December 2022

QRTips

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

CANS and PSC-35 101 Part 2

- What are the age ranges for the CANS and PSC-35?
  - **CANS**: required for clients aged 6 through age 20. Once the client turns 21 the CANS is no longer required.
  - **PSC-35:** required for clients aged 3 through 18 when a caregiver/parent is involved in treatment. **This includes clients aged 18.**

- Tracking the CANS and PSC-35
  - Tracking the date of a client's initial CANS and PSC-35 helps to calculate when a reassessment is due and avoid duplications.
  - This information can and should be communicated during the Coordination of Care process.
  - Dates of previous CANS and PSC-35 completion can be looked up:
    - **County:** you can see CANS and PSC-35 documents in the Clinical Documents section or Form Browser of your client's chart in Power Chart.
    - **Contract:** you can see CANS and PSC-35 documents in the Form Browser section of Power Chart for your client. Please check with your supervisor or QA to see who has access to Power Chart.

- How do we code/bill for completion of the CANS and PSC-35?
  - Code/bill as Assessment
  - If client is eligible for Pathways to Wellbeing, **and** you are assessing or re-assessing as part of a Child Family Team Meeting, code as ICC.
  - If the client is eligible for Intensive Services **and** you are assessing or re-assessing as part of a review of the Care Plan with the client/beneficiary, code as ICC.
  - Please note, solely documenting completing the CANS and PSC-35 can be seen as a non-billable "administrative task". To minimize the risk of being seen as solely an "administrative task", documentation should show the clinical appropriateness or interpretation of the CANS and PSC -35 for treatment planning.

- Questions: Email AQISSupportTeams@ochca.com

TRAININGS & MEETINGS

AOA Online Trainings

New Provider Training (Documentation & Care Plan)

2021-2022 AOABH Annual Provider Training

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting:

10:30- 11:30am

CYP Online Trainings

2021-2022 CYPBH Integrated Annual Provider Training

MHRS-CYP MHP QI Coordinators' Meeting

Teams Meeting:

10:00-11:30am

**More trainings on CYP ST website*

HELPFUL LINKS

AQIS AOA Support Team

AQIS CYP Support Team

BHS Electronic Health Record

Medi-Cal Certification

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

There have been changes to the **PWB/IS Eligibility Assessment Form** and the **PWB/IS 90-Day Review Form**.

- PWB/IS Eligibility Assessment Form changes include:
  - Addition of "**INTAKE**," "**UPDATE/CHANGE**" or "**DISCHARGE**" section
  - Addition of assigned clinician section, if different from the staff completing the form
- PWB/IS 90-Day Review Form is now **REQUIRED** for all youth who meet eligibility for PWB **or** IS.

For County Clinics, these changes have been embedded in the Cerner EHR system as part of the youth's chart effective immediately. The **PWB/IS 90-Day Review Form** has been simplified and now only requires a yes/no response with the progress note date to be completed on EHR.

For Contract Clinics, the updated **PWB/IS Eligibility Assessment Form** and the updated **PWB/IS 90-Day Review Form** have been shared with the programs by the contract monitors. Contracted clinics may utilize the hard copies and scan/upload to their EHR or integrate the forms electronically into their respective EHR systems. Both updated forms are to be utilized effective immediately or as soon as programmatically feasible.

As a reminder, for youth that meet **PWB** criteria, the PWB CFT meeting needs to occur no less frequently than every 90 days with a review of the CFT Plan. The clinician must document this in a progress note, check off the CFT modifier, **and** complete an entry in the **PWB/IS 90-Day Review Form (NEW REQUIREMENT)**.

For youth that meet **IS** criteria, the Care Plan needs to be reviewed no less frequently than every 90 days. The clinician must document this in a progress note **AND** complete an entry in the **PWB/IS 90-Day Review Form (NEW REQUIREMENT)**.

Med Monitoring Packets Reminder

Half of the Medication Monitoring Packets are **due by 12/31/2022**, ALL packets must be submitted by 3/31/2023.

- Email completed forms to AQISSupportTeams@ochca.com
  - Include AOA in the subject line for adult programs
  - Include CYP in the subject line for children's program
- For questions, contact the medication monitoring leads:
  - **CYP**:
    - Cheryl Pitts; CPitts@ochca.com Maby Ruelas; Mruelas@ochca.com
  - **AOA:**
    - Blanca Rosa; BAyala@ochca.com Sharon Hoang; SHoang@ochca.com

*****COUNTY CLINICS ONLY*****

CalAIM Assessment Forms

A PowerPoint presentation will be made available to all QI Coordinators by December 2nd outlining the CalAIM Assessment Downtime Forms and their uses within the MHRS County Clinics.

All of the county clinics are to start using the downtime assessment forms **by January 1, 2023,** in order to bridge the gap until the CalAIM Assessment forms are live in IRIS.

Any questions regarding the information in the PowerPoint may be addressed with your Service Chief or emailed to AQISSupportTeams@ochca.com.

CalAIM Assessment Timelines

The scenarios below provide guidance on the required timelines for completing the CalAIM assessment documents. Some of the scenarios result in shifts to the reassessment timelines.

Please keep in mind that "Assessment Forms" refer to the "**Psychosocial"** which now meets the 7 domains required by CalAIM, the **Diagnosis/Problem List**, and if applicable, the **Care Plan(s)** that meet the CalAIM requirements.

Scenario	Guidance on when the assessment/reassessment is due	Example
New client/beneficiary	• The Psychosocial and Diagnosis/Problem List should be completed within 60 days from the episode of care admit date into the MHP • The applicable Care Plan(s), are to be completed within 90 days from the episode of care admit date into the MHP • A reassessment is to be completed every 3 years (at minimum) from the episode of care into the MHP • The reassessment forms are required **to meet the CalAIM requirements**	• Clara is opened at an MHP clinic on 10/12/2022 • Her Psychosocial and Diagnosis/Problem List is to be completed by 12/11/2022 • If applicable, a Care Plan is to be completed by 1/10/2023 • Her reassessment, which includes all of the assessment forms, is to be completed by 10/12/2025
Client/beneficiary open to the MHP and their Care Plan is about to expire	• The reassessment is to be completed, on assessment forms **that meet CalAIM requirements,** BEFORE the expiration of the current Care Plan • The subsequent reassessment would be due in 3 years (at minimum) from the completion of the assessment forms. This also includes a Care Plan (if applicable)	• Daniel's reassessment was completed on 1/4/23 which included Psychosocial, Diagnosis/Problem List and a Care Plan • His reassessment, which includes all of the assessment forms, would be due by 1/4/2026
Client/beneficiary open to the MHP with an expired Care Plan	• The reassessment would need to be completed ASAP utilizing assessment forms **that meet the CalAIM requirements** • The subsequent reassessment would be due in 3 years (at minimum) from the date the assessment documents were completed. This would also include a Care Plan (if applicable)	• Rosario's reassessment was completed on 3/12/23 which included the Psychosocial, Diagnosis/Problem List and a Care Plan • Her reassessment, which includes all of the assessment forms, would need to be completed by 3/12/2026
Provider recently completed assessment/reassessment on "legacy" assessment documents (prior forms that **do not** meet CalAIM requirements)	• This Care Plan's expiration would be based on the old MHP timelines which is 1 year from when the Care Plan was signed by the LMHP/LPHA since these assessment documents **do not meet the CalAIM requirements** • When the current Care Plan expires, the reassessment is to be completed on the assessment forms **that meet CalAIM requirements** • The subsequent reassessment would be due in 3 years (at minimum) from the completion of the assessment documents. This would also include a Care Plan if a Care Plan (if applicable)	• Aldo's reassessment was completed on assessment forms that don't meet CalAIM requirements. • Their current Care Plan expires on 11/16/2023 based on previous MHP timelines • Their reassessment which includes completion of the assessment forms, that meet CalAIM requirements, would be due by 11/16/2023 • Their subsequent reassessment would need to be completed by 11/16/2026

