

QRTips

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

ASSESSMENT ANNOUNCEMENT!!

QMS has emailed all QIC meeting members a notification correcting the messaging from October's QRTips with regard to billing for assessment activity without client present in session. **DHCS responded that this activity is, indeed, a billable service:**

VERY IMPORTANT UPDATE:

Upon recent consultation with CalMHSA, it was clarified that the clinical formulation and writing of the 7 Domain Assessment without the beneficiary present is no longer billable. Any formulation and write up of the 7 Domain Assessment without the beneficiary present should be documented under the non-billable assessment code 70899-407. QMS will provide information on how to correct assessment services with billed non face-to-face time to be compliant with this updated guidance. Formulation and completion of the 7 Domain Assessment with the client present is billable.

"If time spent consolidating and synthesizing clinical information is part of the assessment to make recommendations for treatment or to make a medical diagnosis, then the activity would count as service time and is claimable with 90791 (or other code as appropriate). This is true for both DMC and SMHS services."

While this clarification establishes that this non face to face activity is billable when performed by an LPHA/LMHP (licensed or waived), QMS continues to recommend completing the assessment form during the face-to-face service whenever clinically appropriate.

Please send any questions regarding this topic to AQISSupportTeams@ochca.com.

TRAININGS & MEETINGS

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AOA Online Trainings

[New Provider Training
\(Documentation & Care Plan\)](#)

[2022-2023 AOABH
Annual Provider Training](#)

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting: 11/2/2023
10:30- 11:30am

CYS Online Trainings

[2022-2023 CYPBH Integrated
Annual Provider Training](#)

MHRS-CYS MHP QI Coordinators' Meeting

Teams Meeting: 11/9/2023
10:00-11:30am

**More trainings on CYS ST website*

HELPFUL LINKS

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[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)



PROVIDER QUICK GUIDE ANNOUNCEMENT

As previously shared in October's QRTips, Provider Type Quick Guide Portfolios are now available on the OCHCA website! You can access the quick guide portfolios via this link:

<https://www.ohealthinfo.com/providers-partners/authority-quality-improvement-services-division-aqis/quality-assurance-22>

IMPORTANT: The Quick Guides are subject to change due to billing updates; however, QMS is committed to keeping the most updated Quick Guides available on the OCHCA website.

Please save this link to your "Favorites" list on your web browser for easy access to the Provider Type Quick Guide Portfolios.

Reminder: CANS Recertification

Don't forget to keep track of and renew your CANS certification before it expires. A provider's CANS certification must be renewed every year, and a valid CANS certification is needed in order to administer the CANS.

If you have any questions about recertifying in CANS, please access the [CANS support page](#) for guidance or please reach out to QMS Support Team at aqissupportteams@ochca.com.

If you need a CANS coupon code, please see the information below:

- **County providers:** Reach out to your Service Chief for a coupon code.
- **Contract providers:** Contracted programs maintain shared coupon codes purchased directly from the Praed Foundation or reimburse staff after individual purchase. Please follow up with your specific contracted program for information.

PSC-35 Update

The PSC 35 Spanish version has been updated!!! Specifically the last question, "¿Hay algún servicio que a usted le gustaría que su hijo/a recibiera para tratar estos problemas?" has been translated more accurately to capture the sentiment of the English version.

¿Hay algún servicio que a usted le gustaría que su hijo/a recibiera para tratar estos problemas? Δ No Δ Sí

En caso afirmativo, ¿qué servicios? _____

Next steps: please update/replace your PSC 35 Spanish forms to reflect the most current translation. The most current PSC-35 Spanish form can be found by accessing the following link, [PSC-35 Webpage](#).



Clarification Corner: Child Family Team (CFT)

To address recent questions about Child Family Team (CFT) meetings, we are providing clarification about what qualifies a team meeting as a CFT meeting.

- CFT meetings can be held for Pathways to Well-being (PWB) **and** intensive services (IS) eligible youth; however, it is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child/youth and family members.
 - For PWB youth, the CFT plan must be completed/reviewed at the CFT meeting.
 - For IS youth, the Care Plan must be reviewed/updated at the CFT meeting.
- For both PWB and IS, the CFT modifier (MCFT) must be selected when documenting that a CFT meeting has occurred.
- During the assessment phase, providers can use targeted case management and rehabilitation services as clinically necessary. Once the 7-domain assessment is completed and medical necessity for Specialty Mental Health Services is established, the PWB/IS eligibility assessment form should be completed. If the youth meets criteria after completing the PWB/IS eligibility assessment, the provider must authorize the use of ICC and IHBS services through an ICC/IHBS care plan progress note.

**The above workflow instructions pertains only to new clients. More detailed instructions to come regarding transfer clients and when clients are open in two facilities.



Happy
Thanksgiving!

Problem List Reminders

- A problem list for each beneficiary is required to be completed, at a minimum, during each assessment or reassessment period.
- Best clinical practice suggests that a problem list should be updated as clinically necessary to reflect an accurate presentation of the beneficiary in care.

A problem list must include, but is not limited to, the following:

- Diagnoses identified by a provider acting within their scope of practice.
 - Include diagnostic specifiers from the ICD-10 if applicable.
- Problems identified by a provider acting within their scope of practice.
- Problems or illnesses identified by the beneficiary in care and/or significant support person, if any.
- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed.

Example of a Problem List for a Person in Care:

Code	Description	Date Added	Date Removed	Added or Removed by	Provider Title*
Z65.9	Problem related to unspecified psychosocial circumstances	07/01/2022	07/19/2022	Name	Mental Health Rehabilitation Specialist
Z59.02	Unsheltered homelessness	07/01/2022	Current	Name	AOD Counselor
Z59.41	Food insecurity	07/01/2022	Current	Name	Peer Support Specialist
Z59.7	Insufficient social insurance and welfare support	07/01/2022	Current	Name	Peer Support Specialist
F33.3	Major Depressive Disorder recurrent, severe with psychotic features	07/19/2022	Current	Name	Psychiatrist
F10.99	Alcohol Use Disorder, unspecified	07/19/2022	Current	Name	Clinical Social Worker
I10.	Hypertension	07/25/2022	Current	Name	Primary Care Physician
Z62.819	Personal history of unspecified abuse in childhood	08/16/2022	Current	Name	Clinical Social Worker

*Name and provider title may be automatically populated by your Electronic Health Record.

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.

***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.*

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