



Behavioral Health Program News

Applicable to both SMHS and DMC-ODS Programs

Quality Improvement Committee (QIC) Quarterly Meetings

- HHS BH-QM team coordinates the Quality Improvement Committee (QIC) which meets quarterly.
 - The committee currently includes leadership from both our contracted service providers and HHS
 - It is responsible for the overall quality review of all behavioral health services provided in Yolo County.
- It is open to the entire Yolo County Behavioral Health system, including SUD and Mental Health service providers
 - This facilitates efforts to address quality improvement from an integrated behavioral health approach
- Additionally, beneficiaries and family members are welcomed to become a part of the QIC to provide valuable stakeholder feedback
 - If you are a supervisor/manager and would like to participate (or if you know beneficiaries/family members who would be interested in participating), please contact the BH-QM team at HHSQualityManagement@yolocounty.org for more information



Simplify Your Progress Note Writing!

- Long narratives with a lot of jargon are not necessary.
- Most progress note requirements may already be captured by your electronic health record (as they are in Avatar). These include:
 - The type of service rendered (i.e., the service code)
 - The date that the service was provided
 - Duration of the service (including travel/doc time, currently)
 - Location of the beneficiary at the time of the service
 - A typed or legibly printed name, signature of the service provider, and date of signature.
 - ICD-10 Code, CPT or HCSPCS code (these happen on the “backend” of Avatar)
- To simplify documentation of the narrative portion of notes, list:
 - How the service addressed the client’s behavioral health need (For example, “Met with client to monitor and provide support to manage her symptoms. Today she stated she’s ‘really anxious’ about an upcoming event.”)
 - Your intervention (what you did, in observable terms. For example, “Reviewed and practiced deep breathing skills, reminded client of her current useful coping skills, like reading or walking”)

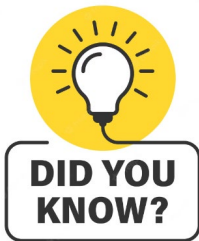
- Next steps (or the “plan”). For example, who will take necessary next steps (the provider? The beneficiary? Other providers?) and any updates that may need to be made to the problem list as a result of the service. (For example, “I will meet with client next week to review how her use of coping skills went during the event.”)

Reminder: Progress Note Timeliness and Late Entry

- Progress notes for routine outpatient services (and Daily progress notes, which are required for documentation of some residential services, day treatment, and other similar settings that use a daily rate for billing) should be completed within 3 business days.
 - Based on the program/facility type (e.g., STRTP DHCS regulations), stricter note completion timelines may be required by state regulation.
- Progress notes for Crisis Services should be completed within 24 hours
- Progress notes written beyond those timelines should include documentation of “late entry.”

Reminder: Quality Service Verification Summary Due July 15, 2023

- HHS Behavioral Health updated the service verification policy and disseminated this information on 12/12/2022
- [Policy 5-5-013](#) went into effect 1/1/2023
- The [Quality Service Verification form](#) is due on the 15th of the month following the end of the quarter, with the next being due July 15, 2023.
- Please send the Quality Service Verification form to HHSQualityManagement@yolocounty.org



DHCS Uses Frequently Asked Questions (FAQs) to Communicate Important Information!

- The DHCS website includes a [CaAIM FAQ](#) section that they use to communicate important updates regarding CaAIM guidance
- This site is one DHCS mechanism for providing information prior to developing (or updating) BHINs
- The information found on the FAQ site is considered formal guidance, just as BHIN information is.
- Think about bookmarking and visiting this site once a month or so to keep current on all upcoming changes and/or pending decisions regarding CaAIM!

Navigating the Practitioner Identification Enrollment Process: Avoid Common Errors!

To enroll a practitioner into a Yolo County HHS Behavioral Health program, the Practitioner Enrollment form must be completed in full, signed and dated by all required parties to request a practitioner ID, which is required for billing and claims of direct services.



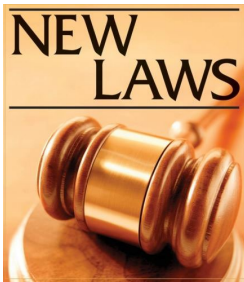
Below are some of the common errors that will delay your enrollment:

- **Missing Documents:** Please ensure that all supporting documents such as licenses, image of certification/registration, resumes, highest degree earned/diploma, transcripts and so on are included.
- **Incorrect Form/Application is Used:** Depending on the practitioner type/classification an additional form may be needed. For example, the MHW/MHRS practitioner type/classification a

completed Enrollment Form and the MHW/MHRS Application are both required for enrollment. A similar process is required for Student Intern Enrollments as well.

- **Incomplete Application and Forms:** When completing the application, all fields should be completed and include the practitioner's signature and the signature of their authorized representative/manager/supervisor.
- **Missing Requirements for Licensed Practitioners:** Evidence of PAVE enrollment and NPDB Self-Query Report required for all Licensed Practitioners (MD, LMFT, LCSW, NPs, etc.)
- **Illegible/Messy Applications:** Completed applications should be easy to read, free of errors, spills, and excessive corrections/mark-ups.
- **Out of Date NPI Information:** Practitioners should review their NPI Registry to ensure the most up to date information is reflected such as the selected taxonomy. If someone is licensed or waived, the License number should be current.

Yolo County HHS Behavioral Health Quality Management is always available to provide support and clarification on the enrollment process. Please feel free to direct your questions to the Quality Management Inbox at: HHSQualityManagement@yolocounty.org



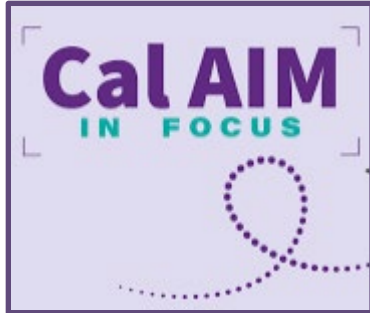
California BBS Adds Telehealth CE Requirement

- California Governor Gavin Newsom signed Assembly Bill 1759, making a couple of key changes in continuing education (CE) requirements for California MFTs, clinical counselors, and clinical social workers.
- The first significant change is a one-time, 3-hour training requirement in Telehealth.
- Applicants for BBS licensure will need to include proof of this training in their applications starting July 1, 2023. The requirement can be met through a telehealth CE course or through certification from your graduate program that the program included this training.
- All active licensees (LMFT, LCSW, LPCC) will need to complete 3 hours of CE in Telehealth before their next license renewal happening after July 1, 2023. This requirement also could be met through a letter from the licensee's graduate program certifying that the training was included in the program.

Open Payments Database Notification Requirements: AB 1278

- [California Assembly Bill 1278 \(AB 1278\)](#), which became law on January 1, 2023, requires physicians and their employers to provide patients with notice of the Open Payments database at the initial office visit.
 - This database allows for transparency regarding the financial relationships between physicians and medical device, pharmaceutical and other biologic manufacturers.
- Per this law, physicians licensed under California's Medical Practice Act and the Osteopathic Act, or those employers who employ such physicians, must:
 - Provide written or electronic notice to patients of the Open Payments database at the initial visit and,
 - Maintain a copy of the notice signed and dated by the patient or the patient's representative, and,
 - Provide a signed and dated copy of the notice to the patient.
- If providers have not yet done so, they must create their own notice which must include the following text:
 - **"The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>."**

- HHS staff shall use the “AB 1278 Client Notice” form that was emailed to supervisors/managers on May 17, 2023
- Additionally, an Open Payment Database notice must be:
 - Posted at each location where the physician provides service,
 - In an area which will likely be seen by any visitor to the office.
 - By January 1, 2024, that same notice must appear on the physician’s website (if employed by a health care employer, it is the employer’s responsibility to meet this requirement).
- The Yolo County HHS Behavioral Health Quality Management unit has developed a notice for posting with the required statutory language, which was emailed to HHS and contract providers on May 17, 2023. Contract providers are welcomed to use this or develop something of their own to post.



Behavioral Health Payment Reform is Coming Soon!

- Beginning July 1, 2023, the CalAIM Behavioral Health Payment Reform initiative will be implemented, changing the way Yolo County behavioral health plans claim federal reimbursement.
- Some helpful resources in understanding this initiative are:
 - [The CalAIM BH Payment Reform Fact Sheet](#)
 - [CalMHSA’s CalAIM Payment Reform website](#), which includes webinars, references, and Manuals effective July 1, 2023
- More information specific to Yolo County HHS’s implementation of these changes is forthcoming.

Specialty Mental Health Program News

DHCS Technical Assistance Review Feedback!

