



NEW PROGRAM MANAGER ORIENTATION

BHS Quality Management





CONGRATULATIONS ON BECOMING A PROGRAM MANAGER!

- This presentation offers a brief overview of several important topics related to program management and quality improvement in the County of San Diego's Mental Health Plan (MHP).
- It is an orientation and does not take the place of the various provider manuals that will be discussed. Please be familiar with the manuals and have them readily available for use in your program.



ORIENTATION TOPICS



- This orientation will cover the following topics:
 - Federal and State statutes and regulations
 - Documentation requirements and Uniform Clinical Records
 - Staff requirements
 - Highlights from the Organizational Provider Operations Handbook (OPOH)
 - Quality Improvement Programs
 - Beneficiary Satisfaction Surveys
 - Beneficiary Grievances and Rights
 - Confidentiality



REGULATIONS TO BE FAMILIAR WITH

- Requirements for the following Federal and State regulations, as well as County policies and procedures, are an integral part of a program manager's knowledge base.
 - Title 9, California Code of Regulations, Chapter 11
 - California's Medicaid State Plan (Title XIX)
 - California State Plan Amendment - Number 10-012B (SPA)
 - Code of Federal Regulations, Title 42 (42 CFR)
 - Health Information Portability and Accountability Act (HIPAA)
 - Title VI, Civil Rights Act of 1964
 - Federal Managed Care Regulations
 - California Welfare & Institutions Code (W&IC)
 - Mental Health Services Act (MHSA)
 - The Civil Code of the State of California (CIV)
 - California Health and Safety Code (HSC)
 - California Education Code (EDC)
 - Business and Professions Code (BPC)

COUNTY POLICIES AND PROCEDURES



- The County of San Diego Health and Human Services Agency (HHSA) is the broader agency that includes Behavioral Health Services. All County and County Contract program managers should be familiar with the following policies and procedures.
 - Agency Compliance Office (ACO) policies and procedures
 - HHSA Code of Conduct
 - OPOH
 - UCRM



COUNTY AUTHORITIES TO BE AWARE OF:

- Behavioral Health Administration (Mental Health and Substance Use Disorder Services)
 - Local Behavioral Health Director is LUKE BERGMANN, Ph.D.
- Health and Human Services Agency (HHSA)
 - HHSA Director is Nick Macchione, MS, MPH, FACHE
- San Diego County (The County)
 - Chief Administrative Officer (CAO) is Helen N. Robbins-Meyer
 - Assistant CAO/Chief Operating Officer (COO) Donald F. Steuer

COMMON ABBREVIATIONS



- AOA – Adult and Older Adult
- CYF – Children Youth and Families
- EPSDT – Early Periodic Screening Diagnosis and Treatment
- EPU - Emergency Psychiatric Unit (Adults and Older Adults)
- ESU - Emergency Screening Unit (Children and Adolescents)
- MHP - Mental Health Plan
- MHSA - Mental Health Services Act
- QI - Quality Improvement
- SDCBHS - San Diego County Behavioral Health Services
- SDCPH - San Diego County Psychiatric Hospital
- SIR - Serious Incident Report
- SMHS - Specialty Mental Health Services
- SOC – System of Care
- SUD - Substance Use Disorders Services



- Resources:
 - One of the best places to find information about what is required is your contract.
 - Your program's assigned Behavioral Health Program Coordinator (BHPC)
 - BHS Outpatient Program Operations Handbook (OPOH)
 - QI Matters email at QIMatters.HHSA@sdcounty.ca.gov
 - Optum San Diego at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs.html>





CHILDREN, YOUTH, FAMILIES, ADULTS AND OLDER ADULTS





WHO DO WE SERVE?

- Persons with Medi-Cal
- Persons with no insurance
- Low income individuals who may have other 3rd party insurance such as Medicare
- Persons receiving services must meet medical necessity criteria as noted in Title 9



- **Titles 2, 5, 9, 15, 16 and 22**
- **The most critical is Title 9 which:**
 - Establishes Local Mental Health Director, and Mental Health Board
 - Sets standards for service requirements and documentation standards
 - Identifies staff qualifications and requirements
 - Defines criteria for reimbursement of services
 - Establishes client's rights and problem resolution processes
 - Defines Medical Necessity Criteria

WHAT IS TITLE 9?



