



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PREVENTION AND OUTCOMES DIVISION
PREVENTION AND EARLY INTERVENTION (PEI) ADMINISTRATION

PEI ENHANCEMENTS
FREQUENTLY ASKED QUESTIONS

EXPANDED POPULATION

1. Can PEI funds be used to provide services to a client that has prior episodes or has received recent crisis services?

Yes; past treatment, recent contact with an Urgent Care Center or crisis services does not automatically disqualify an individual from receiving PEI services. Providers should consider the individual's history of symptomology, current symptomology, current diagnosis, and the ability of the client being able to benefit from brief treatment. Per MHSA PEI regulations, treatment is to be no more than 18 months, with the exception of clients experiencing a first break.

2. Can PEI funds be used if medical necessity is not met?

Yes. Providers can claim Non-Medical PEI funds to treat trauma or a crisis with an expanded use of V/Z-codes to address psychosocial stressors (e.g., homelessness, poverty, relational problems, etc.). Contracted providers must submit claims utilizing the existing procedure codes (e.g. 90834) with an HX modifier within the non-Medi-Cal funding source. (Refer to the IBHIS Addendum Guide to Procedure Codes). Directly Operated providers must utilize the appropriate Non-Billable to Medi-Cal procedure codes (00001-00005) and ensure the client is enrolled in the PEI funding plan.

Please refer to the QA Bulletin, dated April 18, 2018, No. 18-05 for additional details.

3. What is the effective date to begin using the V/Z-Codes?

Claims can be submitted on or after April 13, 2018.

4. If a child is 11 months and comes in for an assessment, and does not meet medical necessity, will we be able to use PEI and the V/Z codes?

Yes. The 0-5 age group is a priority population for use of V/Z codes. While it may be hard to establish medical necessity for this population, you may recognize that services are needed particularly in cases where a recent trauma has occurred.

5. What is the age requirement for the PEI population?

There is no age group restriction for individuals receiving services under PEI. However, the prevention program or early intervention program that is selected has to be appropriate for the age of the client being served. Please reference COS and Early Intervention program descriptions and training protocols for ages served.

Increased Service Array

1. What is the Stepped Care Approach?

DMH is introducing a “Stepped Care Approach” to the menu of PEI services.

This service delivery option intends to improve access to services for clients and families who are experiencing early signs and symptoms of mental illness, require engagement into the mental health system, and are not ready to participate in evidence-based early intervention services. Client level of care received is determined by the initial and ongoing assessment.

2. What date did the PEI Stepped Care go into effect?

Claiming for Stepped Care services were effective as of April 13, 2018. Providers may need to hold claims until the Stepped Care code (4U) is available through their EHR system.

3. Is advanced approval needed in order for PEI funds to be used for the Stepped Care Approach?

No. The Stepped Care Approach has been added to the drop down menu in IBHIS (code 4U) for selection. Providers do not need to submit the Add/Drop form for Stepped Care to be linked to individual reporting units. The clinician is responsible for selecting the appropriate program based on the client’s service needs. This would include Stepped Care or an EBP. Providers should keep in mind that PEI services are not to be utilized as a step down method from higher levels of care (i.e. FSP, Wraparound, CGF, etc.), but as a starting/entry point for receiving mental health services.

4. What services are allowable under the Stepped Care approach?

Services may include Case Management, Mental Health Services, and Psychiatry.

5. What is the treatment length for a client that is receiving services under the Stepped Care approach or an EBP?

Treatment length is 18 months or less.

6. Are agencies able to provide PEI services to individuals who have other forms of healthcare coverage (i.e. Medi-Care, Medi-Cal, Private Insurance, VA etc) that do not meet medical necessity?

Yes, providers can utilize their Non-Medi-Cal dollars to offer services through the Stepped Care approach or an EBP using the V/Z codes.

7. Do staff need to be trained in an EBP to provide a Stepped Care approach?

No, staff are not required to have training in an EBP to provide services under Stepped Care. If a client is referred to an EBP during the assessment process of delivering Stepped Care, the clinician delivering the EBP needs to be trained in the practice.

8. Can services/functions under the Stepped Care approach be performed by a rehab specialist, case manager, and clinician?

Yes- as all services (whether claimed to Medi-Cal or Non-Medi-Cal) should be provided within the scope of practice of the staff providing service.

9. Can we use Stepped Care without using EBPs?

Stepped care can be used without providing an EBP. The focus for treatment should be based on client needs, through assessment and best treatment options. Clients should be referred to EBPs when clinically indicated.

