



SOLANO COUNTY QUALITY ASSURANCE

QA INFORMATION NOTICE 22-07

JULY 1, 2022

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

22-07 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR) DOCUMENTATION REDESIGN JULY 1, 2022:

CalAIM documentation redesign, [as described in BHIN 22-019](#), is effective as of July 1, 2022. One intention of these changes is to increase focus on clinical judgment and decision-making regarding frequency of assessments and plans as well as in content of documentation. Documentation should be kept up to date to clearly reflect what is going on for our clients and course of treatment.

Another significant shift is that DHCS audit recoupment will not be as focused on meeting of documentation standards but will most likely result in a corrective action plan. Fiscal recoupment will be tied specifically to findings of fraud, waste, and abuse.

CalMHSA has partnered with DHCS on the roll out of CalAIM initiatives. All staff are being asked to review the training materials and videos [available on the CalMHSA website](#). Solano QA will be providing trainings over the next months to provide additional clarity to this information, but it is a helpful place to start to learn the basics. Please also save the [link to CalMHSA's Documentation Guide](#) until Solano BHP can provide a county specific version.

Staff will be required to attend upcoming trainings focused on CalAIM documentation updates. Save the dates: Contractor training on Wednesday, July 20, from 9:00 am - 12:30 pm or Thursday, July 21, from 1:00 pm – 4:30 pm; County training on Tuesday, July 19, from 1:00 pm – 4:30 pm or Thursday, July 21, from 9:00 am - 12:30 pm. Training announcements will be emailed from QualityImprovement@SolanoCounty.com shortly.

NO WRONG DOOR – ACCESS CRITERIA AND MEDICAL NECESSITY

CalAIM No Wrong Door initiative [described in BHIN 22-011](#) was effective as of March 31, 2022. This policy is intended to help a beneficiary begin to receive care in MCP or BHP setting while access criteria and medical necessity is being determined. This means that a client may receive services beginning at intake, prior to the completion of an assessment to determine their appropriate system of care. Once the assessment determines the appropriate system of care, the client should be referred into the appropriate system, and services rendered prior to referral should be claimed.

CalAIM has redefined Access Criteria (eligibility to receive SMHS) and Medical Necessity (if the service is clinically necessary). This distinction is becoming clearer through increased training on the topic from CalMHSA.

The information we reviewed in a County training previously as updates to “medical necessity” are truly defined as the Access to services Criteria. If clients meet the youth or adult Access to services Criteria, it means they are eligible to receive SMHS services. Medical necessity then has a role in determining level of care and clinical appropriateness of services – this will be determined upon completion of the assessment or shortly thereafter.

DHCS is in process of developing/identifying universal screening tools and trauma screen tools to assist with determining appropriate level of care.

22-07 (B) QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (COUNTY & CONTRACTOR)

Quality Assurance: The **QI team** is shifting from using the title Quality Improvement to "Quality Assurance." QA will focus on work related to "assuring" we are complying with our contract with the state as well as federal regulations so that the important work being done with beneficiaries is compliant and in turn we can keep our doors open, provide timely access to services and support our community with a robust network and services.

Performance Improvement is an organizational development approach that strives to improve outcomes, customer service and promotes efficiency. **Solano BH has a new "PI Team"** that is focused on "improving clinical performance": whether we are truly getting the client outcomes and "value-based care" that we should, based on what we do, who does it, and how well we do it. The team will support our system of care with the use of evidence-based practices, clinical training, staff development tools, internship opportunities, outcome, utilization, and data analysis, among other projects.

Together, **QAPI** functions are part of quality management in healthcare, and a standard in our BHP plan requirements and a tenet of CalAIM.