- On May 19, 2023, DHCS met with members of the BH-QM team to discuss findings from a recent technical assistance review they’d completed. This is part of DHCS monitoring efforts regarding implementation of CalAIM documentation reform in SMHS programs to date.
- Charts from both HHS and contractor programs were part of the review.
 - In addition to reviewing policies and procedures regarding CalAIM documentation reform, DHCS reviewed Assessments, Problem Lists, Progress Notes, Treatment/Care Plans, and Telehealth Consent documentation.
 - Feedback was overwhelmingly positive! Overall strengths of the documentation noted were in the area of Assessments and Progress Notes.
 - Other areas of the documentation reviewed also offered both commendations and recommendations, and acknowledgements that further clarification from DHCS on competing regulations is needed in some areas.
 - They shared that clarified guidance will be forthcoming that will detail upcoming flexibilities, which will be shared with all programs once BH-QM receives this information.



- Some recommendations made included adding risk factors/social determinants of health to problem lists, and assuring all telehealth consent documentation contains the most recently required elements as specified in [BHIN 23-018](#)
 - DHCS model telehealth consent language can be found on the DHCS Telehealth Resources page (click here for direct link to this [model language](#)).
- A huge **thank you** to all our providers for their efforts to implement CalAIM Documentation Reform!

Use of the LOCUS

- The LOCUS and CALOCUS are owned by Deerfield Solutions. Deerfield recently released an “Acceptable Use” notification and deemed most uses of the LOCUS/CALOCUS as not permissible. Excerpts from their notification include:
 - “Prior to 2020, pdf versions of the LOCUS and CALOCUS tools were available for download. Any organization who may be using these versions for service intensity assessment, planning and/or for utilization management and/or other commercial uses are no longer permitted to do so. If you have previously accessed a downloaded pdf version of these tools, the following are currently the only acceptable uses without express written permission or license:
 - You may photocopy and use the instruments in their original form for informational use only.
 - You may store the instruments as an unmodified, read-only image of the original paper document in “PDF” (Portable Document Format).
- The following are unacceptable uses of the tools:
 - Using in any form (including manually scoring) the pdf version for clinical, utilization management, or commercial purposes
 - Recreating the tool electronically in any form without license from Deerfield Solutions, LLC.
 - Storing Assessments within an electronic health record system without license from Deerfield Solutions, LLC
 - Using the materials for training staff on the use of LOCUS/CALOCUS without written consent from AACP for LOCUS and from AACP/AACAP for CALOCUS.”
- The only current/valid tool is an online, cloud-based version that is accessible via LOCUS Online.
- Please use only the current/valid tool



Reminder: Recent Communications for SMHS Programs from HHSA BH-QM

- The HHSA BH-QM team relies on email communications to share important updates and information and regular sends emails to program supervisors and managers. We rely on program management to share these communications with applicable staff
- Here is a list of recent communications to SMHS programs. Please consult with your program supervisor and/or manager if you’re not aware of any of this information:
 - 4/18/2023: Updates to Avatar Screening Tools Functionality (includes information on the slight update made to functionality to allow for a “Refused/Unable to Answer” option)

- 4/25/2023: Updated Policy & Procedure HHSA 5-10-009: Coordination and Transition of Care (updated to clarify that only clinical staff and prescribers may complete the Transition of Care tool)
- 5/10/2023: Updated Telemedicine Guidance for SMHSA and SUD Services (included information from [BHIN 23-018](#))
- 5/17/2023: AB 1278 Notification Requirements (see “Open Payment Databank” item in this newsletter for more information)

DMC-ODS Program News

SUD Provider Mandatory NOABD Training

- Beginning July 2023, SUD Providers (like their Specialty Mental Health Service provider counterparts) will enter Notices of Adverse Beneficiary Determinations directly into Avatar
- Training was provided to assist SUD providers in completing this new process. If questions remain, please reach out to BH-Quality Management.



Reminder: Recent Communications for SUD Programs from HHSA BH-QM

- The HHSA BH-QM team relies on email communications to share important updates and information and regular sends emails to program supervisors and managers. We rely on program management to share these communications with applicable staff
- Here is a list of recent communications applicable to SUD programs. Please consult with your program supervisor and/or manager if you’re not aware of any of this information:
 - 4/26/2023: Beneficiary Grievances (provided guidance on grievance requirements and forms)
 - 5/10/2023: Updated Telemedicine Guidance for SMHSA and SUD Services (included information from [BHIN 23-018](#))
 - 5/17/2023: AB 1278 Notification Requirements (see “Open Payment Databank” item in the “Behavioral Health Program News” section of this newsletter for more information)

**Is this information filtering down to your counselors, case managers, and administrative staff?
Please share the Quality News with your staff and keep them in the loop!**

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