



MENTAL HEALTH SERVICES



Updates

Coming soon! New Features in Demographic Form

Beginning **6/1/21**, there are new fields to be viewed and/or completed:

- HIM Staff Only: This will be used **ONLY by HIM** when they are aware of a deceased client. This feature is an alert to you if you are serving a client or starting a new client erroneously.
- Pregnancy Question: Will now state: Pregnant or Post-Partum? The answer selection is: Pregnant, Post-Partum up to 12 months, Unknown, or Not Pregnant.
- A Form Fill version will also be available 6/1/21 on the Optum Website > BHS Providers > MHS Documents > UCRM Tab

Please make sure you update the Demographic form regularly if there are any changes to information. For example, if information gathered during an assessment does not match the Demographic form, update the Demographic form. If you have any questions, please contact QIMatters, or the MISHelpDesk.

Also beginning on 6/1/21, the Face Sheet will display the Physical Address as well as the Mailing Address. HIM entry of deceased client will also display.

Reminder: If client has allergies, please make sure to complete the Safety Alert form. The allergies in this form transfer to the Face Sheet. Information in the Medical Conditions does not.

HRA Timeline Extension

The timeline to complete and final approve the HRA when a client discharges from the hospital or crisis house has been extended to 5 calendar days. This extension to the timeline has been provided due to feedback from SOC providers regarding delays in admission/discharge notification which may impact programs' ability to final approve the HRA within the 72-hour requirement. Programs must still attempt to make contact with the client within 72- hours post discharge, but now will be allotted an additional two days to final approval the form. Explanation of attempts to engage or contact the client and any barriers identified which prevented completion of the HRA within timelines should be evidenced in a CCBH Never Billable progress note(s).

PRA Revision – Check Box for Consult with Clinical Supervisor

Based on feedback from our SOC Providers, the Prospective Risk Assessment (PRA) in the BHA will be revised to include a field to document that a consultation and review of a safety plan has been completed with a licensed supervisor prior to the end of the assessment session as required when there is a "Yes" response to any (*) questions for BHA's completed by unlicensed staff and trainees.

Providers will still be required to address any "Yes" or (*) Yes responses for any identified risks in the Overall Risk and Treatment Planning section, along with details of created safety plan. Documentation to affirm creation of the safety plan and review with licensed clinical supervisor can be demonstrated by selecting the check box and indicating supervisor name.

Updated Clinical Record Uniform Chart Order forms:

The AOA and CYF Clinical Record Uniform Chart Order forms for hybrid charts were updated and can be found on the Optum Website, under MHP Documents, under the UCRM tab. **While these forms have been updated and are available on the Optum Website, it is not required for programs to use these.*

- Adult Clinical Record Uniform Chart Order form was updated with the following revisions:
 - **Section 3 PLANS** – added the Client Plan Signature Page under *Completed on Paper and Stored in Paper Chart*
 - **Section 5 MEDICAL** – moved the Abnormal Involuntary Movement Scale (optional) under *Completed Electronically and Stored in CCBH* as it is now completed in CCBH.
- Children’s Clinical Uniform Chart Order form was updated with the following revisions:
 - Section 3 PLANS – added the Client Plan Signature Page under *Completed on Paper and Stored in Paper Chart*
 - Removed Intensive Service Request (ISR) due to no longer referenced, new version added to Section 5 UM/UR REQUEST/AUTHORIZATIONS.
 - New Section Added - **Section 5 UM/UR REQUEST/AUTHORIZATIONS** – *Completed on Paper and stored in the Paper Chart*
 - Prior Authorization Day Services Request (DSR)
 - Intensive Home-Based Services Prior Authorization Request (IHBS)
 - Therapeutic Behavioral Services Prior Authorization Request (TBS)
 - Therapeutic Foster Care Prior Authorization Request (TFC)
 - **Section 7 MEDICAL** – added Child Youth History Questionnaire (optional) to end of Medical Section.
 - All sections were re-numbered due to addition of new Section.

OPOH Updates

Section B: updated language (pg. B.8) “When a program receives a request to amend records within their internal electronic health record, the program should work with their Compliance Officer and follow internal policies and procedures in alignment with related regulations.”

Section D:

- updated references to language referencing “telepsychiatry” to reflect “telehealth” (pgs. D.12-D.13)
- updated language regarding selection of service indicator of “T-CFT Meeting” for “Person Contacted” for CFT meetings (pgs. D.45, D.50), removed language referencing EBP indicator field
- replaced language referencing “Katie A” Subclass to “Pathways to Well-Being” Subclass (pg. D.47)

Section M: updated to align the credentialing/recredentialing language in MHOPOH with the SUDOPOH.

