September 2024

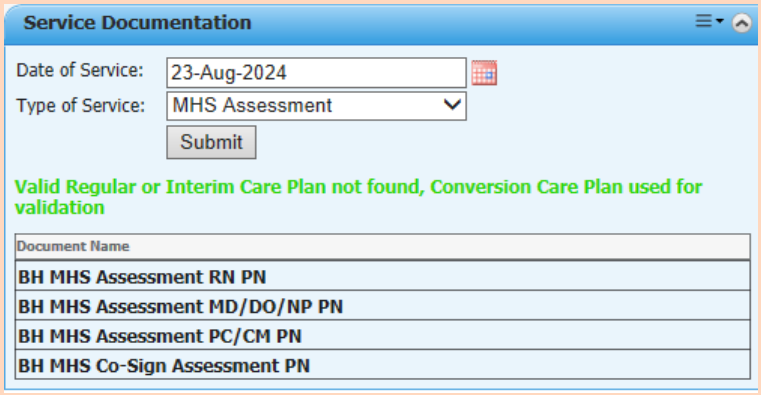
QRTips

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

Comprehensive Multidisciplinary Evaluation Progress Note

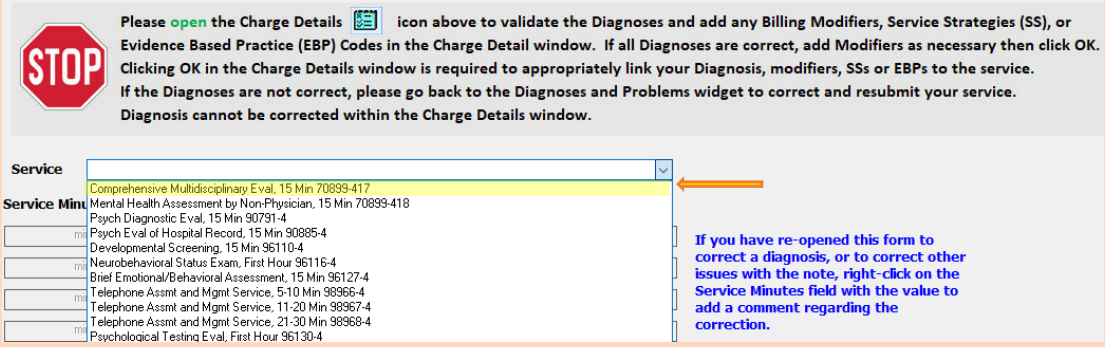
(County providers only)

Comprehensive Multidisciplinary Evaluation 70899-417 (CME) is a recent code that the Mental Health Plan is using to document participation in a Child and Family Team (CFT) meeting. To locate this code in IRIS, please direct yourself to the Service Documentation widget and select the "MHS Assessment" service type. Providers whose scope of practice includes assessment services can then find the CDM code under the "New Billable Services tab." Please see the screenshot below:



For services performed on or after 7/1/2023

NEW - Billable Services



TRAININGS & MEETINGS

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AOA Online Trainings

AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting

Teams Meeting: 09/05/2024

10:30- 11:30am

CYS Online Trainings

CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting

Teams Meeting: 09/12/2024

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

Documentation Reminders

Progress Notes shall include the following required elements:

1. Type of service rendered
2. Narrative describing the service, including how the service addressed the client's behavioral health need
3. The date that the services were provided to the client
4. Duration of the service
5. Location of the client at the time of receiving the service
6. Typed or legibly printed name, signature of the service provider, and date of the signature
7. ICD-10 code
8. Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code
9. Planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s)

Providers **do not need to follow any specific progress note** format as long as all of the required elements are included in each progress note.

Progress notes shall **support the medical necessity** of each service provided.

Progress notes indicating patterns of **fraud, waste, or abuse will prompt compliance issues.**

The timeframe in which progress notes shall be completed is **within 3 business days** of providing a service, except for crisis services, which shall be **completed within 24 hours, with the day of service as day zero.**

Common examples of documentation and billing errors include:

1. No progress note found to substantiate the service that was provided (loss of revenue)
2. Claiming a service for a no-show or canceled appointment
3. Documenting a billable service as a 'Note to Chart'
4. Discrepancies between claimed and documented services
5. Mismatch in service time compared to the time billed
6. Billing for services after access criteria were not met
7. Lack of evidence in the chart that the diagnosis was formulated by a provider within their scope of practice

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

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

REMINDERS, ANNOUNCEMENTS & UPDATES

IMPORTANT SUPERVISION REQUIREMENTS

SUPERVISION REPORTING FORMS

The State Plan Amendment (SPA) 23-0026 has added more rendering provider types (see above). Therefore, DHCS requires County to be responsible for ensuring all educational, experiences and supervisory requirements are met, tracked and monitored for all newly eligible and existing providers.

- MCST has revised and developed additional supervision reporting forms to include clinical trainees, medical professionals and other qualified provider types. There are four types of forms to choose from to complete and submit to MCST:
  1. Clinical Supervision Reporting Form
  2. Counselor Supervision Reporting Form
  3. Medical Supervision Reporting Form - NEW
  4. Qualified Provider Supervision Reporting Form – NEW & PENDING
- MCST provided guidance detailing the requirement to complete the three forms at the monthly QI Coordinators' Meeting for AOA, CYS and SUD in July and August 2024.
- The implementation of these new forms go into effect **9/1/24** for all applicable providers to submit to MCST by **9/30/24**. The three forms are currently posted and available on the QMS website.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REQUIREMENT FOR MEDICAL PROFESSIONALS

Some of the medical professionals who are licensed or certified are required to submit a Medical Professional Supervision Form to confirm they are under the general direction of a qualified provider who directs care, see below:

CERTIFIED NURSE ASSISTANT (CNA)

- CNAs are not an independent practitioner.
- CNAs are entry-level health care providers and practice under the direction of a physician, registered nurse or a licensed practical nurse.

MEDICAL ASSISTANT (MA)

- MAs are not an independent practitioner.
- MAs must meet all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice.
- Must be under the supervision of a licensed physician or surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon.
- The licensed physician or surgeon, nurse practitioner, or physician assistant **MUST** be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant, per the State Plan Amendment (SPA) 23-0026.
- If, the Medical Assistant does **NOT** have the required supervision on-site they will **NOT** be able to deliver any Medi-Cal covered services within that scope of practice.

LICENSED VOCATIONAL NURSE (LVN)

- LVNs are not an independent practitioner.
- LVNs are entry-level health care providers who is responsible for rendering basic nursing care and practices under the direction of a physician or registered nurse.
- A LVN must provide nursing services under the direction of a registered nurse who directs nursing care and/or the patient's physician who directs medical care. The supervisor must be responsible for direction to the LVN regarding the respective nursing and medical procedures. The direction provided by the registered nurse or physician to the LVN must be available at least by telephone.(16 CCR § 2518.7).

PHYSICIAN ASSISTANT (PA)

- PAs are not an independent practitioner.
- Every PA must be supervised by a licensed physician and at minimum, be available by telephone or other electronic communication method at the time the PA examines the patient.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REQUIREMENT FOR MEDICAL PROFESSIONALS (CONTINUED)

LICENSED PSYCHIATRIC TECHNICIAN (LPT)

- LPTs are not an independent practitioner.
- LPTs practice under the direction of a physician, psychologist, social worker, registered nurse or other LPHAs.
- An LPT must provide patient care under the direction of a registered nurse who directs nursing care, the patient's physician who directs medical care, or be responsible to the director of the service in which the duties are performed. The registered nurse, physician or director of the service must be responsible for direction to the LPT regarding the respective nursing and medical procedures. The direction provided must be available at least by telephone. (16 CCR § 2576.7).

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** MHP and DMC-ODS programs are required to schedule a full 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 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.

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)

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MEDI-CAL CLAIMING DURING THE BBS 90-DAY RULE PRIOR TO BBS REGISTRATION NUMBER

(OPTIONAL COUNTY CONTRACTED PROGRAMS ONLY)

- The State Department of Health Care Services (DHCS) will honor the 90-day Board of Behavioral Sciences (BBS) rule and allow practitioners to provide services as if they are registered while they wait for their registration number after the completion of their Live Scan. DHCS has confirmed that Associates are considered "registered" during this 90-day period and can claim Medi-Cal for assessments and therapy services.
- The provider must submit the Clinical Supervision Report Form (CSRF) to MCST and follow the 90-day BBS rule guidelines below prior to delivering any Medi-Cal covered services:

