



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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To: All Providers

From: Kyree Klimist, MFT, QA Associate Administrator

Date: July 22, 2014

RE: New Items & Annual Reminders from the QA Office

First a word from our new Director:

There are a lot of challenges before us that can turn into great opportunities for the Behavioral Health Department and our community partners. Though our triennial audit was not as well as it could have been there are opportunities for improvement and should be seen as a learning experience.

A take away for the department is that we need to provide more training to our staff and partners. We also need to hold ourselves more accountable to each other, to our stakeholders, to the community, and to the State and Federal Government.

In the next couple of months we will be hiring a new QM Director and additional QA staff to make these things happen.

Manuel J. Jimenez Jr., MA, MFT

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ACBHCS Director

NEW ITEMS & REMINDERS FOR SPECIALITY MENTAL HEALTH AND SUBSTANCE USE DISORDER PROVIDERS:

1) Quality Assurance Expansion

New Staff:

- Donna Fone, MFT, LPCC started as a Clinical Review Specialist in QA, December, 2013. She is a tremendous asset to the staff, and is picking up and learning her responsibilities at the speed of light. We are very grateful to have her.
- Tasy Larry started as a clerk in January. She has been an incredible help archiving older files and records into the drive, doing data entry that was back logged and many more helpful tasks. We are happy to have her.



- And then in March, Jennifer Fatzler, MFT joined us from ACCESS. She is our newest Clinical Review Specialist and is working hard to learn the ins and outs of the department. She is very enthusiastic and we are as enthused to have her.
 - **More Hiring of Clinical QA Staff:** It is especially good news for Quality Assurance (QA) that we will be seeing an increase in staffing in the near future. This means increased auditing, but it also means increased training and less recoupment! Our plan is to use small teams to audit and then train towards those audit results with each agency. We hope to work more directly with line staff and to meet your requests for more help soon.
 - **Additional Core Functions Moving to QA: Responsibilities/Staffing:**
 - **Site Certifications:** QA would like to introduce our new Site Certification Specialist, Sheryl Hogan. She has a breadth of experience, is very thorough, and a pleasure to work with. Currently, she is working on getting the late site certifications completed and putting systems in place to track everything. In mid-July, the Department of Health Care Services is providing a statewide 2-day training on Site Certification for MHP's only. Alameda County Behavioral Health Care Services (ACBHCS) will be sending 6 representatives. When we return, Sheryl and QA will be developing a training for providers that will include how the process works, the flow and timelines, each entity's responsibilities and how we can work together to get your site certification done on time.
 - **Substance Use Disorders (SUD) Documentation and Training:** Sharon and Steve Loveseth will be job sharing in QA, assisting our Drug Medi-Cal programs, focusing on Quality Improvement efforts, and creating a SUD Provider Documentation Standards Manual. Provider site visits will provide individual support specific to provider needs and trainings will be developed to ensure charts are complete and the "golden thread" is present. Collectively, Sharon and Steve have over 44 years of experience in the field of addiction treatment.
 - **Other QA Staff Functions that have yet to be filled:**
 1. **Accredited Medical Records Technician:** The process of Medical Records Request is moving to QA and you will be kept abreast of any changes.
 2. **Consumer Assistance Line:** The Consumer Assistance Line, which facilitates consumer grievance and appeals, will be brought back in-house to QA. A dedicated clinical staff person will provide grievance resolution and support services via our 800 number: 800-779-0787.
- 2) **Office of the Inspector General (OIG) checks:** As part of our mandate, the Federal government requires us to check all of our employees and all of those who contract with us, against the OIG lists on a monthly basis. We will begin doing this as of September 1, 2014.

- 3) **Old Documentation Templates on the BHCS website:** These forms are being removed from the website. They do not meet DHCS documentation standards. It is the responsibility of every provider to ensure that whatever forms or Electronic Health Record (EHR) they choose to use, that they meet the [Documentation Standards](#), [Quality Assurance updates & memos](#); as well as California and Federal requirements.
- 4) **NEW!! BREACHES-** The California Department of Health Care Services (DHCS) has launched a new Privacy Incident Report (PIR) form. This is to be used with any potential breach of Medi-Cal data. [http://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Privacy-Incident-Report-\(PIR\)-2014.pdf](http://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Privacy-Incident-Report-(PIR)-2014.pdf). Per DHCS, “all suspected privacy and security incidents involving data that include DHCS beneficiary Protected Health Information (PHI) or Protected Information (PI) should be **reported to DHCS immediately upon discovery and within one hour if Social Security Administration data is involved.**”

Moving forward, all potential privacy breach/incidents of **Medi-Cal Data** must be reported on this Form. Please send this form to Quality Assurance and NOT to DHCS as all reports to the State must come from the County.

When you fill out the DHCS form, if required, QA will fill out the Federal Trade Commission form for you. If a breach occurs that does not involve Medi-Cal Data, it must still be reported to QA. Use of the FTC form is then required. Supplemental information is recommended.

- 5) **Reminder! Breach Reporting Policy and Procedure:** Federal Risk of Harm Threshold: Section 164.402 states: (Unless an explicit exception) a breach is an acquisition, access, use or disclosure in violation of the Privacy Rule and is now **presumed to be a breach** unless the Covered Entity or Business Associate demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment, with very specific guidelines and parameters. Please see the revised policy that incorporates these changes. The fines that the federal government is assigning are quite substantial.
- 6) **Sentinel Event and Death Reporting Policy and Procedure:** All beneficiary sentinel events and deaths must be reported to the BHCS-QA office. Please review the linked policy and procedure.
- 7) **Secure Email Systems:** A reminder that if you communicate PHI by email, it MUST be done within an encrypted email system. And, if you email outside of your encrypted system, you must use a secure email system. Email of PHI outside of an encrypted or secure email system is a breach.

NEW ITEMS AND UPDATES ONLY FOR PROVIDERS OF SPECIALITY MENTAL HEALTH SERVICES:

- 8) **Annual Assessments:** As of August 1st 2014, assessments will be required on an annual basis. The cycle should be kept in sync with the Episode Opening Date (EOD). The initial assessment is still required at 30 days. Therefore the 2nd assessment is due 11 months after the initial assessment and is to be completed within the 30-day period prior to the first day of the EOD

month. Every assessment after that would be due on a 12-month cycle, completed within the 30 day period prior to the first day of the EOD month.

- 9) Treatment Plan Cycle:** As of August 1, 2014, treatments plans will only be required on an annual basis. The cycle should be kept in sync with the Episode Opening Date (EOD). Initial treatment plans are still due at 60 days. Therefore the 2nd treatment plan is due 10 months after the first treatment plan during the month prior to the EOD. Every Treatment Plan after that would be due on a 12-month cycle, completed within the 30 day period prior to the first day of the EOD month. Charts with episode opening dates of August 1, 2014 or later will automatically fall into this annual treatment plan cycle.

For Charts open prior to August 1, 2014: In order to get your current treatment plans into this annual cycle, any treatment plan that comes into their 6-month cycle must be re-authorized, needing one more additional 6-month update to the client plan to bring them up to their 12-month EOD cycle. Then they can begin the annual treatment plan cycle. This will avoid the problem of charts being without treatment plans for 6 months.

Providers MUST be attentive to the need to update changes in the treatment plan throughout the year. DHCS (and QA) will disallow notes if the treatment plan has not been updated to reflect new goals, mental health objectives, and events in the client's life. Examples of events requiring a change to the Treatment Plan include, but are not limited to, hospitalization, new thoughts or behaviors of self-harm or dangerousness to others, additions of new treatment modalities (i.e. case management, individual crisis, or groups). It would be expected that there would be a new MSE, new goals, mental health objectives, and interventions, etc.

In addition, internal Clinical Quality Review Team (CQRT) should be done at 60 days after the EOD. This ensures that the Assessment and the Treatment Plan have been thoroughly completed with all signatures, on time. If you skip this CQRT and only do it annually and one of these items is missing, the financial repercussions are heavy.

- 10) New Collateral Caregiver Billing and Documentation Code:** The new procedure code, 310-Collateral Caregiver is available effective July 1, 2014 on all reporting unit numbers that had the regular collateral code 311 on the June 2014 records. It is available to all disciplines who currently use 311 (collateral) and 317 (collateral family group) codes. The rate will be the same as the current collateral codes 311/317. 310-Collateral Caregiver is used for a service activity provided to a caregiver, parent, guardian or person acting in the capacity of a family member, such as a parent, grandparent, relative, foster parent or caregiver by informal arrangement for the purpose of meeting the needs and achieving the goals of the client/consumer.

- 11) New Grievance and Appeal Materials:** We are in the process of re-doing our Grievance and Appeal Materials. We hope to have them to you by August 1st when the translations into all of our threshold languages should be completed.

- This will include a brand new poster that is much easier to read and has more information!
- Soon, New Grievance & Appeal Forms, will be available on the [Informing Materials Page](#).

- There will no longer be burgundy pamphlets in your offices but you are ***required*** to provide the State [“Guide to Mental Health Medi-Cal Services”](#) and the [Provider List](#).

Title 9 states: “The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contracted providers.”

To ensure compliance, it is our recommendation that at the client’s next annual update, you provide both of these materials and ***document that they have been provided***. If the client does not wish to take them with, they may be retained at the office for reuse or recycled.

12) Consumer Grievance Page!! Soon to be Added to the Behavioral Health Care Services (BHCS) Public Website: Consumers will soon be able to submit grievances online through the [Public Website](#) as well as print the form directly from the website. Additionally, there will be other information about grievances and appeals available. All information will be available in the threshold languages.

13) Required Updates to the InSyst Face Sheet: To ensure good communication and continuity of care, it is vital that the InSyst diagnosis reflects the most up-to-date diagnostic picture, that there is accurate emergency contact information, and that the cases are closed in a timely manner. Please attend to these items.

14) Waivers Tips:

- Before hiring new staff, it is advisable to determine if they need to be waived and/or if they have been previously waived.
- Waivers obtained in another county are not transferable;
- The time limit for a PsyD/PhD waiver is 5 years;
- The time limit for licensed clinicians recruited from outside of California is 3 years. Until such staff obtains a waiver, they may only claim for services within the scope of practice for which they qualify.

Please click here to review the information on the Providers Website pertaining to waivers.

http://www.acbhcs.org/providers/QA/docs/qa_manual/3-5_QA_MEMO_DMH_Letter_No_10-03.pdf

15) Documentation Standards Manual: The Documentation Standards Manual has been updated to reflect the above changes. Please be sure to download the most recent copy for your reference.

16) CQRT Staff, Authorization: This is a reminder that only licensed, waived, or registered LPHA’s (Licensed Practitioner of the Healing Arts) are permitted to participate in chart review and authorization of services. In addition, it is strongly advisable that an agency’s staff person who is charged with Quality Assurance oversight, also be a person who meets the above criterion.

- 17) **Service Language Documentation**: CA DHCS issued a memo issued on October 19, 2012 requiring providers to document the language in which mental health services are delivered. Please review this important information.

If you have questions, please email them to the Quality Assurance Office, QAOffice@acbhcs.org.