



MENTAL HEALTH SERVICES



Updates!

COVID Waiver Updates

With the expiration of COVID Waivers, we would like to highlight the following areas of change:

- **CYF Session-based Utilization Management Cycle**
 - Program had been provided a temporary suspension for session-based services. The suspension ended June 30, 2021, and the UM session tracking resumed as of July 1, 2021.
 - The UM cycle expectation was revised upon reinstatement to eliminate the need to track previously rendered services prior to the suspension.
 - All clients will begin the UM cycle session count at “Session 1” as of July 1, 2021.
 - Reference: 2021-06-29 BHS Information Notice – CYF Utilization Management Reinstated Effective 7/1/21 under the Communications Tab on the Optum Website in MHP Provider Documents.
- **Telehealth**
 - On July 7, 2021, DHCS clarified that telehealth waivers will remain in place through December 2022, or until further guidance on the waiver is ended at the federal level. This includes the use of telehealth platforms, ability to use telephone assessments, and continuing signature guidance when providing telehealth services. The Quality Management teams will be issuing additional guidance once DHCS officially releases updated communication.
- **Emergency enrollment in Medi-CAL for Mental Health Providers**
 - This waiver ends as of **June 30, 2021**. Programs will be required to have on-site visits-for certification.
- **Signature requirements for anti-psychotic medications**
 - This waiver ends as of **September 30, 2021**. Programs will be required to get client signatures for any anti-psychotic medications and will no longer be able to utilize verbal consents. If client refuses to sign, this will still need to be indicated on the form.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section B:**
 - Pgs. B.4-5 updated information for contact for potential fraud, waste, or abuse reporting.
- **Section D:**
 - Pgs. D.27, D.30, D.33, D.36-D.42 updated CYF UM, SARS, TBS, STRTP, auth for SMHS, APL 17-018, school interface
- **Section E:**
 - Pgs. E.1, E.3 updated reference to UCRM tab
- **Section G:**
 - Pgs G.13-14 updated references to Forms tab
 - replaced language
- **Section L:**
 - Pgs. L-3: updated documentation instructions when EHR unavailable

Communications Tab

- 2021-06-29 BHS Information Notice – CYF Utilization Management Reinstated Effective 7/1/21

Forms Tab:

- Updated CYF Med Monitoring Form
- Updated A/OA Med Monitoring Form

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Medication Monitoring Tool Updates

The A/OA and CYF Medication Monitoring Tools have been updated (Revised 6.29.21) and have been posted on the Optum Website under the Forms Tab. Please note the following updates:

- CYF Medication Monitoring tool:
 - 2b. "For youth newly prescribed antipsychotic medication, were labs for fasting blood glucose or HbA1C and LDL- C/cholesterol obtained **90 days prior to initial prescribing or within 15 days thereafter?**"
 - 5a. "If the stimulant prescription is ongoing, has the CURES database been checked at least every 6 months and is that documented?"
 - 5f. "If the Schedule IV hypnotic prescription is ongoing, has the CURES database been checked at least every 6 months and is that documented?"
- A/OA Medication Monitoring tool:
 - 10. "CURES database is reviewed upon initial prescription of a controlled substance and **every 6 months thereafter if the prescriber renews the prescription and the substance remains a part of treatment.**"

Program Reporting of Fraud, Waste and Abuse:

Concerns about ethical, legal, and billing issues, (or of suspected incidents of fraud, waste and/or abuse) should be reported directly to:

- The HHS Agency and Compliance Office (abbreviated ACO) by phone at 619-338-2807, or by email at Compliance.HHSA@sdcounty.ca.gov.
- Or report to the Compliance Hotline at 866-549-0004

(NEW) In addition, any potential fraud, waste, or abuse shall be reported directly to DHCS' State Medicaid Fraud Control Unit. Reporting can be done by phone, online form, email or by mail. ○ 1-800-822-6222

- Fraud@dhcs.ca.gov
- [Online form](#)
- Medi-Cal Fraud Complaint – Intake Unit
Audits and Investigations
P.O. Box 997413, MS 2500
Sacramento, CA 95899-7413

All reporting shall include contacting your program COR immediately, as well as the MH QM team at QIMatters.HHSA@sdcounty.ca.gov to report any of these same concerns, or suspected incidents of fraud, waste, and/or abuse.

OPOH Updates

Section B: pgs. B.4-5 has been updated with the following information re: contact information for fraud, waste, or abuse reporting.

Section D: pgs. D.27, D.30, D.33, D.36-D.42; CYF updated the following sections: CYF UM, removed SARs for foster youth, TBS, STRTP, auth for SMHS, APL 17-018, school interface

Section E: pgs. E.1 and E.3 updated with reference to the UCRM Tab

Section G: pgs. G.13, G.14

- updated with reference to Forms Tab
- replaced "perpetual medication log" language with "disposal log"

Section L: pgs. L.2-3

- updated information for Documentation Guidelines when Electronic Health Record (EHR) is unavailable.

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Knowledge Sharing

Medication Progress Note Help Text update

Some of the help text available on the progress note templates for SC 26, Meds EM Expanded Low, SC 27, Meds EM Detailed Moderate and SC 28, Meds EM Comprehensive High, have been updated for further clarity.

The updates include the following language under the **Current Medications** prompt:

“Indicate justification for continued medication use, reasoning for change such as critical decision points, any other changes to the medication plan, target symptoms improvement/lack of progress, client preferences, diagnostic exams, lab tests, management of intolerable side-effects.”

As well as the following language under the **Plan of Care** prompt:

“Include diagnosis changes, target symptoms, psychotherapeutic needs, progress on recovery/resiliency goals, care coordination.”

FY 21-22 Medical Record Reviews

July 2021 begins the new Fiscal Year and it’s time to begin planning for your annual Medical Record Review (MRR). QI Specialists will begin reaching out to all SOC Programs to schedule your Medical Record Review within the next few weeks.

For FY 21-22, Program MRR Exit Meetings will be conducted **in-person** at your program site. Upon receipt of Chart Names, Programs will have **10 business days** to complete their self-review and submit their completed Program Summary Attestation to their QI Specialist. Programs will no longer be required to submit their hybrid documents. During the on-site MRR exit interview meeting, you will need to have all the hybrid charts available for review of all hybrid documents and medication practices. If your program is required to complete the pharmaceutical review, please be sure that a nurse will be available to participate during your scheduled exit meeting.

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, documentation feedback and/or education and staff training needs. If you are unsure who your assigned QI Specialist is, you can reach out to [QIMatters](#).

STRTP Staff Consultation

It is permissible for STRTP clinical staff to bill for consultation with STRTP residential staff. This can be captured in either an SC 82, SC 33, or SC 50 depending on the content of the consultation.

Serious Incident Report of Findings

The Serious Incident Report of Findings Explanation Sheet can be found on the Optum website on the Forms tab to assist programs when completing the SIROF.

When completing your SIROF, please be sure to include the following information:

Serious Incident Summary of Findings

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1. Briefly describe the incident, including information from the Serious Incident report and any additional information gathered during the investigation.
2. Document your investigation into the events leading up to the incident (i.e., review of chart and any relevant Policy and Procedures, interviews of staff and/or client, etc.)
3. Document your analysis of the investigation (i.e., identify any precipitating factors, follow up service, response to treatment).

Recommendations/Planned Improvements

1. Changes in Policies and Procedures-Identify and new policies and procedures which will be implemented in order to reduce risk to the clients and the program.
2. Quality improvement practices-Identify ongoing strategies which the program will implement in order measure the effectiveness of the policies and procedures.
3. Clinical supervision/oversight
4. Trainings, etc.

Management Information Systems (MIS)

UPDATE: ARF Requirements

As we open up after COVID, all ARFs must now contain signatures, or they will be rejected. For those ARFs that were un-signable during the past year, the ARFs must now be signed and sent in. If you received an email, make sure all signatures are captured by **July 15th** in order for those staff to stay active in CCBH.

Training in CCBH must now be through Optum's training team. We will no longer allow in-house training except in special circumstances, or if a trainee cannot pass the Optum's class. You can register your staff through their website at: <https://www.regpacks.com/optum>

UPDATE: Data Entry Standard for ASJ Records

MIS has updated our data entry standard for ASJ records to 5 business days. QI will be monitoring this standard as a component of our enhanced ASJ data quality initiative. Questions regarding this standard should be addressed to MIS via email: MISHelpDesk.HHSA@county.ca.gov

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Adult/Older Adult Documentation Training: Monday, **July 26, 2021** from **12:30p – 3:30p** via WebEx. Registration required.

Quality Improvement Partners (QIP) Meeting: Tuesday, **July 27, 2021** from **2:00p – 4:00p** via WebEx.

CYF Documentation Training: Thursday, **July 29, 2021** from **12:30p – 3:30p** via WebEx. Registration Required.

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Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Training:

- Optum has transitioned to a **fully virtual training format**, thus eliminating travel, and allowing for expanded registration.
- Continue to enroll through www.regpacks.com/Optum
- Most courses include a video tutorial which orients attendees to training and illustrates successful completion of the practice exercises. Video tutorials are available under the Training tab at:
<https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff--providers/orgpublicdocs.html>
- The courses which do not yet include a video tutorial offer a 1-hour live WebEx instead.
- Attendees contact trainers for support via phone or email as they complete the practice exercises. A screensharing option is also available.
- Once attendee practice exercises are complete and accurate, they are granted access to begin documenting in the live environment.
- Please email sdu_sdtraining@optum.com if you have any questions about the process.

Helpful Tips to Consider Prior to CCBH Training:

- Set up dual monitors to make it simpler to toggle between handouts, a video tutorial, and the CCBH application.
- Review/print the training resources prior to training. The resources are located on the Optum website; click [HERE](#) and then click on the "Training" tab. Please note: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.
- Ensure the computer you will be using for training has the Citrix Receiver installed. If your computer does not have the Citrix Receiver installed, contact your program IT department for assistance.
 - Link to Citrix Receiver for Windows click [HERE](#).
 - Link to Citrix Receiver for Mac click [HERE](#).

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

MENTAL HEALTH SERVICES

Updates!

E-Prescribing Fluoxetine oral tablets in CCBH

Prescribers are asked to no longer e-prescribe fluoxetine *oral tablets* in CCBH. Alternately, prescribers should order this medication by selecting and utilizing Print/Fax/Handwritten/Called In/Samples Given options. This request pertains specifically to e-prescribing the *oral tablets*, other forms of the medication (i.e.: capsules) can continue to be e-prescribed in CCBH.

This is necessary due to the Multum data source has multiple variations of the medication's associated normalized name and unique identifiers. Cerner and Multum are working to address this issue and provide a solution.

Posted Notice for Psychologists

Programs to display posted notice for consumers notifying them of how they can contact the Board of Psychology with any complaints. Programs can contact the Board of Psychology [website](#) for additional information or to download a copy of required posting. Copies of the notice have also be uploaded to the Optum Website, under MHP documents in the [Beneficiary Tab](#) titled "*California Board of Psychology Consumer Statement*" and is available in the following threshold languages: English, Spanish, Tagalog and Vietnamese.

This will be reviewed for compliance during the program's Medi-Cal Site Re/Certification visit effective 7/27/2021.

Grievance & Appeals Posters

The Grievance & Appeals posters have been updated on the Optum Website to the most current revision dated 3/6/2019. The posters can be found on Optum in MHP Documents under the Beneficiary Tab.

CYF UM Request Explanation Form Update:

The UM Request Explanation Form has been revised with added language to include "Any UM request that is denied or authorized for a reduced amount, duration, or scope than requested will require the COR to issue a notice of adverse benefit determination (NOABD) to youth/family. The updated CFY UM Request form has been uploaded to the Optum Website, in MHP Documents in MHP Documents, under the UCRM Tab.

PSC-35 Explanation Form Update:

The PSC-35 Explanation Form has been revised with added language to include "If PSC is completed for a youth who is 17 yrs. at start of treatment and turns 18 yrs. during the treatment episode, the PSC must still be completed at discharge. The update form has been uploaded to the Optum website in MHP Documents under the UCRM Tab.
MH UTTM August 2021

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section C**, pg C.24 updated language re: Coordinating Care with CWS, use of confidential code.
- **Section G**: updated billing retention language
- **Section Q** format updates

Beneficiary Tab:

- Grievance/Appeal posters updated on Optum Website to most current revision 3/6/19

UCRM Tab:

- Updated CYF UM Request Form

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Notification of Enrollee of Termination of a Provider

Providers must notify enrollees of termination of a provider in writing within 15 business days. Reference: OPOH Section C, pg. C.5:

- *“Providers shall make a good faith effort to give written notice of a termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.”*

Use of Monitors or Video Display for Posted Beneficiary Notices

QM is currently reviewing programs continued use of monitors/video displays to post required beneficiary documents and notices. At this time, programs will be required to display and provide the following documents in their lobby in

paper form: Grievance/Appeal posters and forms, Notice of Privacy Practices, and Quick Guides. DHCS regulations require that clients have access to these forms without having to ask for assistance. All required notices and documents are available on the Optum Website, under MHP Documents, in the Beneficiary Tab.