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- Title 9 is a California Code of Regulations (CCR) that determines requirements for services and Medi-Cal reimbursement for specialty mental health services.
- For a copy of Title 9 please visit the DHCS website.
 - <http://www.dhcs.ca.gov>
- Updates to Title 9 are sent out periodically through California Department of Health Care Services (DHCS) Letters and Informational Notices which can be found on the DHCS website.
 - https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx
 - <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>



TITLE 9

- Services such as Assessments, Client Plans, and Progress Notes are all defined in Title 9 – see Article 2, sections 1810.200 through 1810.254
 - DHCS Informational Notice 17-040 Chart Documentation Requirement Clarifications
- Program and Billing requirements can be found in:
 - Title 9 – see Article 3, sections 1810.302 through 1810.374.
 - Medi-Cal Mental Health Billing Manual
 - https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Mental%20Health%20Medi-Cal%20Billing%20Manual_POSTED_1_28_14doc.pdf



THE THREE I's

“ The medical record must indicate the client has an **included diagnosis** and/or is demonstrating emotional/behavioral symptoms sufficient enough to **impair** normal functioning, and that **interventions** were applied to produce therapeutic change.”



INCLUDED DIAGNOSIS

- First, there must be an included Title 9 mental health diagnosis present in the documentation.
- The Primary diagnosis must be the included Title 9 mental health diagnosis.
- The Secondary diagnosis can be Excluded Diagnoses or Substance Use Disorders

THE SECOND “I” OF MEDICAL NECESSITY



Impairment

Significant impairment, or

A reasonable probability
of significant deterioration, or

For clients under 21, there is a reasonable
probability that the client will not develop
appropriately.



THE THIRD “I” OF MEDICAL NECESSITY



Intervention

- Address diagnosis/impairments
- Accomplish at least one:
 - Diminish Impairment
 - Prevent deterioration
 - For clients under 21, allow for developmental progress
- The client’s condition will not be responsive to physical health care treatment only



UTILIZATION REVIEW PROCESS



Mental Health Services has developed standards for Utilization Review and/or Utilization Management(UR/UM).

The processes vary for:

- Adults and Older Adults System
- Children, Youth and Families

Program Managers are responsible for ensuring that their programs are following the UR/UM Standards. Please check with your COR to ensure you have the latest information or refer to the Organizational Provider Operations Handbook (OPOH) Section D.

DOCUMENTATION STANDARDS



LEARNING ABOUT DOCUMENTATION STANDARDS



- Familiarity with Documentation Standards is a critical function of all Program Managers as services are billed to the State and federal government. All documentation must adhere to minimum standards to reduce the risk of compliance issues.
- Title 9 requires that Medical Necessity is well documented in the clinical record.
- Where do new program managers and clinical staff turn for information on documentation?
 - QM Documentation Trainings and Uniform Clinical Record Manual.

THE UNIFORM CLINICAL RECORD MANUAL (UCRM)



- This manual is the complete guide to documentation in the County of San Diego mental health system.
- It is the resource for information on forms, documentation timelines and documentation standards.
- Only forms from the manual (or those created by QM) should be used. Exceptions to the Manual must be approved by the QM Unit.
- The UCRM can be found on the Optum Website <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs.html>

DOCUMENTATION TRAINING



There are currently multiple documentation trainings offered by QM:

- Live Documentation Trainings for A/OA, CYF, and Peer Support Partners, each offered quarterly.
- Bi-Monthly Practicum Trainings:
 - Audit Leads – Learn how County QM conducts MRRs (For PMs and QA staff).
 - Mental Health Providers – Real-time practice writing progress notes with County QM feedback and support (For all direct service staff).
- Quarterly WebEx trainings (Alternate between CYF and A/OA)
- Documentation Webinars and tutorials available on the Optum website <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs.html>

STAFF REQUIREMENTS



STAFF REQUIREMENTS



In order for staff to provide services, several criteria must be met:

- Clinical Staff must have an NPI (National Provider Identifier) number.
 - The NPI is a unique identification number for covered health care providers.
 - The NPI is a HIPAA requirement

STAFF REQUIREMENTS



- For questions on how to obtain an NPI, you can:
 - Phone: 1-800-465-3203 or TTY 1-800-692-2326
 - E-mail: customerservice@npienumerator.com
 - Mail:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

REQUIREMENTS FOR PROGRAMS THAT MAY SERVE CLIENTS WITH MEDICARE



- Programs are required to have approved Medicare Provider Numbers known as PTAN for Psychiatrist, LCSW, Licensed Psychologist and Nurse Practitioners
- Programs must have Medicare eligible providers to provide services
- CMS 855 I and CMS 855R are required to be completed and submitted to the Medicare Intermediary Noridian

STAFF REQUIREMENTS



- Staff must also have access to the County's Management Information System (MIS), which is called CCBH and must also have a CCBH Staff ID



- To gain access to CCBH, staff must:
 - An “ARF” (Access Request Form) must be completed by the program manager and sent to the MIS unit to receive staff CCBH ID and CCBH Password (Program Managers are also responsible to notify the MIS unit when staff terminates, so they no longer have access to CCBH.)