CLINICAL SUPERVISION

COUNTY-CONTRACTED PROGRAM REQUIREMENT

- ✓ Post degree hours may only be counted as of the date recorded at the bottom of the Request for Live Scan Service form.
- ✓ CSRF Form, BBS Responsibility Form, Written Agreement (if applicable) and a completed **Live Scan Fingerprint Form** from the employer must be submitted to MCST.
- ✓ IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate #.
- ✓ Once BBS issues an Associate #, the provider must submit updated clinical supervision forms to IRIS and MCST, along with the PAN.
- ✓ Without a PAN, IRIS will **NOT** activate the provider to begin billing for Medi-Cal covered services.
- ✓ County Employees do **NOT** qualify for the BBS "90-day rule" clause in the law. Human Resources requires an Associate # in order to hire a Behavioral Health Clinician I.

https://www.bbs.ca.gov/pdf/90day_rule.pdf

90-DAY RULE FOR GRADUATES

- County-Contracted programs **MUST** hold the claims until the registration number comes through (if it is issued retroactively). The Live Scan date on the Live Scan form is the date the BBS will use as the registration date for the Associates. This means, as soon as the provider receives their registration number from BBS the program administrator must immediately:
  1. Submit an updated CSRF with the newly assigned registration #.
  2. County Credential the provider and include a copy of the **Request for Live Scan Service form** for the credentialing approval letter to incorporate the date the Live Scan form was completed to deliver Medi-Cal covered services.
  3. Submit an updated PAN along with supporting documents to IRIS to add the provider into the system to begin entering and billing for services, retroactively.

DISCLAIMER:

The program will take the risk of any billed services being disallowed, if the provider separates from their employer prior to receiving their BBS registration # or if the BBS registration # is not granted.

QMS MAILBOXES

Please email the group mailboxes below, to ensure your questions arrive to the correct team rather than to an individual team member who may be on vacation, unexpectedly out of the office or otherwise unavailable.

QMS Team / Group Mailbox	Oversees
CalAIM Services Team AQISCalAIM@ochca.com	ECM and Community Supports referrals and questions
Inpatient and Designation Support Services AQISCDSS@ochca.com	General questions regarding Certification and Designation
Inpatient and Designation Support Services AQISDesignation@ochca.com	Inpatient Involuntary Hold Designation; LPS Facility Designation; Outpatient Involuntary Hold Designation
Inpatient and Designation Support Services BHSInpatient@ochca.com	Inpatient TARs; Hospital communications; ASO/Carelon communication
Inpatient and Designation Support Services AQISMCCert@ochca.com	MHP Medi-Cal Certification; PAVE County SUD clinics only
Managed Care Support Team AQISGrievance@ochca.com	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs
Managed Care Support Team AQISManagedCare@ochca.com	Access Log Errors/Corrections; Change of Provider/2nd Opinion; Supervision Forms for Clinicians/Counselor/Medical Professionals/MHP; Qualified Providers; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Provider Directory; Expired Licenses, Waivers, Registrations & Certifications; PAVE (MHP Only)
SUD Support AQISSUDSupport@ochca.com	CalOMS questions (clinical-based); DMC-ODS; Clinical Chart Reviews; DATAR submissions; DHCS audits of DMC-ODS providers; DMC-ODS ATD; MPF updates; SUD Documentation questions and trainings; SUD Newsletter questions
AOA & CYS Support Teams AQISSupportTeams@ochca.com (Please identify AOA or CYS in subject line)	AOA & CYS Documentation Support; CANS/PSC-35; Medication Monitoring; MHP Chart Reviews; QRTips; Provider Support Program (AOA ST only)
BHS Health Information Management (HIM) BHSHIM@ochca.com	County-operated MHP & DMC-ODS programs use related: Centralized retention of abuse reports & related documents; Centralized processing of client record requests, Clinical Document Review and Redaction; Release of Information, ATDs, Restrictions, and Revocations; IRIS Scan Types, Scan Cover Sheets, Scan Types Crosswalks; Record Quality Assurance and Correction Activity
BHS Front Office Coordination BHSIRISFrontOfficeSupport@ochca.com	IRIS Billing, Office Support
BHS IRIS Liaison Team BHSIRISLiaisonTeam@ochca.com	EHR support, design & maintenance; Add, delete, modify Program organizations; Add, delete, and maintain all County and Contract rendering provider profiles in IRIS; Register eligible clinicians and doctors with CMS and assist in maintaining their PTAN status
BHS IRIS Liaison Team BHSNACT@ochca.com	Manage the MHP & DMC-ODS 274 data and requirements; Support of the MHP County and Contract User Interface for 274 submissions

***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.*