September 2023

QRTips

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

Where did ICC and IHBS go?

Although adjustments made with the introduction of Payment Reform eliminated specific codes for ICC and IHBS, know that both services are still very active and available for billing. The two designated codes that now represent ICC and IHBS service activities, with the addition of the HK modifier are listed below:

- **ICC:** Target Case Management – 70899-412
- **IHBS:** Psychosocial Rehabilitation – 70899-423

Important: Since the HK modifier identifies an ICC and IHBS service, it will need to be reflected and tied to every targeted case management and psychosocial rehabilitation encounter. This has raised many concerns from providers but rest assured that once a beneficiary has been determined as PWB/IS (via the PWB/IS cohort start date in IRIS and PWB/IS eligibility form), this modifier will be hard-coded into IRIS.

Reminders about ICC and IHBS:

- Beneficiaries eligible for ICC and IHBS have full-scope Medi-Cal, are under age 21, and meet medical necessity criteria for services.
- Both services can be claimed by all provider roles, with the exception of certified peer support specialist.
- Examples of ICC services include, but are not limited to: child and family team (CFT) meetings, team consultations and completion of care plans.
- Examples of IHBS services include, but are not limited to: coaching, teaching, and skill-building with the beneficiary alone or with caregivers (with or without the presence of the beneficiary).

TRAININGS & MEETINGS

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AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2022-2023 AOABH Annual Provider Training

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting: 9/7/2023

10:30- 11:30am

CYS Online Trainings

2022-2023 CYPBH Integrated Annual Provider Training

MHRS-CYS MHP QI Coordinators' Meeting

Teams Meeting: 9/14/2023

10:00-11:30am

**More trainings on CYS ST website*

HELPFUL LINKS

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QMS AOA Support Team

QMS CYS Support Team

BHS Electronic Health Record

Medi-Cal Certification

Myth Vs. Fact

Myth: ICC and IHBS services no longer exist.

Fact: Although the CPT codes for ICC and IHBS services are no longer in use, ICC and IHBS services will continue to be provided to PWB and IS eligible youth. With the implementation of Payment Reform on July 1, 2023, both ICC and IHBS services are now coded and billed through targeted case management and psychosocial rehabilitation with the HK modifier. HK modifier is automatically attached when the PWB or IS cohort start date is entered into IRIS.

Myth: A new cohort start date must be entered for PWB or IS eligible youth when they are opened in a new program/agency.

Fact: PWB or IS cohort identifier stays with the youth despite change in program/agency. For example:

- If there is a PWB or IS cohort start date in IRIS that was not entered by the current provider, and this start date does not have an end date, the new provider does not have to enter a new start date. This means that the youth is already and continues to be identified as PWB or IS eligible.
- If all four lines for the PWB or IS cohort have a start date AND an end date, the provider can delete the oldest cohort and enter the new start date.

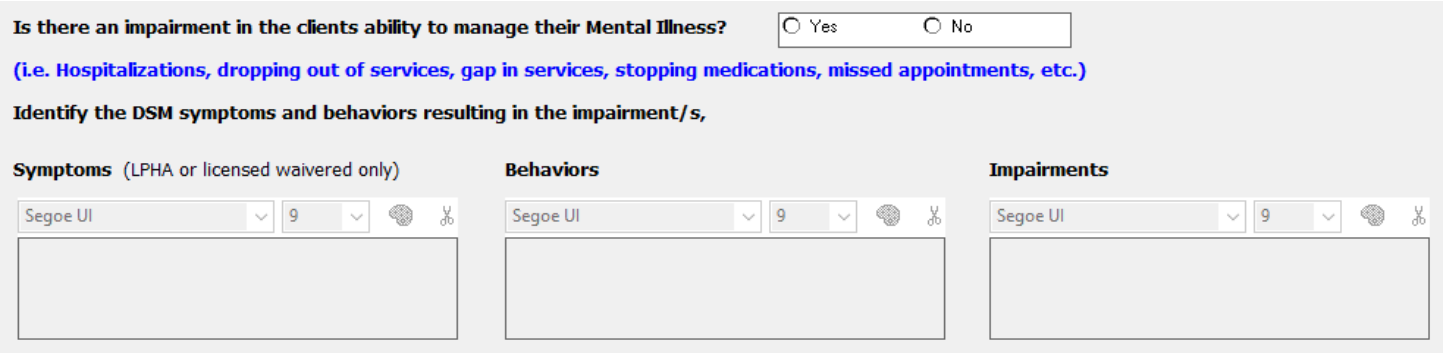
Myth: The PWB or IS cohort end date must be entered when a youth is being discharged from a program/agency.