STAFF REQUIREMENTS



- Staff must also attend EHR training sessions as they apply to their job function:



- For example, clinical staff will learn how to enter Behavioral Health Assessments (BHAs), Client Plans and Progress Notes into CCBH
- Regular CCBH training sessions are available for new staff at: <https://www.regpacks.com/>

STAFF REQUIREMENTS



Clinical staff that can provide mental health services:

1. Physician
2. Licensed Psychologist (or licensed waived Psychologist)
3. Licensed Clinical Social Worker (or registered ASW)
4. Licensed Marriage and Family Therapist (or registered AMFT)
5. Licensed Professional Clinical Counselor (or registered APCC)
6. Master's level student interns (Trainees)
7. Registered Nurse
8. Mental Health Rehabilitation Specialist (MHRS)
9. Para-professionals

It is a Program Managers responsibility to ensure that all staff are licensed, registered or waived or receive appropriate co-signature on documentation.

STAFF NEEDING A WAVIER



- Each CA licensed psychologist candidate and/or LCSWs or LMFTs from out of state must obtain a license waiver.



- Psychologists are waived for 5 years
- Out of state Waivers are only effective for three years

PHYSICIAN NOTICE POSTING



- Per Business and Professions Code section 138, all California physicians and surgeons are required to inform their patients that they are licensed by the Medical Board of California and must include the Board's contact information. The information must read as follows:

- **NOTICE TO CONSUMERS**

**Medical doctors are licensed and regulated by the Medical Board of
California**

(800) 633-2322

www.mbc.ca.gov

- The purpose of this new requirement (Title 16, California Code of Regulations section 1355.4) is to inform consumers where to go for information or with a complaint about California medical doctors.

PHYSICIAN NOTICE POSTING CONTINUED



Physicians may provide this notice by one of three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font. (See link "Sign for printing", below, to print the actual notice.)
- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the board.
- Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.
- [CCR 1355.4 \(the actual regulation\)](#)

OTHER IMPORTANT STAFF INFORMATION



- LCSW and LMFT candidates must remain registered with his/her licensing board until such time the candidate is licensed.
- For LCSW/LMFT candidates, no waiver is needed, nor can one be obtained; the only exception pertains to license-ready candidates recruited from out of state.
- Masters level student interns (Trainees) may provide mental health services as long as they receive appropriate supervision and have their work co-signed based on requirements found in the Uniform Clinical Record Manual (UCRM)





- Program Managers must inform MIS Unit of all new staff and most importantly of staff terminations. **It is critical that MIS Unit be informed of any staff who have left or been terminated from their positions so that we can immediately remove their access to the system.**
- Program Managers must ensure that staff are not sharing CCBH staff IDs.

A MUST READ FOR NEW PROGRAM MANAGERS...



Organizational Provider Operations Handbook (OPOH)



The current Version is found on the OPTUM San Diego Web-site

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

OPOH HIGHLIGHTS



- This is a guide for all program managers with information needed for running your program.
- It contains specific requirements for a program.
- This handbook provides references and referrals for further assistance.
- Each chapter will provide you with valuable information so, let's get started.



Chapters in the Handbook:

- Systems of Care
- Compliance and Confidentiality
- Accessing Services
- Providing Specialty Mental Health Services
- Integration with Physical Health Care
- Beneficiary Rights, Grievance and Appeals
- Quality Management Program
- Cultural Competence
- Management Information System
- Provider Contracting



Chapters in the Handbook (continued):

- Provider Issue Resolution
- Practice Guidelines
- Staff Qualifications and Supervision
- Data Requirements
- Training
- Mental Health Services Act – MHSA
- Payment Schedule and Budget Guidelines for Cost Reimbursement
- Quick Reference Guide
- List of Appendices

