



SOLANO COUNTY QUALITY ASSURANCE

QA INFORMATION NOTICE 24-02

FEBRUARY 1, 2024

PURPOSE: To inform our Solano County staff, contractors and general community of changes in programs, policies, or procedures at the local, State and Federal levels.

QA Information Notices (INs) are sent out monthly and posted on our [website](#).

GENERAL UPDATES

24-02 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)

24-02 (A.1) DHCS Clarification on Billing Without Client Present: DHCS updated the [Payment Reform Frequently Asked Questions](#) as of December 28, 2023, and provided clarification on billing for services when a client is not present. Please see item #2 under "General Billing and Coding" on page 6 of the link above. It states, in part, "If the code billed specifies activities that are not direct member care but that are for the benefit of the member or the member's support person(s), those activities are allowed, so long as activities are being conducted that would be billable if the member was present."

Specifically regarding TCM, it states, "If the service code billed specifies a case management service or a consulting service on behalf of the member, those activities are allowed. In those situations, claimable service time is time spent consulting on behalf of the member with specialist(s) and/or with the member's support person(s)." This provides clarity that Solano County has been anticipating from DHCS and addresses discussion held during the Payment Reform Regroup meetings held in December.

24-02 (A.2) Requirements Regarding Psychotherapy Add-On Function in Avatar Progress Notes (COUNTY, CONTRACTORS USING AVATAR, AND CONTRACTORS USING THE CONTRACTOR SERVICE ENTRY FORM IN AVATAR): Several issues have been identified in regard to the use of the Psychotherapy Add-On function. **Please refer to the email sent from Quality Assurance on February 6, 2024 for full details. Please pay special attention to these reminders to avoid claiming issues and potential fraud, waste, or abuse.**

- Ensure that both the **"Psychotherapy Add-On" checkbox is checked** in the "Additional Service Information" box, **AND** the additional time is entered in the "Psychotherapy Add-On Duration" field.
- The max duration for a service code must be fully met prior to entering an add-on duration. If an add-on duration is added before the max of the service code is met, this causes significant billing errors. Services will either underbill as the service code minimum is not met or the claim will reflect inflated service time by representing inaccurate units billed.
- Please use the "Billing Codes By Provider Type 12-12-23" resource provided by QA to confirm max units – posted [on SharePoint](#) for County staff and emailed from QA to Contractors on 12-15-23 to determine when "Direct Service Time" meets a max.
 - If staff is not 100% sure of the service code's max after referencing the above resource, the full service duration should be entered in the "Direct Service Time" field. This will prompt the Avatar pop-up alert and will let the provider know the specific max for a code has been met. Staff then know the max to enter in the "Direct Service Time" field and the remaining service time should be entered as an add-on duration.

24-02 (A.3) Comprehensive Medication Codes Require Accurate Location Code Selection: There continue to be errors in selecting the accurate combination of Comprehensive Medication service codes and Service Location. These errors are causing inaccurate claims that are currently being caught and addressed by Fiscal. NOBEs will be required in the near future for corrections needed moving forward.

- Service code 99212 must have "6A – Video Telehealth Clt IN Home" **or** "6B – Video Telehealth Clt NOT IN Home" selected as the location code. Face to Face would be "Yes"
- Service code 99441 must have "6C – Audio Telehealth Clt IN Home" **or** "6D – Audio Telehealth Clt NOT IN Home" selected as the location code. Face to Face would be "No"

24-02 (B) DHCS CHANGE IN TERMINOLOGY FROM MEDI-CAL BENEFICIARY TO MEDI-CAL MEMBER (COUNTY AND CONTRACTOR)

Please be aware that DHCS has made a shift in terminology for Medi-Cal "Beneficiary" to "Member", effective with the current DHCS-County BHP contract. DHCS still has publications that use the term Beneficiary, e.g. "Beneficiary Handbook". Solano County BHP will update our documentation, e.g. policies and brochures, to reflect this change as these come due for review. As DHCS and County BHP's make this terminology transition, the terms "Member" and "Beneficiary" will be synonymous, but Member is the preferred term to use moving forward.

