



**PROVIDER INFORMATION NOTICE (PIN)**

**Los Angeles County  
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**PIN: 22 – 01**  
**TITLE: Mental Health Prevention Services**  
**DATE: January 18, 2022 (REVISED)**

In accordance with the My Health LA (MHLA) Exhibit M of the Agreement, this Provider Information Notice (PIN) is intended to provide you with details regarding your contractual obligations for providing Mental Health Prevention Services (MHPS) to the MHLA Participants.

Mental Health Prevention Services may include one or more of the allowable services or activities in accordance with Attachment I, Prevention Services Matrix.

**Patient Eligibility**

CP shall offer and provide MHPS, if applicable and appropriate, to any Participant. CPs will determine whether MHPS is applicable and appropriate based on the screening process, including the administration of the Patient Health Questionnaire-9 (PHQ-9) and the optional Generalized Anxiety Disorder (GAD-7). In addition, starting January 10, 2022, CP will have the option of using a PHQ-2, but only when done in accordance with the MHPS screening flowchart (Attachment II).

Any Participant can receive MHPS regardless of the scores on the questionnaires/measures used in the MHPS screening. Any Participant who requests MHPS shall not be denied services.

**MHPS Screening** (Claim Code H0002)

CP shall conduct an MHPS screening of all Participants to determine if MHPS are applicable and appropriate. The MHPS screening shall entail administration of one or more MHPS questionnaires/measures as outlined in Attachment II, as well as an evaluation of any Participant risk factors, a need to build protective factors, and any other pertinent information revealed by Participant and/or determined by the rendering Health Professional. Further, as part of the MHPS screening, any questionnaires/measures used shall, as applicable, be reviewed with Participant. All information as contained in this paragraph shall then be documented accordingly. The questionnaire/measure is traditionally self-administered but also may be administered by staff. It can be administered in person or by phone.

The questionnaires/measures are available here: <https://www.phqscreeners.com/>. In addition, Attachment II describe the MHPS screening process.

**MHPS Follow-Up Sessions** (Claim Code H2014)

All Participants who receive MHPS follow-up sessions after the MHPS screening shall be provided follow-up questionnaire(s)/measure(s) at least every other session with the PHQ-9 (and the GAD-7 if used in the MHPS screening) until a Participant is discharged with either a complete or incomplete MHPS cycle. All Participants who receive MHPS shall also be provided the PHQ-9 (and the GAD-7 if used in the MHPS screening) at the end of the MHPS cycle. A MHPS cycle is when a Participant has completed both a MHPS screening (H0002) as defined above and at least one MHPS follow-up session (H2014).

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*“To advance the health of our patients and our communities by providing extraordinary care”*



- **A Completed MHPS Cycle** shall be defined as having **both** required components a) and b):
  - a) Participant's self-report (formal or informal acknowledgment) of either
    - ✓ Progress in terms of feeling better and/or
    - ✓ Some improvement in level of functioning.
  - b) Having been discharged from MHPS by either
    - ✓ Independently asking to end MHPS, or
    - ✓ In consultation with their MHPS rendering provider.

A completed MHPS cycle shall not solely be based on either a hard count of MHPS sessions conducted, or whether a Participant completed a full MHPS curriculum.

- **An Incomplete MHPS Cycle** would be any MHPS cycle in which the Participant has not met both required components above.
  - a) This may occur due to a variety of factors, some of which are noted below:
    - ✓ Participant was referred to behavioral health treatment,
    - ✓ Participant declined additional MHPS even though CP staff recommended the services continue,
    - ✓ Participant was hospitalized,
    - ✓ The CP staff member providing MHPS was unable to maintain contact with the Participant.

## **Data Collection**

CP is required to submit encounter and outcome data by MHLA Participant when MHPS is provided.

- **Encounter Data** – Encounter data will be submitted each time a MHLA Participant is screened and each time a MHLA Participant receives MHPS. The allowable codes associated with MHPS are Healthcare Common Procedure Coding System (HCPCS) Procedure Code H0002 for screening and H2014 for follow-up services. When a MHLA Participant undergoes the MHPS screening with PHQ-9 (and the optional GAD-7), CP shall submit a claim with Procedure Code H0002. The screening only occurs only on the initial session. Each time a MHLA Participant receives follow-up services, CP shall submit a claim with Procedure Code H2014. The encounter data is to be submitted within 60 days in arrears to American Insurance Administrators (AIA) either manually or electronically as part of the MHLA encounter reporting process.
- **Outcome Data** – The outcome data are collected via the use of PHQ-9 and GAD-7 questionnaires/measures. CPs shall report PHQ-9 (and the optional GAD-7) scores on claims submitted to AIA each time a MHLA Participant undergoes MHPS screening. CPs shall also report PHQ-9 (and the optional GAD-7) scores on claims submitted to AIA when the questionnaires/measures are administered in MHPS follow up sessions (H2014). **CPs shall not submit PHQ-2 scores on any claim form.**
- **Discharge Report:** In addition, CPs must submit a monthly MHPS discharge report by the 15<sup>th</sup> of the following month with the data elements for each case from the previous month as identified in the Performance-Based Criteria Table in this PIN. The report must be sent securely to the MHLA program at [myhealthla@dhs.lacounty.gov](mailto:myhealthla@dhs.lacounty.gov). See Attachment VIII template.

