MAY 2023

QRTips

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

Where is the Included Diagnosis list?

QMS would like to remind all our providers that there is no longer an "official" included diagnosis list. The ICD-10 and DSM-5 are used in lieu of an official diagnosis list. Providers within their scope of practice should be using the DSM-5 criteria to help choose/support your ICD-10 codes as each DSM-5 diagnosis has an equivalent ICD-10 code. Please note, at this time the only ICD-10 codes that cannot be billed for are codes that start with Z61.

Important Reminder: Document Client Services Promptly

All services must be entered **promptly** into the medical record

Per DHCS **Information Notice No. 22-019**, dated April 22, 2022:

"Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours."

Client records are legal documents that must be current for the purpose of releasing records to clients, their personal representatives, and third parties such as SSI Outreach, Social Security Administration, other care providers, and the legal system. Documents that are "in progress" do not appear in record reports.

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: 5/4/2023

10:30- 11:30am

CYP Online Trainings

2021-2022 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting: 5/11/2023

10:00-11:30am

**More trainings on CYP ST website*

HELPFUL LINKS

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QMS AOA Support Team

QMS CYP Support Team

BHS Electronic Health Record

Medi-Cal Certification

Frequently Asked Questions about the Problem List

What is a problem list?

The problem list is a list of symptoms, conditions, diagnosis and or risk factors identified by a provider acting within their scope of practice.

Do we have to use SNOMED codes?

Per the state, at this time SNOMED codes are not required to be used on the problem list; however, QMS still encourages use of the SNOMED for the problem list for use of a standardized language for problems across providers.

Does a problem list need to have a diagnosis or ICD-10 code?

Our current guidance is **Yes**, a problem list should have the identified diagnosis/ICD-10 code on the problem list along with any other problems identified.

What else should be on the problem list?

A problem list should include the following in addition to the identified problem: the **name** and **title** of the provider who identified, added or removed the problem, and the **date** the problem was identified, added or removed.

Is a problem list required for every chart?

Yes, a problem list is required in each chart. It is best clinical practice to complete the problem list at completion of the assessment or when starting treatment services.

Should you need further clarification about the Problem List, please email us at AQISSupportTeams@ochca.com

Time Fields

Our QMS Support Team inbox continues to receive questions regarding the date fields on the TCM Care Plan Progress Note downtime form.

We created the following grids below which explain each date field on the TCM Care Plan Progress Note downtime form and provides an example, or two, for each.

Date Type	Date of Service (DOS)
Definition	The date that the assessment service is provided
Example	The provider completes the Treatment Objectives section on 4/12/23 which is considered the assessment service In this example the Date of Service is 4/12/23

Date Type	Date of Documentation (DoD)
Definition	The date that all sections (*the documentation sections*), which does not include the Treatment Objectives section, was worked on and/or completed
Example 1	The provider completes all documentation sections on 4/12/23 In this example the Date of Documentation is 4/12/23 **In most cases the DoS and the DoD will match as they are typically completed on the same day.*
Example 2	The provider completes the Treatment Objectives on 4/11/23 and securely saves the document The provider then completes the remaining sections *(the documentation sections)* on 4/12/23 **In this example the DoD is 4/12/23 and the DoS is 4/11/23 resulting in differing dates**

Date Type	Date this plan was developed/discussed/agreed upon with client
Definition	The date that an Assessment service was provided where the provider and the client discussed Case Management objectives. **This date could match the Date of Service/Date of Documentation on the TCM CP PN **or** it could be different*
Example 1	The provider meets with the client on 4/11/23 and case management objectives/services were discussed. The provider completes an Assessment progress note in IRIS that bills for the aforementioned assessment service with a service date of 4/11/23. The provider completes the TCM Care Plan Progress Note downtime form on 4/12/23. In this example the date this plan was developed/ discussed/ agreed upon with client would be 4/11/23 which is different from the Date of Service/Date of Documentation date of 4/12/23.
Example 2	The provider meets with the client on 4/12/23 and case management objectives/services were discussed. On that same day the provider completes the TCM Care Plan Progress Note downtime form. In this example the date this plan was developed/ discussed/ agreed upon with client would be 4/12/23 which is the same as the Date of Service/Date of Documentation date of 4/12/23.

Date Type	Provider Signature Date
Definition	The date that the provider completes the TCM Care Plan Progress Note downtime form
Example	The provider completes the TCM Care Plan Progress Note downtime form on 4/12/23 The provider prints it out on 4/12/23 The provider signs the form and writes in the date of 4/12/23 **If the provider prints out the form on a later date than it was completed, the provider signature date would match the date that the form was completed*

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- EXPIRED LICENSES, CERTIFICATIONS AND REGISTRATIONS
- 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)
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHPS/DMC-ODS PROVIDER DIRECTORY

