Quality Assurance Bulletin

Quality Assurance Unit
County of Los Angeles – Department of Mental Health
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October 14, 2022 **No. 22-09**

ORGANIZATIONAL PROVIDER'S MANUAL UPDATES

The Organizational Provider's Manual (the Manual) has been revised and updated based on the recent State Department of Health Care Services (DHCS) California Advancing & Innovating Medi-Cal (CalAIM) initiatives regarding Documentation Requirements (Behavioral Health Information Notice (BHIN) 22-019), No Wrong Door for Mental Health Services (BHIN 22-011), and Code Selection During Assessment Period (BHIN 22-013).

Updates to the Manual include information described in the following QA Bulletins:

- QA Bulletin 22-01: Pre-Authorization Requirements Update
- QA Bulletin 22-04: New Documentation Requirements
- QA Bulletin 22-05: First Point of Contact
- QA Bulletin 22-06: No Wrong Door
- QA Bulletin 22-07: Obtaining Consent

A newly available SMHS Medi-Cal benefit, Peer Support Services, has been added to the Manual as these services will soon be available to clients by Certified Peer Support Specialists. A Peer Support Specialist is an practitioner with a current State-approved Medi-Cal Peer Support Specialist Program certification. California is still in the process of certifying peer support specialists and additional information will be provided regarding the implementation of Peer Support Services within LA County.

The language related to claiming for clinical record reviews has been updated in the Manual. DHCS has issued new guidance related to claiming for reviewing the clinical record when a client no-shows for an appointment. Per DHCS CalAIM Frequently Asked Questions, if a practitioner reviewed a clinical record in preparation for a session with a client and the client does not show, the practitioner may claim the time spent reviewing the clinical record when they next provide a service to the client (i.e., at the next appointment the client attends). Please note this is a change in how to claim for reviewing the client's clinical record in preparation for a scheduled service and the client does not show up for their appointment. It may no longer be claimed as a stand-alone service when the client does not attend an appointment.

Per the new DHCS Contract and documentation requirements, there is no longer a requirement to show that a client was "unavoidably" absent for Day Treatment Intensive and Day Rehabilitation services. A client must still be present at least 50% of scheduled hours of operation in order to claim for the services. The Manual has been updated to reflect the removal of this requirement.

All providers are strongly encouraged to review Chapters 1, 2 and 3 for the latest guidance regarding documenting and claiming for Specialty Mental Health Services (SMHS). The following provides brief highlights of the changes made in the Manual:

Chapter 1:

- ✓ General Claiming Requirements:
  a. Removed reference to formal Client Treatment Plan
  b. Added statement about Medicare requirements
  c. Moved EPSDT language from Chapter 2
  d. Updated language regarding claiming for record review.
- ✓ Assessment:
  a. Replaced description, requirements, and timeframes/frequency
  b. Removed Returning Client and Continuous Client Assessment

- ✓ Needs Evaluation
  a. Renamed Initial Needs Evaluation to "Requirements" and replaced Ongoing with "Timeframes/Frequency"
  b. Removed Assessment & Needs Evaluation Addendum Section
- ✓ Problem List
  a. Added problem list description, requirements and frequency/timeframes
- ✓ Client Treatment Plan
  a. Deleted previous Client Treatment Plan section and replaced with Care Plans description, requirements & timeframes/frequency
- ✓ Progress Note
  a. Removed discharge summary specific elements as these are no longer required
  b. Updated elements of a progress note
  c. Updated frequency of Day Rehabilitation and Day Treatment Intensive
- ✓ Service Components
  a. Added service components for Peer Support Services

Chapter 2:

- ✓ Targeted Case Management:
  a. Added care plan requirements
- ✓ Peer Support Services:
  a. Added service
- ✓ Therapeutic Behavioral Services:
  a. Updated documents for authorization submission
- ✓ Intensive Care Coordination:
  a. Added care plan requirements
- ✓ Intensive Home Based Services:
  a. Updated documents for authorization submission and added care plan requirements

Chapter 3:

- ✓ Therapeutic Foster Care Services:
  a. Updated documents for authorization submission and added care plan requirements
- ✓ Day Treatment Intensive:
  a. Removed community meetings requirement
  b. Removed unavoidably absent requirement
  c. Removed weekly summary requirement
- ✓ Day Rehabilitation:
  a. Removed community meetings requirement
  b. Removed unavoidably absent requirement
  c. Removed weekly summary requirement and replaced with daily note

The updated Organizational Provider's Manual can be found at: https://dmh.lacounty.gov/qa/qama/

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

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