



Mental Health Services



Updates

QA would like to extend 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! Cheers to a wonderful 2023!

Chart Review when a Beneficiary No-Shows

Effective immediately, SC14 can no longer be utilized to claim service time for reviewing a client chart when the client no-shows for a scheduled appointment. The time spent reviewing a chart can only be included in the service claim when a covered service has been rendered, whether the chart review happens before or after the service.

If a provider reviews a beneficiary's chart in preparation for a session and the beneficiary does not show up for their appointment, the provider may claim the time spent reviewing the beneficiary's chart during the next appointment in which they are able to provide a service to the beneficiary. (Ref: 2021-2022 CalAIM BHIN FAQs; BHIN 22-019 [BHIN 22-019](#))

Optum Website Updates MHP Provider Documents

CalAIM Tab:

The Updated DHCS CalAIM Behavioral Health FAQ was posted.

Communications Tab:

The Day Treatment CalAIM and Contract Requirement Updates Memo for 11/17/22 was posted.

Forms Tab:

A new SIR Form Fill revised 10/27/22 was posted. Information regarding the emailing of the form as well as faxing was added.

STRTP Tab:

The updated STRTP UM Request Form and Explanation Sheet Revised 11/1/22 and effective 11/1/22 was posted on the STRTP Tab which reflects the shift to time-based program level review.

Knowledge Sharing

CalMHSA Trainings for MHP for CalAIM

- All clinical staff registered in CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered clinical users are required to complete the following CalMHSA trainings:
 - o CalAIM Overview
 - o Screening
 - o Assessment
 - o Transition of Care Tool
 - o Diagnosis & Problem List
 - o Progress Notes
 - o Discharge Planning
 - o Access to Service
 - o Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

Reminder: Please ensure you are checking the most recent documentation manuals on the CalMHSA website as they are updated to ensure that the most recent information is included.

CalMHSA Documentation Trainings

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation of updated documentation standards. The County is asking that staff listed below review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.california.gov/mental-health-services-authority). The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

CalAIM Communication Materials

- Communication Materials for Staff
- Communication Materials for People in Care
- Communication Materials for People in Care (Spanish)

CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard

Documentation Guides

- MH Clinical Staff
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff
- SUD Certified Peer Support Specialists
- SUD AOD Counselors
- SUD Medical Staff

Training Dashboard

- Option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

CalAIM Policies & Procedures and Attestations

- P&P Attestation for BHINs 21-071, 21-073 & 21-075
- P&P Attestation for BHIN 22-011 No Wrong Door
- P&P Attestation for BHIN 22-019 Documentation requirements for all SMHS, DMC, and DMC-ODS Services
- Medical Necessity Determination and Level of Care Determination
- Requirements for Drug Medi-Cal (DMC) Treatment Program Services (BHIN 21-071)
- Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements (BHIN 21-073)
- Drug Medi-Cal Organized Delivery System Requirements for the period of 2022-2026 (BHIN 21-075)
- Documentation Requirements for all SMHS (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

CalAIM Behavioral Health Initiative FAQ:

DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#), which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.

[Medi-Cal Peer Support Specialist Certification](#)

The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by December 31 on CAPeerCertification.org for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#). The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

[CalAIM Behavioral Health Payment Reform](#)

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

[Mega Regs/Network Adequacy: System of Care Application \(SOC\) Reminders:](#)

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.

Management Information Systems (MIS)

[Certified Peer Specialist Credential](#)

If you are completing an ARF for a Certified Peer Specialist, please make sure to select that credential from the Drop-Down Menu, as well as completing the confirmation question.

The Certified Peer Specialist is a credential. An MHRS cannot be a Certified Peer Specialist. You must choose either credential. Do not choose MHRS and then sign the confirmation question for Certified Peer Specialist.

If you have questions, please contact MIS at MHEHRSupport.HHSA@sdcounty.ca.gov

Reminder! The new ARFs are on the RegPacks site: www.regpack.com/reg/optum
Any older versions will be rejected.

