MHLA Behavioral Health Expansion Program

Frequently Asked Questions

Updated 8-18-20

OVERVIEW:

Q: What is the Behavioral Health Expansion Program?
A: The program is designed to ensure MHLA participants have access to mental health prevention services in a primary care setting. These services are designed to help build protective factors, and/or reduce risk factors (e.g. poverty, domestic violence, prolonged isolation) associated with the onset of serious mental illness. The services and/or activities include, but are not limited to: building healthy coping strategies, reducing stress and mitigating the impacts of trauma.

Q: Will every MHLA Community Partner (CP) be required to provide these services?
A: Yes, all CPs are required to provide mental health prevention services to MHLA participants if applicable and appropriate.

TRAINING:

Q: Can CPs choose which trainings to take?
A: Yes. CPs can choose which curriculum(s) are best suited for their clinic and the population being served. Staff can be trained in just one curriculum or all of them, but staff can only provide services in the prevention practice and curriculum that they are trained in. For example, if a staff member only takes the Stress Management training, that staff member can only use that curriculum.

Q: Does the mental health lead need to complete all trainings?
A: No. The lead can complete all of them but is not required to do so. The lead should complete the curriculums that clinic staff has been trained on, in order to offer guidance to those providing services.

Q: Do staff that are only administering the questionnaires need to complete any trainings?
A: No, it is not required for staff only administering the PHQ-9 or GAD-7 to do the training on prevention services. However, there are short videos available on the MHLA website that provide basic working knowledge of the questionnaires/measures about the PHQ-9 and GAD-7.

Q: Are there materials available to use while providing services?
A: Yes. The DMH curriculums (Stress Management and Trauma-Informed Care) have handouts, worksheets and instructional exercises both in English and Spanish. We recommend that clinics use the materials during the sessions and provide them as homework to keep participants engaged in between sessions.

Q: How do CPs submit training verification, and the required Attestation?
A: For Stress Management and Trauma-Informed Care (and, Grief and Loss at a date TBD), please complete the Survey Monkey after watching the video, which will contain the attestation.

For Psychological First Aid and Skills for Psychological Recovery, complete the attestation (a copy is on the MHLA website). Send that and the certificate to mhlamentalhealth@dhs.lacounty.gov.

Q: Can CPs use their own curriculums?
A: DMH has created two curriculums -- Stress Management and Trauma-Informed Care. DMH is also creating one on Grief and Loss and may develop others. CPs also can submit a curriculum for DMH approval, so long as it meets mental health services prevention criteria. Please allow at least 4 weeks for approval. CPs cannot use any curriculum until it is approved by DMH.

Q: Is training available year-round?
A: Yes. The training videos will stay up on the MHLA website. If new staff will be providing services, they too must be trained.

SCREENING:

Q: What is a prevention services screening process?
A: All MHLA participants must undergo a screening process that shall include two key elements:

1. Administration of a Patient Health Questionnaire-9 (PHQ-9) for depression. CPs are also encouraged when appropriate to utilize another questionnaire/measure known as the Generalized Anxiety Disorder-7 (GAD-7).
2. A review of the results of the administered questionnaire/measure(s) with the participant along with any other pertinent information (about any problems, concerns or symptoms) obtained from them by a health professional during the screening.

Q: What if a participant had a PHQ-9 and/or GAD-7 administered in the previous 60 days?
A: That questionnaire may be used during the screening process rather than administering it again. CP staff may also elect to administer new questionnaire(s). If using a previous score, please put that score on the claim form with the H0002 code. If, however, during the screening process, that score changes, the more updated score should be reported with the H0002 code.

Q: Does screening have to be conducted before services are provided?
A: Yes.

Q: How often do participants need to be screened for Mental Health Prevention Services?
A: All participants must undergo an initial screening process once the clinic is approved to begin rendering prevention Services. After the initial screening process, CPs are recommended to screen clients for the appropriateness of Mental Health Prevention Services as often as deemed clinically appropriate.

SERVICES:

Q: Who should receive services?