Attachment III is the revised Instructions for Completion of HCFA 1500/CMS 1500 claim form. The PHQ-9 and the GAD-7 scores must now be noted in the Modifier boxes. These revised billing instructions are posted on the MHLA website.

### **Payment**

CPs will receive a Supplemental Behavioral Health MGF in the amount of \$3.30 for all enrolled Participants who have had a qualifying primary care visit in the prior 24 months. The County will recoup payment of the Supplemental Behavioral Health MGF for Participants who are later denied based on eligibility audits.

### **MHPS Sites**

The CPs may provide MHPS to MHLA Participants at all its approved MHLA sites listed in Exhibit J, MHLA Site Profile (and any revisions thereto). MHPS cannot be provided at non-County approved clinic sites.

While many of the MHPS are to be provided as individual, face-to-face services, CP has the option of providing some MHPS by phone or video or in a group setting in accordance to Attachment I, Prevention Services Matrix (and any revisions thereto).

The CP shall immediately notify the MHLA program if a CP is temporarily unable to provide MHPS due to unavailability of MHPS trained staff (See Training Requirements) and shall work with the County to obtain training for additional staff.

### **Training Requirements**

A minimum of one (1) staff trained in MHPS shall be made available to provide MHPS to Participants at each approved clinic site during hours of operation. The services may be provided by telephone or video from another site and/or services may be scheduled. CP shall assign a mental health lead staff, preferably a clinical provider, to provide guidance to the MHPS staff and to communicate with County about MHPS.

The lead staff member must complete training. If there are changes to the lead staff, CP shall notify the MHLA program at [myhealthla@dhs.lacounty.gov](mailto:myhealthla@dhs.lacounty.gov) and shall complete training as soon as possible.

CP may not allow any staff to provide MHPS without undergoing training in MHPS. However, those staff only providing Screening with questionnaires/measures PHQ-2, PHQ-9 and GAD-7 to Participants are not required to meet the MHPS training requirements. CP staff administering questionnaires/measures PHQ-2, PHQ-9 and GAD-7 and who are reviewing and evaluating the results shall have a working knowledge of these questionnaires/measures. CP staff who do not have a working knowledge of the PHQ-9 and GAD-7 questionnaires/measures are highly recommended to view the following DMH presentation on how to administer, use, review and evaluate results.

[DMH MHLA Prevention PHQ-9](#)

[DMH MHLA Prevention GAD-7](#)

Prior to providing MHPS, CP shall ensure all staff providing MHPS are trained in a Prevention Program Practice(s) as identified in Attachment I, Prevention Services Matrix (and any revisions thereto).

CP shall receive training through a DMH-approved curriculum, either provided by County or a County-contractor, under a Prevention Practice identified in Attachment I, Prevention Services Matrix (and any revisions thereto). The three (3) current DMH-created and approved curriculums are: Trauma-Informed Care for Community Partner Clinics, Stress Management Skills for Community Partner Clinics, and

Intervention to Reduce Distress due to Grief for Community Partner Clinics. CPs also can get trained in Psychological First Aid or Skills for Psychological Recovery. The training videos and curriculum documents are available on the MHLA website.

CP also may opt to submit a training curriculum(s), which shall first be deemed by DMH as an acceptable curriculum under the Prevention Practice entitled, Prolonged Engagement, as identified in Attachment I, Prevention Services Matrix (and any revisions thereto), before such curriculum can be utilized under this Prevention Program. Acceptable curriculum(s) may include but are not limited to subject matter such as anger management, stress management, behavioral activation, coping strategies, effective communication, emotional regulation, and grief and loss. CP will not be reimbursed for any of these trainings.

For CP staff that had prior training in a particular Prevention Practice, but in which the CP staff had not applied that knowledge recently with one or more Participants, is highly recommended to take a refresher course. CP staff who have been trained in a DMH-approved curriculum may train other CP staff on that very same curriculum (train-the-trainer), however, the CP trainer must provide an attestation that they are adhering to the curriculum/course as it was originally developed/intended. In such instances, attendees of this training must meet the same standard as cited above and submit sign-in sheets, certificates of completion, and/or signed attestations.

Any staff who meet the MHPS training requirements shall be eligible to provide MHPS. CP must have multilingual staff that is proportionate to the percentage of multilingual Participants served.

### **Training Verification Process**

Prior to providing MHPS, CP must submit proof of staff training to the MHLA and receive approval. The approval will include a date when CP can begin providing MHPS. That proof includes either a certificate signed by the trainer, a sign-in sheet, a confirmation of attendance through the training site/training video or signed attestations (Attachment IV). Contractor shall retain the original copies at their site location. Training PIN records are subject to audit by DMH and may be reviewed by MHLA at any time. If CP staff received training from other trained CP staff, they still shall submit proof of training. The evidence of training must be completed online with a DMH curriculum or be submitted to:

My Health LA Program  
Department of Health Services  
1000 S. Fremont Avenue, Building A-9 East, 6th Floor  
Alhambra, California 91803  
Email address: [mhlamentalhealth@dhs.lacounty.gov](mailto:mhlamentalhealth@dhs.lacounty.gov)

Payment of the Supplemental Behavioral Health MGF shall not begin until CP's staff training has occurred and verified by MHLA and CP has received the approval start date.