REMINDERS, ANNOUNCEMENTS & UPDATES

COUNTY CREDENTIALING

- The MCST is now required to credential **Certified Peer Support Specialists** if they are registered with the certifying organization, CalMHSA. If you have a provider with this certification you must submit their credential packet to the MCST in order to continue to deliver Medi-Cal covered services.
- 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 approval letter. It is the responsibility of the direct supervisor to review and submit the new hire credentialing packet to the MCST.
- New providers must **NOT** provide any direct treatment or supportive services to a beneficiary until they have officially received a credentialing approval letter.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- As of January 2023, the MCST has been tracking and monitoring programs with three (3) or more providers who have failed to renew their license, registration or certification on time and has begun issuing a Corrective Action Plan.
- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization at least 2-3 months prior to the expiration. It is not appropriate for a provider to continue delivering Medi-Cal covered services while a registration or certification has lapsed on the assumption that the certifying organization will renew the credential retroactively, as this may not always be the case and can potentially lead to a disallowance.
- The County credentialing verification organization, VERGE e-mails notifications to providers **45/30/7 days** in advance about expiring licenses, certifications and registrations. They also send final notices the day of and the day after expiration.
- Providers who have had their privileges suspended due to expired credentials must submit proof of license, certification, and/or registration renewal via e-mail to QMS MCST at AQISManagedCare@ochca.com and QMS IRIS at BHSIRISLiaisonTeam@ochca.com. The provider must receive a confirmation letter from the MCST re-activating their privileges to begin delivering Medi-Cal covered services starting on that day.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST REQUIREMENTS FOR PROGRAMS THAT ARE CLOSING & MERGING

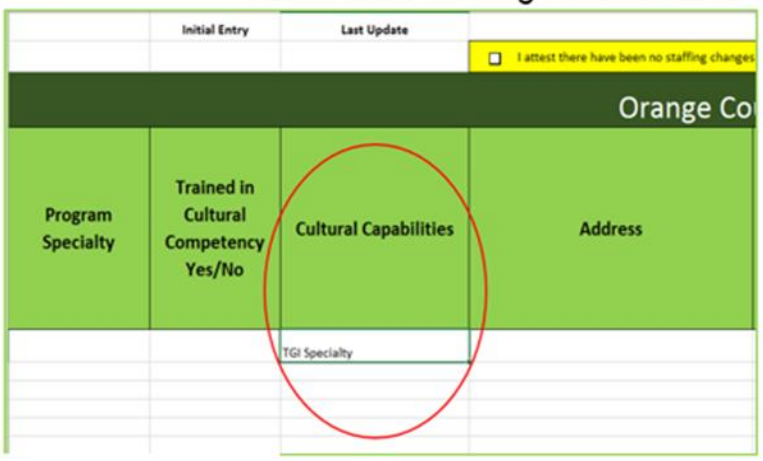
When a program plans on closing and/or merging, Quality Management Services (QMS) must be notified. The MCST requires the program to complete the following:

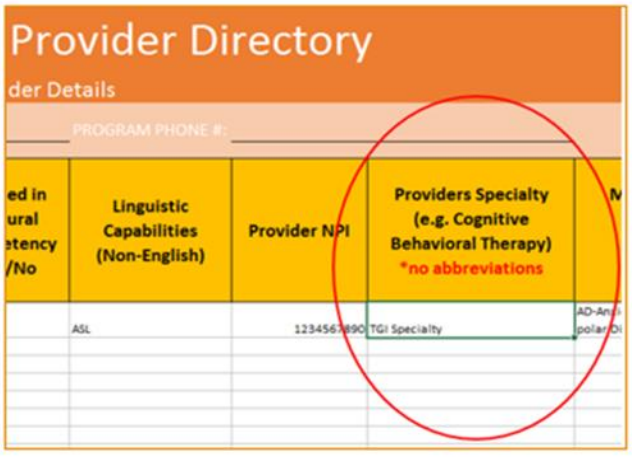
- ✓ Clinical Supervision Report Form (CSRF) – a CSRF must be completed by the clinical supervisor to terminate supervision or change to a new clinical supervisor.
- ✓ NOABDs – submit any pending NOABDs issued to the beneficiary.
- ✓ Access Log – enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable).
- ✓ Provider Directory – submit the spreadsheet that will identify all the staff separating and/or transitioning to other locations within the entity. The MCST will utilize the updated provider directory to deactivate credentialed providers who have separated from the program or update the providers information for those that have transitioned to a new location within the entity.
- ✓ Credentialing – submit an updated Insurance Verification Form for the sites that will be taking on the existing providers at the new locations within the entity.

PROVIDER DIRECTORY

- **r Support Specialist** are now required to be added to the Provider Directory ·ovider" tab.

Senate Bill 923 requires the county Managed Care Plans to identify providers on the provider directory who have subject matter expertise on transgender, gender diverse, or intersex (TGI). If the provider has a specialty in this area you may indicate it on the Provider Directory. The provider does not need to have formalized training or certification in TGI.





PAVE ENROLLMENT FOR COUNTY DMC-ODS CLINICS & PROVIDERS

This will be transitioned from the MCST to Certification & Designation Support Services (CDSS) in the next month or so. Stay tune for more information.

MANAGED CARE SUPPORT TEAM

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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 Health Services Administrator, 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" Fraga, 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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E-MAIL ADDRESSES

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

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Dolores Castaneda, LMFT
Service Chief II

Informing Materials SITE-Audit

All Medi-Cal certified Mental Health Plan (MHP) county and community provider partner (*formerly known as contracted programs)* sites must be audited annually to ensure that all required informing materials are available and posted for Medi-Cal beneficiaries. This year QMS QA/QI MHRS Support Teams will be making unannounced visits to all sites in the month of June. This is to ensure that all programs are in compliance with the informing materials being posted and available to beneficiaries without having to request them.

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 Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to all MHP providers as a tool to assist with various QA/QI regulatory requirements. It is NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements.*

QMS, Quality Assurance & Quality Improvement Division

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