



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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ORGANIZATIONAL PROVIDER'S MANUAL UPDATES

The Organizational Provider's Manual (Manual) has been revised and updated to provide up-to-date information to all Short-Doyle/Medi-Cal Organizational Providers (i.e., Directly-Operated and Legal Entity Providers), based on recently distributed QA Bulletins and Department of Health Care Services (DHCS) Information Notices. In addition, requirements from DMH Policy [401.03](#) (Clinical Documentation for All Payer Sources) were incorporated into the Manual and removed from the newly revised Policy. All Procedures previously including in 401.03 have been transferred to the Manual in order to encompass all documentation requirements under single cover.

The following are some of the more significant modifications made:

1. Chapter 1 (Medi-Cal Reimbursement Rules)

- ✓ Added language around claiming for review of records in preparation of a missed/cancelled appointment

2. Chapter 1 (Medical Necessity Criteria)

- ✓ Removed the list of "Outpatient & Day Services Included Diagnoses" from the Appendix and replaced it with a URL hyperlink
- ✓ Added the requirement for Notice of Adverse Benefit Determination (NOABD) issuance for no medical necessity, including that an assessment must be done to determine no medical necessity

3. Chapter 1 (Documentation for Medical Necessity – The Clinical Loop)

- ✓ Added reference to the Needs Evaluation within the Clinical Loop
- ✓ Added a statement that the lack of medical necessity can only be determined through an assessment; and that Triage should be used only to determine how quickly someone needs to be seen for an appointment

4. Chapter 1 (Assessment)

- ✓ Added a statement for provision of emergent services prior to completing a New Client Assessment when medical necessity has been established
- ✓ Added the option for Directly-Operated Providers to use the Medication Service Progress Note with required data elements as the Continuous Client Assessment

5. Chapter 1 (Needs Evaluation)

- ✓ Added a description and requirements for the Needs Evaluation including reference to the Needs Evaluation Tool (NET) and Child and Adolescent Needs and Strengths (CANS)

6. Chapter 1 (Client Treatment Plan)

- ✓ Added Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care Services (TFCS) under types of services
- ✓ Updated frequency to every 6 months for when Therapeutic Behavioral Services (TBS) requires an Update Client Treatment Plan
- ✓ Added IHBS and TFCS to requiring an Update Client Treatment Plan every 6 months
- ✓ Added a statement that client/legal representative's verbal agreement is equivalent to a signature

7. Chapter 1 (Progress Notes)

- ✓ Expanded the definition of Face-to-Face Time for Mode 15 to include time spent providing a service to a parent/guardian who is physically present, including via telehealth
- ✓ Added ICC, IHBS, TBS and TFCS under required frequency of progress notes

8. Chapter 1 (Service Components)

- ✓ Updated the definitions of service components related to ICC

9. Chapter 2 (Mode 15 Services):

- ✓ Expanded information related to Informed Consent for Medication Support Services including use of the JV-220 through JV-223 forms and the Medication Consent and Treatment Plan (for Directly-Operated)
- ✓ Expanded the definition of 'coordinating placement' under Targeted Case Management (TCM) during a Medi-Cal Lockout to include identifying and securing a placement and setting up mental health services to support successful placement upon discharge
- ✓ Updated language related to ICC and IHBS including adding in requirements for pre-authorization

10. Chapter 3 (Mode 10 Services):

- ✓ Removed requirement that Mental Health Services (MHS) must be pre-authorized when provided concurrently with Day Treatment Intensive (DTI) or Day Rehabilitation (DR)

11. Chapter 4 (Mode 5 Services):

- ✓ Added in TFCS including requirements for pre-authorization

If Legal Entities or Directly Operated providers have questions related to this Bulletin, please contact the Quality Assurance Unit at QualityAssurance@dmh.lacounty.gov.

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