SOLANO COUNTY QUALITY ASSURANCE
QA INFORMATION NOTICE 25-05

MAY 1, 2025

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

25-05 (A) QA OFFICE HOURS (COUNTY & CONTRACTOR)
QA Office Hours in May will be Wednesday, May 21, from 9:00-9:30 AM. Please join us and submit questions ahead of time using this Survey Monkey link that is also in the Outlook invitation or bring your questions to the meeting.

25-05 (B) EFFECTIVE IMMEDIATELY - NEW REQUIRED TIME FRAME FOR PROBLEM RESOLUTION PROCESS (COUNTY & CONTRACTOR)
QA would like to thank all programs for already being such a valuable part of the Problem Resolution process and for all the collaboration that currently occurs. An email was sent April 21, 2025, to County and Contractor programs regarding this change. We want to emphasize that the success of meeting the new time frame outlined below is dependent upon continued clear and responsive communication between programs and QA.

BHIN 25-014 was posted at the end of April and QA is reviewing this information. Below are current guidelines based off initial guidance from the state, but QA will provide additional information and potential updates to the system as necessary to implement BHIN 25-014 accurately.

What is changing?
- The timeframe for grievance resolution by the BHP has changed from 90 days to **30 calendar days from the date the client filed the grievance**
  - QA will be using the date the client puts on the form as the filing date (when available)
- This timeframe includes QA being able to send required closure letters to clients/program

Why is this changing?
- DHCS has updated the timeliness requirement for all counties
- This update is stated on page 48 of the current *BHP Member Handbook* blobdload.aspx

What does this mean for programs?
- QA is asking for support from programs to meet this new requirement of resolving grievances in the following ways:
  - ➤ **Please submit any received grievance from a client to QA immediately upon receipt, no later than next business day**
    - If received on a Friday, please try to submit same day
    - Please scan and email to QualityAssurance@SolanoCounty.gov or fax to (707) 427-2774
  - ➤ **Please respond to QA's emails requesting a response to the grievance as soon as possible**
    - The QA team will begin to put due dates for response within the email to support timely completion and follow up
- QA recognizes that there will be grievances that are more complicated than others and will work closely with programs to provide as much time as possible while remaining in compliance

We are hoping that as a system, we can work together to meet this new timeframe requirement, not only to stay in compliance but to provide positive customer service and address any identified issues. Please reach out to QA with any questions at all. We greatly appreciate your support!

25-05 (C) INTENSIVE HOME-BASED SERVICES (IHBS) PRIOR AUTHORIZATION UPDATES TO PROCESS AND POLICIES (COUNTY & CONTRACTOR)

Solano County has updated the process of prior authorization for IHBS to align with DHCS guidance on authorization of outpatient specialty mental health services. Accordingly, a new Solano County policy *AAA231 Authorization for Intensive Home-Based Services* has been created, and policies *AAA219 Authorization Standards for Outpatient Services* and *AAA226 Pathways to Wellbeing for ICC IHBS and TFC Service* have been updated.

QA will be providing workflows and guidelines along with the finalized policies in the near future for programs to follow from that point forward. An email will be sent to programs with where on SharePoint County staff can find this information and where Contractor staff can find them on the Network of Care. Please review these materials fully to have context and details of the items listed below and reference them moving forward. Please also reach out to QA with any questions or concerns.

Please note that while there is a lot of information in policy *AAA231*, the majority of the process is staying the same and the most significant change is an effort to make the initial authorization process easier on programs.

What is changing?
- The <u>initial</u> IHBS authorization will be based on the BHP referral for IHBS Services
- For an initial authorization, IHBS services can begin to be billed based on the referral date as long as programs ensure the following clinical documentation is in place prior to, or as soon as possible to, the provision of IHBS services:
    - A current CalAIM compliant assessment establishing medical necessity
    - A plan that includes IHBS (either a *Care Plan* or *Treatment Plan* depending on program requirement)
        - The plan must include collaboration with client/authorized representative in developing the plan
- Annual authorization will **no longer** be tied to the "cycle date". The goal is to attach IHBS authorization to the initial referral date and main plan (*Care Plan* or *Treatment Plan*). Ideally this plan would be created/updated to include IHBS close to the same time as the referral so that it will be effective for the duration of the one-year authorization
    - Please see QA IN item 25-05 (D) below for updates to tracking annual authorization and documentation dates

What is staying the same?
- The Child and Family Team (CFT) will continue to determine if the client will benefit from IHBS through a CFT meeting and the child/family/caregiver shall accept IHBS
- A *Service Authorization* request is still required to be submitted to the program's assigned QA Liaison as soon as possible, no later than one week after the effective (referral) date. Providers must submit a request for service authorization initially to verify the referral documents meet requirements and to allow QA to enter/track authorization in Avatar
- Once IHBS is approved, all programs working with the client should be using IHBS specific codes for appropriate services
- An IHBS request for authorization must still be submitted at least annually for on-going IHBS to verify service necessity criteria continues to be met

25-05 (D) UPDATES TO FUNCTION OF CYCLE DATES & NEW FLEXIBLE TRACKING MODEL (COUNTY & CONTRACTOR)

To allow more flexibility for programs in terms of plan completion and document due dates, required clinical documentation and authorization due dates will no longer be tied to coordinating episode cycle dates, although they can still be referenced as needed/appropriate. This aligns with DHCS timeframes for documentation and authorization requirements. This change is meant to make things more flexible for programs and allow clinical documentation to be fully utilized. Please see section 25-05 (F) for Avatar report updates to support programs in tracking necessary items accurately.

