



SOLANO COUNTY QUALITY ASSURANCE

QA INFORMATION NOTICE 23-06

JUNE 1, 2023

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

23-06 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)

23-06 (A.1) TAXONOMY CONFIRMATION FOR ALL BILLING/CREDENTIALLED PROVIDERS

The CalAIM Payment Reform implementation date of July 1, 2023, is quickly approaching. Solano County QA is working with all billing/credentialed providers to confirm that staff's taxonomy identification is accurate based upon the DHCS/CalMHSA recommended taxonomy codes. The purpose of using the recommended codes is to promote uniformity throughout counties and to ensure that all Medi-Cal billing moving forward is claimed accurately.

All programs will receive an email from QA, if they have not already, that provides instructions on how to appropriately update staff's taxonomy codes, if needed. Please complete this process as soon as possible upon receipt of the email, and reach out to QualityAssurance@SolanoCounty.com with any questions.

23-06 (A.2) PAYMENT REFORM UPDATES – CPT CODES

One of the primary focuses of CalAIM Payment Reform is the goal of moving Medi-Cal Behavioral Health Plans (BHPs) in California from current cost based reimbursement to Fee-for-Service reimbursement (for 3-5 years) and eventually to a model called Value-Based Care (managed care). The interim step of moving to Value-Based Care is Fee-for-Service reimbursement using a series of DHCS approved CPT and HCPCS codes.

Solano, as well as other California counties, has been experiencing challenges determining which CPT codes to utilize for a few reasons: 1) DHCS has put out 4 versions of the Medi-Cal manual so counties have had to shift with each version and, 2) DHCS has been hesitant to work with counties to ensure that DHCS guidance also aligns with other 3rd party payors, including Medicare.

Solano is working diligently internally, as well as with an external consulting agency, to make decisions and finalize CPT code sets in our electronic health record and submit test claims in DHCS test claims environment. Solano hopes to then provide additional finalized guidance to Solano's contract agencies about which CPT codes to set up in their EHRs and any changes to the claiming upload format by end of May/early June.

23-06 (B) PROTECTIVE ORDERS AND MINOR CLIENT INFORMATION (COUNTY & CONTRACTOR):

Effective February 1, 2023, a law went into effect that healthcare providers must have protocols that will prevent the disclosure of any information of a minor client to a party identified by the court in a restraining order – please [see information regarding Senate Bill 24](#) for full details.

Solano County QA is developing protocols and procedures to provide guidance to the entire BHP. There will be a training provided once the policy is completed.

Until that time, all County and Contractor programs should immediately reach out directly to your QA Liaison or other QA staff if the program learns of a restraining order in place against a parent/caregiver of a minor client. QA will work closely with all programs connected to the case to make sure that appropriate protections are put in place and requirements are met.

23-06 (C) UPDATED TELEHEALTH GUIDANCE FROM DHCS (COUNTY & CONTRACTOR):

DHCS has posted [BHIN 23-018](#) to address the updated telehealth guidance for SMHS and SUD treatment in Medi-Cal. Please read the entire BHIN for full details on how the information may impact your program's processes. Below are some key points to be aware of:

- Effective no sooner than January 1, 2024, all providers furnishing applicable covered services via synchronous audio-only interaction must also offer those same services via synchronous video interaction to preserve beneficiary choice. Also, effective no sooner than January 1, 2024, to preserve a beneficiary's right to access covered services in person, a provider furnishing services through telehealth must do one of the following:
 1. Offer those same services via in-person, face-to-face contact; or
 2. Arrange for a referral to, and a facilitation of, in-person care that does not require a beneficiary to independently contact a different provider to arrange for that care
- **Prior** to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent. Solano County's current Consent for Telehealth services embedded in the Consent Packet meets all requirements for County programs
- Programs may only complete intakes with new clients via **audio-only** telehealth in the instances listed on page 5 of the BHIN, one reason being when the patient requests that the provider utilizes synchronous audio-only interactions or attests they do not have access to video
- W&I 5150 evaluations and 5151 assessments may be performed by authorized providers face-to-face via synchronous video interaction as per W&I 5008(a) and W&I 5151 (b)

23-06 (D) MONTHLY TEST CALL ASSIGNMENTS FY23-24 (COUNTY & CONTRACTOR):

DHCS requires that each County complete 4 test calls to the Access Line per month to ensure meeting of standards. There is a rotation of County and Contractor programs assigned to complete this task each month.

- County staff can find the Test Call Assignment FY 23-24 on [SharePoint under Reference Materials](#)
- ❖ Contractors can find the Test Call Assignments FY 23-24 on the [Network of Care under Reference Materials](#)

QA's Test Call Coordinator will reach out to programs assigned when their month arrives.

23-06 (E) UPDATED MEDI-CAL BENEFICIARY HANDBOOK (COUNTY & CONTRACTOR):

This is a reminder that the Medi-Cal Beneficiary Handbook has been updated and is available in English, Spanish and Tagalog. This handbook must be provided to all beneficiaries at time of intake to the BHP, and whenever requested by the beneficiary. All programs and clients can access the handbook on the [Solano County Behavioral Health Access to Services webpage](#).

The Language Taglines and Nondiscrimination Notice are required to be provided with the Handbook. Solano County has embedded these documents in the Handbook so that there are no separate attachments needed.

23-06 (F) COMPREHENSIVE QUALITY STRATEGIES (COUNTY & CONTRACTOR):

DHCS has introduced a new initiative titled "Comprehensive Quality Strategy", which will require BHPs to monitor data and make system wide improvements using specific National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures to guide the process. Although County BHPs are still waiting for a finalized DHCS BHIN, counties were provided a Draft Notice in February of 2023 that indicated data monitoring and interventions to improvement performance are expected for Calendar Year 2023 data, and evaluation will take place in Quarter 1 (Q1) of 2024 (and annually thereafter).

The various HEDIS measures for MHPs include:

1. FUM: Follow-Up After Emergency Department Visit for Mental Illness (**BH QIP**)
2. FUH: Follow-Up After Hospitalization for Mental Illness
3. AMM: Antidepressant Medication Management

4. APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
5. SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

The various HEDIS measures for DMC-ODS Plans include:

1. FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence **(BH QIP)**
2. POD: Pharmacotherapy of Opioid Use Disorder **(BH QIP)**
3. Use of Pharmacotherapy for Opioid Use Disorder (CMS measure)
4. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (NQF measure)

Solano is working to create internal infrastructure to develop data exchange frameworks in order to access the data needed to measure baselines. As a BHP, Solano will likely begin reaching out to some or all contractors and other community partners in the coming months to discuss means to achieve these requirements from DHCS.

AVATAR UPDATES

23-06 (G) GUIDE TO DOCUMENT TYPES AND NAMING CONVENTIONS FOR CONTRACTOR UPLOADS (CONTRACTOR ONLY):

An updated guide has been created for Contractors to use when uploading documents to Avatar. The addition to this version is the inclusion of the [minimum required documents](#) to be uploaded once the document is created. Please note that programs may be asked to upload additional documents depending on the situation. This guide can be found under [Reference Materials on the Network of Care](#)

UPDATES TO PREVIOUS QA IN

Replacement to QA IN item 23-05 (B.3) CLARIFICATION OF SERVICE LOCATION CODES FOR CLIENT AND PROVIDER:

When indicating "Location of Provider" for telehealth services on progress notes, please make sure to use "Other" when working from home, not "Home", as that would indicate the client's home. "Field" is also acceptable but "Other" is more accurate.

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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