24-02 (C) TELEHEALTH DETAILS AND REMINDERS (COUNTY& CONTRACTOR)

Telehealth Training Requirement: QA recommends all clinical staff to take an approved Telehealth Law & Ethics training to become more informed on the laws regarding provision of mental health services via telehealth. Effective July 1, 2023, The CA BBS continuing education regulation added the requirement for one-time completion of Telehealth Law and Ethics both for applicants for licensure and current licensees. Additional details can be found in [BBS website](#).

Reminders regarding telehealth services include, but are not limited to:

- Initial Consent for Telehealth can be obtained written or verbally prior to provision of telehealth
 - Consent only needs to be obtained once upon initiation of telehealth services (i.e. at intake or if not initially consented to and telehealth services will now begin)
 - Written consent is highly recommended as it is easily located and clearly meets requirements
 - Verbal consent for telehealth must include verbal review of information the same requirements within the written consent form with the member
 - For County Staff and Contractors Using Avatar as their EHR, the *Verbal Consent for Telehealth* form and associated *Report 489 Verbal Consent Telehealth* are now available in Avatar. (see item 24-02(G))
 - Written consent forms (the Combined Consent form for County programs, which includes the telehealth consent), should continue to be used at intake and can be used if later consent is needed.
 - If only verbal consent is obtained, the *Verbal Consent for Telehealth* form in Avatar must be completed for tracking purposes. This form includes required informational elements to be shared with the member.
 - For programs not using Avatar as their EHR, verbal consent should be clearly documented in a progress note which should be easily located in the future.
- Ensure providers ask the member where they are each session and document that this was done
- If there is a group telehealth meeting with more than 1 member, ensure all members have provided consent for telehealth
- Ensure there are ROIs completed for anyone who needs one within a meeting
- Providers should be extremely mindful of what is on screen if sharing a computer screen with a member and be sure there is nothing confidential or unnecessarily visible to the member
 - This would result in having to file a breach report if any PHI of other members is on the screen
- Providers should be mindful of their surrounding and what is visible in the background

Doxy Specific Information for County Staff: A training was held on Wednesday, January 24, specifically for County staff to go over the updated version of the Doxy telehealth platform. The updates should be going live in early to mid-February and "rooms" will have a new naming convention. The recording of this training is [posted on Vimeo](#).

Clarifications to the new Doxy process include:

- QA is working with Doxy to make the *Solano County Combined Consent and Consent Agreement Signature Page* available in English, Spanish, and Tagalog to obtain electronic signature within the portal
- If a member is electronically signing documents the form **MUST** be downloaded by the provider prior to fully closing the form or exiting the session. This electronic signature functionality should only be used by

staff who feel confident in technical skills to manage necessary steps – receiving verbal consent or obtaining signature on paper forms are other options. Staff must:

- Ensure all fields are completely filled out
- Download to secure location prior to closing the form within the session
- Print and scan/upload to Avatar or follow clinic process to ensure scanning into Avatar occurs using the scanning guidance in the footer of the form
- Ensure the form was successfully scanned
- Delete from provider's computer
- Do not use the interpreter services that are provided through Doxy - staff must continue to use Language Link
- This is a client platform. Staff should utilize Microsoft Teams for non-client facing business
- The functionality for providers to take a photo within the meeting should not be used at this time unless there is clear need (e.g. take a picture of a paper signed consent form that the member cannot scan to email)

24-02 (D) LOCKOUT PARAMETERS FOR MEMBER'S AT BACS CRT (COUNTY AND CONTRACTOR):

Reminder to staff that BACS CRT is a lockout setting. Staff can bill for SMHS on the day of a member's admission to the CRT but all services beyond that are locked out until the member is discharged from the CRT. On locked out days, staff can bill TCM, Medication Services, use MHLOCKAX for assessment and MHSVCLOCK for any other services that would otherwise be billable.

24-02 (E) QUALITY ASSURANCE OFFICE HOURS IN FEBRUARY (COUNTY AND CONTRACTOR):

Quality Assurance is going to test out "office hours" two times per month to allow space for staff to bring questions, seek clarifications, and discuss ongoing CalAIM documentation and payment reform implementation. We will spend at least some of the time reviewing topics in the QA IN. Outlook Invitations were emailed February 6, 2024. These meetings are completely optional for staff, but all are encouraged to attend when able.

24-02 (F) CONSENT AND MINORS (COUNTY AND CONTRACTOR):

An informative and practical Law and Ethics training was offered to Solano Behavioral Health staff on January 31, 2024. Among the many topics addressed, a focus was on laws and guidance regarding consent and release of medical records in context of youth 12 years of age and older. Solano County is and has been actively exploring this information and potential changes to process. Please be aware that information will be provided to the system as approved.

24-02 (G) PREPARATION FOR DHCS TRIENNIAL COUNTY ENGAGEMENT IN 2024 (COUNTY AND CONTRACTOR):

In April of 2023, DHCS presented on the topic of Behavioral Health Compliance County-Specific Engagement. This new title and process is replacing the historical "DHCS Triennial System Review and Chart Audit".

- **Why:** DHCS explained that they analyzed the previous process and wanted to innovate to make the process more efficient for both State and County, provide more flexibility and to make each "engagement" unique for the county being reviewed.
- **What:** First, engagements will be based on the current DHCS-County BHP contract and any applicable DHCS BHINs, rather than the official list of protocols DHCS historically published annually. Second, during the year a BHP is scheduled to have a 3-year engagement, the DMC-ODS and SUBG reviews will all be combined into one large one-week engagement. Additionally, during these triennial years there will be one cumulative audit report and Corrective Action Plan process.
- **When:** Solano County's anticipated date range for a County Specific Engagement is the month of December of 2024. Solano's Quality Assurance team is working on readiness activities to ensure that Solano BHP is in compliance with the various aspects of the DHCS-County BHP contract and any BHINs and may reach out to you over the coming months for assistance.
- **How:** Programs can start preparing by reviewing charts to make sure required documentation is up to date, looking at policies to make sure they are CalAIM compliant, ensuring ongoing monitoring and avoidance of fraud, waste, and abuse, and continue to provide necessary and important services.

AVATAR UPDATES

24-02 (H) VERBAL CONSENT FOR TELEHEALTH FORM IN AVATAR (COUNTY & CONTRACTORS USING AVATAR)

The *Verbal Consent for Telehealth* form is now available in Avatar. Effective immediately, please use this new form to update telehealth consents of current clients that were done using the old form that is not CalAIM compliant. This can also be used for clients who did not initially consent to telehealth service but are now in agreement to receive services via telehealth. The combined consent, which includes the telehealth consent, will continue to be used for new clients upon intake

24-02 (I) UPDATE TO CRISIS INTERVENTION TOOL FORM (COUNTY & CONTRACTORS USING AVATAR)

An update has been made in Avatar LIVE for staff to be able to indicate if a copy of the completed *Crisis Intervention Tool (CIT)* was scanned into Avatar rather than being data entered. Staff would successfully scan a copy of the *CIT* under MH CLI – Assessment, open the *Crisis Intervention Tool* form in Avatar, indicate "Yes" that a copy was scanned instead of data entered, complete remaining fields, finalize and submit. Responses to the tool will not need to be data entered. This functionality will allow for better tracking of completed CIT tools. Full data entry of the information is ideal as it provides a clean report of the information, but only scanning is allowable as long as this process is followed.

We look forward to continuing to partner on implementing this and future state and federally mandated initiatives that help to inform and protect the rights of those we serve.

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