A: The services should be made available to all MHLA participants, and any participant who wants the services should receive them. CPs should determine who would benefit from the services based on the screening process described above. There is not an expectation that a specific percentage of MHLA participants will receive services.

Q: What types of services will be provided?
A: Services and/or activities that are to be provided include such things as psychoeducation and skill building in areas like healthy communication, emotional expression and regulation, coping strategies, stress reduction, relaxation and breathing exercises. These services and/or activities can be done in individual and/or in group sessions.

Q: What if MHLA participants need more than prevention services?
A: The prevention services in this program are not considered treatment interventions. At any point, participants can be referred for treatment. The DMH Access Hotline can be used as an entry point for those clients that meet Specialty Mental Health criteria. The DMH Access Hotline number is 1-800-854-7771.

Q: Who will be able to provide these services at the CP?
A: Any staff can provide the services, as long as they are trained in a DMH-approved curriculum.

Q: Can prevention services be done over the phone?
A: Yes. The screening process and all subsequent prevention services and/or activities are also able to be conducted telephonically. The administration of the PHQ-9 and/or GAD-7 can also be done over the phone.

Q: Can we provide prevention services the same day the participant is receiving primary care services?
A: Yes, it can be done the same day.

Q: Can prevention services be delivered if a participant is already engaged in a form of behavioral health treatment?
A: No. Prevention services are to be rendered before or after client completes any current treatment cycle, but not during. If, however, a participant is receiving only psychotropic medication, the symptoms they are receiving medication for are not actively impacting their ability to function, and based on the participant's screening process results they could benefit from some prevention services, they would then be able to receive such services.

Q: Can graduate students, volunteers, or interns provide services?
A: Yes, they can, as long as they are trained in one of the curriculums in which services are being rendered.

Q: Does the rendering of prevention services need to be completed by the same individual who conducted the screening process??
A: No. Clinics may use a different staff to conduct the screening process, and then another qualified and trained staff to render the actual prevention services. Additionally, if during the

course of a prevention service cycle, another staff may need to cover for a staff already assigned to a case, we recommend you follow your existing clinic protocols for staff coverage, keeping in mind such elements like continuity of care and client rapport.

Q: What is the expected duration of a prevention service cycle and the length of a prevention service session?
A: There is no requirement for the number of sessions or the minimum length of a session. DMH estimates it will take approximately ten sessions to complete most curriculums but there is flexibility. The number of sessions may depend upon such things as a patient's comfort level, readiness for change, number of stressors, and the need for staff to repeat a particular skill or exercise. DMH-developed curriculums have additional guidelines and suggestions by which to gauge the length of a prevention service cycle.

DMH recommends that sessions be at least 20-30 minutes, and many sessions may last up to one hour to allow for use of instructional materials, worksheets, and in some cases a staff demonstration (ex. modeling of relaxation or breathing exercises).

HOW TO ADMINISTER THE QUESTIONNAIRE/MEASURES (PHQ-9 AND GAD-7):

Q: How do I learn more about the PHQ-9 and GAD-7?
A: There are videos on the MHLA website that provide a basic working knowledge of the questionnaires/measures. We recommend that you watch the videos before administering the PHQ-9 or GAD-7 if you don't have a working knowledge of these questionnaires/measures.

Q: What is the required frequency by which the PHQ-9 and GAD-7 should be administered to clients who receive prevention services?
A: As stated above, all participants must first complete the PHQ-9 (and GAD-7 when appropriate) as part of the screening process. If they start receiving prevention services, they must complete the follow-up questionnaire(s) quarterly and at the end of the curriculum. However, it is recommended that providers use clinical judgment in determining whether to administer the questionnaires more frequently (ex. every session or monthly,).

Q: Are there cutoffs for services based on the scores of the PHQ-9 and GAD-7?
A: No, CPs should not use the scores alone to determine utilization of services or whether to refer someone for treatment. CPs should also use their judgment and are encouraged to consult with the mental health lead or a clinician for guidance.

