagedCare@ochca.com

MCST ADMINISTRATORS

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



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.

***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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