



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
AARON CHAPMAN, M.D., INTERIM DIRECTOR

Quality Assurance Office
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8100 / TTY (510) 567-6884

Memorandum

To: All Providers

From: Kyree Klimist, MFT, Quality Assurance Associate Administrator

Date: August 2, 2013

Subject: **Annual Reminders/Updates/ New Items**

This annual memo serves to remind all providers of important BHCS policies and procedures as well as introduce providers to new information. Without exception, ALL providers are responsible for reading these policies and procedures and are required to follow them as they apply to your specific contract (Master Contracts and MHP Network Contracts). Please follow the links to read them. Share them with your staff as appropriate. As changes occur, BHCS will notify providers through email and by posting all memos and notices on the QA portion of the Provider Website.

Below are some reminders of basic Quality Assurance requirements:

Reminders:

- **HIPAA Violations and Breaches**: Breaches of data security and confidentiality have occurred this year. All breaches are the responsibility of the legal entity under which they occurred. Please review your HIPAA Policies and insure that they include a provision about not leaving ANY PHI, in any form, in a car at any time. Also review your policies with your employees and let them know the potential cost of breaches, both to the client and to the agency. The federal government has been levying stiff fines for breaches.
- **Timeliness of Client Episodes Closures**: When a client no longer receives Specialty Mental Health Services (SMHS) from your agency, providers are required to enter in INSYST a Client Episode Summary/Administrative Discharge Closing form as soon as possible.
 - Progress notes entered past the closing episode date are ineligible for reimbursement.
 - Timely closure of client episodes ensures that the client's face sheet in PSP reflects an accurate history of where they have received services. This is important information during a crisis because providers frequently use the client's face sheet for discharge planning.
- **Sentinel Event and Death Reporting Policy and Procedure**: All beneficiary deaths must be reported to the BHCS-QA office. Please review this important information.



- [Waiver Policy and Procedure](#): All PhD candidates (including PsyD candidates) must have a waiver prior to billing for Medi-Cal. [Please click here for the revised Waiver Request Form.](#)
- [Progress Note Timeliness](#): Progress Notes are to be completed within one (1) working day and within five (5) working days if the note requires a co-signature.
- [Service Language Documentation](#): CA DHCS has implemented a new requirement which now requires providers to document the language in which mental health services are delivered. A memo was issued on October 19, 2012. Please review this important information.
- [Billing after a beneficiary dies](#): Just a reminder that services cannot be billed after a client dies. This includes services to the family and closing notes. Where these are appropriate things to do/provide, they are not billable.

Updates:

- [Secure Email Systems](#): Just 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.
- [HIPAA and the Informing Materials Packet](#): There have been *changes* to the HIPAA regulations that will be in effect on September 23rd, 2013. [Review Article](#) *Consequently, the Notice of Privacy Practices section of the Informing Materials Packet has been updated.* Please give your beneficiaries a new copy of the informing materials and have them initial that they have received it prior to the September date.
 - It is a BHCS requirement that all providers use the BHCS Informing Materials Packet. Please review the Informing Materials Packet and be sure that it is in use by all your clinicians, and that it is being signed annually by beneficiaries. [Both the packet and the instructions are posted on the Provider Website.](#)
 - **NOTE: The English version of the Informing Materials Packet has been updated with the changes; the other translations will be posted in August. Please watch your email and the provider's website for updates.**
- [New Threshold Language](#): The Department of Health Care Services has assigned Alameda County Mandarin as a new threshold language, based on demographics. The Informing Materials, that are produced and distributed by Quality Assurance, are now available in Simplified Chinese for Mandarin Speakers. The current Informing Materials, labeled "Chinese" is Traditional Chinese for Cantonese Speakers. Alameda County's threshold languages for 2013 are Cantonese, Mandarin, Spanish, and Vietnamese. We will also continue to provide some materials in Korean, Cambodian & Farsi. In mid-August, all providers will receive a supply of Simplified Chinese (Mandarin) member handbooks and a new complaint poster. The Simplified Chinese (Mandarin) Consumer

and Family Grievance & Complaint forms, as well as, the Informing Materials Packet are currently available on the provider's website, QA's [Informing Materials Page](#).

- [Breach Reporting Policy and Procedure](#): **New!!** 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.
 - All providers must report any breach relating to HIPAA and PHI (Personal Health Information) to the Quality Assurance Administrator as well as the appropriate CA State and Federal Agencies. Please be sure to read the Breach Reporting Policy carefully to avoid all issues.
- [Elder/Dependent Abuse Reporting Policy](#): Due the changes at the state, reporting phone numbers have changed.
- [Regulatory Compliance Tool \(Audit Tool\)](#): The latest version of this tool is now online, updated in December 2012
- [Documentation Standards](#): This document has been updated. Changes can be found on:
 - pages 17-18 under *Crisis Services*
 - page 20 under *Staff Qualifications*
 - **New Section! Medication Consents** page 11: plus a **New Form**
 - **NOTE: The new Medication Consent form has been posted in English; the other translations will be posted in August. Please watch your email and the provider's website for updates.**
- [Clinical Quality Review Team \(CORT\) Manual](#) has been revised. Changes can be found on page 20 under *Criteria for CORT Agency Representatives* & page 23 under *General Procedures*.
- In an effort to ease your burdens where we can, the Peer Review Requirement, including annual reports to Quality Assurance has been discontinued. Where we believe that this is a worthy part of ongoing quality improvement for all programs, it is no longer required in this format. It is our hope that you have found the process useful and will continue it in some form on your own.

New Items

- [DHCS Tri-annual Audit](#): CA DHCS will be arriving in early January 2014 to audit Alameda County BHCS. This will include a chart audit and there will be recoupment of any services reviewed that do not meet their standards. If one of your agencies charts is

selected by the state for review, you will be notified in December and will be instructed how to proceed at that time. The audit time frame is the 2013 annual year. Please be sure that your documentation is in order now.

- Informed Consent for Emails: It is highly recommended that if you are communicating with beneficiaries by email, that you develop an Informed Consent Form for Email Use, specifically stating the risks of using email in regards to personal/clinical matters and the potential for breaches, and have the client sign it annually.
- MHP Network Provider Forms and Minor Consent: The RES and RCR have been updated so that if you are seeing a minor client without consent from the parent under the minor consent laws, you can notify the Authorizations Unit by checking this box on the RES/RCR. This will let the Authorization staff know that communications that are usually sent “To the Parent of:” will be sent to another designated location.
- DSM 5 Update: The DSM 5 has created difficulties in relationship to the ICD-9 and the up-coming ICD-10 as they do not directly crosswalk to each other. At this time, CA-DHCS is deciding how they want to deal with the problems and have put implementation of the DSM 5 on hold. Consequently, any implementation on the part of ACBHCS is also on-hold. We will let you know when we hear something further about implementation from the state. Until then, please continue to use the DSM IV-TR.
- New Webpages for Quality Assurance: QA has reorganized and added to its webpages on the provider’s website. Please visit and acquaint yourself with the new pages which include a [Memo’s and Notice’s page](#) and the [QA Manual!](#) Our [homepage](#), accessible by clicking “Quality Assurance” from the menu along the right side of the provider’s website, has:
 - a newsfeed- highlighting what’s new with QA
 - an *E-Subscribe* feature to sign-up for the QA email list. It is very important that ALL providers sign-up for the QA email list and that you keep your email address current. This is how we will be communicating changes and updates with you. For your convenience, you may use the links below:
 - [Master Contract Providers subscribe here](#)
 - [MHP Network Provider subscribe here](#)

If you have questions, please send your inquiry to the Quality Assurance Office.
QAOoffice@acbhcs.org.