Also, please remember our new emails:

For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov

For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.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: No QIP meeting in December. The next QIP will be held on Tuesday January 24, 2022, from **2:00pm – 4:00pm** 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.

Office Hours

Please see the schedule below for the remaining December 2022 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.

Registration is not necessary, please contact Christian (Christian.soriano2@sdcounty.ca.gov) or reply to this message if you would like a calendar reminder for any specific sessions. **If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov. Sessions for future months are forthcoming.

December 2022 Office Hours:

- Thursday, December 15, 2022: [Click here to join the meeting](#)
- Tuesday, December 20, 2022: [Click here to join the meeting](#)

Quality Assurance Trainings:

RCA Training: Friday, **December 9, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

QI Matters Frequently Asked Questions

Q: The CalAIM trainings are only for staff who document in Cerner and/or review documentation in Cerner; is that correct? What about the billing manager and admin staff who use Cerner in some respect (opening clients, scheduling NP appts in Cerner) - are they required to complete the CalAim trainings as well?

A: The Admin staff or Billing managers should be taking the CalAIM Overview, the first module.

Q: In the CalAIMS progress notes training module it states, "for peer support services, a note is required for each service that is billed, based on 15-minute increments of time." Would you mind clarifying the portion about the 15-minute increments of time?

A: At this time there are no staff who are Peer Certified, all staff should be billing the exact service time to the minute. Once the new Peer Specialist CPT code launches next year, our understanding is that staff should still be documenting/claiming the exact service time and the CPT code billing will be converted on the back end.

Q: With the new CalAIM requirements, at what point is a progress note considered so late that we must use a non-billable code (i.e., 800/802)?

A: Thank you for contacting QI Matters. 800 codes are no longer required for late progress notes or are a reason for recoupment. However, we encourage programs to be mindful of when they enter/final approve their notes as this could impact the integrity of services provided. As a reminder the new timelines are: 3 business days from date of service or 24 hours for crisis services.

Q: If a staff visits a client in the same ILF, Boarding Care, etc. as other clients and the CLT at hand either refuses or is a No Show. Would staff still split time with this client and the client's they successfully saw? Or can they just split the travel time with the CLTs they saw successfully?

A: You would want to split the travel time between all clients at same location, including the no-show. I have attached the travel time guidelines for reference.

Q: It is my understanding that when billing services provided when a client is in jail, the appropriate 800 code is to be used. Can you please clarify whether the Provided At billing indicator must always be jail or do we choose the actual place the provider was at during the service (i.e., Office, etc.)?

A: When a client is in a jail lockout setting you will enter the service code for the actual service that you provided unless it was a case management service that did not involve discharge planning. If it was a case management service that was not about discharge planning, then you would enter the SC800 code since SC50 continues to claim to Medi-Cal for lockout settings regardless of the Place of Service selected. For the Provided at service indicator, you will always enter the lockout setting and then in the Outside Facility service indicator you will enter the actual facility name.

Q: We have a new psychiatrist joining our team. In the past, case consults with the psychiatrist have been considered cost of doing business unless the consult results in an update to the client plan. Since we are no longer using client plans with most of our clients how would we handle this? Would consults with the psychiatrist be billable?

A: The MHP only allows for internal consultation between MD and a non-medical provider (i.e., clinician, case manager, support partner) when there is a clinically significant issue that has occurred. The clinically significant issue must be documented in the progress note. The MD may claim SC 20 for their unique contribution to the consultation and the non-medical staff can claim SC 50 for theirs. This standard was developed due to the infrequency of the contact between MDs and clients (i.e., every 30 days). Compared to the more frequent contact between clients and non-medical provider. Internal case conference may occur between treatment providers when a clinically significant issue has occurred which may lead to change in treatment course, diagnosis change, or loss of placement. This issue must be documented in the progress note and each provider may only bill for unique contribution to the conversation.

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