

Reminder: CalMHSA Trainings for DMC-ODS

- All Medical Directors and direct service staff are required to complete the trainings as well as supervisors and managers of direct service staff.
- OTP programs are required to take the following trainings:
 - CalAIM Overview
 - Access to Service
 - Care Coordination
- All other DMC-ODS providers are required to complete the following CalMHSA trainings:
 - CalAIM Overview
 - Assessment
 - Diagnosis & Problem List
 - Progress Notes
 - Discharge Planning
 - Access to Service
 - Care Coordination
- Trainings shall be completed by **2/15/2023**. QA is monitoring attendance monthly.
- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.



New: Skill Building Workshops in February 2023

- Please look out for future notice to register for the following virtual workshops:
 - Assessments & Problem Lists (Pilot)
 - **Friday, February 17, 2023**, from 9:30 a.m. to 11:00 a.m.
 - This workshop is an opportunity for SUD Treatment providers to develop and refine their skill set in establishing medical necessity, completing intake assessments, and identifying client needs and problem areas.
 - Progress Notes (Pilot)
 - **Thursday, February 23, 2023**, from 1:00 p.m. to 2:30 p.m.
 - This workshop is an opportunity for SUD Treatment providers to practice and refine their skill set in appropriately documenting rendered services and clinically relevant information.
- Due to limited capacity for the workshop, registration is required and capped at 35 attendees. If you register and are no longer able to attend the workshop, please cancel your registration via WebEx. Additionally, this workshop is intended for LPHA, SUD Counselor, and QA staff. If you are a Billing Specialist, Data Entry Specialist, or Office Administrator, this workshop is not for you. Please respect the limited space and leave registration open to eligible staff.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, February 23, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Root Cause Analysis (RCA) Documentation Training

Date and Time: **Tuesday, March 14, 2023**, from 12:30 p.m. to 3:30 p.m., via WebEx. Registration will be required.

Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 with no changes to [application instructions and certification standards](#). For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The following information are available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- 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: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

Updated COVID-19 Vaccination and Masking Guidelines

As a reminder, programs should visit the CDPH webpages, [Health Care Worker Vaccine Requirements](#) and [Guidance for the Use of Face Masks](#), and review DHCS information, [Behavioral Health Information Notice 22-058](#), for the most recent public health orders related to health care worker testing and vaccine requirements.

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.

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QA.

- QA will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QA will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QA can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Reminder: Removal of X-Waiver

- On December 29, 2022, Congress eliminated the "DATA-Waiver Program," and was confirmed [in a letter by the DEA](#) to its registrants on January 12, 2023.
 - This has eliminated the "X-Waiver" requirement to prescribe buprenorphine outside of an opioid treatment program.
 - Going forward, all prescriptions for buprenorphine only require a standard DEA registration number
 - There are no longer any limits or patient caps a prescriber may treat with buprenorphine
- Effective immediately, [SAMHSA will no longer be accepting waiver applications](#)
- [The California Society of Addiction Medicine](#) has clarified that California does not have any additional regulations above the federal level.
- Additionally, the Medication Access and Training Expansion ([MATE act of 2021](#)) was passed, this will add additional training requirements for all prescribers effective June 21, 2023.



Update: CA Managed Care Plans (MCP)

- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 11 months, DHCS will develop a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.
- For more information see the [DHCS Medi-Cal Managed Care](#) website.

Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Program Specifications](#)

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Screenings Reminder:



- Programs are reminded that all clients must be screened prior to admit. Additionally, collecting all information during a screening of clients is required for ASAM data reporting to DHCS.
- Programs have the option of using the SUDURM Brief Initial Screening tool or using another screening tool of your choice.
- If you choose to use a screening tool of your choice, the tool must have required data elements needed for ASAM reporting:
 - Date, CIN, First Name, Last Name, DOB, Type of screening, indicated LOC, Actual LOC, reason for difference (if applicable), delay reason
- ASAM data shall be entered into SanWITs in the ASAM screening using the “Brief Initial Screening” option:
 - Three screens must be completed before accessing the ASAM screen section of SanWITs
 - ✓ Client Profile (client must exist)
 - ✓ Contact Screen (contact must have been made)
 - ✓ Intake Screen (if client does not get admitted, the Intake can be closed the same day after documenting the Brief Initial Screening)

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) ([BHIN 21-073](#)), DMC-ODS program requirements ([BHIN 21-075](#)), behavioral health documentation requirements ([BHIN 22-019](#)), and the No Wrong Door policy ([BHIN 22-011](#)).
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the March 12, 2023, effective date.
- Clients shall be notified of the changes. QA will provide notification information for programs to share with clients along with the Summary of Changes.

Reminder: Updating Assessments

- Effective 9/1/22, “reassessments” are no longer required and are not part of DMC-ODS as part of [CalAIM documentation reform](#)
- Assessments need to be updated as “clinically appropriate as the beneficiary’s condition changes.”
 - This can be done by using your completed Adolescent Initial Level of Care (ILOC) or Adult ASAM Criteria Assessment (ACA) and putting in the narrative fields “Updated without edits” and the date reviewed if there is no new information, or “Updated with edits” and the new information if you are adding new information.
 - Alternatively, programs may use their own self-developed tool to capture what has been updated as clinically appropriate.
 - These tools do not have to be sent to QIMatters for approval; however, they must not include any County of San Diego indicators or language (i.e., form numbers, logos) and ASAM language or logos removed.
 - Since these tools are not County approved, we do not know how DHCS would handle these during a review. These tools will be accepted during Medical Record Reviews or Technical Assistance reviews by the County of San Diego QA team as part of clinically appropriate assessment updates. However, programs may be at risk for compliance or recoupment as part of future DHCS reviews.
- The ACA or Adolescent ILOC still must be completed within the required timelines (10 calendar days for residential, 30 calendar days for outpatient, or within 60 calendar days in outpatient if the client is under 21 or experiencing homelessness).
 - An LPHA can still claim for the consultation between the LPHA and SUD counselor if an SUD counselor completed the ACA or Adolescent ILOC, but cannot claim for review of a “clinically appropriate update”, as [BHIN 21-075](#) states this is only for an initial, completed assessment.
 - We are seeking clarification from DHCS if further consultations as a result of a Level of Care review between an LPHA and SUD Counselor may be claimed after the initial assessment.

UTTM Tip of the Month

- Although DHCS has clarified that there is no requirement to include a narrative description of diagnosis in the assessment, providers should ensure the assessment is thorough, individualized and all fields are addressed or marked N/A where appropriate.
- Additionally, per BHIN 22-019, providers are required to add the diagnosis to the problem list.
- Please see the link below to DHCS FAQ: [CalAIM-BH-Initiative-FAQ-BH-Doc-Redesign](#)



Reminder: Discharge NOABD Timeline Requirements



- Programs should provide or mail the client an NOABD 10 days prior to discharge (date of NOABD + 10 days).
- The 10-day NOABD timeline may be exempt in very rare occasions (example: client exhibits violence at a residential program); however, the NOABD must still be provided, and programs must facilitate a warm hand off to appropriate services. The program must maintain adequate documentation justifying the reason to bypass the 10-day requirement.
- If a client appeals a discharge and an NOABD was not issued or did not follow the 10-day requirements, the client may access the State Fair Hearing appeal processes and bypass the County advocacy appeal processes.
- If a client appeals an NOABD, they will have the right to request Aid Paid Pending which will give the client the option to remain in the program until the appeal investigation is concluded. Please work closely with the advocacy agency if aid paid pending is requested.
- If a client AWOLs from the program and treatment, this is considered Termination of Services, and therefore both Outpatient and Residential programs are required to provide an NOABD. The NOABD may be sent to the client’s emergency contact if an ROI is on file or may be issued to the client’s last known address.
- Providers are required to log and maintain copies of NOABDs.
- Other types of NOABDs may have different timeline requirements. For more information, please see the [NOABD Table](#) on the Optum website.
- Contact QI Matters for answers to your questions: QIMatters.HHSA@sdcounty.ca.gov

New: Justice-Involved Waiver

- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
 - The state's priority is to ensure all Californians have access to high-quality and timely care.
 - Through the CalAIM initiative, we are creating a new standard for person-centered and equity-focused health care, including for the currently and formerly incarcerated.
- People re-entering the community after incarceration have significant physical and behavioral health needs and are at high-risk of injury and death, especially in the initial period after release.
- The justice-involved initiative ensures continuity of coverage through Medi-Cal pre-release enrollment and provides key services to support a successful re-entry.
 - Pre-release services will be anchored in comprehensive care management and include physical and behavioral clinical consultation, lab and radiology, Medication Assisted Treatment (MAT), community health worker services, and medications and durable medical equipment.
 - For those eligible, a care manager will be assigned, either in the carceral setting or via telehealth, to establish a relationship with the individual, understand their health needs, coordinate vital services, and make a plan for community transition, including connecting the individual to a community-based care manager they can work with upon their release.
- Under the initiative, county jails, county youth correctional facilities, and state prisons will:
 - Ensure all eligible individuals are enrolled in Medi-Cal before release.
 - Provide targeted Medi-Cal health care services to youth and eligible adults in the 90 days prior to release to prepare them to return to the community and reduce gaps in care. Eligible adults include those who have a mental health diagnosis or suspected diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition, a traumatic brain injury, intellectual or developmental disability, or are pregnant or postpartum. All incarcerated youth in a youth correctional facility are eligible with no clinical criteria required.
 - Provide “warm handoffs” to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair) have what they need upon re- entry.
 - Work with community-based care managers to offer intensive, community- based care coordination for individuals at re-entry, including through Enhanced Care Management.
 - Work with community-based care managers to make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the [DHCS CalAIM Justice Involved Initiative](#) website.