10. Once we enroll a client in an EBP, do they need to be disenrolled from Stepped Care?

Yes, documentation should reflect the reason for the transition of services and the appropriate outcome instruments would be administered for the identified EBP.

11. Are outcomes measure required if an individual is receiving services under Stepped Care?

Yes, standardized outcome tools (OQ, YOQ) should be completed for services delivered. General outcome administration guidelines would apply. Pre/post treatment outcome measures can be completed as early as 7 days prior to the date of the first/last session, on the date of the first/last session, and up to 14 days after the date of the first/last session. "Update" outcome measures should be administered every six months if treatment lasts longer than 6 months. There is no hard administration window for "update" outcome measure completion. Stepped care is not in the PEI OMA as of now, but it is being worked on.

12. If we provide step 1 or 2 for a month under the Stepped Care option , and we do initial OQ/YOQ, and after that month we determine they are ready for TFCBT, and now have a new EBP start date for TFCBT, are we repeating that YOQ in addition to the secondary measures that are required?

Yes, you would need a pre-measure for the EBP which in this case is TFCBT. It's also a good idea that you do the measures so you can get a picture of the client was when they started the practice. You want a start point so you can evaluate the effectiveness of that particular practice. If a client is being transitioned between an EBP and Stepped Care, you can use the post measures as the pre for the next practice as long as there is no interruption greater than 7 days.

13. If I have a client in Medi-Cal PEI, and they no longer have Medi-Cal, do I have to finalize/close out the outcomes?

Outcome measures are tied to practices. If a client starts in PEI funding in a practice and then changes funding sources but remains in the practice, complete the outcomes when the client is no longer receiving the practice. The starting and stopping of outcome measures are not tied to particular benefits. Medi-Cal/Non-Medi-Cal does not have a bearing on outcomes. If a client was never in a PEI funded program, then practice level outcomes are not required to be submitted to DMH for PEI.

Shifting Funds

Providers should contact their lead DMH manager for any shifting of funds or any other changes that would require an amendment to the current contract.

PEI Flex Funds

1. Can we use our MHSA flex funds for PEI programs?

You can only shift PEI funds to use as MHSA PEI Flex Funds. The ability to shift service funds to Client Support Services "Flex" funds can be used to provide concrete supports. These will include such Items as rental assistance, food, clothing, and respite care.

2. Are flex funds and allowable limits going to mirror FSP? If we need to make a special request for items that are not on the CSS guidelines for pre-approval, is there a designated contact with whom to go through that process?

With PEI Flex funds, it will look just like FSP Flex funds. The guidelines will be the same, and a list of reasonable items/costs will be provided. These items do not require pre-approval. Items such as Dental bills or other items not on the list, require preauthorization. Please email questions to: MHSAPEI@dmh.lacounty.gov

3. Will there be documentation requirements for PEI programs using Flex funds?

Guidelines are similar to those already established for individuals receiving Flex funds through other MSHA programs. Verified documentation will be required for reimbursement of Flex funds per client/family such as: receipts, client signature of received supports, and cancelled checks/bank statements.

4. Can I use PEI Flex funds for non MHSA, or Non PEI clients?

PEI Flex funds are intended for use only with PEI clients or for engagement of potential PEI clients.

5. Can Flex funds be used for the entire length of the PEI program (up to 18 months)?

Yes and this will be based on the allocated amount established in the contract and managed by the provider.

6. Can items purchased during a fiscal year be carried over to a new fiscal year?

No, Flex funds allotments are to be used within the designated fiscal year. Amounts cannot be carried over to a new fiscal year due to variability of available funds.

TRAINING ENHANCEMENTS

1. What are the changes to the staff time reimbursement rate?

July 1, 2019 is the effective date of the new training reimbursement rate. The rate for reimbursement changed from \$500 for less than 4 hours and \$1,000 for 4 hours or more of training to \$85.00 an hour. This rate will apply to training attended and trainings delivered. Reimbursement for consultation calls for training will be \$85.00 per hour. Please reference PEI reimbursement documentation for procedures to claim through manual invoicing.

2. Are Practice Add/Drop Forms still relevant in order for providers to attend PEI trainings sponsored by DMH?

Yes, Practice Add/Drop forms will continue to be required for providers wishing to add or drop a specific EBP practice to their menu of services. This information helps the department, and the communities identify specialties within the provider network.

3. What other types of training can be claimed for staff time?

Staff time can be claimed for attending Vicarious Trauma Trainings and other workplace wellbeing trainings with prior approval by PEI Administration via the **Evidence Based/Promising Practice Registry Application**.