THE (OPOH) DETAILS IMPORTANT QM REQUIREMENTS



- Internal Quality Improvement Controls and Activities
- Medical Record Requirements
- Quality Management & Short-Doyle Medi-Cal Requirements
- Staff Signature Logs
- Medi-Cal Recoupment and Appeals Process
- Medi-Cal Site Reviews
- Medication Monitoring Process
- Accessibility of Services/Wait Times
- Client and Performance Outcomes
- Reporting Serious Incidents
- Provider transfer request

The following slides provide a brief overview for each of these topics



- Each program is responsible to have a copy of the Financial Eligibility and Billing Procedures – Organizational Providers Manual
- It provides detailed instructions for completion of financial eligibility and billing processes including entry of third party coverage and financial reviews (UMDAP), billing and recording of payments.
- The manual is available online at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs.html>

MEDICAL RECORD



- Programs are required to use the CCBH EHR or current forms found in the Uniform Clinical Record Manual as needed.
- Medical Records are a hybrid chart, as some documentation will be maintained in a paper chart.
- All records must be maintained in a secure location, filed in a prescribed order, and be retrievable for audits by QM, DHCS or other entities



QUALITY MANAGEMENT & SHORT-DOYLE MEDICAL REQUIREMENTS



- Programs will be monitored for quality and compliance by BHS Quality Improvement staff.
- Monitoring occurs at least annually. This includes medical record reviews as well as site certifications and recertifications
- QM unit will monitor trends and/or patterns.

STAFF SIGNATURE LOGS



- A Signature Log is a list of all current staff providing direct services, their licensure, job title, and a copy of their typical signature.
- All organizational providers are required to maintain an accurate and current staff signature log.
- Logs must reflect any changes in staff licensure, degree, job title, name, or signature.
- Logs shall be made available at request of QM or DHCS during reviews, visits, etc.

MEDI-CAL RECOUPMENT AND APPEALS PROCESS



Billings will be disallowed that do not meet documentation standards in the Uniform Clinical Record Manual.

Per the current California State DHCS Reasons for Recoupment of FFP Dollars, MHP is obligated to disallow Medi-Cal claims under:

- Medical necessity
- Client plan
- Progress notes



Progress Note Disallowances:

- No Progress Note or no narrative for a service claimed
- Time billed for the service is greater than the time documented
- Progress Note not Final Approved within 14 days
- Billing service time for a “No Show” when no service was provided



MEDI-CAL RECOUPMENT AND APPEALS PROCESS



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- If a provider disagrees with a recoupment, there is a 2-level process for appealing (found in the OPOH under Quality Management Program section).
- Included is a description of the process with timelines for first and second level appeals.



Types of site Reviews include:

- Medi-Cal certification and recertification

The protocol for these reviews is available at the [Optum San Diego](#) website.

MEDICATION MONITORING



- All providers with programs prescribing medications are required to have a medication monitoring system.
- Programs are required to review one percent (1%) of their active medication caseload each quarter, with a minimum of one chart reviewed.



MEDICATION MONITORING



- Programs shall use the Medication Monitoring Report, Medication Monitoring Screening tool, and the Medication Monitoring Feedback Loop (McFloop) for their screening.
- Results of medication monitoring activities are reported quarterly to the QM unit by the 15th of each month following the end of each quarter.

Refer to OPOH, Quality Improvement Program Section for full Medication Monitoring process.

ACCESSIBILITY OF SERVICES/ ACCESS TIMES



- Access to Services Journal must be maintained by all Outpatient Programs.
- This information is reported to the State to ensure that clients receive services in a timely manner – emergent, urgent, routine.
- State standards for Access Times are as follows:
 - Psychiatry - within 15 business days from request to appointment.
 - Mental Health Services - within 10 business days from request to appointment.

ACCESSIBILITY OF SERVICES/ ACCESS TIMES



What are Access Times?

- Timely access refers to the number of business days in which an appointment is available to a client from the date the client requests a service.
- This measures our efficiency as a Mental Health Plans (MHP).
- Wait time is reported monthly to QM. Access times are monitored by the Performance Improvement Team (PIT) of County Quality Improvement

For further information, consult your OPOH and/or your COR.

CLIENT AND PERFORMANCE OUTCOMES



- State surveys occur during a two-week time period twice a year.
- Surveys are to be completed by all outpatient providers, including case management.
- Surveys include client satisfaction surveys.
- HSRC/CASRC are responsible for handling the survey process.



