

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**

Pathways to Well-Being (PWB)/Intensive Services (IS) Reminder

CYP ONLY

AQIS CYP Support Team (ST) would like to provide a reminder and some helpful tips to our providers regarding PWB/IS. Recent trends in audits have shown a pattern of non-compliance in the areas of authorizing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) on a Care Plan once a client/beneficiary becomes PWB/IS eligible. Please be aware this error would be at risk of being recouped. Per DHCS info notice BHIN 21-058, "MHPs that continue to claim for ICC and IHBS services as TCM or MHS, respectively, must take immediate action to come into compliance to ensure that claims for ICC and IHBS include the appropriate modifiers, mode of service, and service function codes".

Another pattern of non-compliance seen in audits is the lack of evidence to support a no less frequent than 90-day review with the client/beneficiary has occurred. As a reminder the requirements for PWB/IS eligible beneficiaries are as follows:

- PWB cases involve a review of the CFT Plan no less frequently than every 90 Days.
- IS cases involve a review of the Care Plan, in lieu of the CFT Plan, no less frequently than every 90 days.

Helpful Resources

- Please explore the following link: [Pathways to Well-Being / Intensive Services | Orange County California - Health Care Agency \(ochealthinfo.com\)](https://ochealthinfo.com/pathways-to-well-being-intensive-services)
- Additional helpful guides to explore are:
 - Intensive Services Guidelines
 - Pathways to Well-Being FAQ's (CYBH)
 - Guidelines PWB-CFT Outpatient Clinics

Helpful Tips

- Clearly label your progress notes with "90-day CFT or ICC" to allow auditors to easily find your 90-day review progress notes.
- Become familiar with the PWB/IS eligibility criteria.
- Once a client becomes PWB/IS eligible, please update your Care Plan to reflect ICC and IHBS services.
- Any updates to include or remove ICC/ IHBS services should be communicated with the entire treatment team to ensure appropriate billing of services take place.

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: 6/2/22

10:30- 11:30am

CYP Online Trainings

*[2021-2022 CYPBH Integrated
Annual Provider Training](#)*

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting: 6/9/22

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](#)

[Medi-Cal Certification](#)

A Short Conversation About Crisis

Can I bill to conduct a 5150 Evaluation?

No. The state does not reimburse the MHP for conducting 5150 evaluations, they reimburse for conducting **Crisis Interventions**.

Isn't that the same thing?

No, and here is why: mental health professionals can provide crisis interventions under their scope of practice **versus** a "5150 evaluation" which can be performed by a law officer. A law officer cannot bill the state for crisis interventions as they are not trained/licensed in the mental health field therefore, they perform 5150 evaluations.

So, I can't mention that I completed a 5150 my progress note?

Not necessarily. If you provide crisis interventions which lead you to conclude that a client meets criteria for a hold then you will document that placing the client on a 5150 hold was the **conclusion** of your crisis intervention/s. *However*, the **intent of the service was to provide a crisis intervention/s**.

Oh, I see. Thanks for clarifying!

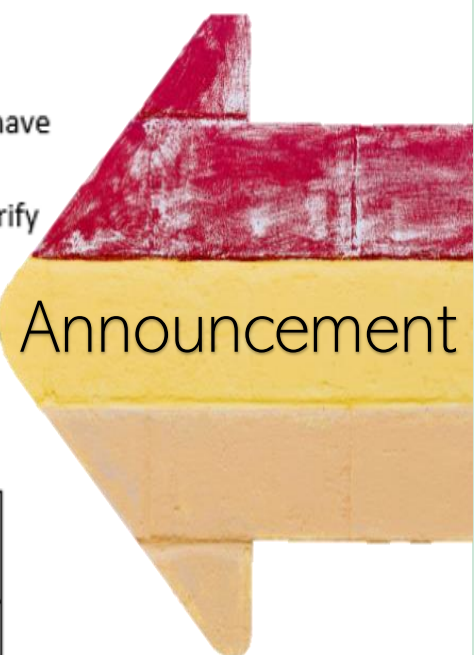


Telehealth Reminders

- » A **General Informed Consent for Telehealth and Telephonic Services** is required for those who are determined appropriate to engage in telehealth services.
- » The client's privacy and confidentiality are still important. Please be mindful of where sessions are held.
- » Ask about their location at the beginning of the session and document that location in your Progress Note.
- » Suggest that the client move to an alternate location or reschedule the appointment if they are in a busy area or if they are engaged in a task that requires them to pay attention for their safety, like driving.

