January 2024

QRTips

Mental Health & Recovery Services
Quality Management Services
Quality Assurance & Quality Improvement Division

Mental Health Assessment Coding Reminder

QMS would like to provide a reminder about using "**Mental Health Assessment by Non-Physician, 70899-418**" *(aka HCPC H0031).* This service code can be used within a provider's scope for reimbursement for the full amount of time spent providing billable assessment services. Please note, no supplemental or add-on code is needed.

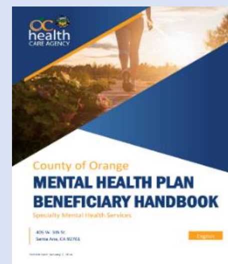
The Mental Health Assessment by Non-Physician code can be used by LPHAs *(except MD/DO)* to complete and document domain 7 of the 7-Domain assessment form (face-to-face or non-face-to-face).

The Mental Health Assessment by Non-Physician code can also be used by Mental Health Rehabilitation Specialists *(e.g., county Mental Health Specialists)* and Other Qualified Providers *(e.g., county Mental Health Workers)* when contributing to domains 1-6 of the assessment but only when providing direct patient care (or caregiver, historian).

ANNOUNCEMENT:

Mental Health Plan Beneficiary Handbook

The Mental Health Plan Beneficiary Handbook has been updated in all seven threshold languages and is available for download at MHP Beneficiary Handbook. Please ensure that any previous versions of the handbook are replaced with the 2024 updated version.



CANS and PSC-35 Coding Updates

Updated guidance has been released about CANS and PSC-35 coding. This was released as an attachment to the January 2024 QRTips; if you did not receive an attachment, please reach out to your Service Chief or Contract Monitor. We encourage you to read it over and become familiar with the coding guidance as we know CANS and PSC-35 administration is an important and frequent part of quality care the MHP provides.

TRAININGS & MEETINGS

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AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2022-2023 AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting

Teams Meeting: 02/01/2024

10:30- 11:30am

CYS Online Trainings

2022-2023 CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting

Teams Meeting: 02/08/2024

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

Service Spotlight: Psychiatric Evaluation of Hospital Records, 90885

While the CPT code **"Psychiatric Evaluation of Hospital Records," 90885** may appear to be strictly for the review of external records, the use of this code goes much deeper. According to the CPT® Professional 2023 Codebook, this code applies to "*psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes*"; in other words, it applies to any external records and/or reports reviewed that can be tied back to the client's mental health diagnosis through:

- Formulation of a diagnosis
- Confirmation of a diagnosis
- Reconfirmation of a preliminary diagnosis
- Change in a diagnosis

External records and/or reports apply to the following examples, but are not limited to:

- Tests, such as CANS or other assessment screeners
- Court and social service reports
- Records composed by a client's previous clinician and/or psychiatrist/psychologist

Additionally…

- Only those in the role of clinician or above can bill for this code.
- Even though this code is limited to one unit of 15 minutes, it is a code that can be used as clinically necessary. However, if services exceed 15 minutes, please enter the entire time you took to complete the service.
- Services cannot be claimed when client/beneficiary is in prison and/or a correctional facility. For lockout information, please refer to the Payment Reform Quick Guides.

Documentation Updates

DHCS recently released updated information about documentation requirements. Here are the updates that effect our MHP:

- Assessments
  - DHCS continues to emphasize that the 7-domain assessment should be completed "*as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice*."
- Progress notes
  - Group progress notes shall include a brief, individualized description of the client's response to the service.
  - Progress notes are to be completed within:
    - 1 calendar day for crisis services
    - 3 business days for Specialty Mental Health Services

    Day of service shall be considered day zero (0)
- Care Plan requirements for TCM and ICC no longer require a line item indicating a "transitional plan for when the client meets their goals" unless it is clinically appropriate for the client to have one.
  - If your specific program, service, or facility type requires services to be listed on a care plan per federal or other regulations, then your specific program, service or facility type care plan regulations are still in place, (i.e., STRTP, peer support, TCM, etc.)
- Care planning requirement changes for Intensive Home-Based Services (IHBS)
  - IHBS care planning requirements will not be enforced by DHCS.
    - Please note, requirements for prior authorization for IHBS are still in place. Stay tuned for further guidance from QMS pertaining to the IHBS authorization process.

The MHP is in the process of reviewing and updating policies to align with updates from DHCS.

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

EXPIRED LICENSES, WAIVERS, CERTIFICATION AND REGISTRATIONS

When a provider's license has expired, the MCST sends an e-mail notification suspending the provider from delivering any Medi-Cal covered services. The e-mail requires an **immediate response** by the provider and/or administrator by the end of the business day to explain the reason for the lapse with the provider's credential. This is important information for the MCST to track and monitor. Be sure to respond promptly upon receiving the e-mail notification.

COUNTY RE-CREDENTIALING

Providers are required to be re-credentialed every 3 years. The Credentialing Verification Organization, Verge/RLDatix sends e-mail notifications to providers 90 days in advance and then every week until the provider attest and provides the required documents needed to initiate the re-credentialing process.

There is a trend of provider's who have failed to complete the re-credentialing process upon the expiration and were suspended from delivering any Medi-Cal covered services. Once you receive a re-credentialing approval letter from MCST you must contact IRIS to petition for your credential suspension to be lifted to begin delivering Medi-Cal covered services. Your reinstatement is not automatic. **Be sure to re-credential your providers on-time by promptly responding to the Verge/RLDatix e-mail notifications!**

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

PROVIDER DIRECTORY

The provider directory template has been revised effective 10/27/23 to incorporate the new programs that joined the MHP and DMC-ODS network. All new programs are required to use the new template file name: Orange County Provider Directory Rev. 10.27.23.xlsm. All existing programs may continue using the prior provider directory template filename: Orange County Provider Directory Rev. 6.29.23.xlsm since the changes have no impact, at this time.

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is now offering open training sessions effective **1/1/24** for new and existing providers. The 2-hour training will be on NOABDs, Grievances, Appeals and Access Logs.

Please e-mail AQISGrievance@ochca.com with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

2nd Tuesdays of the Month @ 1 p.m. MCST Training (MHP)
4th Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)

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 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.

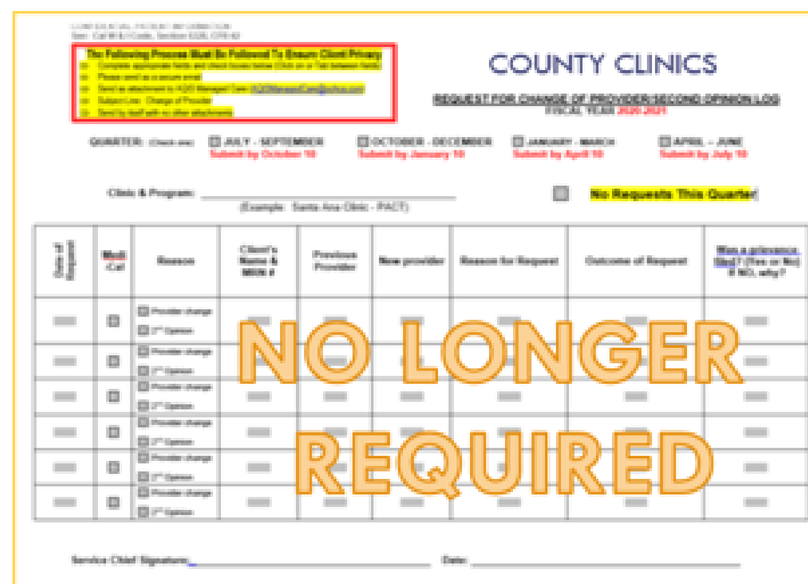
REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CHANGE OF PROVIDER/2ND OPNION (COUNTY CLINIC PROVIDERS ONLY)

The Change of Provider/2nd Opinion PowerForm has been updated to help streamline the data collection for the MHP and DMC-ODS County Clinics and it will go into effect **1/1/24**. Some of the new changes include:

1. Reason for why there was a change of provider request (Required Field)
2. Was a grievance submitted? YES or NO (Required Field). If NO, an explanation as to why a grievance was not filed, is required.
3. Consolidating two of the nine categories for the primary reasons for request. The "Care & Treatment" and "Therapeutic Approach" categories were combined due to several items overlapping. The combined category is now renamed to **Care & Treatment Approach**.

Adding item #1 and #2 to the PowerForm eliminates the MHP and DMC-ODS County Clinic providers from having to submit the quarterly "Request for Change of Provider/2nd Opinion Log" (see example below). The additional data being collected in IRIS will help eliminate the reporting duplication.



NOTE: County-Contracted Providers are **still** required to continue to submit the "Request for Change of Provider/2nd Opinion Log" every quarter since this feature is not available to non-IRIS users.

MANAGED CARE SUPPORT TEAM

ochealth CARE AGENCY

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CLINICAL/COUNSELOR SUPERVISION

Any of the status changes list below requires an updated Clinical/Counselor Supervision Reporting Form (CSRF) to be submitted to MCST.

- ✓ Change in Supervisor
- ✓ New Supervisee Registration #
- ✓ Termination in Supervision
- ✓ Name Change

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

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

COMPLIANCE INVESTIGATIONS

Lead: Ashley Cortez, LCSW

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

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 your 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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Assistant Deputy Director, QMS

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