Knowledge Sharing

Medication Services Billing and Documentation FAQ

QM has developed a helpful resource which provides FAQ’s for medication billing services and documentation. This FAQ Resource was developed to assist programs with the most commonly asked questions pertaining to documenting and billing medication services and addresses medication service codes, Doctor’s Home Page (DHP), and the use of SC14 and SC15 by medical staff. The FAQ can be found on the Optum Website, in the MHP Documents, under the [References Tab](#).

Staff Signature Logs

As reviewed during the April QIP Meeting, all organizational providers are required to maintain an accurate and current Staff Signature Log that includes all staff that document within the program's clinical records. There is not currently a County template mandated, however the MHP requires that this Staff Signature Log include the following elements for each staff member:

- Typed Name
- Signature
- Degree and/or licensure
- Job Title
- Language capability, if applicable

The signature on the log should be readily identifiable to the staff person's signature, as it appears on hard copy documents in the hybrid medical record. A staff log signature that is not readily identifiable to the staff's signature within the medical record could place the service provided at risk of disallowance.

It is the organizational provider's responsibility to update and maintain the log in a timely manner to reflect any changes – i.e., licensure, degree, job title, name, or signature. The log must be maintained onsite at the organizational provider's program location and be made available upon request of the MHP. Failure to maintain a Staff Signature Log that is accurate, and current will result in a plan of corrective action being issued to the organizational provider. (*ref: OPOH, Section G, pg. G.5*)

New! Claim It Anyway (CIA) Webinar

QM has created a new webinar to assist providers with Claim It Anyway Billing Submissions and Self Corrections via a new self-paced [Claim It Anyway \(CIA\) webinar](#) which will be available on the Optum Website > BHS Provider Documents > MHP Documents > Training Tab. The direct link for this training can be accessed via:

<https://optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs/ciawebinar.html>

QI Matters Frequently Asked Questions

Q. Where can I find the “County of San Diego Guide to Medi-Cal Mental Health Services” in threshold languages?

A. The “County of San Diego Guide to Medi-Cal Mental Health Services” - now referred to as the “County of San Diego MHP Beneficiary Handbook Specialty Mental Health Services” – can be found on the Optum Website> BHS Provider Resources>MHP Documents> [Beneficiary Tab](#). It is referenced as “Full Guide [threshold language] 2019”. The Quick Guide to MH Services is also available in threshold languages under the Beneficiary Tab.

Management Information Systems (MIS)

Patient Portal – Client Record Requests

The 21st Century Cures Act makes it unlawful to do anything that interferes with the transmission of patient requested health data. Studies have found that patients are more engaged, likely to have better adherence, and are able to engage their families in their care when they can understand ‘why’ various tests and treatments are being recommended. BHS has always provided our clients access to their records. The new requirements do not add to what patients can access, rather the 21st Century Cures Act rule only makes it easier for patients to access the data they already have a right to see. MIS is working with Cerner on the development of a patient portal which will be part of the Millennium rollout and allow clients direct access to their general health data. Since we are in development and we offer a means for clients to access their records, the recent deadlines indicated by the ONC for patient portal access do

not apply. Until we go live, any requests for patient records need to follow the current protocol as described in the OPOH.

Section B.7 - Client Requests for Records

When a client (or the individual with authority of the record) requests access to or a copy of their record, all Programs shall abide by applicable privacy laws and reasonably ensure the identity of the requestor before turning over client information. Remember that client requests for records are not the same as a request for records from a third party; different rules apply. County Programs shall follow the relevant ACO policies and procedures related to record requests (HHSA L-01). Contracted Programs may, but are not required, to use the HHSA Client Record Request Form (HHSA 23-01). If a Contracted Program chooses to use the HHSA form, it must replace the HHSA logo and contact information with its own and should also review the contents of the HHSA form to ensure it meets all applicable privacy requirements. Contracted programs may also use their own form so long as it complies with all applicable rules and regulations. Contracted Programs shall also have a Client Request for Records policy to ensure these requirements are followed by workforce members.

Section F.1 - Beneficiary Rights

Each managed care enrollee is guaranteed the right to request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 CFR, 164.524 and 164.526

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

Root Cause Analysis Training: Thursday, **May 20, 2021** from **12:30p – 3:30p** via WebEx

Quality Improvement Partners (QIP) Meeting: Tuesday, **May 25, 2021** from **2:00p – 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.**
- 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.

Optum CCBH Trainings: Optum has transitioned to a **fully virtual training format**. All Trainings now have a video tutorial that is posted on the Training Tab on the Optum Website. While the View-Only and Reports Trainings no longer have class trainings, there have also been videos created for these to help assist staff and programs that may need to use them for reference. 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](#).

Please share UTTM with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov