OC health CARE AGENCY

May 2024

QRTips

Behavioral Health Services
Quality Management Services
Quality Assurance & Quality Improvement Division

General Timelines for Documentation*

7 Domain Assessment: Complete "as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice." If the assessment cannot be completed as expeditiously as possible, documentation must show the clinical reasons for the delay.

- **7 Domain Re-Assessment**: As clinically appropriate **OR** no later than the three (3) years from the previous assessment or re-assessment.

TCM/ICC Care Plan: Complete when Targeted Case Management (TCM) or Intensive Care Coordination (ICC) are clinically indicated after the completion of a 7-Domain assessment.

- A new or updated care plan is required when clinically appropriate.
- Care plans are to be reviewed at least annually.
- A new care plan is required when an assessment or reassessment is completed **and** TCM or ICC is going to be provided.

Problem List: Completed as clinically appropriate, but no later than when a 7-Domain assessment is completed.

- Should be updated as clinically appropriate to reflect an accurate presentation of the client and, but not limited to, when a new problem is addressed and when a problem is resolved, etc.

Progress Notes:

- Complete progress notes within three (3) business days from the date of service *except for crisis services*
- Progress notes for crisis services are required to be completed within one (1) calendar day.
- Please note, the date of service is considered day zero (0).

* If your program is a crisis, short-term or specialized program, please refer to your program specific timelines for documentation.

TRAININGS & MEETINGS

AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2022-2023 AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting

Teams Meeting: 05/02/2024

10:30- 11:30am

CYS Online Trainings

2022-2023 CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting

Teams Meeting: 05/09/2024

10:00-11:30am

More trainings on CYS ST website

HELPFUL LINKS

QMS AOA Support Team

QMS CYS Support Team

BHS Electronic Health Record

Medi-Cal Certification

CANS Workflow

(Under age six & after age 21)

In October 2018, the County of Orange implemented the CANS psychometrics. Since then, we have updated the CANS form to include the Early Childhood module. This allows us to capture data for children under the age of six. Although one form is utilized to capture all of the CANS data, the state only accepts CANS data for children aged six through their 21st birthday.

Workflow for CANS client aged five turning six

- The last CANS completed prior to the age of six must be a **Discharge** or an **Administrative Close**.
- The first CANS after the age of six must be an **Initial**.
    - If the first CANS is anything other than an **Initial**, the state will reject it and any other CANS thereafter.

Workflow for CANS client aged 20 turning 21

- The last CANS completed prior to the age of 21 must be a **Discharge** or an **Administrative Close**.
- A CANS is not required after the age of 21.

Please refer to April's QRTips newsletter for descriptions of Discharge and Administrative Close. Additionally, please note that two CANS cannot be completed on the same day.

TRAVEL TIME REMINDER

Providers were informed in December 2022 and again in June 2023 that Travel Time is no longer a billable activity. Below are some helpful reminders to be aware of:

- For the purpose of DSH, continue entering in Travel Time, as well as Documentation Time as you have normally done.
- The IRIS system will automatically prevent the Travel Time minutes from being added into the claim as billable time.
- For County EHR users only:
    - **Please note,** there is no need to enter Service Time into the billable tab and then to go to the non-billable tab to enter Travel Time. It can all be captured in the billable tab.
    - There is no need to create a separate progress note in order to capture travel time.

REHABILITATION *VS.* THERAPY

An early discovery from QMS' review of documentation indicates a need to provide additional information about the difference between Rehabilitation Services and Therapy Services. In order to prevent incorrect coding, let's review information about these two somewhat similar services.

Rehabilitation services target specific problematic behaviors resulting from a mental health condition. Providers assist in developing, improving, maintaining, or restoring the client's functional skills such as daily living skills, social skills, or personal hygiene.

Therapy services target symptom reduction to improve functional impairments. Providers within their scope utilize therapeutic interventions to address feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective.

REHAB	THERAPY
Teaching, coaching, skill-building	Therapeutic interventions
Address behaviors	**Address thoughts, feelings, and emotions**
Example phrases found in rehab notes: • Identified consequences • Explored alternative ways to handle the situation • Taught and practiced skill with client	Example phrases found in therapy notes: • Processed thoughts and feelings • Challenged and replaced irrational thoughts • Reality-testing • Utilized CBT/DBT/EMDR

For example, if a provider is addressing a client's social area of functioning.

	REHAB	THERAPY
Purpose of session:	To teach client about social cues and setting boundaries.	To explore client's history of negative relationships.
Intervention/ Service:	Provider met with client at clinic to teach social skills in order to improve client's social relationships. Client has history of negative relationships and confrontations with others. Provider taught client about social cues such as reading facial expressions and tone of voice. Provider also taught client about boundaries, setting personal space and respecting others' personal space.	Provider met with client to explore history of negative relationships, to identify triggers and client's automatic thoughts and reactions. Provider utilized CBT thought record to help client understand how his automatic thoughts led to his anger and confrontational behaviors. Encouraged client to view a situation from different perspectives, explored how it made him feel and how he would react differently.

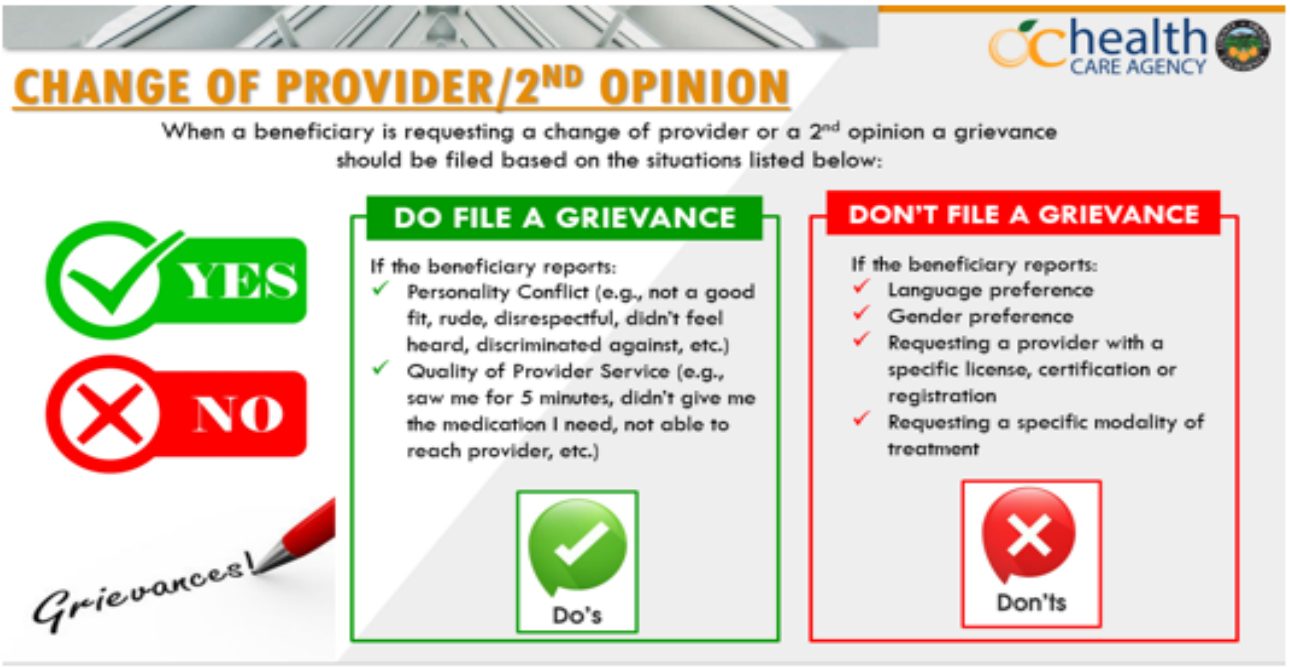
Please refrain from "blending" notes, which is the occurrence when more than one service is clearly documented in the progress note. If two services are provided, each service should be documented on its own progress note with its own appropriate service code.

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



COUNTY CREDENTIALING & RE-CREDENTIALING

- 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. This means the new hire must **NOT** provide direct treatment or supportive services to a beneficiary on their own nor document any services. 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.
- Employees who are transferring from a non Medi-Cal site to a Medi-Cal site as a new staff member who is a licensed, waivered, registered or a certified provider need to be credentialed, immediately. It is recommended for the program administrator to verify the status of the employee' county credentialing prior to delivering any Medi-Cal covered services.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

GRIEVANCES & APPEALS MATERIALS

ochealth CARE AGENCY

Mental Health Plan (MHP) and Mental Health & Recovery Services (MHRS) Programs
Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries/Clients

All clients/beneficiaries have the right to file a grievance or complaint regarding the services provided and/or encounters with a provider within Orange County Mental Health & Recovery Services.

How can I file a grievance/complaint about a provider?
- In person
- Phone
- Mail

Clients/beneficiaries may file a grievance/complaint at the location they are receiving services by filling out a Grievance or Appeal Form located in the clinic's lobby. The Grievance or Appeal Form is accompanied by a self-addressed envelope for the client/beneficiary to mail to Quality Management Services (QMS) at their convenience. The client/beneficiary may also provide this form to any staff member and they can provide assistance with the filing process.

Clients/beneficiaries may call Quality Management Services at (866) 308-3074 or TTD (866) 308-3073 and speak with a person who will accept and submit the grievance/complaint.

Clients/beneficiaries may tell their treatment provider that they would like to file a grievance. The staff or facility's representative will write up and submit the grievance form to QMS.

If a client/beneficiary believes a person, agency, or program violated their health information privacy rights or someone else's, they may contact the Office of Compliance at (714) 568-5614 to report the issue or fill out the complaint form at the following link: https://www.ochealthinfo.com/about/candp/privacy/complaint

The Board of Behavioral Sciences (BBS) also provides the additional method for clients/beneficiaries to file a complaint pertaining to Licensed or Registered providers with the BBS:

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed education psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830

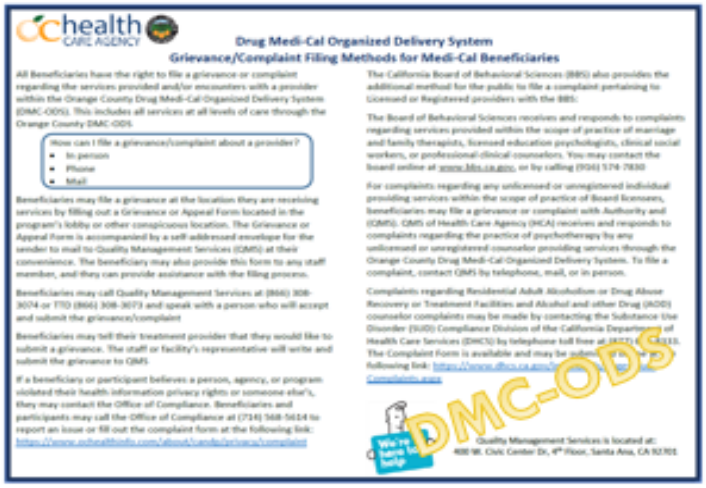
For complaints regarding any unlicensed or unregistered individual providing services within the scope of practice of Board licensees, clients/beneficiaries may file a grievance or complaint with Quality Management Services (QMS). QMS of Health Care Agency (HCA) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services through the Orange County Mental Health Plan and/or Mental Health & Recovery Services Programs. To file a complaint, contact QMS by telephone, mail, or in person.

Clients/beneficiaries may contact and speak with Patients' Rights Advocacy Services at any time before, during, or after the grievance process. Patients' Rights Advocacy Services is available at (800) 668-4240.

We're here to help

MHP

Quality Management Services is located at: 400 W. Civic Center Dr, 4th Floor, Santa Ana, CA 92701



ochealth CARE AGENCY

Drug Medi-Cal Organized Delivery System
Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries

All Beneficiaries have the right to file a grievance or complaint regarding the services provided and/or encounters with a provider within the Orange County Drug Medi-Cal Organized Delivery System (DMC-ODS). This includes all services at all levels of care through the Orange County DMC-ODS.

How can I file a grievance/complaint about a provider?
- In person
- Phone
- Mail

Beneficiaries may file a grievance at the location they are receiving services by filling out a Grievance or Appeal Form located in the program's lobby or other conspicuous location. The Grievance or Appeal Form is accompanied by a self-addressed envelope for the sender to mail to Quality Management Services (QMS) at their convenience. The beneficiary may also provide this form to any staff member, and they can provide assistance with the filing process.