OPOH Updates:

Section C, pg C.24: updated language regarding Coordinating Care with CWS and how to obtain and use the confidential code to obtain CWS Status.

Section G: Updated billing retention language requiring retention of all billing records from 7 years to a minimum of 10 years when the program is funded with state or federal dollars.

Section Q: formatting updates, no changes to content

Knowledge Sharing

Safety Protocols during BHS Site Visits

CDPH indicates that public health facilities continue to require that masks are worn indoors, regardless of vaccination status.

QM requests that programs adhere to mask protocols and social distancing when engaged in on-site visits and/or Medical Record Reviews with QI Staff; if program staff are not in compliance with mask requirements, your meeting may be rescheduled with notification to your COR. We appreciate everyone taking the steps needed to protect our community's health. Stay strong, stay well

Use of Administrative Updates to BHA's and/or Client Plans

Administrative updates to BHA's and/or client plans are intended to be utilized when an annual update is due and a client has been inaccessible due to AWOL, non-responsiveness to attempts to engage client in services or similar situations. If your program/clinician is able to contact/engage the client and/or the client has been attending services/maintained contact with the program, then use of an administrative update to the BHA or client would **not** be appropriate. There should also be documentation in CCBH to indicate attempts made to contact and engage the client prior to completing the administrative update supporting the use of an administrative update.

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Service Codes/Interventions on Client Plans

Services/Interventions that will be regularly provided as an ongoing service must be included on the client plan and agreed to by the client. An “unplanned service” which is provide *more than once* must be added/included on the client plan utilizing the Revise function or will be disallowed.

Obtaining Child Welfare Services Case Status Information

Due to privacy laws protecting the disclosure of client CWS case status, **effective July 2, 2021, BHS providers will need to provide a confidential code when calling the CWS hotline to obtain PSW name and telephone number.** Case status of youth in BHS programs can be obtained through the provider contacting the PSW directly by phone.

As of July 2, 2021, Program Managers at all BHS mental health programs have been contacted and given the confidential code. Program Managers are responsible for disseminating the information to staff, as needed, and ensuring the confidential nature of the code is understood by staff who obtain the information.

BHS providers should continue to access PSW contact information and CWS case status through the following process:

- Call the CWS hotline at 858-514-6995 and press option #4.
- Provider will then be prompted to provide the confidential code.
- The information that can be provided by CWS is limited to a PSW’s name and telephone number. To limit confusion of the CWS clerical staff answering the phone, please refrain from using terms such as, “Pathways to Well-Being”, “Eligibility” or “Katie A”.
- BHS providers shall continue to utilize the following language: “I am calling to obtain the name and telephone number of the assigned worker for [youth name].”
- BHS Provider shall contact PSW directly to obtain further information on case status (i.e., open, voluntary, closed).

Programs should contact your Contracting Officer’s Representative (COR) or PWB for more information or any questions.

Performance Improvement Team (PIT)

Mega Regs/Network Adequacy: System of Care Application (SOC) Update

- The Department of Health Care Services (DHCS) is requiring Mega Regs/Network Adequacy data to be submitted **monthly** in October.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Medicaid and Children’s Health Insurance Plan (CHIP) Managed Care Final Rules, also known as the Mega-Regs.
- New hires and transfers should register promptly, and attest to information once registration is completed.
- Providers are expected to frequently update their current profile (community-based locations, cultural competency hours, etc.) as changes occur to show accurately on the provider directory.
- Providers are expected to attest to all SOC information **monthly**.
- Program managers should visit the SOC monthly to review program’s information and attest to information **monthly**.

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If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com

Management Information Systems (MIS)

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

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Training and Events

BHS Quality Improvement 9th Annual Mental Health Providers Knowledge Forum: Tuesday, August 24, 2021, from 9:00 am – 12:00 pm via WebEx. In order to receive a calendar invitation/reminder, please [click here to register](#). Once you get to the WebEx site, please click on either the registration link or button, as indicated on the sample image below, to complete the process.

Information: BHS Quality Improvement 9th Annual Mental Health Providers Knowledge Forum
 You are required to join this event. If you have not registered, please do so now.

Not started: [Register](#)

time: Tuesday, August 24, 2021 9:00 am
 Pacific Daylight Time (San Francisco, GMT-07:00)
[Change time zone](#)

on: 3 hours

Join Event Now

You cannot join the event now because it has not started.

First name:

Last name:

Email address:

Event password:

Join by browser: [NEW!](#)

If you are the host, [start your event](#).

[Register](#)

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Progress Notes Practicum: Tuesday, August 17, 2021 from 12:30p – 3:30p via WebEx. Registration required.

Support Partner Documentation Training: Wednesday, August 25, 2021 from 12:30p – 3:30p via WebEx. Registration required.

Quality Improvement Partners (QIP) Meeting: No QIP Meeting for August in lieu of the QIP Annual Forum.

RCA (Root Cause Analysis) Training: Thursday, September 2, 2021 from 9:00a – 12:00p via WebEx.

- The intended audience of this training is Program Managers and QI staff
- Registration Required. Waitlisted registrants from the last session will have priority for admission. All new registrants will be accepted to waitlist if registration is filled.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.

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- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

MENTAL HEALTH SERVICES

Updates

New Changes to Behavioral Health Assessment:

The BHA will have changes and new questions regarding sex and gender – these changes will “go live” in CCBH effective **9/15/21**.

- Change were made to the A/OA BHA, Walk-In BHA, ESU BHA, CSU BHA and Child/Adolescent BHA
- New questions for Pronouns (with Help Text), Preferred Name, Gender Identity, and Legal Sex
- Changes to Current Gender and Sexual Orientation will now accept only one answer rather than multiple responses

OPOH Updates

Section H: revised to replace reference(s) to “BHETA” with “RHIS”.

Update: The following documents from the BHS Quality Improvement 8th Annual Mental Health Providers Forum are now available on the Optum Website, in the MHP Documents, under the References Tab:

- BHS Quality Improvement 8th Annual Mental Health Providers Knowledge Forum Presentation Handout
- BHS Quality Improvement 8th Annual Mental Health Providers Knowledge Forum Question/Answer Sheet

Knowledge Sharing:

STRTP Client Plan Signatures

STRTP regulations require the client plan is signed by both the client and the caregiver/legal representative. For those clients who are dependents of the court, the STRTP should contact the Protective Services Worker (PSW) to identify who the court has appointed as the legal representative. The legal representative will sign the client plan in the place of the parent/caregiver. The client plan should then be shared with the PSW. For clients who are 12 years of age or older, they can be the sole signatory of the client plan as per Family Code 6924(b) which indicates the following:

*A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if **both** of the following requirements are satisfied:*

- *The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.*
- *The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.*

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section H:** replaced reference(s) to BHETA with RHIS.

Beneficiary Tab:

- Notice of Privacy Practice Acknowledgement forms updated in all 6 threshold languages.
- Quick Guide to MHP updated in all 6 threshold languages.
- Advanced Directive updated in all 6 threshold languages
- MHP Beneficiary Handbook – Spanish updated

References Tab:

- BHS Quality Improvement 8th Annual Mental Health Providers Knowledge Forum Presentation Handout
- BHS Quality Improvement 8th Annual Mental Health Providers Knowledge Forum Question/Answer Sheet

STRTP Transition Determination Plan

The STRTP Transition Determination Plan (TDP) form requires that it is developed, completed and signed by a member of the STRTP mental health program staff. It is **not** required to obtain the signature of the caregiver/guardian/conservator, but a copy of the TDP shall be provided prior to or at the time of transition, to the following, as applicable: parent, guardian, conservator, or person identified by the court to participate in the decision to place the youth in the STRTP. TDP form fill, explanation sheet, signature page, and CCBH assessment have been updated to reflect this change.

Adult Mental Health Service Providers:

All adult/older adult CSS programs are required to do the MORS on all clients every six months. Case management programs are required to also do the LOCUS (LOCUS is optional for other programs. Check with your COR if you are not sure.) For greatest accuracy, the LOCUS Level of Care Decision Tree from the LOCUS manual should be employed. For the MORS, note that there is a low requirement for "Engagement" in that it only requires that they are voluntarily participating and cooperating with ongoing mental health treatment, regardless of whether they are making progress. Both measures make great tools for team meetings to provide a common language of people's level of need, though no person can be reduced to a number and teams should always look at the whole picture in treatment planning.

For more resources, please see the following resources:

LOCUS Manual:

https://mhoms.ucsd.edu/documents/help/LOCUS_manual.pdf

AOA Outcomes Measures Manual:

[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/Outcome_Measures_Manual_San_Diego_CSS_Programs_2020%20%20\(updated\).pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/Outcome_Measures_Manual_San_Diego_CSS_Programs_2020%20%20(updated).pdf)

Reminder! 10-Day NOABD Notice Timeframe

When terminating, suspending, or reducing previously authorized specialty mental health services, the NOABD must be issued **at least 10 days** before the date of action. Discharges should not be completed prior to the 10-day notification requirement. (*ref: OPOH, Section F Beneficiary Rights, Grievance & Appeals, pg. F.8 -9*).

Reminder! Warm Hand offs for Coordination of Care

Coordination of Care between service providers is essential for a client's continuity of care and for our mental health system to work efficiently. As a client may move between different levels of care, it is vital that service providers complete a warm hand off with each other to provide continuity of care for the client. (*Ref: OPOH Sec D: Providing Specialty Mental Health Services, pg. D.1*) Completing a warm hand off is **necessary** and should be documented in the client's EHR or hybrid chart.

COVID Safety Protocols During BHS Site Visits

CDPH indicates that public health facilities continue to require that masks are worn indoors, regardless of vaccination status. Additionally, per State mandate, all County employees are required to provide proof of vaccinations or submit to regular testing and wear a face covering which went into effect August 23, 2021.

QM staff are committed to taking the steps necessary to protect our SOC providers and community's health and adhere to mask protocols and social distancing while engaged in on-site visits and/or medical record reviews, as well as compliance with vaccination verification/testing mandates.

Providers are encouraged to reach out to their assigned QI Specialist and/or QI Leadership prior to your scheduled site visit with any concerns or questions regarding safety protocols.

QI Matters Frequently Asked Questions:

Q: Since many providers are working from home (remotely), when we visit a client's home, how should we claim our travel time?

A: Round trip travel time to/from a staff member's home is allowable. Below are various scenarios regarding how to claim travel time. Further clarification can be found in the Travel Guidelines 2.1.18 on the Optum Website, in MHP Documents under the References tab.

- Travel time may be claimed when starting or ending the workday at home. In order to claim, the time must be the same or less than normal travel time from office to client's location.
 - Clinician claims travel time from their home in Clairemont to client's home in Escondido, then claims travel time to the office in Mission Valley after the service. (This is acceptable because Clairemont is closer to the client's home in Escondido than the office in Mission Valley).
 - Clinician travels from home in Chula Vista to client's location in Fallbrook to start the day. Office is in Mission Valley. When traveling from clinician's home to client's location, if the distance is **farther** than office to client's location, clinician may only claim the standard travel time from the office to client's location. For example: clinician home to client location is 50 minutes, but office to client's location is 30 minutes, then clinician can only claim 30 minutes travel time.
 - Documentation Example: "Clinician traveled from home in Chula Vista to client's location in Fallbrook, but travel time only includes standard travel time from office in Mission Valley to client's location."

Management Information Systems (MIS)

Reminder: ARF Training: Wednesday, September 15, 2021 from 8:00a – 12:00p. Program Managers and/or Admin Staff who would like to take this training, please contact MIS at MISHelpDesk.hhsa@sdcounty.ca.gov

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Improvement Partner's (QIP) Meeting: Tuesday, September 28, 2021 from 2:00pm – 4:00pm via WebEx.

Root Cause Analysis Training: Tuesday, September 14, 2021 from 9:00am – 12:00pm via WebEx. (*Rescheduled from 9/2/21*).

- This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and how’s” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. The intended audience of this training are program managers and QI staff.
- Registration required – all spots are currently filled, and all new registrants will be added to the waitlist. If a space opens, you will be notified via email of your updated registration status. Please [click here](#) to be added to the waitlist.

Audit Leads Practicum: Monday, September 27, 2021 from 9:00a – 12:00p via WebEx. Registration Required.

- Focus of this training is to provide technical assistance to Program Level QI staff and PM's that conduct chart audits.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend.** This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website

Is this information filtering down to your clinical and administrative staff?
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MENTAL HEALTH SERVICES



Updates

CYF Utilization Management Request Form:

The CYF Utilization Management (UM) Request form has been revised to exclusively utilize the “Eligibility Criteria” section to document Title 9 Medical Necessity and further clarifies that services must be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. The most updated version (10.15.21) is available for immediate use on the Optum Website under the UCRM Tab.