CLIENT AND PERFORMANCE OUTCOMES



- Programs must follow the current guidelines for administering client outcome tools.
- Please check with your COR if you need more information
- See the OPTUM web site information on adult outcomes at: <https://www.optumsandiego.com>
- or mHOMS for Children's outcomes at <https://mhoms.ucsd.edu/>

SERIOUS INCIDENT REPORTS (SIR)



- Providers are required to report serious incidents involving clients in active treatment or who were discharged within past 30 days.
- Required reports shall be sent to BHS Quality Management Team
- Initial Serious Incident Report is to be submitted within 72 hours for a level 2 and within 24 hours for a level 1.
- Serious Incident Report Follow-up is submitted 30 days from the date program was notified of the incident
- Provider shall also notify appropriate authorities. The forms for reporting are found at <https://www.optumsandiego.com>

UNUSUAL OCCURRENCES



- An unusual occurrence is an incident that may indicate potential risk/exposure for the program, client, or community.
- When one occurs, appropriate agencies are to be notified within specified timeline and format.
- *Providers are required to notify their COR within 24 hours when an unusual occurrence takes place.*

PRIVACY INCIDENT REPORTS (PIR)



If suspected or actual privacy incident involves 500 or more individuals, notify Agency Privacy Officer (APO) immediately by emailing: angie.devoss@sdcounty.ca.gov and frank.larios@sdcounty.ca.gov. For all other suspected or actual privacy incidents, follow steps below:

1. Submit Privacy Incident Report (PIR) online via the web portal: <https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html> within one business day.
2. After you submit the PIR, you will receive an email with the PIR Tracking # and an Access Code. This is used to access your PIR via the same web link above.
3. Continue to investigate and update the PIR online within 72 hours, including required information missing from initial report and any additional information requested by APO.
4. Provide any pending or additional information needed to submit Final completed PIR within seven business days of initial discovery.



- Handling/Transporting Medical Record Documents outside Certified Clinics
 - Medical Record
 - Laptop which contains client information
(see OPOH on Compliance and Confidentiality)



- Confidentiality Breaches

State laws and regulations effective January 1, 2009. HITECH requires notification to patients “without reasonable delay” but no later than 60 days after discovery of a privacy breach. (See Compliance and Confidentiality)

UP TO THE MINUTE (UTTM)



- QM publishes the UTTM monthly newsletter to inform providers of important changes to regulations and/or requirements.
- Includes knowledge sharing, Optum website changes, OPOH updates, MIS information, trainings and events, and other key information.
- It is the Program Managers responsibility to disseminate the information to line staff.
- To be added to the email distribution list send a request to QIMatters.HHSA@sdcounty.ca.gov



QUALITY IMPROVEMENT PARTNERS (QIP) MEETING



- QM facilitates the monthly QIP meeting to discuss important regulatory and/or requirement changes.
- Program Managers and QA staff are encouraged to attend.
- The meeting is held on the 4th Tuesday of every month from 2pm – 4pm.
- Attendance can be live or virtual. See the UTTM for further details.

CHECK FOR UPDATES:



- Optum website has tabs which hold, the OPOH, UTTMs, Memos, and all other communications

<https://www.optumsandiego.com/>



- The final section of this orientation relates to the client issues of:

- Client Grievances
- Beneficiary Rights
- HIPAA Regulations





Clients have the right to:

- Be treated with personal respect and respect for their dignity and privacy.
- Receive information on available treatment options and alternatives presented in a manner they understand.
- Participate in decisions about their mental health care.

BENEFICIARY RIGHTS



- Receive informing materials about the services covered by the Mental Health Plan (MHP).
- Request and receive a copy of their medical records and request they be amended or corrected.
- Be free from any form of restraint or seclusion as specified in federal rules.
- Write an Advance Directive covering their mental health care.
- Refuse treatment

BENEFICIARY RIGHTS



- Clients are encouraged to direct their concerns, complaints or suggestions to program staff or management, orally or in writing. These are to be reported in the MSR/QSR as a suggestion on the Suggestion & Transfer tab.
- Providers shall inform all clients about their right to file a grievance with one of the MHP's contacted advocacy organizations if the client has an expression of dissatisfaction about any matter, is uncomfortable approaching program staff, or the dissatisfaction has not been successfully resolved at the program.
- Grievance and Appeal information must be readily available for clients to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in threshold languages, and stamped, addressed envelopes available to clients, displayed in a prominent place. These self-addressed envelopes with postage are available from CCHEA or JFS respectively.

