

QR Tips

Mental Health & Recovery Services (MHRS)
Authority & Quality Improvement Services
Quality Assurance & Quality Improvement Division
AOA-Support Team / CYP-Support Team / Managed Care / Certification and Designation

CalAIM News:

AQIS recently released 3 memos regarding the CalAIM requirements:

Memo 001: Criteria for Beneficiary Access to SMHS

Memo 002: Code Selection During Assessment Period for Outpatient Services

Memo 003: Documentation Requirement for SMHS DMC-ODS: Progress Notes

Please direct your staff to read the memos in their entirety.

More memos are scheduled to be released by AQIS in the near future.



Criteria for Beneficiary Access to SMHS

(information taken from an attachment sent out with the CalAim Memo #001 email)

Significant impairment is defined as:

Distress, disability, or dysfunction in social, occupational, or other important activities

With the new criteria you must establish

1. Significant impairment or probability of significant deterioration in life functioning.
AND
2. A MH diagnosis or suspected MH diagnosis not yet established.

TRAININGS & MEETINGS

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AOA Online Trainings

New Provider Training
(Documentation & Care Plan)

2021-2022 AOABH
Annual Provider Training

MHRS-AOA MHP QI
Coordinators' Meeting

WebEx Meeting: 8/4/22

County Programs ONLY

10:30- 11:30am

CYP Online Trainings

2021-2022 CYPBH Integrated
Annual Provider Training

MHRS-CYP MHP QI
Coordinators' Meeting

Teams Meeting: 8/11/22

10:00-11:30am

**More trainings on CYP ST website*

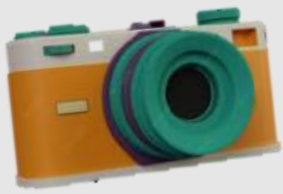
HELPFUL LINKS

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AOIS AOA Support Team

AOIS CYP Support Team

BHS Electronic Health Record



Snapshot of CalAIM Memo #002

MHP providers may use the following options during the assessment phase:

1. **ICD-10 codes Z55-Z65**, “Persons with potential health hazards related to socioeconomic and psychosocial circumstances” may be used by **all providers** as appropriate during the assessment phase prior to diagnosis and do not require certifications, or supervision of, an LPHA or LMHP.
2. **ICD-10 code Z03.89**, “Encounter for observation for other suspected diseases and conditions rule out” may be used by an **LPHA or LMHP** during the assessment phase of a beneficiary’s treatment when a diagnosis has yet to be established.
3. **Any clinically appropriate ICD-10 code** may be used by an **LPHA or LMHP** in cases where services are provided due to a suspected disorder that has not yet been diagnosed, **LPHA and LMHP** may use any clinically appropriate ICD-10 code, which may include Z codes. For example these include codes for “Other specified” and “Unspecified” disorders, or “Factors influencing health status and contact with health services.”

Snapshot of CalAIM Memo #003

The Progress Note Requirements HAVE CHANGED.

Providers are no longer required to follow a specific note format as long as the required items are included in each progress note.

Progress Notes are to be completed within **3 business days** of providing the service, except for **Crisis Services** which are to be completed within **24 hours**.

Please reference the **CalAIM Memo #003** in order to ensure that your program is documenting to all of the CalAIM progress note requirements.

MCST OVERSIGHT

- **GRIEVANCES & INVESTIGATIONS**
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- **APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS**
- **PAVE ENROLLMENT FOR MHP PROVIDERS**
- **CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)**
- **COUNTY CREDENTIALING**
- **CAL-OPTIMA CREDENTIALING**
- **ACCESS LOGS**
- **CLINICAL/COUNSELOR SUPERVISION**

REMINDERS

GRIEVANCES

Grievance forms and self-addressed envelopes must be readily available and accessible to the beneficiary to file a grievance in the lobby with the MHP and/or PRAS. There are two types of self-addressed envelopes that should be displayed:

Authority and Quality Improvement Services

P.O. Box 355
Santa Ana, CA 92702

Patients' Rights Advocacy Services

600 West Santa Ana Blvd., Suite 805
Santa Ana, CA 92701

The AQIS Support Teams conducts informing material audits and will **NOT** audit for the PRAS grievance envelopes. Please contact PRAS directly at (800) 668-4240 for their informing materials.

COUNTY CREDENTIALING

- If, the **County Contracted Programs** have completed credentialing all their providers during the initial credentialing timeline then any new providers on-barding going forward must submit their credentialing packet (within 5-10 business days) of being hired. The newly hired provider must not deliver Medi-Cal covered services under their license, registration and/or certification until their credentials are approved by the MCST. IRIS will not activate the new provider in the system to bill for services without a credentialing letter of approval.
- **County Employees** who are licensed, waived, registered and/or certified providers will soon undergo the credentialing process that will start in phases beginning September 1, 2022. Please be sure to attend the QI Coordinators' Meeting in August for more information about the implementation with the MCST and Human Resources.



2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, the MCST is tracking and monitoring all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries will be provided soon for **Q4 FY 21-22** and will continue to be disseminated each quarter to all County and Contracted providers to monitor and ensure the compliance with the DHCS requirements. The report identifies programs with zero and/or a low numbers of submissions and entries. Be sure to monitor your programs closely to assist the MCST with ensuring meeting the DHCS requirements.

UPDATE: NOABD LETTERS

The NOABD letters have been updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. The newly revised NOABD templates have been updated and is available on the AQIS website to begin using, immediately. Discard all old NOABD templates.

Hyperlink Access: <https://www.ochealthinfo.com/about-hca/mental-health-and-recovery-services/quality-services-compliance/mental-health-plan-and>

PROVIDER DIRECTORY

The MCST and IRIS are still seeing errors and information not accurately reflected on the list of providers identified on the spreadsheet for some of the programs. The Provider Directory is a DHCS requirement (DHCS IN#18-020) that entails an exhaustive list of providers and program information under the Health Plans to be made available for all beneficiaries to access mental health and substance use disorder services. The MCST heavily relies on the accuracy of the Service Chiefs/Head of Services submission to compile the Provider Directory for publishing and utilizes it to reconcile several reports and tracking systems within AQIS. Be sure to review the monthly spreadsheet to ensure the list of providers are current and accurate before submitting it to the MCST by the 15th of each month.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

If you and your staff would like a specific or a full training about the MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Administrative Manager, Annette Tran at anntran@ochca.com.



REMINDER from IT Security

Please review contract providers who may have an HCA email address but do not use or need an HCA email.

Once identified, HCA programs should submit a network access request (NAR) through the IT Self-Service Portal to properly terminate/deprovision the access.

AQIS is Moving

All AQIS programs are moving to a new location on August 15th:

**400 W. Civic Center Dr. Suite 400
Santa Ana, CA. 92701**

We do not anticipate any disruption in our day-to-day operations; however please reach out via email if your attempts at contact have been unsuccessful.

Team Email Boxes: Helpful Resource

We developed an **AQIS Mailbox Quick Guide** to help you, the providers, better understand each Team Mailbox and their uses. Please save this Quick Guide for your reference.

The Quick Guide was emailed as an attachment with the August 2022 QR Tips.

Please remember to email the Team Mailboxes to ensure that emails arrive to the correct team rather than to a person who may be out of vacation, unexpectedly away from work, or otherwise unavailable.



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.

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 meeting minutes.

Thank you!

AQIS Quality Assurance & Quality Improvement Division

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