Updated MD CPT Codes

We would like to make everyone aware that the MD CPT Code descriptions have changed. These codes are based on time and the time span of each note is different than it was in the past. Please make sure to read each code and verify that it matches the service minutes of your session before choosing it.

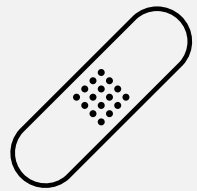
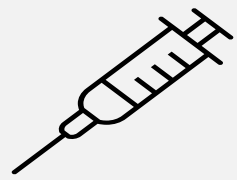


Old MD Codes – these codes had lower minute thresholds than the updated codes. We are no longer using these codes.

Charge Description	CPT
Estab Pt Office Visit with Problem Focused Hx & Exam Straight Forward or 10 min Med Decision Making (99212)	99212
Estab Pt Office Visit with Expanded Problem Focused Hx & Exam, Low or 15 min Med Decision Making (99213)	99213
Estab Pt Office Visit with Detailed Hx & Exam, Moderate or 25 min Med Decision Making (99214)	99214
Estab Pt Office Visit with Comprehensive Hx & Exam, High or 40 min Med Decision Making (99215)	99215

Updated MD Codes – these are the codes we are currently using and they have higher minute thresholds than the old codes. Please read each code carefully to determine which one to use.

Charge Description	CPT
Est Pt OV w/ Prob Focus Hx & Exam Strt Forward Decision Mkg or 10 - 19 min (99212, SF 60)	99212
Est Pt OV w/ Expanded Prob Focused Hx & Exam, Low Decision Mkg or 20-29 min (99213, SF 60)	99213
Est Pt OV w/ Detailed Hx & Exam, Moderate Decision Mkg or 30-39 min (99214, SF 60)	99214
Est Pt OV w/ Comprehensive Hx & Exam, High Decision Mkg or 40 - 54 min (99215, SF 60)	99215



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 (MHP ONLY)

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. The MHP has two types of self-addressed envelopes that must 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

COUNTY CREDENTIALING



- If, the **County Contracted Programs** have completed credentialing all existing and new providers during the initial credentialing timeline then all new hires must submit their credentialing packet (usually within 2 weeks) to be processed and approved before being able to deliver Medi-Cal covered services and be activated in IRIS.
- **County Employees** who are licensed, waived, registered and/or certified providers will soon undergo the credentialing process that will start in phases beginning August 1, 2022. More information will be disseminated soon.

EXPIRED LICENSES, CERTIFICATES OR REGISTRATIONS

Credentialing is contingent upon providing and maintaining current licenses, certificates or registrations in accordance with the appropriate licensing or certifying organization. Failure to provide and maintain all the credentialing requirements will result in the suspension, denial of privileges and disciplinary action. When the license has expired the provider will no longer be permitted to deliver services requiring licensure for the Orange County Health Care Agency. The provider must contact MCST and IRIS immediately to petition for their credentialing suspension to be lifted and provide proof of the license, certification or registration renewal. The provider's reinstatement is **NOT** automatic.

REMINDERS (CONTINUED)

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, MCST is tracking and monitoring all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries was provided for Q2 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 has identified 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.

PROVIDER DIRECTORY

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.

TRAINING?



GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW

Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist

Provider Directory Lead: Paula Bishop, LMFT



CONTACT INFORMATION

200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I)
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(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)

AQISManagedCare@ochca.com

MCST ADMINISTRATIVE MANAGER

Annette Tran, LCSW



ATTENTION

In-person **Informing Materials Audits** begin June 6, 2022: (audits will be unannounced)

The following links will help ensure that you are prepared:

- Interpretation Service Available Poster
https://www.ochealthinfo.com/sites/hca/files/2021-03/Interpretation_Services_Poster.pdf
- Mental Health Plan and Provider Info
<https://ochealthinfo.com/about-hca/mental-health-and-recovery-services/quality-services-compliance/mental-health-plan-and>
<https://intranet.ochca.com/forms/> ← this link is for County Operated Clinics only

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!

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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