Fact: Here are some common scenarios:

- If at the time of discharge, the youth no longer meets PWB or IS eligibility, then the PWB or IS cohort end date should be entered in IRIS.
- PWB or IS cohort end date should **not** be entered if:
  - at the time of discharge, the youth continues to meet eligibility for PWB or IS, **and**
  - the youth will continue/transition services with another county provider or contracted provider within Orange County
- PWB/IS cohort end date should be entered if:
  - At the time of discharge, the youth continues to meet eligibility for PWB or IS, **but** the youth will **not** continue services with another county provider or contracted provider within Orange County, **or**
  - The youth moves out of the county

Assessment and Care Plan Q&A's

QUESTION 1:



Question: In Domain 3 (Psychiatric History) of the BH Assessment, do I mark "No" for "Is there an impairment in the client's ability to manage their mental illness?" if the examples listed *(i.e., hospitalizations, dropping out of services, gap in services, stopping medications, missed appointments, etc.)* are not applicable to the client/beneficiary, but the client/beneficiary does have impairments in managing their mental illness?

Answer: No, the listed impairments are just a few examples of possible impairments, and the client may have other impairments not included in the list. If the client/beneficiary has impairments related to mental illness, these must be stated in the BH Assessment, "Yes" should be marked and the symptoms, behaviors, and impairments need to be indicated. For example, the client could be compliant with their treatment, but still have difficulty managing symptoms and decreasing impairments.

It is possible that a client does not have any impairments in this domain, but this may raise questions about why the client requires Specialty Mental Health Services (SMHS). The assessment must show that medical necessity and access criteria are met for SMHS.

QUESTION 2:

Treatment Objectives: *Goals, treatment, service activities and assistance*

(Complete a goal for all areas of functioning in which CL has an impairment as identified in Psychosocial)

Living Arrangement Goal: Tx team will provide aid with linking CL to stable housing and assistance with meeting the requirements of housing facilities.

Financial Status/Money Management Goal: Tx Team will refer, link, support CL in utilizing community supports like the Wellness Center in order to gain social/communication skills.

Daily Activities Goal: Tx Team will refer, link, support CL in utilizing community services/support people in order to improve in his functioning in daily activities performing IADLs/ADLs more consistently.

Educational/Vocational Goal: Tx Team will search for, refer, and link CL with vocational programs like Goodwill Employment works to learn skills to obtain and retain employment.

Assessment and Care Plan Q&A's (cont.)

Legal Goal: Tx Team will collaborate with CL's Probation Officer in order to gather updates about CL's current legal case and what is expected of him to help support CL in not violating probation.

Substance Abuse Goal: Tx team will search for, refer, and link CL with substance abuse resources to reduce relapsing in illicit substance use and prolong sobriety.

Mental Health Management Goal: Tx Team will provide any necessary aid in helping CL remain consistent with MHtx.

Physical Health Care Goal: Tx Team will provide guidance with CL finding a PCP to attend to medical issues.

Question: Can I copy and paste the information on the sample Targeted Case Management (TCM) Care Plan (CP) Progress Note (PN) onto my client/beneficiary's TCM CP PN?