Reminder: Reporting Requirement – Self-Identified Disallowances

- DHCS requires timely reporting of overpayments to the County within 60 days.
- The Self-Identified Disallowance reporting process is used to meet this requirement.
- For services rendered prior to 7/1/2022, prior year reasons for disallowance/recoupment should be followed and the current reporting tool should be used.
- For services rendered after 7/1/2022, DHCS is providing us with new reasons for disallowance/recoupment to follow which is expected to focus on fraud, waste, and abuse.
- We will provide an updated tool with changes once we receive more information from DHCS.

Management Information Systems (MIS)

Important: Unfinished Client Activity Report for CalOMS Submissions

- To ensure data entry completion and submittal compliance, run the “Unfinished Client Activity” report located in SanWITS Reports Catalog.
- Report should be run at least twice a month - the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.
- Report identifies all client records that are still “In Progress” status meaning not completed.
- Unfinished records will not be submitted to CalOMS and will become non-compliant with DHCS.



Quarterly SanWITS User Account Audit

- Effective Feb 2023, MIS will begin quarterly audits on SanWITS user accounts.
- Emails will be sent to each provider Program Manager to verify user account status.

SanWITS Quarterly Users Group Meeting – Let's Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QA updates, and address User concerns.

- Next meeting: Monday, Apr 17, 2023, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting



We welcome and encourage you to send us agenda items to be covered during our User Group Meetings:
SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

“SanWITS New User Form” and “SanWITS User Modification or Termination Form” Signature Requirement



- Effective March 1, 2023, all SanWITS User access forms will need to be signed by the Facility Program Manager or Facility Director.
- Program Manager or Facility Director signature must be dated/time stamped after the staff signature.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 - 2) Residential Facilities - Bed Management & Encounter Training
 - 3) Outpatient / OTP Facilities – Group Module & Encounters Training
 - 4) SanWITS Assessments (SWA)– designed for direct service staff who complete Adolescent Initial Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.



- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

BHS Population Health

MAT/POD PIP



The proposal for the medication assisted treatment (MAT) PIP was approved by the EQRO representative in early March 2022, with a planned focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and MAT.

The first meeting of the MAT/Pharmacotherapy for Opioid Use Disorder (POD) PIP stakeholder workgroup occurred on December 12, 2022. During the workgroup, a brief overview of the MAT PIP and the closely related CalAIM POD BHQIP was presented, followed by preliminary results from the supplemental TPS survey questions around enrollment pathways and barriers to receiving MAT. During the second part of the workgroup the group discussed 1) barriers to enrollment and receiving MAT and 2) potential interventions to address those barriers. Shortly after the stakeholder workgroup, the MAT PIP Advisory Committee learned that the CalAIM POD BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023, and at the end of December 2022 the team made the decision to focus on the POD BHQIP (retention in MAT) in the short term and revisit the original MAT PIP (enrollment in MAT) next year.

Next steps include:

- Compile meeting notes from the first stakeholder workgroup meeting and communicate the shift from designing an intervention to address both enrollment and retention in MAT to focusing solely on retention in the short term
- Continue analysis of TPS supplemental survey responses
- Begin intervention design



New (POD) Goal: Aim to increase the percentage of OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

FUA PIP

In December 2022, HSRC held the first FUA* PIP workgroup, which will inform identify strategies to improve follow-up rates for clients after an Emergency Department (ED) visit for alcohol or other drug use or dependence. The FUA workgroup will also serve to inform the FUM** PIP. The attendees included representatives from HSRC, BHS, NAMI, and SUD providers. The discussion confirmed perceived barriers, added some additional barriers for consideration, and provided ideas for interventions for this PIP.

Additionally, HSRC completed analysis of the TPS supplemental questions pertaining to the FUA PIP and shared these results at the first workgroup meeting. HSRC continued efforts to securely receive the plan data feed files to begin analysis of the claims data for the PIP.

Next steps:

- Present at the January 2023 Hospital Partners Meeting
- Synthesize information gathered from the December FUA/FUM PIP stakeholder workgroup
- Continue efforts to receive plan data feed files and begin analysis once in place
- Continue to work with BHS representatives to meet the CalAIM PIPs deliverable timeline

*FUA: Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (7 and 30 Day)

**FUM: Follow-Up After ED Visit for Mental Illness (7 and 30 Day)



Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: DHCS COVID-19 Response Resources

- The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov



SUDEHRTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?

Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*

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