22-07 (C) UPDATED REQUIREMENTS FOR TELEHEALTH CONSENT (COUNTY & CONTRACTOR):

Effective July 1, 2022, Telehealth Consents must include following requirements from [BHIN 22-019](#):

- Provider must confirm consent for telehealth treatment, verbally or in writing, at least once prior to delivering the service
- Provider must explain that service could also be delivered in person
- Telehealth consent is voluntary and can be withdrawn at any time without affecting access to future care/services
- Access to transportation services
- Any risks or limitations of Telehealth as determined by provider

QA is working to update the Telehealth Consent as well as other consent forms used within the system.

22-07 (D) MONTHLY TEST CALL ASSIGNMENTS 22-23 (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 Assignments FY 22-23 on [SharePoint under Reference Materials](#)
- ◆ Contractors can find the Test Call Assignments FY 22-23 on the [Network of Care under Reference Materials](#)

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

22-07 (E) LANGUAGE LINK (COUNTY & CONTRACTOR)

Solano County contracts with Language Link to provide interpretation services to beneficiaries who benefit from having an interpreter that works with in-person, phone, or telehealth visits.

The Language Link form is still required to be filled out each time the service is used.

- To reduce lost paperwork, increase timeliness, and accurate reporting we will begin accepting copied color scans with the control number
 - Either Email QualityImprovement@solanocounty.com with visible colored copy with control number
 - OR, please send yellow copies to:
ATTN: QA-Interpreter Service Coordinator
275 Beck Ave., MS 5-250
Fairfield, CA. 94533
- For past language link instructions please check QA Information Notice [21-03](#)
- County and Contractor staff can access this training video under [Vimeo](#). Written training materials are also updated and posted:

- ◆ County Staff can access Language Link Instructions on [SharePoint under Reference Materials](#)
- ❖ Contractors can access Language Link Instructions on the [Network of Care under Reference Materials](#)

22-07 (F) 274 PROVIDER NETWORK DATA REPORTING (REPLACES NACT) (COUNTY & CONTRACTOR): [BHIN 22-032](#) dated June 9, 2022, provides details on the new 274 reporting process that is replacing the NACT. Quality Assurance is currently confirming the information needed for the new 274 process which is due in August. Please expect the request for your program's information from QA in early or mid-July. Thank you for your help in this process.

AVATAR UPDATES

22-07 (G) NEW TELEHEALTH PLATFORM FOR COUNTY (COUNTY ONLY):

Telehealth (County Programs only): Beginning June 20th, Solano will begin utilizing Netsmart Telehealth for county operated program remote access services. Trainings were provided on June 20-21, 2022, and recorded training can be accessed [in the Avatar Manual on SharePoint](#). As of July 1, 2022, Netsmart Telehealth product should be the primary telehealth tool utilized by county program's providers.

Thank you for working through all of the initial issues we have been experiencing with the system. Please refer to email from Rob George on June 28, 2022 for details on fixes and workarounds for these issues.

This product is paid for on a minute for minute usage basis, so it is important that providers use when video telehealth is the beneficiary's preferred method for accessing services, that appointments do not regularly exceed planned time, and that provider remembers to exit the session promptly after treatment ceases.

22-07 (H) MIDDLE NAME ENTRY IN AVATAR CLIENT FORMS (COUNTY & CONTRACTOR)

A recent update to Avatar now allows collection to the *full* Client Middle Name in the "Update Client Data" form. The full Client Middle Name has always and will continue to be available on the CSI Admission form. Please remember to enter all demographic fields in capital letters. This Client Middle Name field is used for reporting services to Department of Health Care Services (DHCS). Please make sure that you are entering client demographic data as reported by the client in these forms, including full client middle name, for Solano BHP to be in compliance with DHCS.

UPDATES TO PREVIOUS QA IN

Correction to QA IN item 22-05 (D): Contractors are able to utilize Solano County's version of the *Acknowledgement of Receipt*. This form is not required to be on Contractor specific letterhead. The *Acknowledgement of Receipt* can be located [on the Access to Services page on SolanoCounty.com](#).

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.

Approved by Rob George, LCSW
MH Services Manager, Sr., Quality Assurance, Access/Managed Care, Avatar Planning

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