



SOLANO COUNTY QUALITY ASSURANCE

QA INFORMATION NOTICE 23-03

MARCH 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

23-03 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)

23-03 (A.1) PAYMENT REFORM AND CPT CODES

One of the three goals that make up the CalAIM Behavioral Health Quality Improvement Plan (BHQIP) is payment reform. Although there are multiple milestones and deliverables associated with this goal, one of the most significant affecting both County and contracted programs is the transition on July 1, 2023, to claiming using a specific set of CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes. County QA and Fiscal teams have received some initial guidance from DHCS and CalMHSA, and we are working thru how these new codes will affect service provision, EHR claiming, reports, contracts, etc. Solano is working on developing training for Contractor fiscal/IT teams in terms of what will need to be updated in EHRs, as well as training for County and Contractor service providers in terms of service provision and CPT/HCPCS codes that are allowable.

Some things we can share at this point:

- **Direct service provision is vital to funding all programs.**
 - CalAIM's reduced documentation standards have focused on increasing staffs' capacity for direct service provision.
 - travel and documentation time will no longer be claimable due to new billing structure.
 - These times will still be captured on progress notes.
 - This is not meant to change program practices or discourage travel required to provide clinically appropriate services.
 - This will impact productivity standards for County staff - more information will follow as administration determines next steps.
- **Reimbursement amount from DHCS is based on Provider Type**
- **County BHPs will negotiate rates with contractors based on factors like provider types, type of program, etc.**

23-03 (A.2) CLARIFICATION FOR PROGRAMS TO COMPLETE THEIR OWN CARE PLANS

As mentioned throughout the implementation of CalAIM requirements, our system is learning the impacts CalAIM changes have on our previous practices. A challenge has been identified with completing and sharing of Care Plans to ensure that all services needing a Care Plan are included specifically for all programs.

Moving forward, Solano BHP programs will each complete a Care Plan, specific to the services their program will provide (i.e. TCM, ICC, Peer Support Services, as well as IHBS, TBS, and TFC for outpatient programs). This will allow for several things: ensuring that clients are aware of and in agreement of services to be provided by programs they are working with, that the Care Plan reflects the program's focus of the services specific to the client, for programs to have the ability to ensure that a Care Plan is in place at the time needed, and remove any obstacles of sharing a Care Plan between programs, as it is embedded within a progress note.

Please ensure that a Care Plan is completed for all new clients opening to your program when needed. For existing clients, please complete a Care Plan for your program at the next point it is needed if one is not in place already.

23-03 (B) UPDATED BENEFICIARY HANDBOOK & BENEFICIARY NOTIFICATION (COUNTY & CONTRACTOR):

[DHCS BHIN 22-060](#) provides information on updated requirements related to the MHP Beneficiary Handbook. Solano BHP is required to distribute this Beneficiary Handbook, which must meet certain format and content requirements, to each beneficiary at the time the beneficiary first accessed services. It could be provided through a printed copy, mail, via email once consent for email is obtained, through providing the link to the [Access to Service page on SolanoCounty.com](#), or by any other method that can reasonably be expected to result in the beneficiary receiving the information.

At the same time as provision of the Beneficiary Handbook, the Language Taglines and Nondiscrimination Notice must both be provided. The Handbook and Nondiscrimination Notice are available in English, Spanish, and Tagalog.

DHCS also requires that any time there are significant updates to the Beneficiary Handbook, all beneficiaries must be notified in writing. As required by DHCS, Solano County mailed letters to all currently active beneficiaries on February 10, 2023, stating that the new Beneficiary Handbook will be available March 10, 2023.

The Beneficiary Handbook must be available at your programs in your lobbies where clients can access it. If a client requests a copy, programs should print out and provide the most recent version to provide.

The Beneficiary Handbook, Language Taglines, and Nondiscrimination Notice will be posted on the [Access to Services page on SolanoCounty.com](#) – this is the page to provide all clients to have access to the forms.

These updated forms will be posted under [Informing Materials on the Network of Care](#) for Contractor staff and under [Brochures Library on SharePoint](#) for County staff.

23-03 (C) PROCESS FOR GRIEVANCES THAT INDICATE DISCRIMINATION (COUNTY & CONTRACTOR):

QA wants to ensure that the BHP is aware of requirements to be followed when a grievance is received that indicates discrimination towards a client.

When a grievance is filed that indicates potential discrimination towards a client based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, the Problem Resolution Coordinator will work closely with Solano County's Discrimination Grievance Coordinator, the Ethnic Services Coordinator, and Administration for review.

The Discrimination Grievance Coordinator is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law, which may include providing. When the discrimination grievance is resolved, required information will be reported to DHCS.

23-03 (D) SMHS CONSIDERATIONS WITH THE END OF COVID-19 PUBLIC HEALTH EMERGENCY (COUNTY & CONTRACTOR):

In California, the COVID-19 State of Emergency will end on February 28, 2023. Details of the announcement can be found [here](#). The US Department of Health and Human Services (HSS) has extended the Public Health Emergency (PHE) to April 11, 2023. Regardless of the two different dates (State and Federal), and whether either date is extended, changes to Medicaid enacted in the Consolidated Appropriations Act of 2023 will go into effect April 1, 2023. This will have a significant impact regarding continued Medi-Cal eligibility of our beneficiaries.

DHCS has created the [“Medi-Cal COVID-19 Public Health Emergency and Continuous Coverage Operational Unwinding Plan” \(January 13, 2023\)](#) that details how the end of the HSS PHE will affect Medi-Cal service and eligibility flexibilities that were implemented during the PHE. This document will be updated on a frequent basis and you can access the most updated version [here](#). Some of the current SMHS considerations are as follows:

- **Telehealth:** Most telehealth flexibilities have been extended and include new requirements regarding video, audio, and patient choice.
 - Providers may establish a relationship with new clients in-person or via video telehealth
 - Providers may establish a relationship with new patients via audio-only synchronous interaction in some situations including when clients requests audio only or attests they do not have access to video.
- **Patient Choice of Telehealth Modality:** Starting January 2024 providers will need to need to phase in the option for video telehealth if they do not have this option already
- **Right to In-Person Care:** Starting in January 2024 providers will need to need to phase in the option for providing services via in-person face-to-face contact, if they do not have this option already, or linking the beneficiary to in-person care.

DHCS's final Medi-Cal telehealth policies are reflected in the December 2022 [Telehealth Policy Paper](#).

23-03 (E) 274 UPDATE – NEW LANGUAGE DESCRIPTION ATTACHMENT (COUNTY & CONTRACTOR):

Currently in the Excel 274 Provider Collection Worksheet, there is a “Appendix C” tab that provides codes that must be used to indicate languages for certain columns requesting language information for staff.

Moving forward, the “Appendix C” tab will be removed from the worksheets and will be replaced with an email attachment entitled “274 Reporting Foreign Language Description Appendix C”. This attachment will be easier to maintain as future changes or clarifications are made. Please reference this attachment to the monthly request email to ensure that accurate language codes are being used in the Worksheet

AVATAR UPDATES

- No Avatar updates this month

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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