In addition, the CYF Utilization Management (UM) Request Explanation form has been revised to align with the updated UM Request Form. This form can be found on the Optum Website under the UCRM Tab and is dated 10.15.21.

CYF County Letter for SMHS

At different points in our lives, working with a clinician can provide welcomed support and guidance to children and families, especially in response to recent pandemic impacts. In early October 2021, a County letter was mailed out to children and youth who accessed Specialty Mental Health Services prior to the pandemic, inviting them to return for a reassessment for services either by contacting the Access & Crisis Line (ACL) or service providers directly.

Day Treatment Weekly Progress Note Template

The “Day Treatment Weekly Progress Note” template has been updated to be electronically signed for each day of the week, in order to meet the DHCS STRTP requirement of progress notes being completed, signed, and dated within (72) hours of the service provided.

This template is utilized by STRTP/Day Treatment Hybrid programs only. The template has been uploaded to the Optum Website, in the MHP Documents page, under the STRTP Tab.

MHBU CCBH Void Replace Request form update

The MHBU CCBH Void Replace Request form has been updated to include a new Void Reason Code for Disallowance:

Reason Code 9 – *Services were provided on an ongoing basis without including service code as an intervention on the client plan.*

Optum Website Updates **MHP Provider Documents**

OPOH Tab:

- Section A: A/OA SOC updates pgs A.0, A.10-A.12
- Section D: pg. D.11 added language regarding SBCM clients minimum requirements for frequency to be seen by providers

STRTP Tab:

- updated Day Treatment Weekly Progress Note Template (*for use by STRTP/Day Tx Hybrid programs only*)

Forms Tab:

- Updated MHBU CCBH Void Replace Request Form to include new reason code for disallowance

UCRM Tab:

- Updated CYF Utilization Management (UM) Form and CYF Utilization Management (UM) Request Explanation Form

The revised MHBU CCBH Void Replace Request form has been uploaded to the Optum Website, in MHP Documents under the Forms Tab. This reason for disallowance has also been updated on the Disallowed Claims Summary of all MRR Tools.

OPOH Updates

Section A: AOA updates to the following:

- BHS Mission and vision pg. A.0
- Services for persons experiencing homelessness pg. A.11-A.12
- Older Adult Services pg. A.10
- Dual Diagnosis references pg. A.10
- Peer Support Specialist pg. A.11

Section D: Change to language on pg. D.11 to add the following language regarding SBCM clients: *“Clients who are conservatees are required to be seen, at minimum, within 30 calendar days from the date of the previous visit.”*

Knowledge Sharing

Congratulations Amber Irvine, LMFT – our new QM Supervisor!

Please join us in congratulating Amber Irvine in promoting to QM Supervisor! Amber has been working with the County of San Diego in the Quality Management Mental Health Unit as a Utilization Review Quality Improvement Specialist since 2018. She moved here from her home state of Vermont in 2010 and has experience in both the A/OA and CYF Systems of Care. Amber has worked on ACT teams, Intensive Home-Based Services, Children’s Outpatient services, and as part of the Whole Person Wellness pilot program. In her spare time, Amber loves spending time with her 2-year-old son, Pierce, and her husband, Bob, and their 13-year-old dog, Lily. She especially enjoys going with them to parks, playgrounds, beaches and any fun activities San Diego has to offer and watching every game of NFL Football.

Your QI Specialist = A Valuable Resource!

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, and can provide documentation feedback and education and staff training needs. Programs are encouraged to reach out to your assigned QI Specialist directly, we are here to support you and your staff! If you are unsure who your assigned QI Specialist is, please reach out to QI Matters.

QI Matters Frequently Asked Questions

FAQ’s regarding Billing Sibling Sets

Q: Can Family Therapy be billed with a sibling set if both/all siblings are open to the same therapist and/or program?

A: Yes, here are a few billing scenarios for sibling sets open to the same program:

Family Therapy Session (SC32) or Family Rehab Session (SC36): you can only bill the State once for the family therapy session. This means you will document in one sibling’s chart a billable SC 32 or SC 36. The other sibling(s) will have the family therapy or rehab session documented as a non-billable SC 815* detailing the specialty mental health interventions and clients’ response(s) to intervention provided that took place in the session is reflected in all charts while not entering duplicative billing.

Group Progress Note (SC31, SC35) (*provided to youth directly*): each sibling can have a billable group service note.
Collateral Group: (SC40) (*provided directly to parent*): you would need to document the SC40 in one sibling's chart, and the other sibling(s) would have a non-billable SC815* documented in their chart detailing the specialty mental health interventions that took place in the group, this insures the collateral parent group is reflected in all charts while not entering duplicative billing.

SC33, SC50, SC82: if the same therapist is providing the SC33 Collateral to all siblings at the same time to same collateral source, the service could be split if the therapist/provider is addressing the clients *individually* with the parent/caregiver/teacher, etc. as this would not be seen as a "global" intervention. The same would apply to SC50 and SC 82 as these are more individualized.

*Note: For the SC 815 note, each note, even though non-billable, should clearly document what intervention was provided along with the client's response to these interventions.

CFT Meetings: Each participating provider in a CFT meeting may bill for the total number of minutes during which a client (or clients) with whom that provider has a client/provider relationship is discussed. Such a provider may claim for minutes during which one of his/her clients is being discussed, up to the length of the meeting. Each participating provider may bill for the total minutes during which their client is discussed. Each client will have their own Progress Note with the amount of time that client was discussed during the CFT meeting.

Management Information Systems (MIS)

The **COVID-19 Vaccination Report** is a new resource available to programs that will identify which clients, age 16 and older, are not vaccinated, along with client contact information, through a data sharing agreement between BHS and the San Diego Regional Immunization Registry. The purpose of the report is to identify clients for outreach regarding preventative health measures. Use of the report is not required but highly encouraged.

[Click here](#) to access the memo, tip sheet, and video tutorial for the new report. Access can be granted by completing our [online request form](#).

If you have any questions or concerns, please reach out to bhsdatasystems.hhsa@sdcounty.ca.gov.

Virtual CCBH Training Support

When staff experience difficulties with training, they often seek assistance from their program managers first because it is convenient. However, the recommendation in those instances is for program managers to redirect their staff to the available training support channels offered by Optum. There is a dedicated team of trainers monitoring the sdu_virtualtrainingsupport@optum.com inbox and answering the 1-800-834-3792 x3 phonenumber. The trainers also have a screensharing application, which allows them to troubleshoot expediently. If more extensive support is necessary, it may be possible to assign a dedicated trainer who will remain on the phone with staff for the duration of the training to increase their likelihood of success. If trainer resources are not available for 1:1 training on the training date, it can be arranged for a future date.

Occasionally, staff do not complete a CCBH course on their first attempt. In these instances, MH MIS *may* give program managers the option to train their staff internally; however, program managers should only choose this option if it appeals to them. Program managers can always instead sign up their staff up for training again through RegPack for a second attempt, or they can email sdu_sdtraining@optum.com to arrange 1:1 training with an Optum trainer. It is not extremely urgent that newly hired clinical staff complete training and obtain CCBH access because they are able to complete progress notes on paper while their administrative support staff enter billing separately. Please consider what is best for your staff as well as for yourself as a program manager before making your selection.

MIS Questions?

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Cerner Reminder

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Training and Events

Quality Improvement Partners (QIP) Meeting: Tuesday, **October 26, 2021** from **2:00p – 4:00p** via WebEx.

Children, Youth and Families Documentation Training: **Monday, November 1, 2021** from **12:30p – 3:30p** via WebEx.

Root Cause Analysis Training: Thursday, November 18, 2021 from 12:30p – 3:30p via WebEx.

- This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and how’s” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. The intended audience of this training are program managers and QI staff.
- Registration required – all spots are currently filled, and all new registrants will be added to the waitlist. If a space opens, you will be notified via email of your updated registration status. Please [click here](#) to be added to the waitlist

Important information regarding training registrations:

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- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU’s or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ’s, please access the [COVID-19 tab](#) on the Optum Website.

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MENTAL HEALTH SERVICES



The QM Team would like to take a moment, as we approach this Thanksgiving season, to express our heartfelt appreciation and recognition of the tremendous dedication and hard work that our A/OA and CYF Systems of Care provide our beneficiaries. Your continued resilience and efforts through this past year, despite its challenges, is commended; and the vital support to our beneficiaries is greatly appreciated. Thank you for all you do!

Updates

NEW! Peer Support Specialist Tab

A new Peer Support Specialist Tab has been added to the Optum website, under [MHP Documents](#).

- BHS Information Notice 10.5.21 regarding the BHS Peer Support Specialist Certification Program and Legacy Process has been added to this tab.

Peer Support Services Certification Program

As previously reported, and aligned with [DHCS BHIN 21-041](#), San Diego BHS opted to work with [California Mental Health Services Authority \(CalMHSA\)](#) to implement a peer certification program.

- BHS providers that are interested in peer certification are welcome to participate in CalMHSA's informational meeting on **November 15th from 12:00 – 1:00p** by click on this Zoom link: [Peers Certification Informational Presentation](#).
- Previous BHS communication on Peer Support Services are accessible online by selecting the "Peer Support" tab on Optum's [DMC-ODS Provider page](#) or [MHP Provider page](#).
- Additional information can be accessed on the [DHCS Peer Support Services](#) page.

Empowering Success Workshop

Supervisors of Peer Support Specialists, this workshop will provide hands on information to optimize the unique skills of the Peer Support Specialist. Invest time in learning how to best support this role in your respective program services.

This workshop will be held on **Tuesday, November 30, 2021 at 1:00pm** via Zoom. You must register in advance for this workshop. After registering, you will receive a confirmation email containing the training link. To register, click [here](#).

For more information, contact judi.holder@riinternational.com

Transition to Medi-Cal Rx Fee-for-Service Delivery System – Informational Webinar

Beginning January 1, 2022 Medi-Cal pharmacy benefits will be transitioned to the fee-for-service delivery system for all Medi-Cal beneficiaries – "Medi-Cal Rx". The QM Team is in process of identifying unique impacts to BHS prescribers and

Optum Website Updates **MHP Provider Documents**

OPOH Tab:

- **Section D:** pg. D.22 removed START URC requirement, replaced with initial and ongoing authorization request via Optum.

Peer Support Specialist Tab:

- **New Tab!**
- BHS IN 10.5.21 re: Peer Support Specialist Legacy Process added

will provide additional information in the coming weeks. Additional details can be found at the DHCS Medi-Cal Rx Transition site or the DHCS official Medi-Cal Rx site.

Healthy San Diego is hosting a **Medi-Cal Rx Webinar** on **Monday, November 22, 2021** from **3:00PM – 4:00PM** via Zoom. This webinar will provide an overview of the Medi-Cal Rx transition and Medi-Cal Rx Provider Portal and Q&A opportunity. Providers are encouraged to register for the webinar via the registration link [here](#).

OPOH Updates

- **Section D:** pg. D.22 removed START URC requirements and replaced with the initial and ongoing authorization request conducted through Optum.

Knowledge Sharing

Reviewing Monthly TUOS for blank Mode and SFC

Programs should be reviewing the monthly TUOS for blank Mode and SFC. There should not be any Blank Mode and SFC on the report other than – 815 not counted in TUOS, 785 an add code and sometimes MAA codes that are counted on another report. If the Mode and SFC are blank, the service does not count in the TUOS and this understates the number of units provided. The blank Mode and SFC will show up at the beginning of the Unit/Subunit summary of the TUOS, see example. Any questions contact the Billing Unit or OPTUM.

Congratulations Jill Michalski, LCSW – our new QM Supervisor!

Please join us in congratulating Jill Michalski in promoting to QM Supervisor! Jill has been working with the County of San Diego in the Quality Management Mental Health Unit as a Utilization Review Quality Improvement Specialist since 2019. Jill has experience in both the A/OA and CYF Systems of Care. Jill has worked in school-based day treatment programs, A/OA and Children's outpatient community-based programs, utilization review/management in the private sector, as well as working with the nonprofit culinary program Kitchens for Good to address recidivism, homelessness, food insecurity and employment barriers related to mental health issues. Jill is a passionate foodie and home chef, and enjoys hosting themed dinner parties for friends and frequent getaways to Valle de Guadalupe. She also enjoys vintage shopping with her husband, Mitch, and spending time with their senior rescue dog, Smitty. Jill's Gallop Strengths are: Strategic, Intellection, Adaptability, Individualization, and Input.

Please join us in congratulating Casie Johnson-Taylor on her promotion to Behavioral Health Program Coordinator with the CYF System of Care! Casie joined the QM Unit in 2016 as a QM Specialist and promoted to QM Supervisor in 2018. She has been integral and valuable part of the QM Team and while she will be greatly missed, she will be a tremendous asset to the CYF System of Care! Good Luck Casie!

QI Matters Frequently Asked Questions

******Amended****Billing for sibling sets:**

Q: How should we bill for individual and group services when a sibling set is open to our program?

