



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 phoneline. 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?

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: 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:

- 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

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