DOCUMENTATION/ DATA:

Q: Do CPs have to upload specific documentation to the medical record?
A: All prevention services and/or activities under this program must be documented in the medical record. The documentation must include such elements as: which Prevention Practice was used; if services were delivered individually or in a group; if services were done face-to-face or telephonically; and a narrative of what took place in the session, including the listing of the score of a questionnaire/measure if one was administered in that session. CPs must upload the

PHQ-9 or GAD-7 to the record as well. See the template and sample documentation on the MHLA website.

Q: How do CPs document group visits?
A: The documentation for a group session is the same as for an individual session. Services must be documented for each participant in his/her own medical record. Please note in the medical record that the services were part of a group visit.

Q: How do CPs code for the services?
A: CPs must submit claim forms to AIA with the code H0002 every time a MHLA participant goes through a complete screening process. (Please remember a complete screening process must also include an actual screening of a participant for appropriateness of these prevention services, and not just the administration of a questionnaire/measure(s). Incomplete screenings should not be billed to AIA with the code of H0002.) CPs must submit claim forms to AIA with the code H2014 every time a participant receives services. The claim form can include both H0002 and H2014. CPs can submit claim forms with both H0002 and H2014.

Q: How do I record the scores on the PHQ-9 (and GAD-7 if deemed necessary)?
A: The scores should be recorded on the claim form. The modifier boxes will be used to capture the scores. For the PHQ-9, the two-character code of P1 should be put in the first modifier box and the two-character score should be noted in the second modifier box. More instructions are on the website. Remember: All claim forms with H0002 should have PHQ-9 scores noted.

Q: How do I record the procedure code H2014 on the claim?
A: When reporting procedure code H2014, clinics will need to include the PHQ-9 and/or GAD-7 scores, when applicable. If you have two scores, input Procedure Code H2014 on the applicable service line and input P1 in the 1st modifier box and the two characters PHQ-9 score in the 2nd modifier. On the next service line, input H2014, followed by G1 in the 1st modifier box and the two characters GAD-7 score in the 2nd modifier box. If no score is to be reported, leave the modifier field blank.

Q: Do the screening process and prevention services require that a participant receive a diagnosis?
A: From the standpoint that CPs must claim for these services through AIA, then **yes,** you must put a diagnosis code on your claim for both the H0002 and the H2014. (Note-this is a requirement of the MHLA program and not that of any state regulations for a Prevention Program funded through the Mental Health Services Act.),

Q: What is considered an acceptable diagnosis code by which the screening and rendering of prevention services can get claimed under?
A: Since these services are not treatment, clinics may want to consider using "Other Conditions that may be a Focus of Clinical Attention" as an area by which to obtain a diagnosis code. (What used to be referred to as our "V" codes, and now are referred to as "Z" codes.) However, this does not preclude a participant from having another diagnosis code, let's say a Depressive Disorder. Some participants may actually have a Depressive Disorder, but since their previously active symptoms are in check, and participant is not having any functional impairments as a

result of those conditions, then they could meet criteria for prevention services. As such, you could continue to use this diagnosis, but it might be best to see if a "Z" code could be added, as that would be the focus of the prevention services you would be delivering.

Q: Can the price be reflected on the claim for the procedure line item?
A: Yes, you can put the actual cost and AIA will pick up as part of the data collection.

Q: How will the services be monitored?
A: DHS and DMH will be monitoring utilization of services and data collection. DMH will conduct technical assistance site visits to ensure clinics meet certain criteria on such elements as training, quality assurance, medical records, data reporting, curriculum fidelity, and referrals for treatment.

Q: When can a CP expect their first site visit?
A: Quality Improvement and technical assistance site visits are expected to begin sometime between 45-60 calendar days after the CP starts services. However, a technical assistance video/telephone call may also be scheduled at any time. The site visits conducted by DMH are not part of the MHLA annual audits. Please e-mail mhlamentalhealth@dhs.lacounty.gov.

PAYMENT/FUNDING:

Q: How much are CPs getting paid?
A: All clinics will receive $3.30 per participant (if the participant is enrolled and has had a primary care visit in the prior 24 months). The payments will be made for all of those participants regardless of whether services were provided.

Q: How long will the funding be available?
A: Continuation of funding is contingent on the availability of funds, analysis of how clinics are providing services, and the receipt of required data.