Answer: No. The sample TCM CP PN is an example used for reference. Please ensure that the TCM CP PN is individualized to each client/beneficiary.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHP & DMC-ODS PROVIDER DIRECTORY

REMINDERS, ANNOUNCEMENTS & UPDATES

CLINICAL/COUNSELOR SUPERVISION

- The Clinical/Counselor Supervision Reporting Form (CSRF) has been revised to enhance the tracking and monitoring of all supervisees and clinical supervisors. In an effort, to maintain an accurate tracking record, we are requiring all clinical supervisors to also complete the 2nd page of the CSRF that list each of their supervisees and any time there is a change. The revised CSRF goes into effect 10/1/23. Please discard all old versions of the CSRF as it will be invalid and you will be required to resubmit the newly revised form.

- ✓ A supervisee must be in clinical/counselor supervision until they become licensed/certified.
- ✓ A CSRF is required for each supervisee being provided clinical supervision, whether it is individual, group, or both.
- ✓ If a supervisee has two or more licenses (e.g. AMFT and APCC) and is collecting clinical hours for both then two CSRFs for each discipline is required.
- ✓ If there is a status change with clinical/counselor supervision (e.g. change in supervisor, supervisee license, termination in supervision) then the CSRF is required to be submitted.
- ✓ If a CSRF is not on file and the supervisee has been providing services without clinical supervision a potential compliance investigation will be initiated and recoupment of services may occur.

- **COUNTY EMPLOYEES ONLY –** As a result of the new differential pay, Administration has directed the MCST to provide Auditor Controller and Human Resources a bi-weekly report of clinical supervisors who are approved to utilize the CLS pay code on their timecard. If the MCST does NOT receive the missing and/or required documents upon request, the Clinical Supervisor will be removed from the eligible list for differential pay. Be sure to submit the Clinical Supervisor Agreement (CSA) as a one-time form to be completed by the Clinical Supervisor who must obtain a two-step approval from their direct supervisor and program manager along with the 2nd page of the CSRF.
- The P&P for Clinical Supervision Requirements has been updated as of 8/11/23 to reflect the various changes impacting the Clinical Supervisors who are County Employees. Clinical Supervisors are encouraged to review the P&P thoroughly. Hyperlink: Clinical Supervision Requirements (ochealthinfo.com)

MANAGED CARE SUPPORT TEAM

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING

New Applicant Request Form (NARF) – this form is required to be filled out by the Direct Supervisor or QA/QI Representative when initiating the credentialing process.
Verge/RLDatix is reporting a trend of provider's utilizing personal e-mail addresses who do not respond and delays the credentialing process. The new provider's business e-mail address is recommended to be used on the NARF instead of their personal e-mail address to avoid any issues.

ACCESS LOG (MHP ONLY)

The MHP Access Log will have some new fields added to meet the DHCS requirements. These additions will include 1st, 2nd, 3rd appointments offered; appointment times, Timely Access NOABD, etc. Stay tuned for more information to come.

PROVIDER DIRECTORY

Over the last few months there have been spreadsheet submissions with invalid conditions and formulas creating inaccurate data collection. Tampering with the spreadsheet validations will require the program to resubmit their information using the correct spreadsheet version to the MCST and IRIS.

NOABDs

- The NOABD letters have been updated to reflect **Azahar Lopez, QMS Interim Assistant Deputy Director** in the signature portion of the letters. The newly revised NOABD templates is available on the QMS website to download. Please begin using the revised NOABD templates, immediately and discard all old versions.
- NOABDs must be e-mailed to the AQISGrievance@ochca.com and should not be faxed. The MCST moved towards paperless submissions over a year ago to enhance the processing of NOABDs and improving the security with patient information.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** MHP and DMC-ODS programs are required to schedule a full-day training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Please contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about the MCST's oversight please e-mail the Health Services Administrator, Annette Tran at anntran@ochca.com and/or the Service Chief II, Dolores Castaneda at dcastaneda@ochca.com.

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.*

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