August 2021 | VOL. 1 | NO. 28

QRTips

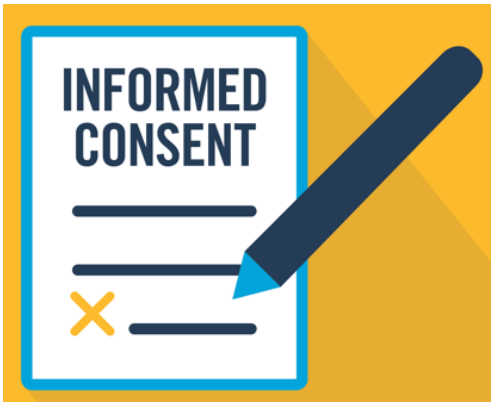
Behavioral Health Services
Authority and Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOABH / CYPBH / Managed Care / Certification and Designation Support Services Teams

Care Plan Valid Across MHP

The Orange County Mental Health Plan (MHP) is a network of care. Services that are identified as medically necessary are authorized in the MHP through the Care Plan. As a reminder, the Care Plan is a living document that applies to all programs within the MHP. This means the Care Plan can and should be shared with all programs in the MHP who are simultaneously providing MHP services to the beneficiary/client. Programs should collaborate with each other to:

- ✓ provide the best client care
- ✓ coordinate services to ensure duplicate services are not provided, and
- ✓ ensure the goals and objectives on the Care Plan remain up to date and relevant to the client/beneficiary's current state of functioning.

Please reach out to your respective AQIS Support Team through email at AQISSupportTeams@ochca.com with any questions.



Verbal Consent Reminder

Recent AOABH audit results identified inconsistencies with completing informed consent forms when verbal consent is obtained. As a reminder, the General Informed Consent and Telehealth/Telephonic Informed Consent are still required to be completed when verbal consent is obtained due to the service taking place telephonically or through telehealth. The forms need to indicate that verbal consent has been obtained.

TRAININGS & MEETINGS

AOABH Online Trainings

New Provider Training (Documentation & Care Plan)

2020-2021 AOABH Annual Provider Training

AOABH MHP QI Coordinators' Meeting

WebEx Mtg. 8/5/21 10:30-11:30am

CYPBH Online Trainings

2020-2021 CYPBH Integrated Annual Provider Training

CYPBH MHP QI Coordinators' Meeting

WebEx Mtg.8/5/21 1:00pm-2:30pm

**More trainings on CYPBH ST website*

HELPFUL LINKS

AQIS AOABH Support Team

AQIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

Audit Results Reminders

- This is a reminder that programs have two (2) weeks to contest the results of the audit findings from the date the results are provided to the program. Please be sure to follow current procedures regarding this process.

- Missing items requests have a three (3) day turnaround. This means program has three days to produce the missing item to AQIS from the date the request is made. Failure to provide the missing item within this timeframe may result in a failure and/or recoupment.

Care Plan Refresher

The Care Plan is a proposal of how the interventions will reduce the client's behaviors, symptoms, or impairments. It is one of the elements for establishing medical necessity along with having an included mental health diagnosis and exhibiting evidence of impairments. CYPBH AQIS has listed some helpful reminders and tips for certain elements that go into creating the beneficiary/client's Care Plan. These refreshers are based on recent audit **compliance/non-compliance trends**. For further elaboration on all the required elements that pertains to a Care plan, please reference to the CP and ICP Reminders and FAQ Memo from April 2021 or the 2021 Annual Provider Training.

1. A Care Plan and its Goals are developed in collaboration with the beneficiary/client and should be documented in the chart.
    - **Please note, <u>Collaboration with the beneficiary/client on goals is a compliance item looked for during AQIS and State audits.</u>**
2. The Treatment goals in the Care Plan should address symptoms, behaviors, and/or impairments identified in the Assessment.
    - This ensures continuity between the two categories
3. Use **S.M.A.R.T**. goals when creating the treatment goals.
    - **S.M.A.R.T**. stands for <u>**S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime framed</u>.
    - A common quality issue seen in goal setting is using vague terms in goals. Being too vague in your treatment goals **does not** allow for a focused intervention or provide clear direction for the treatment.
        - **Poor example of being <u>S</u>pecific**: Client will decrease anger outburst from 7 times a day to 5 times a day.
        - **Better example of being <u>S</u>pecific**: Client will decrease anger outburst such <u>as cursing, yelling, breaking furniture</u> from a baseline of 7 times a day to 5 times a day.
4. Proposed interventions in the Care Plan should accomplish the following:
    - 1) A significant diminishment of the impairment and/or
      2) Prevent significant deterioration in an important area of life functioning and/or
      3) Allow the client to progress developmentally as individually appropriate.
    - The interventions should be relatable to the treatment objectives.

Managed Care Support Team

REMINDERS

CHANGE OF PROVIDER/2ND OPINION (MHP ONLY)

- Be sure to complete the "Change of Provider" power form when there is a change of provider requested by the client/beneficiary for MHP County Clinics only.

CLINICAL SUPERVISION

- A licensed mental health professional who provides supervision to an ACSW, AMFT and/or APCC pursuing licensure must meet certain qualifications to be a Clinical Supervisor. For example, an LCSW must complete a minimum of 15 hours of supervision training prior to the commencement of providing supervision to license-waivered providers. Refer to the BBS website to ensure you meet the minimum qualifications to be eligible as a Clinical Supervisor for the professional disciplines.
- MCST will soon begin conducting quarterly audits of Clinical Supervisors to ensure BBS supervision requirements are fulfilled for the specific disciplines and will also verify if current CSRFs are on file for their supervisees.
- Recent audits conducted by AQIS Audit Teams indicate that Clinical Supervision Reporting Forms (CSRF) are not being updated in a timely manner when there are changes in Clinical Supervision. This includes the addition of another clinical supervisor and/or the end of clinical supervision with the current clinical supervisor. A licensed-waivered provider who is required to participate in Clinical Supervision must be receiving supervision from a qualified supervisor at the time services are rendered on a weekly basis. Please note, that any lapse in Clinical Supervision will result in services being recouped.

PERSONNEL ACTION NOTIFICATION (PAN) FORM – NEW UPDATE (EFFECTIVE 8/1/21)

- New providers who are licensed waivered (e.g. APCC, ACSW, AMFT, Psychological Candidates, Psychological Assistants, Registered Psychologist) will now be required to submit the CSRF, BBS Responsibility Form and Written Agreement (if applicable) **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services, effective 8/1/21.
- Be sure to send the PAN to MCST via e-mail at: AQISManagedCare@ochca.com with Subject Line – PAN to process as well.

CREDENTIALING

- CYPBH County Contracted programs are currently undergoing the credentialing process as of July 1, 2021.
- SUD DMC-ODS County Contracted programs have completed credentialing and AOABH County Contracted programs are nearly finished, as well.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- If you and your staff would like a specific or a full training of the MCST oversight please e-mail the Program Manager, Annette Tran at anntran@ochca.com.

Certified Reviewer Process (AOABH Only)

Providers completing the Certified Reviewer process must submit all required documents within 90 days of receiving the application packet.

- Providers who are unable to meet the 90 day deadline may contact the AQIS Support Team to request an extension. Extensions are not guaranteed.
- If an extension is granted, there may be additional requirements added to the application packet.
- Providers are encouraged to submit their completed packet prior to the 90 day deadline if all requirements are completed early.

Contact the AOABH Support Team by email if you have any questions: AQISSupportTeams@ochca.com

Z Code Clarification

Z codes are considered excluded diagnoses as they do not indicate severe and persistent mental illness. Using a Z code as a primary diagnosis would indicate lack of medical necessity resulting in a non-billable service/progress note. The exception to this is Z03.89 Encounter for observation for other suspected disease ruled out. Z03.89 can be billed as a primary diagnosis during crisis assessments and/or initial assessments in which a client/beneficiary does not meet criteria for services and another diagnosis would not sufficiently describe the client/beneficiary's presentation. This code was included in the updated Included Diagnosis list provided to program in 2019. This list was also included in the resource tab of the 2020-2021 AOABH and CYPBH Annual Provider Trainings. The purpose of this information is to provide clarification on when this code can be used. This code should not be used for ongoing services. If programs/providers have any questions about this, please reach out by email to AQISSupportTeams@ochca.com

ANNOUNCEMENTS

AQIS would like to congratulate Rebekah Radomski, LMFT, on her promotion to Service Chief II for AQIS Certification and Designation Support Services! Rebekah comes to AQIS after being promoted from AOABH Aliso Viejo Clinic.

AQIS would also like to welcome Fabiola Medina, OS to CDSS and Katherine Alvarado, OS to MCST.

Please join us in welcoming them to the team!

REMINDERS

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AQISManagedCare@ochca.com

Review QRTips in staff meetings and include in meeting minutes.

Thank you!

***Disclaimer**: The AQIS Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to County and County Contracted Behavioral Health providers as a tool to assist with compliance with various QA/QI regulatory requirements. IT IS NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and compliance with all local, state, and federal regulatory requirements.*

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