CLIENT GRIEVANCES



- If clients are not able to resolve their concern at the program level, or want to appeal a decision that limits care, they should be assisted to contact one of the agencies listed below.
- For problems with inpatient or 24-hour residential services, call the IP Patient Advocate (JFS) at **800.479.2233** or visit their website <https://www.jfssd.org/our-services/adults-families/patient-advocacy/>
- For problems with outpatient and any other type of mental health service, call the Consumer Center for Health Education and Advocacy (CCHEA) toll-free at **877.734.3258** or visit their website <https://www.lassd.org/about/what-cchea>

CLIENTS COMPLAINTS OR GRIEVANCES



There can be absolutely no retribution or retaliation against a client or family member who has filed a complaint or grievance against a program or staff



PROVIDER TRANSFER AND CONTINUITY OF CARE REQUEST



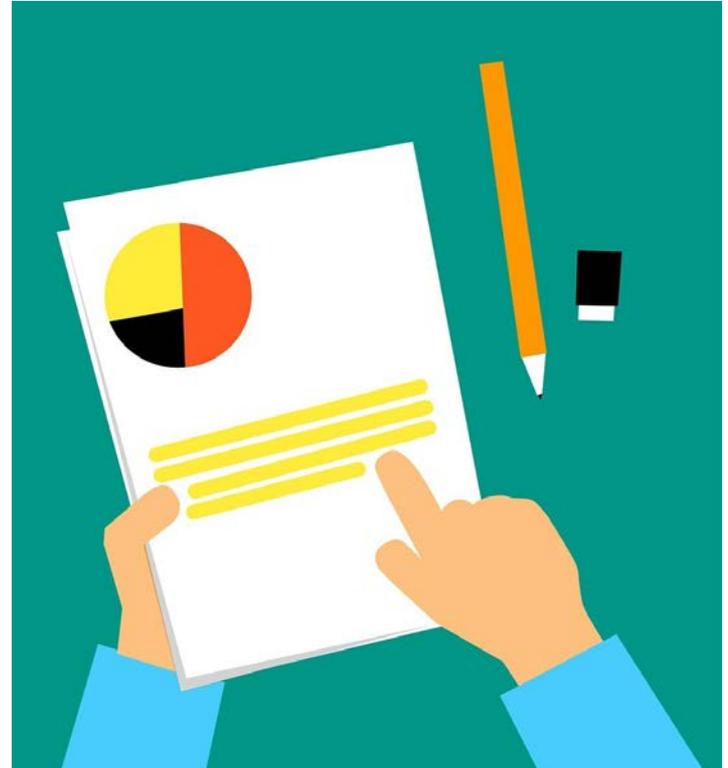
- Clients have a right to request a transfer from one Medi-Cal provider to another within or outside of a program.
 - If a client requests a change in providers, it must be documented in the Monthly Status Report (MSR) or Quarterly Status Report (QSR) under the Provider Transfer Requests tab
- Clients have the right to request Continuity of Care. This is a transition plan which ensures the client has continued access to care when transitioning from a pre-existing Medi-Cal out of network provider to a provider within our MHP.
 - Clients must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider.
 - Optum manages all Continuity of Care request for our MHP.

MONTHLY AND QUARTERLY STATUS REPORTS (MSRS/QSRS)



MSRs/QSRs are required from each program, county or contract, by the 15th of month.

- Required by CORs
- For more information contact your COR or their designated analyst.



ADDITIONAL INFORMATION AND RESOURCES



For additional information and resources:

- The County QM Unit: For documentation and other QM questions, email: QIMatters.hhsa@sdcounty.ca.gov
- [See https://www.optumsandiego.com](https://www.optumsandiego.com)
 - For copies of the “Management Information System (MIS) CCBH User Manual” and the “Financial Eligibility and Billing Procedures.”
 - The Optum Helpdesk: **(800) 834-3792**. For questions related to using CCBH, or assistance accessing their Public Sector Website.
 - The BHS Fiscal Billing Unit: **(619) 338-2612**. For assistance with financial questions.

WHO TO CONTACT



- **QIMatters.hhsa@sdcounty.ca.gov**
 - **QM Supervisors**
 - Casie Johnson-Taylor
 - (619) 584-3094 Casie.johnson-taylor@sdcounty.ca.gov
 - Danielle Rhinesmith
 - (619) 584-3098 Danielle.rhinesmith@sdcounty.ca.gov
 - **QM Behavioral Health Program Coordinator**
 - Heather Parson
 - (619) 584-5016 Heather.parson@sdcounty.ca.gov
 - **QI Unit Administrator**
 - Tabatha Lang
 - (619) 563-2741 Tabatha.lang@sdcounty.ca.gov