A: When a program has a sibling set open to their program, the individual services should have the service time split between both clients. The total service time should not exceed the actual time utilized for the service. For example, if

two siblings are attending a Family Rehab session, and the service time is one hour, each youth would have a separate Family Rehab (SC 36) progress note written in their chart with a service time of 30 minutes. When billing for group services, each youth should have the entire group service time. In the case of a Collateral Group, each youth should have the entire group service time Claimed with a billable SC 40 for the Collateral Group.

Management Information Systems (MIS)

MIS Questions?

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Cerner Reminder

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Training and Events

Progress Notes Practicum: Monday, **November 15, 2021** from **12:30p – 3:30p** via WebEx. Registration required. Focus of this training is to provide education regarding documentation standards for the providers within the Adult/Older Adult and the CYF Systems of Care. This practicum is an interactive, collaborative training that allows Mental Health Providers to practice completing clinical documentation to Medi-Cal standards with the assistance of Quality Management Specialists. It is designed to supplement the Mental Health Documentation trainings, with all Mental Health provider staff as the intended audience. If you or your staff are looking to further improve your documentation skills, please join us.

Support Partners Training: Thursday, **November 30, 2021** from **12:30p – 3:30p** via WebEx. Registration Required. Focus of this training is to provide education regarding documentation standards for to para-professionals within the A/OA system of care. This practicum is an interactive, collaborative training that allows para-professionals to practice completing clinical documentation to Medi-Cal standards with the assistance of Quality Management Specialists.

Root Cause Analysis Training: Thursday, **November 18, 2021** from **12:30p – 3:30p** via WebEx.

- This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and how’s” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. The intended audience of this training are program managers and QI staff.
- Registration required – all spots are currently filled, and all new registrants will be added to the waitlist. If a space opens, you will be notified via email of your updated registration status. Please [click here](#) to be added to the waitlist

A/OA Documentation Training: Friday, **December 3, 2021** from **9:00a – 12:00p** via WebEx. Registration Required. Focus of this training is to provide education regarding documentation standards for the providers within the Adult/Older Adult System of Care.

Audit Leads Practicum: Wednesday, **December 8, 2021** from **12:30p – 3:30p** via WebEx. Registration Required. Focus of this training is to provide technical assistance to program level QI staff and PMs that conduct chart audits

QIP Meetings will be dark for the months of November and December and will **resume January 25, 2022, from 2:00-4:00p** via WebEx.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
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Resources and Links

BHS COVID-19 Resources and Links

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MENTAL HEALTH SERVICES



Updates

QM would like to share our warmest and sincerest Holiday wishes with our SOC Providers. We appreciate all of the hard work you have done this past year. We hope everyone enjoys a well-deserved break and enjoys their holidays!

Triennial Findings:

Program are advised of the following updates resulting from the FY 20/21 SMH Triennial Review Findings:

Assessments: States finding that services cannot be claimed prior to an assessment being completed.

- Programs must document ongoing/completed assessment has occurred prior to claiming services. Compliance.

Screening for provision of ICC and/or IHBS: all beneficiaries must have an eligibility screening for ICC services completed during intake.

- The CYF BHA has been updated to include a radio question indicating an ICC/IHBS Screening, which must be completed for all youth, has been done.
- ICC may be indicated when a youth is:
 - At risk of psychiatric hospitalization
 - Recently discharged from hospitalization (generally within last 90 days)
 - Recently discharged from Emergency Screening Unit/ North County Crisis, Intervention and Response Team (generally within last 90 days)
 - At risk of needing crisis stabilization (Emergency Screening Unit or North County Crisis, Intervention and Response Team)
 - Placed in, being considered for, or recently discharged from an STRTP, CTF, or PHF
 - Receiving intensive services from programs such as:
 - Crisis Action Connection
 - Therapeutic Behavioral Services (TBS)
 - Wraparound
 - Comprehensive Assessment and Stabilization Services (CASS)
 - Foster Family Agency Stabilization and Treatment (FFAST)

Medication consent: there must be a current written medication consent form signed by the beneficiary for **each** prescribed psychiatric medication with all required elements documented as reviewed with the client or that the client was accompanying written materials containing all required elements.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section D:** pgs D.49, D.51 update to language re: ICC service eligibility to reflect determination of screen of strengths/needs and criteria for ICC.

UCRM Tab:

- CYF BHA and CYF 0-5 BHA updated to include ICC/IHBS screening question

References Tab:

- Update to language to service code definition for ICC 82 in Service Code Definitions – Appendix III rev12.10.21

Use of the most current Informed Consent for Psychotropic Medication form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication is up to date to include all currently prescribed medications and is stored in the client's hybrid chart.

For clients prescribed psychotropic medications, written medication consents shall include, but not be limited to, the following required elements and evidence documentation that they have been reviewed with the beneficiary and/or provided in accompanying written materials to the beneficiary:

1. The reasons for taking such medications.
2. Reasonable alternative treatments available, if any.
3. Type of medication.
4. Range of frequency (of administration).
5. Dosage.
6. Method of administration.
7. Duration of taking the medication.
8. Probable side effects.
9. Possible side effects if taken longer than 3 months
10. Consent, once given, may be withdrawn at any time.

OPOH Updates

Section D: pgs D.49, D.51 Updated language re: ICC/ISBS services for child/youth under the age of 21 who are eligible for the full scope medical services as determined by screening of the child/youth's strengths and needs; removed language re: medical necessity.

Knowledge Sharing

E-Prescribing Reminder: New Requirement Begins January 1, 2022

The Medical Board of California is reminding prescribers of the upcoming e-prescribing requirements established by [Assembly Bill \(AB\) 2789 \(Wood, 2018\)](#).

Beginning January 1, 2022, most prescriptions (including but not limited to prescriptions for controlled substances) issued by a licensed healthcare practitioner to a California pharmacy must be submitted electronically. For more information on this law and its requirements, please see the [Board's AB 2789 webpage](#).

E-prescribing is available through Doctors Homepage (DHP) in the Cerner electronic Health Record. However, in order to e-prescribe controlled substances, an EPCS Token is required.

- For prescribers currently utilizing Cerner and Doctors Homepage (DHP) to e-prescribe who also have received an EPCS token, there are no further actions needed.
- For prescribers without an EPCS Token, please contact MISHelpDesk.hhsa@sdcounty.ca.gov immediately to begin the process.
- For prescribers who do not use Doctors Homepage in Cerner and prescribe via paper or telephone, please enroll in the Doctors Homepage training through Optum as soon as possible to meet the upcoming requirement.
- For prescribers who use a different e-prescribing platform, other than Cerner, there are no further actions needed.

MIS is working with Optum Training and Cerner to help facilitate immediate training and access to e-prescribing for all new staff after January 1st. **Please see Training/Events below for newly added training dates.** New information will be posted regarding these changes.

Medi-Cal Rx effective January 1, 2022

Beginning January 1, 2022 Medi-Cal pharmacy benefits will be transitioned to the fee-for-service delivery system for all Medi-Cal beneficiaries (referred to as “Medi-Cal Rx”). This transition will create a uniform process for pharmacy providers and prescribers and applies to everyone in Medi-Cal FFS and managed care. All benefits that are billed on a pharmacy claim will be transitioned to Medi-Cal Rx and all Prior Authorizations (PA) will be reviewed by Medi-Cal Rx starting on January 1, 2022.

Please note, prescribers are **not** required to register to use the Medi-Cal Rx portal if they are currently using CoverMyMeds.com to submit PAs. As well you will still have access to the CDL from your current view and from Medi-Cal Rx portal.

Registration for the Medi-Cal Rx Provider Portal will allow for improved access and communication/timeliness when submitting PA’s, patient views, provider specific data and provide greater access to important contacts and resources. Medi-Cal Rx is designed to improve your experience with Medi-Cal. Medi-Cal Rx has created a uniform and searchable Contracts Drug List (CDL) for all beneficiaries, it opens up the network to include all pharmacies and has a robust [Transition Policy](#) which includes exemption for previously approved PAs and a 180-day period where DHCS will not require PA for existing prescriptions in order to provide a seamless beneficiary experience. Medi-Cal Rx also has 24-hour a day, 365 days a year customer service center available to assist prescribers, pharmacy providers, beneficiaries, our managed care partners and others.

Medi-Cal Rx is **not** a prescription service and does not replace the e-prescribe system providers are currently using; any prescription services used before the transition can continue to be used.

Additional details can be found at the DHCS [Medi-Cal Transition](#) site or the DHCS official [Medi-Cal Rx](#) site. **Providers may also reference the Medi-Cal RX 2021 BHS IN 11.5.21**

QI Staff Updates!

Please join us in congratulating Elaine Mills in promoting to QM Supervisor! Elaine has been working with the County of San Diego in the Quality Management Mental Health unit as a Utilization Review Quality Improvement Specialist since February of 2020. Elaine has experience in the CYF System of Care with New Alternatives and with adults working for the Department of the Navy at Navy Base North Island in Coronado. In her spare time, Elaine is an avid hockey fan, and enjoys being part of an all-women’s fantasy football league. Elaine is a new “empty-nester” with three grown children, Hannah, Noah, and Emma. She now enjoys going to visit them and letting them pick up after HER for a change!

QI Matters Frequently Asked Questions

Q. Is there a deferred diagnosis code we can use when we do not have a clear diagnosis and will be continuing to assess the client?

A. Programs may use diagnosis code Z03.89 during the initial assessment period for up to 30 days from the date of assignment when continuing to assess and determine the appropriate diagnosis for a client.

Management Information Systems (MIS)

Submission of DHP ARF’s for prescribers needing to use E-prescribe after 1/1/22:

Due to the new regulation for prescribers needing to use e-prescribing only after 1/1/22, please try to submit DHP ARFs for new staff before their date of hire. MIS will be able to create the new account and have Cerner set up the e-prescribing so that the prescriber can get the DHP packet first thing when they onboard. They will be able to self-train for e-prescribing and then can take the other required trainings. All ARFs are found on the RegPacks website: www.regpack.com/reg/optum. MIS staff will assist the prescriber with the EPCS Token, which will take the usual time for acquisition and activation. Contact MIS for any questions: MISHelpDesk.hhsa@scounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Providers are expected to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected to register promptly, and attest to information once registration is completed.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Improvement Partners (QIP) Meeting: QIP Meetings will be dark for the months of November and December and will resume **January 25, 2022, from 2:00-4:00p** via WebEx.

DHP Training – Additional Trainings Added!

Pursuant to the January 1, 2022 mandate that all prescriptions issued by a licensed prescriber will need to be done electronically (<https://www.mbc.ca.gov/Resources/Medical-Resources/e-prescriptions.aspx>), additional Doctor's Homepage classes have been added to RegPack. Upcoming class dates are as follows:

- December 29, 2021
- January 3, 2022
- January 13, 2022
- January 31, 2022

These are self-paced, virtual classes and you may enroll through the standard RegPack link: www.regpack.com/reg/optum.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

**Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

to patient or patient's



MENTAL HEALTH SERVICES



QM would like to wish our Systems of Care a Healthy and Happy New Year!

Updates

Beginning **January 1, 2022**, with the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) is designing a coherent plan to address beneficiaries' needs across the continuum of care. The goal is to ensure access to the right care in the right place at the right time. To achieve this, DHCS is updating the criteria for access to specialty mental health services; the most recent updates being to medical necessity, diagnosing, and updating of reasons for recoupment.

Medical Necessity:

- Adult beneficiaries 21+: the language has remained fairly similar; focusing on impairments in social, occupational, or other important activities and having mental health disorder or a suspected MH disorder not yet diagnosed.
- Youth beneficiaries under 21: now medical necessity may be met by risk of disorders due to trauma, homelessness or involvement with CWS or juvenile justice system & impairment or need for services not required for a Medi-Cal Managed Care Plan to deliver.

Diagnosis:

- DHCS has removed their approved Included Title 9 diagnoses lists and is now allowing for diagnosis of any mental health disorder, according to the criteria set in the DSM and ICD-10 classifications.
- Services can be provided due to a suspected mental health disorder that has not yet been diagnosed (and/or due to significant trauma for youth) with approved ICD-10 codes such as: codes for "other specified", "unspecified", or other Z codes.
- Neurocognitive disorders or substance-related and addictive disorders are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system

Reasons for Recoupment: Significant changes

- All services are reimbursable with the use of Z03.89 prior to a diagnosis, if needed.
- No longer disallowing services prior to a Client Plan being in place*
- Updated medical necessity criteria must still be met and documentation present in chart to substantiate the need for SMHS. However, progress notes that do not document impairment and intervention will not be recouped*
- Day treatment breaks and/or mealtimes counted in program are no longer considered to be reason for recoupment*

*QI will be updating Medical Record Review (MRR) Reasons for Recoupment document and process to reflect these changes effective 1/1/22. However, all items will remain Compliance issues until DHCS documentation reform details are provided (current timeline is by July 2022).

* For additional details, see Reasons for Recoupment changes grid and Medical Necessity CalAIM updates, both dated 1/1/22. These documents may also be found on the Optum website under the references tab.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- All OPOH Sections have been reviewed and the following sections are being revised as appropriate to reflect the updated criteria for accessing SMHS and update to language regarding medical necessity, diagnoses, and reasons for recoupment:
 - Section A
 - Section D
 - Section F
 - Section G
 - Section L
 - Section P
- Once revisions completed, they will be uploaded to the Optum Website

Healthy San Diego Tab:

- HSD Medi-Cal Quick Guide MH Screening Tool
- HSD Adult Medi-Cal MH Severity Analysis

Revised Professional Licensing Waiver Request Form (DHCS 1739 rev 11.2021)

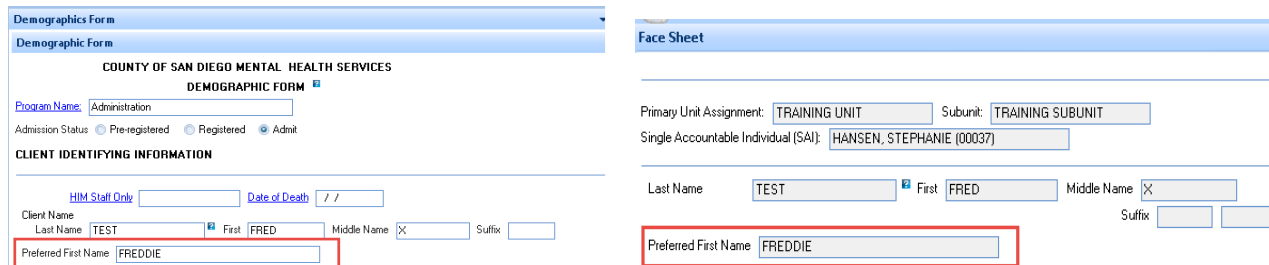
The Mental Health Professional Licensing Waiver Request Form has been revised to include for following new questions:

- Verification of completion of 3000 hours of supervised professional experience
- Verification of whether the individual seeking PLW has an approved waiver with DHCS

The updated form can be found on the Optum Website under the Forms Tab.

Demographic Form/Face Sheet Update

There is a new field in the Demographic Form that will pull into the Face Sheet. The question is under the Name of the client, and is Preferred First Name. This field can be used if the client wants to be called by a different name. It is not a required field. It is not a required field – however it has been added based on feedback received to ensure we are being more inclusive and sensitive to client preferences/identification. Please see the screen shots below:



The image shows two screenshots of forms. The left screenshot is the 'Demographic Form' for the County of San Diego Mental Health Services. It includes fields for Program Name (Administration), Admission Status (Pre-registered, Registered, Admit), and Client Identifying Information. The 'Preferred First Name' field is highlighted with a red box and contains the text 'FREDDIE'. The right screenshot is the 'Face Sheet' form, which includes fields for Primary Unit Assignment (TRAINING UNIT), Subunit (TRAINING SUBUNIT), Single Accountable Individual (SAI) (HANSEN, STEPHANIE (00037)), and Client Name (Last Name: TEST, First: FRED, Middle Name: X, Suffix:). The 'Preferred First Name' field is highlighted with a red box and contains the text 'FREDDIE'.

Knowledge Sharing

Post Discharge Coordination of Care – Access Time Data Entry

New or current clients discharged from a 24-hour facility (acute psychiatric hospital or crisis house) shall be assessed by program within 72 hours. If after assessment, the client is deemed urgent, client shall be seen within 48 hours of contact with program. A need for urgent services is defined in Title 9 as a condition, which without timely intervention, is certain to result in a person being suicidal, homicidal, or gravely disabled, and in need of emergency inpatient services. *Not all hospital discharges may be considered Urgent.

Urgent Psychiatric Condition

- Title 9 defines an “Urgent Psychiatric Condition” as a condition, which without timely intervention, is certain to result in an immediate emergency psychiatric condition. The County further refers to Urgent as a condition for which treatment should not wait for a normally scheduled appointment, as it would place the health or safety of the individual or another individual in serious jeopardy in the absence of an intervention
- Access Standard: Face-to-face clinical contact with client within (48) hours of referral.

False Claims Act Annual Training Requirement

Providers are an integral part of ensuring that there are prevention strategies in place to protect client, providers and stakeholders from fraud, waste and abuse. Through the prevention, early detection, investigation and ultimate resolution we support quality of care and sound clinical practices required by the Federal and State False Claims Act.

MHP Contractors and FFS/TERM Network providers are required to complete the County of San Diego False Claim Act training annually. The training is available on the County website [here](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/compliance_office/training.html).
(https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/compliance_office/training.html)

Please welcome our new QI Specialists!

Carlie Amacher is a Licensed Marriage and Family Therapist, who began her career working with children and families in the Central Valley of California. For a number of years she provided therapy services to Youth in the Child Welfare System. Later in her career she worked on a multi- disciplinary team providing mental health treatment to adults with severe mental illness while

also serving in a leadership role for training staff on clinical documentation standards. Carlie Amacher is an adjunct professor for a Master's in Clinical Counseling program and before deciding to move back to San Diego, she was the Trainer for Stanislaus County's Behavioral Health Department for 500+ staff. Training on Topics such as Telehealth, Practicing Self-Care and Working from Home, Child and Adolescent Needs and Strengths Assessment (CANS), and Helping Children Build Resiliency. She served for a number of years on The Cultural Competence, Equity, and Social Justice Committee with a focus on expanding mental health access and support to, difficult to reach populations. She is a Humboldt county native but enjoys San Diego's warm weather and going for walks to get coffee with her husband and dog Charlie

Liliana "Lily" Cerrillo is a Licensed Marriage and Family Therapist, having received her MA in Marital and Family Therapy with a certificate in Latin American Family Therapy; and is in the process of receiving her AAMFT Approved Supervisor Certification. Lily's clinical focus is working with severe mental illness, co-occurring disorders, crisis intervention, the Latinx and geriatrics populations, and clinical supervision; by being Bi-lingual and Bi-cultural she implements a culturally sensitive approach when meeting with service partners and other entities. She has worked at non-profit and for-profit organizations, such as Center for Community Solutions, Union of Pan Asian Communities, Community Research Foundation, and Alvarado Parkway Institute. Most recently she was with San Diego Youth Services as a Clinical Supervisor and Director of Services. During her spare time Lily is a mentor through SDSU's Aztec Mentor Program, enjoys comedy shows, trying out different foods, cooking/baking new recipes, and traveling. She is excited to be a part of the QI Team and is ready to expand her knowledge with HHS.

QI Matters Frequently Asked Questions

Q: If we obtain a verbal consent for a Release of Information (ROI) during the phone services, can we document this in the progress note and obtain the wet signature during the next in person service?

A: The ROI cannot be used until you have a wet signature. As of 7/1/21, the State flexibility ends and programs must obtain wet signatures on ROIs (see BHIN 21-046).

Q: Can I still obtain verbal consent for a client plan signature vs a wet signature?

A: Title 9 allows for verbal consent of the client plan as long as the client's participation in and agreement to the plan is documented in a progress note.

Q: What about if the psychiatrist provides services 100% telehealth, but the client is seen for clinic based services for therapy?

A: Signature on the consent for antipsychotic medications via a wet signature should be obtained.

The July 2021 MH UTTM provided the update re: the expiration of COVID Waivers and effective dates, along with the BHS IN 20-146 which outlines the Updated guidance for BH programs regarding COVID 19 public health emergency flexibilities and waivers/signature requirements. The BH IN 21-046 is posted on the Optum Website under MHP Documents in both the COVID-19 tab and the Communications tab.

Management Information Systems (MIS)

!! DHP ARF Reminder !!

A reminder that new prescribers will need access to e-prescribe as soon as they come on board. Please submit DHP ARFs before their onboarding date if possible so that MIS can build their accounts and get them set up for immediate access to DHP. In addition, if they will need EPCS tokens, it will be helpful if someone in your organization can pick one up for them at our office so they can begin the identification process immediately on their first day. A DHP packet and the link to Optum's training page with the practice video will be sent to you so they can train on their first day. After training, let us know so we can activate them. EPCS tokens can take a week or so for final authorization.

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

QM MH... UP TO THE MINUTE

January 2022



Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Improvement Partners (QIP) Meeting: Tuesday, **January 25, 2022** from **2:00p – 4:00p** via WebEx. Attendance is encouraged as we will be reviewing CalAIM changes to Medical Necessity and Reasons for Recoupment, as well as proposed changes to documentation.

DHP Training: January 31, 2022 This is a self-paced, virtual class and you may enroll through the standard RegPack link: www.regpack.com/reg/optum.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

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MENTAL HEALTH SERVICES



Updates

The All Provider Listing Link has been resolved by Optum and providers are able to print again via:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhs_services.html

CCBH Training Page

Optum has created a new [CCBH Training Page](#) on the Optum Website under BHS Provider Resources. This page centralizes all training resources to increase accessibility to Account Request Forms (ARFs), new user registration resources and includes a Registration FAQ Manual with helpful tips when registering new staff for training and clarification of required training tracks based on job title/role and links to the Cerner/CCBH live and training application. There are also “accordion menus” for pre-training tips for trainees and program managers and the ability to download and save or print forms and resources.

New Medi-Cal benefits clients may be eligible for through their Managed Care Plan!

Enhanced Care Management (ECM) is a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered. Initial populations of focus include:

- Individuals Experiencing Homelessness
- Adult High Utilizers
- Adult with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- Adults & Children/Youth Transitioning from Incarceration
- Adults at Risk for Institutionalization and Eligible for Long-Term Care
- Nursing Facility Residents Who Want to Transition to the Community

Community Supports are new statewide services provided as cost effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health. They may include:

Housing Transition Navigation Services
Housing Tenancy and Sustaining Services
Recuperative Care (Medical Respite)
Caregiver Respite Services

Housing Deposits
Short-Term Post-Hospitalization Housing
Day Habilitation Programs
Nursing Facility Transition/Diversion to Assisted Living Facilities

Optum Website Updates MHP Provider Documents

References Tab:

- The Diagnosis Practice Guidelines have been updated to replace current CalAIM language related to medical necessity and diagnosis and has been uploaded onto the Optum Website.

Trainings Tab:

- A link has been added to the Trainings Tab under the MHP Documents on the Optum Website titled “CCBH Training Page – Tips and Resources”. This may also be accessed via [CCBH Training Page – Tips and Resources](#) link will redirect to the CCBH Training Page.

Personal Care and Homemaker Services
 Sobering Centers
 Asthma Remediation

Community Transition Services/Nursing Facility Transition to a Home
 Environmental Accessibility Adaptations (Home Modifications)
 Medically Supportive Food/Meals/Medically Tailored Meals

The Managed Care Plans continue to work to establish these resources; please be sure to check in with them regarding potential availability for your clients and to confirm referral processes.

Health Plan	Member Services/ Transportation
Aetna Better Health	1-855-772-9076
Blue Shield CA Promise Health Plan	1-855-699-5557
Community Health Group	1-800-224-7766
Health Net	1-800-675-6110
Kaiser Permanente	1-800-464-4000
Molina Healthcare	1-888-665-4621
UnitedHealthcare	1-866-270-5785

Knowledge Sharing

Advocacy Services and Record Requests

In accordance with the Code of Federal Regulation (CFR) Title 42, Part 438, Subpart F – Grievance System, the JFS Patient Advocacy Program and CCHA are required to conduct grievance investigations and appeals pursuant to State and Federal law. There are mandated timelines for grievances and appeals. Providers’ quick and efficient cooperation will ensure compliance with these requirements. When requested, MHP providers shall provide copies of medical records to the JFS Patient Advocacy Program and CCHA **within seven (7) calendar days** from the date of the medical record request. The Advocacy Agencies will provide the program with a signed release of information from the client with the request.

Medication Monitoring McFloop Form Reminder

Completion of the McFloop Form is only required when there is a variance found in completing the Medication Monitoring Screening Tool. If no variances are identified within a quarter, the McFloop Form is not applicable.

QI Matters Frequently Asked Questions

Q: With the CalAIM initiative changes to medical necessity and reasons for recoupment, are prior authorizations still required or a reason for disallowance?

A: Prior Authorizations are still in place and required, there has been no change and services without prior authorization are still disallowable.

Q: Which diagnoses are available to be utilized now? Can we utilize z-codes past 30 days?

A: All ICD-10 Mental Health diagnoses, as found in the DSM-5, are open for use. Providers may use Z03.89 when deferring a diagnoses.

Q: So, if an item is no longer a reason for recoupment, will we still be marked out during our medical record review?

A: While the State may no longer require recoupment (disallowance) of a service, most items are still a compliance issue and will still result in a mark out of compliance during the medical record review. (ie: late final approvals, no valid client plan). We will continue to monitor compliance and the expectation for continued quality clinical treatment remains regardless of recoupment status.

Q: Since the state no longer requires recoupment for timelines of Client Plans, does this mean this won't be marked out during a medical record review?

A: Currently, all timelines for completion of Client Plans and BHAs remain in effect. Programs will be marked out of compliance for these items; however the service(s) will no longer be disallowed or require recoupment.

Q: Do Progress Notes still hold the 14-day Final Approval requirement? Will a service Final Approved post 14 days be recouped?

A: Yes, all Progress Notes must be Final Approved within 14 days from the date of service, or they will be recouped.

Management Information Systems (MIS)

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

A new CCBH Training webpage is now available on the Optum website with the goal of further simplifying the training experience for both attendees and program managers. It centralizes existing links and resources, such as FAQs, the registration link, downloadable forms, video tutorials, resource packets, and support outlets. It also includes tips shared in previous UTTM editions for quick reference. To access the webpage, click here: [CCBH Training \(optumsandiego.com\)](http://optumsandiego.com).

Quality Management Trainings

Progress Notes Practicum: Wednesday, **February 16, 2022** from **9:00a – 12:00p** via WebEx. *Registration Required.*

CYF Documentation Training: Thursday, **February 24, 2022** from **9:00a – 12:00p** via WebEx. *Registration Required.*

Support Partners: Wednesday, **March 2, 2022** from **12:00p – 3:00p** via WebEx. *Registration Required.*

A/OA Documentation Training: Monday, **March 7, 2022** from **9:00a – 12:00p** via WebEx. *Registration Required.*

Audit Leads Practicum: Monday, **March 21, 2022** from **12:30p – 3:30p** via WebEx. *Registration Required.*

MHBU Trainings

The Mental Health Billing Unit will be offering the following Financial Trainings in January 2022 for new staff or for those who needs a refresher. The dates and time are as follows:

1. UMDAP - Tuesday, Feb 15th from 9:30-12:30
2. 3rd Party Insurance Coverages – Wednesday, Feb 16th from 9:30-12:30
3. Billing Reports Training – Thursday, Feb 17th from 9:30-12:30

For those who are interested in any or all of the trainings, please send us the following information to MHBU email at: MHBillingUnit.HHSA@sdcounty.ca.gov

- a) Your Name
- b) Program you're working at
- c) Email address
- d) Contact Phone number

MHBU staff will send you confirmation once we received your email as well as Team invites, and materials will be sent to you a day prior to the scheduled training.

Recovery International Online Workshop

Empowering Success – Bringing Out the Best in a Peer Employee: Wednesday, March 30, 2022, at 1:00pm via Zoom. This training is for mental health service providers who work with or supervise peer staff in the Adult/Older Adult Behavioral Health System of Care. *Registration Required via the link provided on the attached flier.*

Quality Improvement Partners (QIP) Meeting: Tuesday, **February 22, 2022**, from **2:00p – 4:00p** via WebEx

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



MENTAL HEALTH SERVICES



Updates

BHA Form Fill Templates

The BHA Form Fill Templates have all been updated and are now live in CCBH. The Presenting Problem and Clinical Formulation sections were updated to include the new CalAIMS language in the help text. The updates can also be found on the Optum Website, under the UCRM Tab. BHS Provider Resources → MHP Provider Documents → UCRM.

Medi-Cal RX Rollout Concerns:

Since the roll-out of Medi-Cal RX beginning January 1, 2022, the following concerns have been expressed by providers:

- Delays in claims processing
- Incorrect information being provided to consumers and pharmacies
- Portal documents/*covermyeds* forms not working properly,
- Formulary restrictions
- Urgent medications not being authorized/delayed in approval,
- Excessive helpline wait times

Due to these concerns, BHS will centralize provider feedback through the QI Matters email: gimatters.hhsa@sdcounty.ca.gov in order to ensure the information is routed to the appropriate parties. The County of San Diego is sharing concerns with DHCS to address issues identified by our providers.

Please remind your clients that JFS and CCHEA may be contacted for advocacy regarding care concerns that arise due to the current process.

- Jewish Family Service (JFS): [Patient Advocacy - JFSSD](#)
- Legal Aid Society of San Diego (CCHEA): [Behavioral Health | Legal Aid Society of San Diego \(lassd.org\)](#)

Providers are encouraged to work directly with clients and pharmacies to access emergency medications when needed. Additional details can be found here: [Revised Emergency Fill Quantity Limit and Frequency Policy \(ca.gov\)](#).

Reference: BHSIN 02.11.2022

OPOH Updates:

OPOH Section F - Pages F.2-F.3 updated Process Definitions for Grievances, Discrimination Grievances, Grievance Exemptions and Appeals and State Fair Hearing Processes.

OPOH Section F – Pages F.8-F.9 updated Advocacy Services and Records Requests.

Optum Website Updates MHP Provider Documents

OPOH Tab

Section F - Pages F.2-F.3 updated Process Definitions for Grievances, Discrimination Grievances, Grievance Exemptions and Appeals and State Fair Hearing Processes.

Section F – Pages F.8-F.9 updated Advocacy Services and Records Requests.

UCRM Tab

BHA Form Fills are updated

Peer Certification and Peer Support Services Implementation

For individuals who are employed as a peer as of January 1, 2022 and seek certification under the legacy standards, or those individuals certified out of state and are seeking to be certified under these standards, a Medi-Cal Peer Support Specialist Certification Program must grant certification if the individual has:

Either:

- 1 year of paid or unpaid work experience (1550 hours) as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums

OR

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

AND has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
 - One from a supervisor
 - One from a colleague/professional
 - One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam

Peers employed as a peer January 1, 2022, and seeking certification through the legacy process must complete or begin the process by December 31, 2022. After this date, peers seeking certification under a Medi-Cal Peer Support Specialist Certification Program must complete the initial certification process. Peers with out of state certification seeking reciprocity have no sunset date to seek certification.

We encourage peers currently working in the system to begin gathering the required information to the best of their ability.

As more information is released, we will communicate it to the system through future UTTMs, QIPs, and other forums.

Knowledge Sharing

NOABD Policy and Procedure(P&P):


QM has noticed a trend in programs needing to update their NOABD P&P upon review during the MRR. Programs are encouraged to review their NOABD P&P to ensure it reflects the most current information accurately per the OPOH Section F. Additionally, programs are reminded that all types of NOABD's should be listed and defined/explained within the P&P itself (Please refer to page 142 of the OPOH). For questions, please contact QI Matters.

Staff Signature Logs Reminder:

Staff Signature Logs must include all employee signatures – including the program MD and nursing staff. Programs are reminded that the log should include the staff's printed name, signature, and credentials.

YTSE:

QM has noticed a trend of the Youth Transition Self-Evaluation Form (YTSE) not being completed in full. Programs are reminded that when completing the YTSE, if the client has score of 3 or below in any area, this needs to be reviewed and addressed in the action/comments section to be considered complete. This is also indicated on the directions on the YTSE Form. Failure to address any areas scoring 3 or below results in a mark out of compliance on the relevant MRR tool question.



13. I can explain my own cultural background.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
ACTIONS/COMMENTS:						

Serious Incident Reporting Reminders:

Incidents involving death of a client:

- When reporting the death of a client, programs may contact the County Medical Examiner’s Office to confirm the client is deceased and the date of death.
- Programs may also request the CME Report. This report may assist you in completion of your Serious Incident Report of Findings Report (SIROF), especially when the death is due to unknown circumstances.
- The report is taking Medical Examiner 6-9 months to complete.
- Contact the Medical Examiner at 858-694-2895 to confirm client’s death, date of death and receive CME case number. May ask for preliminary cause of death if known. Document this information in the SIR.
- Email the Medical Examiner at records.mx@sdcounty.ca.gov. to obtain the CME report. The Medical Examiner will send the program a copy of the final report once it is completed.

SIROF Extensions:

- In the event a program is awaiting final cause of death determination from the CME report, the program may be granted an additional 30 days to complete the SIROF.
- If you need an extension, please reach out via QIMatters and the request will be processed.
- SIROF extension requests must be sent to QI Matters every 30 days while waiting for the medical examiner’s report.

SIROF Reports:

- SIROF reports are to document your investigation into the events leading up to the incident and look at whether or not there are any measures the program can take to prevent a similar incident from occurring in the future.
- When answering question #1 (Serious Incident Summary of Findings) there should be a **brief** description of the incident. The main focus of the question should be on what was discovered during your investigation of the events leading up to the incident. This includes a chart review, policy and procedure review, interviews with client and staff, etc. This question is your analysis of your investigation.

- Question #2 (Recommendations/Planned Improvements) would address any changes in the client's treatment you would implement to assist the client or other clients in your program, quality improvement practices to implement, changes to P&P's etc.
- Please refer to the Serious Incident Report of Finding Explanation Sheet for further information.

QI Matters Frequently Asked Questions

Q: With the staff signature log, does that also include administrative staff and other managers? For instance, a QA Manager or Program Director?

A: The staff signature log requirement applies for all staff who provide services and document in CCBH/client charts.

Q: Can staff use a digital signature (Adobe) for medication consent forms, or does it need to be a wet signature?

A: Docu-Sign is the only approved digital signature medium at this time.

Q: We have a client who is requesting to be closed from our clinic because she is seeing a psychiatrist at another clinic. In this instance, would an NOABD be required before discharging the client? The client is transferring to a lower level of care clinic for therapy but is transferring to another psychiatrist within our same level of care.

A: In this case, the client is requesting a planned discharge due to seeking services elsewhere. Planned or client requested discharges do not require the NOABD.

Correction: An NOABD is required even when the client chooses to terminate/seek services elsewhere – if they provide written notice/request, it just allows for the program to forego the 10-day notice requirement. The only time the NOABD is not required is if termination is due to the successful completion of treatment.

Q: I had a question about the medication monitoring tool and the McFloop. If there is a variance found but that variance is within the standards of clinical practice and there is documentation to support that in the patient's chart, would a McFloop be required given there would not be any corrective action needed or could the reviewer just note in the comments section of the med monitoring tool that the variance is acceptable and not complete the McFloop?

A: Yes, you would need to document that the variance is within the standards of clinical practice and that the McFloop is not indicated.

Management Information Systems (MIS)

Tips for logging into CCBH due to recent user reported errors:

- Use Microsoft Edge
- Use current workspace receiver
- Clear cache
- Use most current link (available via the Optum Website)
- Cerner Screen → Cerner Session Clean up (if CCBH freezes)
- Ensure scale and layout for all monitors is at 100%

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

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Training and Events

Quality Management Trainings

Support Partners: Wednesday, **March 16, 2022**, from **12:00p – 3:00p** via WebEx. *Registration Required.*

Audit Leads Practicum: Monday, **March 21, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

RCA Documentation Training: Tuesday, **March 29, 2022**, from **9:00a – 12:00p** via WebEx. *Registration Required.*

Recovery International Online Workshop

Empowering Success – Bringing Out the Best in a Peer Employee: Wednesday, March 30, 2022, at 1:00pm via Zoom. This training is for mental health service providers who work with or supervise peer staff in the Adult/Older Adult Behavioral Health System of Care. *Registration Required via the link provided on the flier attached to the February 2022 UTTM email.*

Quality Improvement Partners (QIP) Meeting: Tuesday March 22, 2022, from **2:00p – 4:00p** via Microsoft Teams.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



Mental Health Services



Updates

Beginning July 2022, the National Suicide Prevention Lifeline (800-273-8255) will transition to 988—[an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis](#). Once 988 goes live, the calls will route seamlessly into the Access and Crisis Line.

Mega Regs/Network Adequacy:

- As part of Network Adequacy requirements, providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- There is a State-wide initiative to standardize the format, content and transmission of provider network data sent to DHCS, known as the 274 Expansion Project.
- The X12 274 (274) Health Care Provider Directory standard is a national Electronic Data Interchange (EDI) standard selected by DHCS to ensure all provider network data is consistent, uniform, and aligns with national standards.
- Once the transition plan to the use of the 274 standard is completed and San Diego begins production data submissions, DHCS will require provider network data to be submitted every month.
- To prepare for this new State requirement, BHS will be **requiring monthly attestations** in the SOC application **starting June 1, 2022**.
- As we prepare for this new requirement, BHS will begin ensuring there is an identified program manager registered to the SOC, who will receive a monthly report of staff who has not attested to their profiles in the SOC. This will help program managers identify internal processes to be able to ensure the monthly requirement is met.

Mega Regs/Network Adequacy: System of Care Application (SOC)

- DHCS will review, validate, and certify the provider network of each County. They must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1), commonly known as the Mega Regs.
- DHCS will use this information to ensure compliance with CMS network adequacy requirements. In order to demonstrate network adequacy, Counties must submit a completed Network Adequacy Certification Tool (NACT).
- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Mega Regs. The data from the SOC Application is used to complete the NACT to demonstrate San Diego's mental health network adequacy.

Optum Website Updates MHP Provider Documents

Billing Unit/Finance Tab:

Third Party Billing Instructions were added to the Billing Unit/Finance Tab on 3/17/22.

Communications Tab:

BHS Contractor Memo-Medi-Cal RX Update dated 2/11/22 was posted.

Forms Tab:

Updated SIROF Form Fill with a revision date of 3/4/22.

Day Services Request, IHBS, TBS and TFC Prior Authorization Request Forms and the CYF UM Request Form were all updated and should be utilized as of 4/1/22. These were updated with the new CalAIM Medical Necessity Criteria language.

OPOH Tab:

OPOH was updated 3/11/2022 with the new CalAIM information.

OPOH Section M was updated on 3/28/22. Page M.10 was updated to correct a typo and include 3 FTE Masters Level Student Interns.

References Tab:

Updated Medi-Cal Recertification Tool for FY 22-23 was added.

- Providers are expected to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

Form Updates:

The CYF Program Forms have been updated with the CalAIM requirements for Medical Necessity. Note: Most forms only contain slight changes and will be live on Optum as of 4/1/22. These are required to be used as of 4/1/22 and programs will be asked to resubmit forms on the correct version by Optum.

The IHBS Prior Authorization Form and DSR Prior Authorization Form were revised to include the Qualified Individual Assessment for STRTPs, removed STEPs, and updated the Medical Necessity Criteria.

The TBS Authorization Form has been updated with criteria for Medical Necessity and the impairment/intervention verbiage replaced with how TBS will focus on identified behavior and challenges.

Reviewed the TFC Authorization Form – Language was changed to reflect DSM/ICD Mental Health Diagnosis.

The CYF UM Form was updated with diagnoses to include experience of trauma per the Medical Necessity criteria.

Knowledge Sharing

State Campaign to Help Medi-Cal Clients Retain Health Coverage

- California is launching a statewide effort to help Medi-Cal beneficiaries keep their Medi-Cal coverage or be enrolled in other coverage.
- When the PHE ends, the state will resume normal Medi-Cal eligibility operations and the annual eligibility review. As a result of that process, two to three million beneficiaries could no longer be eligible for Medi-Cal.
- The state, along with its partners, are engaging in a comprehensive campaign to reach beneficiaries with information about what to expect and what they need to do to keep their health coverage.
- DHCS has launched a customizable [Medi-Cal Continuous Coverage toolkit](#) and [webpage](#) to help trusted entities and individuals act as DHCS Coverage Ambassadors to push communications to Medi-Cal beneficiaries to encourage them to update their contact information with their counties to ensure they receive important information about keeping their Medi-Cal coverage.

Reminder: Network Adequacy Certification Tool (NACT) Submission

- Communication regarding the NACT submission was emailed to programs on Friday, April 8, 2022.
- All NACT information is submitted via System of Care (SOC) application.
- To register to the SOC application: visit www.OptumSanDiego.com and click on the "Register" link on the upper right corner of the webpage.
- Profile and site attestations by each provider and program manager are due by Friday, April 29, 2022.

- For tips, FAQs, and other resources on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

QI Matters Frequently Asked Questions

Corrected FAQ from the March UTTM:

Q: We have a client who is requesting to be closed from our clinic because she is seeing a psychiatrist at another clinic. In this instance, would an NOABD be required before discharging the client? The client is transferring to a lower level of care clinic for therapy but is transferring to another psychiatrist within our same level of care.

A Corrected Answer: A NOABD is required even when the client chooses to terminate/seek services elsewhere – if they provide written notice/request, it just allows for the program to forego the 10-day notice requirement. The only time the NOABD is not required is if termination is due to the successful completion of treatment.

Q: At this time should we start to make changes to services that showed up on our program’s suspense report due to using a Z-code?

A: Z-codes Z55-65 are no longer on the suspense report and are okay to utilize. For these, changes are not required.

Q: I thought Z codes were appropriate and billable diagnosis codes with CalAIM change?

A: The new draft IN has revised this slightly to specify Z55-65, Z03.89, and the assessment phase only. The assessment phase is currently defined as 30 days.

Q: So even the Z55-65 codes need to be changed after 30 days and we should continue to have a final Dx after 30 days?

A: Yes, the current draft states this and our current assessment period is 30 days.

Q: Just confirming that if there are difficulties with engagement around the time of a UM due date, that “excluded” services (e.g., SC50) are an acceptable intervention to support reengagement towards a SC13 session for completion of UM.

A: Excluded services can be provided to the client. Documentation should clearly indicate attempts to engage the client in treatment in order to complete all UM requirements.

Q: Can you please confirm if every client is required to have a Safety Plan, even those who do not have hx of SI, SIB, or AH/VH? Thank you.

A: The “My Safety Plan” should be completed when there is risk or concern that crisis intervention may be needed. It should be updated throughout treatment as clinically indicated and all elements should be included. Providers assessing the client should use clinical judgement on developing a Safety Plan when there is no history or current risk factors. For some clients, it may still be prudent to create the plan, and some programs may require it, regardless.

Management Information Systems (MIS)

A new version of the ARF is ready for use. We have changed the credential of TRAINEE to match what the State names these staff: STUDENT INTERN. Please download and use the new ARF from now on. All expired ARFs will be rejected after 4/30/22. The ARF can be downloaded from RegPacks: www.regpack.com/reg/optum

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

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Training and Events

Quality Management Trainings

Adult/Older Adult (A/OA): Tuesday, **May 10, 2022**, from **12:30p-3:30p** via WebEx. *Registration Required.*

Audit Leads Practicum: Thursday, **May 19, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

Children, Youth, and Families (CYF): Wednesday, **May 25, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

Progress Notes Practicum: Tuesday, **June 7, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

Support Partners: Thursday, **June 9, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

RCA Documentation Training: Date and Time **TBD** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday April 26, 2022, from **2:00p – 4:00p** via Microsoft Teams.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



Mental Health Services



Updates

The COVID-19 PHE will end soon and the process of redetermining eligibility for millions of Medi-Cal beneficiaries will begin

- To Minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role
- DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.

How you can help:

Become a DHCS Coverage Ambassador

- Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - The toolkit includes social media, call scripts, noticing, and website banners
- [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

Encourage Beneficiaries to Update Contact Information

- Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
- Flyers in provider/clinic offices, social media, call scripts, website banners
- Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with county office if they have not done so yet.

New Access to Services Journal (ASJ) Referral Options

There are three new referral options that were added to the ASJ effective May 1st. The options were added to the ASJ to align with the new CalAIM reporting requirement to track and report on referral flow to and from managed care plans. It is important to ensure referral data is being collected accurately for this requirement. MIS is working on other areas of CCBH where referral information is collected and will provide further updates soon. If you have any questions, please reach out to MISHelpDesk.HHSA@sdcounty.ca.gov

- **Managed Care Plan–PCP** – use this option when a client is referred to or from a primary care physician (typically for ongoing medications).
- **Managed Care Plan–MH Provider** – use this option when a client is referred to or from a managed care plan for mild to moderate mental health services.
- **Emergency Room** – use this option when a client is referred to or from an emergency room.

Optum Website Updates **MHP Provider Documents**

Beneficiary Tab:

The San Diego Provider List Translation Instructions has been updated with an updated screenshot of the Website link as Optum has added a searchable provider listing link above the PDF Link.

References Tab:

An updated MRR Tool for FY 21-22, revised 2/24/2022 was posted.

UCRM Tab:

My Safety Plan Form Fill was updated to include MCRT as an option under resources (item number six).

Medi-Cal Rx Update:

This week, DHCS and Magellan launched a new Medi-Cal Rx customer service support team that is dedicated to serving county behavioral health plans/providers, along with other “special populations.”

How to Access the Medi-Cal Rx Clinical Liaison Team for County Behavioral Health and Special Populations

The Special Populations Clinical Liaison (SPCL) Team is dedicated to serve populations enrolled with CA Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP), and those who have behavioral health (BH) conditions. The SPCL team is comprised of technicians and pharmacists, as well as supervisor staff. The SPCL Team is available Monday through Friday, 8:00 a.m. to 8:00 p.m., excluding holidays.

Accessing a Clinical Liaison

To reach the SPCL Team, a user calls the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, and then presses 5 (a silent option within the prompt queue) to speak with an SPCL. This SPCL team is available to serve beneficiaries, providers, and county users who can authenticate themselves to discuss PHI. The SPCL will follow the established protocols within the CSC for authentication and disclosure of PHI. There will be a phased-in approach for authentication.

Phase One: May 9, 2022

Starting May 9, 2022, previously identified county users will be provided their unique individual verification number (IVN) via email, going out 5/4/2022. Users utilize their IVNs to self-service authentication and discuss PHI with a SPCL. These county users include CCS case managers, CCS county nurses, Behavioral Health county workers, and others identified by each county. Providers using their National Provider Identifier (NPI) or beneficiaries using their beneficiary information will authenticate directly with the SPCL.

Phase Two: May 19, 2022

Starting May 19, 2022, in addition to county users, providers with an NPI will utilize their unique IVR to self-service authentication via and discuss PHI with a SPCL. Beneficiaries and their guardians will continue to authenticate with the SPCL directly.

Knowledge Sharing

Reminder: The Beneficiary Materials Request form on Optum has been updated but QM is finding that many programs are still utilizing the old form which contains outdated information. Please ensure you are submitting the most current version of the Beneficiary Materials Request Form dated 11/4/21 to QI Matters.

Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination.

Reminder on Certification Requirements:

- Must be at least 18 years of age. Proof of age is required (state or government-issued photo identification, such as driver’s license, identification card, or passport).

- Possess a high school diploma, general equivalency degree (GED), or college degree. Submission of diploma or transcripts are required.
- Self-identify as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer.
- Be willing to share one’s experience as a person with lived experience and recovery to help others.
- Have a strong dedication to recovery.
- Agree, in writing, to the Medi-Cal Code of Ethics.
- Watch the Orientation and Self-Assessment video prior to submitting application (approximately 30-minutes in length).
- Submit a complete application within the open scholarship application timeframe. Responses to the narrative question will be evaluated.
- Pass the state exam.

Processing Scholarships:

- The California Mental Health Services Authority (CalMHSA) as the certifying entity for certification of Medi-Cal Peer Support Specialists will process all applications.
- CalMHSA will receive scholarship applicant names from the County BHS liaison.

How to Apply?

Use the online [Application Form](#).

Scholarship Application Timeline:

May 2 – July 31, 2022	Scholarship applications are open for individuals seeking certification under the legacy process. Individuals must be employed as a peer as of 1-1-2022.
July 1 – September 30, 2022	Scholarship applications for individuals seeking initial certification, not through the legacy process.
November 30, 2022	Applicant must be registered for the exam by 11-30-2022. Expired scholarships will be forfeited and considered expired/invalid. No extensions will be granted for expired scholarships.

For more information visit the certification program website at CalMHSA.org. For questions, contact Ezra.Ramirez@sdcounty.ca.gov.

QI Matters Frequently Asked Questions

Network Adequacy Related FAQs:

Q: Are the SOC & PM able to approve/attest for staff at their program?

A: Yes, you can request access from the HelpDesk and request a Staff Update/Edit all access which allows you to approve/attest for everyone on provider list. Peer Managers can also be given access. Access is temporary but extended time greater than 24 hours can be granted.

Q: If we have subunits that are not currently active and pending close out/deactivation, what do we need to do for the Manage MH Sites Tab?

A: These would change automatically when changing subunit status on MH Sites tab, and will not appear on Managed Sites tab. Until the subunit is closed, the program should enter the minimum information required.

Q: What if there are providers on our list under the MH tab that do not provide services at our clinic but do another clinic, what do we do?

A: Change the status to not providing services at this site and submit a modified ARF to remove the association with your subunit.

Q: Should we request that providers on the list who are no longer employed in our program OR agency be taken off the list?

A: You would need to submit a termination ARF and by doing so they will fall off the provider list in SOC. Remember to submit the Termination ARF in a timely manner to ensure the staff are not accessing CCBH after termination.

CalAIMS Related FAQs:

Q: Does the Progress Note timeline mean services become non-billable after 3 days? Will this impact the disallowance rate on future MRR's?

A: Progress notes final approved after 3 business days will be marked out of compliance. They will not require any correction or change to non-billable status. Progress notes that are final approved after 14 days will be marked out of compliance and disallowed. This requirement has not changed.

Q: Does the 3 days for Final Approval apply to the initial BHA and Client Plans too?

A: The three days is specific to billing for the service itself. Progress notes must be documented and final approved within three days of service.

Q: In regards to 3 business days for progress notes, do business days means Monday - Friday? I'm wondering how this would apply for staff that may be on-call for the weekend.

A: QM is interpreting this to mean traditional M-F business days.

Q: When counting days for the 3 business days, is the day of service day 0 or day 1?

A: The Day of Service is day 1 of the 3-day count.

Q: As for the "subsequent assessments" being up to clinical discretion, will this give us more wiggle room than 365 days exactly? Especially for clients we are documenting consistent attempts for an no show?

A: QM will be further looking at assessment updates. DHCS considers "annual" as "365 days".

Q: Will the 365-day interpretation of BHA and "problem list" updates be loosened? Also, the 6 month date for mHOMS to help relieve stress and burn out and MRR's feel less negative?

A: QM's interpretation of annual is 365 per DHCS definition. At the current time these requirements stand as is.

Q: Would the 24 hours requirement for crisis services also include the HRA?

A: No, the 3 day relates to the crisis service, not the HRA.

Management Information Systems (MIS)

MIS Questions?

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Progress Notes Practicum: Tuesday, **June 7, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

Support Partners: Thursday, **June 9, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

RCA Documentation Training: Date and Time **TBD** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday May 24, 2022, from **2:00p – 4:00p** via Microsoft Teams.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

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Mental Health Services



Updates

Telehealth Consent Requirements

Per BHIN 22-019, effective July 1, 2022, Health Care Providers are required to confirm consent for telehealth or telephone services, in writing or verbally, at least once prior to initiating applicable health care services via telehealth to a Medi-Cal beneficiary. The provider must document in the patient record provision of this information and the beneficiary's verbal or written acknowledgement that the information was received. System of Care providers are encouraged to develop their own processes and/or written consent forms in order to adhere to this mandate, however the consent for telehealth services must contain the following explanation:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit
- The use of telehealth is voluntary, and consent may be withdrawn at any time by the beneficiary without affecting their ability to access covered Medi-Cal services in the future
- The availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- The potential limitations and risks related to receiving services through telehealth as compared to an in-person visit to the extent that any limitations or risks are identified by the provider

HRA Requirement Update:

QM acknowledges that often times a client is open to multiple programs. When clients are hospitalized, completing an HRA at every program creates redundancy for both the client and the staff. Given the nature of CCBH and the ability to view the HRA's, QM has made a revision to the requirements for programs completing HRA's upon discharge from 24-hour facilities.

If there is a HRA completed within the required timeframe from the client's discharge by one of the other programs to which the client is open, the supplemental program(s) may simply add a Never-Billable Informational Only Note acknowledging the review and acceptance of the information in the HRA.

Additionally, the review of the HRA can also be claimed in a billable service only if/when you are providing a direct service to the client. For example: A client comes into your program for a face-to-face service after a recent hospitalization and the staff reviews the recent hospitalization, discussing any changes to the safety plan and reviewing a completed HRA.

Optum Website Updates MHP Provider Documents

- The DPC 203 Forms were removed from the Optum Website. The most up to date forms may be accessed by contacting your County COR or County assigned Analyst.
- The Access to Service Journal Template was updated to include the three new Referred To and Referred From options of Managed Care Plan-PCP, Managed Care Plan-MH Provider and Emergency Room.

Peer Support Specialist Tab:

- The Scholarship Flyer Peer Support Specialist Certification Program was posted on Optum.
- The Medi-Cal Peer Support Specialist Certification Overview presentation was posted.
- The BHS HPA Peer Support Specialist Services Q&A was posted.

References Tab:

- The Updated BBS Required Notice to Consumers 2022 was posted.

Communications Tab:

- The BHS Contractor Memo-CalAIM Documentation Reform 5.20.2022 was posted.

CalAIM Tab:

- There is a new CalAIM Tab on the MHP Provider Documents page.
- The BHS Contractor Memo-CalAIM Documentation Reform 5.20.2022 was posted.

Billing Unit/Finance Tab:

- The old Financial Eligibility and Billing Manual 2018 was removed from the Manuals Tab. The updated manual is located on the Billing Unit/Finance Tab.

BBS Updated Requirement to Provide Notice to Psychotherapy Clients:

Effective January 1, 2022, the BBS has implemented changes for when you must provide notice and to documentation requirements.

- For new clients, you are required to provide this notice prior to initiating psychotherapy services, or as soon as practicably possible thereafter. The “as soon as practicably possible thereafter” allowance is new, and is intended to allow a provider to provide services first in an emergency, and then provide the notice once the emergency has passed and it is appropriate to do so.
- Effective January 1, 2022, programs to document in the client’s record that you received the notice.

In addition, if you are not licensed or registered with the Board and are providing mental health counseling in an exempt setting, there are some changes you need to make to the wording of the notice moving forward.

- If you are unlicensed or unregistered with the Board but providing services within the scope of practice of Board licensees in an exempt setting (a governmental entity, a school, college, or university, or an institution that is both nonprofit and charitable), the wording of the notice has changed. You are required to provide your clients with a notice about how to file a complaint with your agency. The fact that your setting is considered exempt is conditional upon you doing this.

The notice must be in at least 12-point font, and must be in substantially the following form:

- **NOTICE TO CLIENTS**
The (Name of office or unit) of the (Name of agency) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at (Name of agency). To file a complaint, contact (Telephone number, email address, internet website, or mailing address of agency).
- *The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board’s online license verification feature by visiting www.bbs.ca.gov.*
- If you are a Board licensee or registrant, the wording of the notice has not changed.
- You do not need to distribute the new version of the notice to existing clients. You only need to distribute the new version, as listed above, to new clients you begin seeing on or after January 1, 2022.

[Updated Requirement To Provide Notice To Psychotherapy Clients \(ca.gov\)](http://www.bbs.ca.gov)

FY 22-23 Medical Record Review Process Changes

FY 22-23 brings changes to the Medical Record Review (MRR) Process! Effective July 1, 2022, as we begin rolling out CalAIMS Documentation Reform changes, QM will also be rolling out an updated MRR process. Our FY 22-23 MRR process brings the following changes:

- Newly revised tool focused specifically on DHCS’s documentation reform and Fraud, Waste and Abuse that has been shortened from 71 items down to 38 items.
- Your medical record review will consist of an internal QM review of 10% of services for each server during the quarter in which the review period falls (the review period will consist of a two-month period).
- Programs will be provided 15 days to complete their self-review and attestation.
- Programs will complete self-attestation addressing review of hybrid chart documents and program integrity processes. **Programs may be required to submit documentation upon request which evidence/support the self attestation.*
- For this fiscal year (22-23) programs will not be required to submit their five chart reviews, as it is expected that programs are completing self-reviews as part of their program integrity and service verification as indicated in their program policies.

QM Specialists will be reaching out to their assigned programs to begin scheduling Medical Record Reviews for FY 22-23 in the coming weeks. Please note, all MRR's are scheduled for FY 22-23 in advance at the start of the new fiscal year. You will be offered the option of a virtual or on-site meeting for your MRR exit review. Additional questions regarding the MRR process can be submitted to QIMatters@sdcounty.ca.gov.

Medication Monitoring Process Changes for FY 22-23

As a result of feedback from EQRS and an effort to more effectively monitor programs that provide medication services, QM will be implementing a Medication Monitoring Oversight Committee (MMOC) and new process for quarterly medication monitoring. Effective July 1, 2022, Medication Monitoring will no longer be attached to your annual Medical Record Review. Instead, medication monitoring submissions will be reviewed quarterly by your assigned QM Specialist, as well as completing a spot review of Doctor's Home Page compliance via a randomly selected sample of medication services provided during the reported quarter. The MMOC will provide second level review in cases of identified patterns or trends in noncompliance or variances and work closely with our Medical Directors to determine corrective actions steps and/or QIP requirements as necessary, as well as provide ongoing tracking of any identified trends or continued compliance concerns. Programs will be provided a completed Medication Monitoring Report quarterly as well as any required QIP or other corrective actions steps within 30 days of their quarterly Medication Monitoring submission. This updated process was reviewed at the May QIP meeting and will also be reflected in the OPOH.

Updated Serious Incident Report (SIR) Form

The SIR form has been updated to include the following changes:

- "written and verbal" drop down selection for Type of Notification added
- Time of incident prompt box with "unknown" option check box added

The most recent version of the form will be posted on Optum as of 7/1/22 and programs will need to utilize the updated form effective 7/1/22.

Updated DPC 203 Form:

The DPC 203 Forms were removed from the Optum Website. The most up to date forms may be access by contacting your County COR or County Assigned Analyst.

Update to the Access to Services Journal Program Template

The Access to Services Journal Program Template has been updated to include the three new Referred To/From options of Managed Care Plan – PCP, Managed Care Plan – MH Provider, and Emergency Room. This form can be found on the Optum Website → BHS Provider Resources → MHP Provider Documents → Training → Other Training Resources and Tip Sheets.

New: CalAIM Training Plans

- QM is developing required training plans for CalAIM updates related to Screening Tools, Transition Tools and Documentation requirements.
- The training plans will need to include information about relevant staff required to attend training.
- QM will be proposing a minimum number of staff to attend with a recommendation for certain positions or roles to be included based on areas of focus.
- Training attendance will be monitored by QM for compliance, as DHCS is requiring the percentage of identified staff trained to be routinely reported.
- Programs will be able to identify specific staff based on QM recommendations.
- Additional communication is being developed that will include the proposed details, requirements and timelines.

Knowledge Sharing

- » **The COVID-19 PHE will end soon and the process of redetermining eligibility for millions of Medi-Cal beneficiaries will begin**
- » To Minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role
- » DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.
- » **How you can help:**
 - » **Become a DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » The toolkit includes social media, call scripts, noticing, and website banners
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
- **Encourage Beneficiaries to Update Contact Information**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners
 - Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with county office if they have not done so yet.

Call Script Samples

Beneficiary Caller	County BHS Response
Do I need to report any household changes to keep my Medi-Cal coverage?	Yes, you are required to report any changes in your household, such as income, if someone becomes pregnant, a new household member, and any changes to your address, to your local county office. This may help ensure that you continue to receive your Medi-Cal coverage after the end of the federal COVID-19 public health emergency. For more information call: 1-866-262-9881.
Are we required to fill out and return renewal packets when we receive them?	Yes, it is important that Medi-Cal beneficiaries respond to county requests for updated information, including renewal packets. This will make sure the county has the most current information it needs to renew your Medi-Cal coverage. It will also help the county see if you qualify for other no-cost or lower cost coverage. For more information call: 1-866-262-9881.
Will I be discontinued from Medi-Cal coverage if I got a raise during the COVID-19 public health emergency?	Please report income changes by calling 1-866-262-9881. If your income goes up or your household changes, as long as the COVID-19 public health emergency continues, you will not lose your Medi-Cal coverage.

I moved. Whom should I tell that I moved?

You may report this change by phone, online, mail, fax, or in person. Visit the County of San Diego Medi-Cal Program website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/medi-cal_program.html or call 1-866-262-9881 for more information.

How do I sign up for an online account to access my Medi-Cal case or report changes?

You can access your Medi-Cal case, complete your annual renewal, or report changes to your case by creating an online account. You can create one today by going to benefitscal.com and selecting the "Create an Account" link in the upper right hand corner of the page. For more information call: 1-866-262-9881.

CalMHSA LMS & Documentation Guides

The CalMHSA website [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.california-mental-health-services-authority.org) contains helpful documentation guides for mental health providers. Currently, there is a Clinical Staff documentation guide, with guides for Medical Staff, MHRS staff, and Peer Support Specialist staff coming soon! Additionally, the website contains a link to view and complete CalMHSA's web-based CalAIM documentation training via LMS. Please see the below links for more information:

- » [LMS](#)
- » [Documentation Guide](#)

BHS Health Plan Administration Team

BHS has a new Health Plan Administration Team! For further CalAIM and/or Peer related Q&As, please email: bhs-hpa.hhsa@sdcounty.ca.gov

QI Matters Frequently Asked Questions

CalAIM Roll-Out Questions:

Q: Does the 3-day Final Approval requirement exclude weekends?

A: We are seeking clarification from DHCS on this.

Q: We feel that the 3-day progress note requirement is unrealistic when supervising students. How will this be addressed?

A: There are discussions occurring on a higher level regarding the 3-day requirement with DHCS as it relates to co-signing and supervision of students. We are rolling these requirements out thoughtfully and slowly in phases. We will be including SOC in the development of the BHA, Problem List, and Client Plan in Cerner Millennium.

Q: Is Date of Service day 1 or day 0?

A: The Date of Service is Day 1.

Q: Will the 3-day requirement be enforced starting July 1?

A: The 3-day requirement will not be enforced until after the roll out of the BHA, Problem List, and Client Plan.

Q: Is September 1, 2022 the deadline for programs to implement the reduced documentation and 3 day deadline correct?

A: Yes, a phased approach will begin July 1 with full implementation as of September 1. Memos and/or UTTM updates will continue to be provided as ongoing process and changes roll out in CCBH.

Q: Will MRR's not begin until September?

A: No, MRR's will begin at the start of FY in July as usual. The MRR tool has been sent to QI Leadership for review. The focus of the tool is on the seven domains and has been reduced from 71 to 36 questions, pared down to focus on goals of CalAIM.

Management Information Systems (MIS)

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Management Trainings

RCA Documentation Training: Thursday, **June 30, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday June 28, 2022, from **2:00p – 4:00p** via Microsoft Teams.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov