ACTIVITIES FOR CODING TO TIMESAVER #68
QUALITY ASSURANCE AND UTILIZATION REVIEW ACTIVITIES FOR MEDI-CAL

*Per DMH Letter No.: 05-11 Requirements for Short-Doyle/Medi-Cal Claims for Costs of Quality Assurance

Utilization Review/QA Activities	Quality Improvement Activities	Support Activities	Training Activities
Developing, implementing, evaluating & revising MH clinical practice guidelines (Policies, Procedures, Forms)	Attendance at QMP, Various QMP Sub-Committees, QIC, Various QIC Sub-Committees, QIS, ORNC, MSM, BHPA, Cultural Competence, Credentialing & Sentinel Events Committee meetings (including completing assigned tasks for the meeting)	Preparing for and documenting minutes for QMP, Various QMP Sub-Committees, QIC, Various QIC Sub-Committees, QIS, ORNC, MSM, BHPA, Cultural Competence, Credentialing & Sentinel Events Committee meetings	Training others on MH Medi-Cal documentation requirements
Preparing for & participating in State and Federal Audits/Reviews. (DHCS Triennial, Focused Review, TBS audits, etc.)	Preparing for & participating in EQRO Review	Clerical time spent preparing for State and Federal Audits/Reviews (DHCS Triennial, Focused Review, TBS Audits, etc.)	Receiving training on activities that can be coded to 68 (Medi-Cal Documentation Training, Sentinel Event Training, etc.)
All activities related to MH Program Audits, Probe Audits, Pre-Billing Audits, and other Special Audits (facilitating the audit, writing reports, analyzing data, verifying accuracy of audit information, communications with the audit program members, etc.)	Monitoring System for Quality Improvement (generating or evaluating reports on client access, service timeliness, care quality, and treatment outcomes)	Clerical time spent supporting MH Program Audits and other Utilization Review activities (gathering of clinical documentation; obtaining billing/claiming information; tracking/organizing activities)	Training activities required as part of clinical PIPs
Ensuring accuracy/approving documentation in MH client records: assessments, client plans, progress notes, and overall accuracy of entire clinical medical records	Developing data dashboards for quality monitoring of CBOs and internal programs	Fiscal and IT time required for completion of MH Program Audit and other Utilization Review activities (creating billing/claims data for audits and service verifications; developing various electronic health record reports and data; providing various fiscal reports, etc.)	Developing trainings related to MH Medi-Cal requirements (documentation, authorizations, policies/procedures)
Reviewing treatment history and evaluating the effectiveness of services that are required for Beneficiary Requests for Services (BRS) and Therapeutic Behavioral Services (TBS)	Evaluating Beneficiary/Family Satisfaction Survey's	Tracking and assisting with the completion of beneficiary/family satisfaction survey's	Training staff who are directly supporting SPMP staff for utilization reviews and QA activities
All activities related to Authorizing MH Services (Concurrent Review, Beneficiary Requests for Services (BRS), Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), Service Authorization Requests (SAR), Presumptive Transfer (PT), Unbundled Services, and Treatment Authorization Requests (TAR)	Participating in MH PIP activities (meetings about PIP's, developing/evaluating a PIP, activities to implement a PIP)	Activities related to tracking MH services (data entry into excel, completing authorization letters, mailing notifications, e-mail correspondence with providers, etc.) for Beneficiary Requests for Services (BRS), Treatment Authorization Requests (TAR), Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), Service Authorization Requests (SAR), Presumptive Transfer (PT), and Unbundled Services	
Medication Monitoring: All activites for MD staff to complete peer reviews	Attending CANS/ANSA Superuser and/or Steering Committee Meetings	Tracking and organizing medication monitoring activities (MD Peer Reviews)	
All activities realted to MHP Site Certifications	Developing/Implementing QI Workplan	Time spent ensuring that Avatar corrections are completed; tracking and notifying staff of client plan due dates	
Processing Beneficiary Grievances, Change of Provider Requests, Appeals, Expidited Appeals, Fair Hearings, and Notices of Adverse Beneficiary Determinations (NOABD's)	Activities related to NACT submission	Time spent logging initial requests for service for the Access Teams	
Completing a Notice of Adverse Beneficiary Determination (NOABD)	Completing/Analyzing Sentinel Event Reports	Tracking/Mailing Service Verification letters	
Developing, implementing & evaluating MH program Plan of Corrections (POC's)	Activities related to credentialing staff and monitoring expirations		

Only QI/QA activities for the MHP that are NOT billable to Medi-Cal are allowed (for example, discussions with client/family to determine if TBS services would be appropriate: bill Medi-Cal & code to 70 in timesaver; activities to complete authorization processes, such as tracking requests and completing authorization letters: code to 68 in timesaver

Do NOT include time spent on SUDS activities

Do NOT include QA/QI activities for non-Medi-Cal programs , such as Juvenile Hall, Juvenile Sex Offender, Mobile Support Team, Whole Person Care, & Sonoma Works

Ensure that the time spent in these activities above are accurately captured by code 68 in timesaver (for example, if a QMP meeting is spent discussing SUD programs for half of the time, and MH programs for the other half, only the portion of the meeting that was spent on MH program discussion would be captured as code 68 in timesaver

Activites for Implementing/Auditing Medicare are NOT allowed for code 68 in timesaver