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

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

REMINDERS

COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing approval letter. It is the responsibility of the direct supervisor to review and submit the new County employee credentialing packet to the MCST.
- **Existing County Employees** who are licensed, waivered, registered and/or certified providers that deliver Medi-Cal covered services are now undergoing the credentialing process in phases as of September 2022. A Credentialing Team member will reach out to the Service Chiefs 3-4 weeks prior to the credentialing timeframe to schedule a "Meet & Greet" in order to provide support when undergoing the process.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Providers are required to maintain their credentials under their certifying board (i.e. BBS, BOP, CCAAP, etc.) and must renew it on-time. If the provider has let their credentials lapse, they must **NOT** deliver Medi-Cal covered services and claim Medi-Cal reimbursement in reliance of those services. This practice is viewed as fraudulent.
- When the provider's credential has expired the MCST and IRIS immediately takes action to deactivate the provider in the County system. The provider must petition for their credentialing suspension to be lifted and provide proof of the license, certification and/or registration renewal to the MCST and IRIS. The reinstatement is **NOT** automatic.
- Certifying Organizations (CO) may likely renew licenses, certifications and registration back to the original expiration. The County cannot assume that the CO or licensing board will renew this retroactively which places the provider at risk for non-compliance. Therefore, the provider is **NOT** to deliver any Medi-Cal covered services if the credentials have expired.

CHANGE OF PROVIDERS AND SECOND OPINIONS – NEW

- The MCST will begin e-mailing notifications to the direct supervisors for those providers who have been identified as having multiple request for a "Change of Provider" within a quarter. The frequency for a change of provider usually indicates concerns with the quality of care including the lack of dignity and respect towards the beneficiaries receiving treatment services. This will assist the direct supervisor to improve the provider's quality of treatment services and reduce the number change of requests. If the provider continues to receive repeated request for a change of provider, he/she may be subject to a corrective action plan.

REMINDERS (CONTINUED)

PROVIDER DIRECTORY

- The Provider Directory spreadsheet has been streamlined and incorporates the NACT requirement fields. This will help reduce the reporting duplication and save time for you as a provider. A brief training on the new spreadsheet will be offered at the QI Coordinators' Meetings in November and December. The newly revised Provider Directory spreadsheet will go into effect **January 1, 2023**. Below is a sneak peek:

NEW FORMAT COMING SOON EFFECTIVE 1/1/2023

PROGRAM TAB

Orange County Provider Directory
Program Details

Program Name	Program Specialty	Trained in Cultural Competency Yes/No	Cultural Capabilities	Street Number	Address	City	Zip Code	Website	Phone	Linguistic Capabilities (Non-English)	Business Type	Populations Served ex. Perinatal, Children, Youth, & Adult NACT Requirement	Provider Type	ADA Compliant Yes/No	Provider NPI	Hours of Operation	Provider Services/Modality (ASAM Level Of Care) *SUD Only

PROVIDER TAB

Launch Form View

Orange County Provider Directory
Provider Details

Provider Name Last Name, First Name	Provider Status	Provider Type & License # Ex. LMFT #####	License Expiration Date	Program	Provider Business Address	City	Website	Business Type	Postal Code	Trained in Cultural Competency Yes/No	Linguistic Capabilities (Non-English)	Phone (Program Main #)	ADA Compliant Yes/No	Provider NPI	Providers Specialty (e.g. Cognitive Behavioral Therapy) *no abbreviations
Example: Smith, John	New	LCSW 12345	12/31/2022		1234 Main Street	Santa Ana	www.ochca.com	SUD	92701	No	ASL	(714)523-4567	Yes	1234567890	Cognitive Behavioral Therapy

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

400 W. Civic Center Drive., 4th floor
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(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW, Administrative Manager
Dolores Castaneda, LMFT, Service Chief II

***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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