### **Medical Records Documentation**

CP shall document a note in the medical record for each of the MHPS provided. Documentation related to MHPS are subject to review by DMH. The documentation should include the elements as described in Attachment V – Medical Record Documentation. Sample notes are available on the MHLA website. The prevention services should not be documented as treatment. The documentation shall be consistent with the recent MPHS documentation video and drafted documentation templates created by DMH and posted on the MHLA website.

Original questionnaires/measures (PHQ-2, PHQ-9 and GAD-7) shall be maintained in the medical record.

**Performance Improvement**

CP shall participate in County activities to improve performance and quality across MHPS. This may include performance and quality improvement meetings with County, peer review meetings, the review and development of new policies and procedures as it relates to MHPS, and the provision of information, as needed.

**Performance-Based Criteria**

CP shall be required to meet the following performance-based criteria noted in the table below.

CRITERIA	DATA COLLECTION METHOD	PERFORMANCE TARGETS
Language Parity	<ul style="list-style-type: none"> <li>Staff roster indicating language capacity</li> </ul>	<ul style="list-style-type: none"> <li>Multilingual staff that is proportionate to the percentage of multilingual participants served.</li> </ul>
Training	<ul style="list-style-type: none"> <li>Training Certificate and/or Sign-in sheets</li> </ul>	<ul style="list-style-type: none"> <li>100% of staff providing MHPS are trained.</li> </ul>
Data Submission	<ul style="list-style-type: none"> <li>DMH receipt of all PHQ-9 and GAD-7 scores used in a MHPS cycle for participants served, demographic information and encounter data.</li> </ul>	<ul style="list-style-type: none"> <li>100% of participants served with a MHPS will have this information collected.</li> </ul>
MHPS Monthly Discharge Report	<ul style="list-style-type: none"> <li>DMH receipt of a monthly excel spreadsheet containing the following information on all participants discharged the previous month:                             <ul style="list-style-type: none"> <li>Name and PID#</li> <li>Initial (pre-) PHQ-9 and/or GAD-7 scores,</li> <li>Last (post) PHQ-9 and/or GAD-7 scores,</li> <li>Indicate if MHPS Cycle was complete or incomplete and</li> <li>Total number of MHPS sessions (includes the MHPS screening session and all MHPS follow-up sessions)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>100% of participants who are discharged from a MHPS cycle.</li> </ul>

**Referrals**

At any point during the screening process or during the provision of services, CP may determine that a MHLA Participant needs treatment instead of prevention services.

If CP believes the Participant may meet criteria for specialty mental health services, the Participant can be referred to DMH through DMH Help Line at 1-800-854-7771. The line operates 24 hours a day, seven days a week as an entry point for these mental health services in L.A. County.

If CP determines the Participant does not meet criteria for specialty mental health services but may require treatment for lower level mental health care, the CP can provide free or low-cost treatment to Participants outside of the scope of the MHPS.

### **Audit/Compliance Review**

The County has the right to audit or perform compliance reviews on any and all fiscal, administrative and service delivery aspects of CP's performance related to MHPS. Those reviews will include analysis of utilization, and results of outcome measures. DMH will conduct periodic site reviews, using the MHLA-Behavioral Health Expansion Site Visit Tool in Attachment VI. CP shall allow County representatives access to all financial reports, medical records, and reports pertaining to this Agreement.

If County determines during the course of its audit/compliance reviews that the criteria in the above table have not been met, and/or the CP has not met other MHPS required elements including, but not limited to appropriate documentation of these services, the Contractor shall be required to complete an Acceptable Quality Improvement Plan (QIP) to address the area(s) of deficiency within a period determined by County. An Acceptable QIP is a quality improvement plan that sets forth the actions reasonably designed to fix the deficiency, a time line for the execution of each action in the QIP, a designation of the staff responsible for performing or overseeing the performance of each action in the QIP, and a system for monitoring to assure that the deficiency does not reoccur. Generally, the QIP should provide for the correction of the deficiency before the date the QIP is due.

All of the information on this PIN is also posted here: <https://dhs.lacounty.gov/my-health-la/mentalhealth/>  
If you have any questions, please contact me or your Program Advocate.

*Anna Gorman*

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Anna Gorman, MPH  
Director of Community Partnerships

### **Attachments –**

- I. Prevention Services Matrix
- II. MHPS Screening Process
- III. Instructions for Completion of HCFA 1500/CMS 1500 claim form
- IV. Training Attestation
- V. Medical Record Documentation
- VI. Behavioral Health Expansion Site Visit Tool
- VII. MHPS Discharge Report Template