Beneficiaries may call Quality Management Services at (866) 308-3074 or TTD (866) 308-3073 and speak with a person who will accept and submit the grievance/complaint

Beneficiaries may tell their treatment provider that they would like to submit a grievance. The staff or facility's representative will write and submit the grievance to QMS

If a beneficiary or participant believes a person, agency, or program violated their health information privacy rights or someone else's, they may contact the Office of Compliance. Beneficiaries and participants may call the Office of Compliance at (714) 568-5614 to report an issue or fill out the complaint form at following link: https://www.ochealthinfo.com/about/candp/privacy/complaint

The California Board of Behavioral Sciences (BBS) also provides the additional method for the public to file a complaint pertaining to Licensed or Registered providers with the BBS:

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed education psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830

For complaints regarding any unlicensed or unregistered individual providing services within the scope of practice of Board licensees, beneficiaries may file a grievance or complaint with Authority and (QMS). QMS of Health Care Agency (HCA) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services through the Orange County Drug Medi-Cal Organized Delivery System. To file a complaint, contact QMS by telephone, mail, or in person.

Complaints regarding Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities and Alcohol and other Drug (AOD) counselor complaints may be made by contacting the Substance Use Disorder (SUD) Compliance Division of the California Department of Health Care Services (DHCS) by telephone toll free at (877) [illegible]. The Complaint Form is available and may be submitted [illegible] following link: https://www.dhcs.ca.gov/[illegible]/Complaints.aspx

We're here to help

DMC-ODS

Quality Management Services is located at: 400 W. Civic Center Dr, 4th Floor, Santa Ana, CA 92701

- The Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries is to be given upon intake. Be sure to check your program's process and ensure this is being provided to the beneficiary upon their initial entry into services and when they are inquiring about the various filing methods to complete a grievance.

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

DECEASED

Department of Health Care Services (DHCS) requires a Termination NOABD to be mailed to the last known address of the deceased beneficiary within two (2) business days.

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 the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.

MANAGED CARE SUPPORT TEAM

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions effective **1/1/24** for new and existing providers. The 2-hour training will be on NOABDs, Grievances, Appeals, 2nd Opinion/Change of Provider 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)

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER
Leads: Esmi Carroll, LCSW Jennifer Fernandez, LCSW

CLINICAL SUPERVISION
Lead: Esmi Carroll, LCSW

ACCESS LOGS
Lead: Jennifer Fernandez, LCSW

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: Ashley Cortez, LCSW

COMPLIANCE INVESTIGATIONS
Lead: Ashley Cortez, LCSW

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
Health Services Administrator

Catherine Shreenan, 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.*

QMS, Quality Assurance & Quality Improvement Division

Claire Karp, LMFT
Senior Health Services Manager, QMS

AOA Support Team

aqissupportteams@ochca.com

Health Services Administrator
Berenice Moran, LMFT

Service Chief II
Ken Alma, LCSW

Clinical Team
Blanca Rosa Ayala, LMFT

Grace Ko, LCSW

Sang-Patty Tang, LCSW

Erin Sagubo, LCSW

Patricia Iglesia, LCSW

Jessica Spargur, LMFT

Support Staff
Sharon Hoang, SA

Jaime Bueno, OS

CYS Support Team

aqissupportteams@ochca.com

Health Services Administrator
John Crump, LMFT

Service Chief II
Asmeret Hagos, LMFT

Clinical Team
Mark Lum, Psy.D.

Niyati Roy, Psy.D.

Cheryl Pitts, LCSW

Eduardo Ceja, LMFT

Tanji Ewing, LMFT

Support Staff
Mabel (Maby) Ruelas, SA

Renee Serna, OS

Managed Care Support Team

aqismanagedcare@ochca.com

Health Services Administrator
Annette Tran, LCSW

Service Chief II
Catherine Shreenan, LMFT

Clinical Team
Paula Bishop, LMFT

Esmi Carroll, LCSW

Ashley Cortez, LCSW

Elaine Estrada, LCSW

Jennifer Fernandez, ASW

Staff Specialists
Araceli Cueva, SS

Samuel Fraga, SS

Elizabeth "Liz" Fraga, SS

Support Staff
Esther Chung, OS

Inpatient & Designation Support Services

aqiscdss@ochca.com

Service Chief II
Rebekah Radomski, LMFT

Certification Team
Sara Fekrati, LMFT

Eunice Lim, LMFT

Debbie Montes, LMFT

Designation Team
Diana Mentas, Ph.D.

Selma Silva, Ph.D.

Support Staff
Josie Luevano, SA

Fabiola Medina, OS