QA will be providing guidelines in the near future for programs to follow from that point forward. An email will be sent to programs with where on SharePoint County staff can find this information and where Contractor staff can find it on the Network of Care. Please review these guidelines fully to have context and details of the topic outlined below. Please also reach out to QA with any questions or concerns.

What is changing?
For 6-month and annual clinical documentation as well as for services that need authorization (e.g. IHBS annually), the due dates will be a "moving target" based on the initial/prior document or authorization date. Documents and processes that will follow a flexible tracking model include:
- Treatment Plans
- Care Plans (already a moving target)
- IHBS Authorization
- CANS and PSC-35 (each due every 6 months)
- Reaching Recovery/RNL

What is a "Flexible Tracking" Model?
This means that when one of the above documents is completed, the date of the final document will determine the next due date. For example:
- Care Plan finalized on 4/19/25: the Care Plan must be reviewed and updated by 4/19/26. If the Care Plan is updated sooner, e.g. 11/22/25, then that means the annual review date changes and the Care Plan must be reviewed and updated by 11/22/26
- CANS & PSC-35 completed 4/19/25: the 6-month CANS & PSC-35 must be completed as close to 10/19/25 as possible

What is the role of the Coordinating Episode?
- It still needs to be opened upon a client's initial entry to the Behavioral Health Plan (BHP)
- It will indicate the date the client began the current episode of care within the BHP
- It still needs to remain open when a treating program in the BHP has an open episode
- It still needs to be closed when all programs/episodes within the BHP are closing, and the client will no longer be receiving services from Solano BHP
- It can be a reminder for general time frames for documents that were completed in line with the admission date of the Coordinating Episode (e.g. CANS, RNL)
- Staff will continue to enter the typical clinical forms in the Coordinating Episode in Avatar to support sharing of clinical documents between programs

25-05 (E) ARTIFICIAL INTELLIGENCE (AI) AND PROTECTED HEALTH INFORMATION (PHI)/ PERSONALLY IDENTIFIABLE INFORMATION (PII) (COUNTY ONLY)

AI applications, like ChatGPT, are powerful tools that can be useful in many aspects of professional life and could have future or even present utility for County staff. That said, in Behavioral Health, much of what we do involves Protected Health Information (PHI) and PII (Personally Identifiable Information), and we need to ensure that **any searches employees undertake using any AI driven application <u>DO NOT include either PHI or PII.</u>**

In the next few months, HSS may have more tools for staff to utilize. Additionally, BH will look into AI drive tools associated with Avatar to see what might help make clinical work more efficient. For now, please ensure that any PHI, PII or other private/confidential information is not entered into AI driven applications.

AVATAR UPDATES

25-05 (F) UPDATED AVATAR REPORTS: *REPORT 118 PSC CASELOAD, PM CASELOAD REPORT* AND ADDITIONAL REPORTS USED FOR TRACKING DOCUMENTATION AND AUTHORIZATION (COUNTY & CONTRACTOR)

Updates have been made to the following Avatar reports: *Report 118 PSC Caseload, PM Caseload Report, Report 490 Program Authorization, Report 171 Authorization Listing*, and *Report 413 CANS Tracking*. These reports have all been updated to reflect CalAIM updates and the flexible tracking model and are now available in Avatar LIVE.

Report 118 PSC Caseload: This report is for staff who are assigned as PSC for clients (e.g. clinician) using the *Attending Practitioner* Form in Avatar. Clinical providers can use this report to track due dates of documentation for clients assigned to their caseload.

PM Caseload Report: This report is for staff who are support staff assigned a case (e.g. mental health specialist, peer support specialist) using the *Add Supporting Staff to Client Caseload* form in Avatar. Supporting staff can use this report to track due dates of documentation for clients assigned to their caseload.

Report 490 Program Authorization: This report is run for an entire program/reporting unit and is used to track authorizations for IHBS, TBS and Day Treatment.

Report 171A Authorizations Listing: This report is run for a single client and is used to track authorization of services. This includes any authorization(s) that have existed for a client for any program within the BHP, both previous and current.

413 CANS Tracking: This report is run for an entire program/reporting unit for a specific date range. Programs can use this report to track due dates of CANS and PSC-35 for clients in their specific reporting unit(s).

25-05 (G) OUTLOOK CALENDAR INTEGRATION WITH AVATAR NX (COUNTY ONLY)

Avatar Support has worked with Netsmart since the transition to NX determine how staff could integrate their Outlook calendar into NX, as was an option in Avatar Classic. It is now an available option to have a staff's Outlook calendar reflect in Avatar (it will NOT work the other way around i.e. the Avatar calendar will not show in Outlook).

If current staff would like this option, please email QualityAssurance@SolanoCounty.gov with first and last name of staff. QA will then work with Avatar support to set the access up and provide staff with further instructions. This option will be automatically available to all new staff receiving an Avatar account moving forward.

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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