October 2024

QRTips

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

Reminder!

Medication Monitoring

Please submit all medication monitoring packets by 3/31/25. Programs may choose to submit half by 12/31/24 and the remainder by 3/31/25.

- For sites with under 200 Medi-Cal cases, send in 10 packets.
- For sites with over 200 Medi-Cal cases, send in 5% of the caseload.

*Randomly selected clients for medication monitoring should be Medi-Cal members receiving services from 10/1/24-3/31/25 (Q2 and Q3 of FY24-25).

Please email questions and completed forms to AQISSupportTeams@ochca.com and include AOA Med Monitoring or CYS Med Monitoring in the subject line.

Fact Checking: PSC-35

Review the following PSC-35 statements and see if they are true or false.

- The PSC-35 needs to be completed at the initial intake for every program
  - **False**: The PSC-35 is done when a client begins their MHP EOC and then is reassessed every 5-7 months until discharge.
- The PSC-35 can be administered to a client aged 18 ½ years old only when a caregiver is involved in treatment.
  - **True**: The PSC-35 is administered to clients including 18-year-olds up until their 19th birthday if a caregiver is involved in treatment
- The MHP requires the PSC-35 to be filled out only by caregiver.
  - **True**: The PSC-35 data collected is just for the caregiver version. If the client does not have a caregiver or qualified historian to fill it out, please select "no caregiver."

For questions related to the PSC-35, please reach out to aqissupportteams@ochca.com and include CYS in the subject line.

TRAININGS & MEETINGS

AOA Online Trainings

AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting

Teams Meeting: 10/3/2024

10:30- 11:30am

CYS Online Trainings

CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting

Teams Meeting: 10/10/2024

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

Crisis Intervention vs. Psychotherapy for Crisis

Crisis Intervention is defined as an unplanned, expedited service, to or on behalf of a client to address a condition that requires timely response. Crisis intervention is an emergency response service enabling a member to cope with a crisis, while assisting them in regaining their status as a functioning community member. The goal is to stabilize a crisis within the community or clinical treatment setting.

Services may include: assessment, collateral and therapy.

***Crisis Intervention, per 15 Min* (70899-413)** is limited to 8 hours per instance. Crisis intervention may be provided face-to-face, via telephone or telehealth with the member and/or significant support persons and may be provided in a clinic setting or anywhere in the community.

Psychotherapy for Crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.

Services may include: psychotherapy, implementation of psychotherapeutic interventions to minimize the potential for psychological trauma and mobilization of resources to defuse the crisis and restore safety.

***Psychotherapy for Crisis, First Hour (30-74 Min)* (90839-4) and *Psychotherapy for Crisis, Each Additional 30 Min* (add-on code 90840-4)** codes are used to report face-to-face psychotherapy for crisis with the patient and/or family, even if the time spent on that date is not continuous. Psychotherapy for crisis less than 30 minutes total duration on a given date should be reported with *Psychotherapy, 30 Min* (90832-4) or *Psychotherapy, 30 Min with Patient when Performed with an Evaluation and Management Service* (90833-4)

Crisis Intervention	Psychotherapy for Crisis
Unplanned emergency response to address an urgent condition. Service includes criteria for hospital assessment, linkages to supportive services and/or collateral contacts. May or may not result in a psychiatric hold.	LPHA addresses life threatening or complex crisis via clinical interventions designed to minimize potential for psychological trauma during planned visit. LPHA may also provide resources to defuse crisis.
Service provided by all providers except Other Qualified Providers and Certified Peer Support Specialists	**Service provided by LPHA only**
Face-to-face, telephone or telehealth	**Face-to-face**
No lockouts	**Potential lockouts**
Example phrases found in crisis intervention: • Conduct risk assessment of imminent threat • Coordinate with CSU/CRP for crisis services • Coordinate with SUD for detox treatment • Contact police for assistance	Example phrases found in psychotherapy for crisis: • Assess risk and history of current crisis • Implementation of clinical interventions to de-escalate crisis • Identify resources and coordinate with other service providers • Identify triggers and potential risk for harm

Crisis Intervention vs. Psychotherapy for Crisis

(Continued)

Example:

	Crisis Intervention	Psychotherapy for Crisis
Purpose of session:	To assess imminent threat to self and/or others.	Due to client's heightened anxiety, client was scheduled for an urgent appointment. Clinician to assess risk and history of present situation.
Intervention/ Service:	Client reported having ongoing suicidal thoughts to overdose on medication. Per provider's assessment, client has thoughts, plans, and the means to commit suicide. Client also has a history of depression, psychiatric hospitalizations, impulsivity and lacks social support. Provider consulted with an LPHA and coordinated with a LPS designated clinician to assess for hospitalization.	Clinician met with client at the clinic. Client reported she was physically abused by her partner last night. Clinician assessed for current risk and explored history of intimate partner violence (IPV). Clinician used CBT intervention, Chain Analysis, to identify the situations that set in motion the behavior and its consequences and explored what could have been done differently. Clinician empowered client to access resources available for her safety. Clinician reviewed resources with client and coordinated services with an IPV shelter so client could have somewhere safe to stay for the night. Clinician assisted client with the development of a safety plan.

Reminders:

- **The selected service must be within the provider's scope of practice.**
- For documentation tips when there are two providers present during a crisis, please refer to the June 2024 QRTips.
- These codes do not apply when the Mobile Crisis Service Benefit is provided

County Only:

Hospital Assessment PN should be used if the provider conducted a risk assessment for potential hospitalization, even if hospitalization was diverted.

Crisis Service PN can be used for Crisis Intervention or Psychotherapy for Crisis.

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

We apologize for the delay as MCST is experiencing a high work volume. All new hire initial credentialing packets will be processed within 5 business days instead of 24-72 hours upon receipt. The credentialing process can take up to 30 days to approve once the provider has completed their online attestation. We hope to approve the provider before the 30 days as the average time has been between 3-18 days.

CREDENTIALING NOTIFICATION (COUNTY ONLY)

- MCST will no longer provide a courtesy e-mail notification to credential new hires to the Service Chiefs, effective 10/4/24.
- All new hires who work in a job classification that requires a license, registration, certification or waiver must be credentialed prior to delivering any Medi-Cal covered services.

PROVIDERS REQUIRED TO BE CREDENTIALED:

NOTE: Any provider who works in a job classification that requires a license, waiver, certification and/or registration and delivers Medi-Cal covered services must be credentialed by the County. This list is not exhaustive, please inquire with the MCST for further guidance.

- ✓ Licensed Vocational Nurse
- ✓ Licensed Psychiatric Technician
- ✓ Certified Nurse Assistant
- ✓ Certified Medical Assistant
- ✓ Certified/Registered AOD Counselor
- ✓ BBS Licensed (LMFT, LPCC, LCSW)
- ✓ BBS Associate (AMFT, APCC, ACSW)
- ✓ BOP Registered/DHCS Waivered
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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

Nurse Practitioners are required to submit a Medical Supervision Reporting Form to confirm they are under the general direction of a physician.

NURSE PRACTITIONER (NP)

- NPs are not an independent practitioner.
- NPs may supervise LVNs, as they are required to have an active RN license.
- Every NP must be supervised by a licensed physician and at minimum, be available by telephone or other electronic communication method at the time the NP examines the patients.
- Assemble Bill 890 is a new regulation that will allow nurse practitioners to practice without physician supervision upon the licensing board approval.
  1. The initial phase currently allows the NPs (103) to apply to become an independent practitioners by being in good standing for at least 3 years under the general supervision of a physician starting January 2023.
  2. In the final phase the licensing board will review the applicant's progress and determine certifying the NPs (104) to begin practicing independently, effective January 2026.
  3. HCA has not approved this practice for County NPs, yet.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

TIMELY ACCESS & ISSUING NOABDS (MHP ONLY)

- Federal Access Standards defines **Urgent** appointments to be offered within **48 hours** **NOT** 24 hours.
- The standard for an **Urgent** appointment must be "offered" within **48 hours of the request.** The provider is to determine if a request is urgent, not the beneficiary. If the provider determines that the request is urgent, they must "offer" the appointment within 48 hours, this is calendar days. This means that Saturday and Sunday cannot be skipped.
- For example, a beneficiary requesting to access services Friday morning, and the provider determines it is urgent then the beneficiary should be seen the same day as the 48 hours falls on a Sunday when most clinics are closed. If we do not see the beneficiary the same day, we are not meeting access standards and a timely access NOABD must be issued.

MHP

10 BUSINESS DAYS - ROUTINE
Outpatient Services

48 HOURS – URGENT
CALENDAR DAY
Inpatient Hospital Discharge
Correctional Health Jail Discharge

4 HOURS - EMERGENT
CALENDAR DAY
Crisis Assessment/Evaluation

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.

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, State Fair Hearings, 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 Leads: Elaine Estrada, LCSW Sam Fraga, Staff Specialist

COMPLIANCE INVESTIGATIONS
Lead: Catherine Shreenan, LMFT & Annette Tran, 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.

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 (Updated 10/2024)
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/Qualified Providers; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Provider Directory; Expired Licenses, Waivers, Registrations & Certifications; PAVE Enrollment (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.*