Mental Health Services

Updates

SIR Report of Findings (SIROF)

- A Serious Incident Report of Findings (SIROF) shall include a thorough review of the serious incident and the events leading up to the incident as well as all relevant findings and interventions/recommendations. If an RCA was completed, then complete the RCA section only.
- The Report of Findings shall be submitted **within 30 days** of knowledge of the reported incident. Programs are responsible for sending in the SIROF within the required timelines.
- SIROF Extensions - Due to the CME report taking on average 9-10 months to complete, programs will now only need to request an SIROF extension every 6 months following your initial 30-day request, if awaiting final cause of death determination from the CME report. The program may email QIMatters to request an extension for the SIROF.

Reminder: CPT Crosswalk for SMHS effective 7/1/2023

Effective 7/1/23 we have transitioned to the use of CPT codes as part of Payment Reform. Providers are reminded to refer to the CPT Crosswalk which has been developed to assist providers in selecting the appropriate service definition for services provided. Services indicated as "removed" **cannot** be provided or claimed after 6/30/23. This will result in the claim being suspended/denied. Previous service codes will remain available in CCBH until 7/14/23 to allow for billing of services provided *prior* to 6/30/23 only.

Providers are reminded to review allowable disciplines and provide only those services within their scope of practice, based on their current credentials. Billing is based on time spent providing direct client care for the purpose of providing healthcare/mental health services to or on behalf of the client, and does not include travel time, administrative activities, chart review or other activities a practitioner engages in either before or after a client visit. While time spent in

Optum Website Updates
MHP Provider Documents

OPOH Tab:
On 6/7/23, the OPOH Section C Accessing Services was updated with information from BHIN 22-065 regarding the Adult and Youth Screening Tools and Transition of Care Tools.

On 6/29/23, OPOH Section E and the OPOH were updated.

Communications Tab:
On 6/13/23, the CANS Sharing Confirmation Form Retirement Memo was posted and the CANS Sharing Confirmation Form was inactivated in CCBH as of 6/30/23.

On 6/28/23, the BHS Contractor Memo regarding Cerner Millennium Update was posted.

On 6/30/23, the MH Access Times FAQ and Tip Sheet were updated, and the Access to Services Journal Memo, Tip Sheet and Video were removed.

References Tab:
On 6/20/23, the MH CPT Crosswalk was updated to correct some of the allowable disciplines and expanded definitions/explanations.

On 6/27/23, the Billing Lockout Settings and Non-reimbursable/reimbursable Activities was updated to add that Certified Peer Support Services are billable in psychiatric hospital and residential lockout settings, and Intensive Care Coordination is also allowed for discharge planning while in a lockout setting.

On 7/3/23, the Interactive Add On Code Tip Sheet for Admin and Clinicians guide was added.

On 7/10/23, the Interpreter Add On Code Tip Sheet guide was added.

UCRM Tab:
On 6/28/23, the BHA Explanation Sheet was updated to include language that a MHRS/Master Level Student Intern/LVN/LPT/Registered PsyD/Ph.D may only complete a BHA for the sections that are within their scope and require an approved review and co-signature by a licensed/registered/waivered staff.

Forms Tab:
On 6/30/23 the Serious Incident Report and Serious Incident Report of Findings were updated and posted in the Forms Tab, along with FAQ and Tip Sheets.

documentation and travel will no longer be claimable, it should continue to be entered in encounters as it will be incorporated into rates, and best inform future rate discussions. **The most current CPT Crosswalk dated 6/20/23 should be utilized going forward.**

The most current revision of the CPT Crosswalk (*MH CPT Crosswalk rev 6.20.23*) supersedes previously released CPT Crosswalk and contains corrections to allowable disciplines for some service codes as well as expanded definitions and billing requirements/limitations for service codes.

Student Interns/Practicum Students – Change to Scope of Practice and Billing Parameters

QA has received recent confirmation of changes to the scope of practice based on the taxonomy for practicum students/student interns who are completing their graduate program internships within our SOC programs. Previously these individuals were able to provide and bill for services under the licensed clinician/clinical supervisor to provide psychotherapy and complete BHA's in full to include the MSE and diagnostic impressions/diagnoses, as well as other SMHS within the scope of a licensed/registered/waivered clinician. With the transition to CPT codes and taxonomy codes required for these individuals, they will now fall under the taxonomy codes/provider types for MHRS, Other Qualified Providers or Peer Support Specialists only and as such, cannot bill to CPT codes – which means they will no longer be able to bill for psychotherapy services and may not be able to complete the BHA in full and will require a licensed clinician to complete the MSE and diagnostic impression/diagnosis. They will only be able to bill for those services allowable and within the scope of practice for MHRS-level staff, which includes the limited portions of the BHA (*exception: cannot complete the MSE or diagnostic impressions/diagnoses*), rehabilitation services, case management, etc. We recognize that this will be a significant shift to current service provision and work processes and we encourage programs to review their current policies and processes for utilizing graduate level student interns. FAQ's from DHCS/CalAIM Office Hours provided below in our FAQ section.

Medication Services (MED E&M) – telephone no longer allowed.

Effective 7/1/23, DHCS has determined that MEDS E&M service codes may no longer be provided via Telephone. Medications services may continue to be provided via Telehealth, however claims submitted utilizing Telephone services will be denied by Medi-Cal. *Exception*: Psychiatric Evaluation with Med Svcs and Medication Training/Support services can continue to be provided via Telephone, as well as in-person and/or Telehealth.

Peer Support Services in Lock Out Settings

Certified Peer Support Services are able to bill to Medi-Cal when provided in the following settings:
- Inpatient Settings
- Residential Settings

For all other Lock Out settings, certified peer support services remain "locked out" and cannot be billed.

Medical Record Reviews FY 23-24

July begins Fiscal Year 23-24 Medical Record Reviews. Our QA Specialists have begun reaching out to Program Managers to schedule your medical record reviews. Please note that programs have the option to request their medical record review exit be completed in person or virtually, however, programs that require a pharmacy review as part of their medical record review will need to complete their exit in person. Our Medical Record Review tool has been revised and programs will no longer receive separate documents for their chart names as it has been incorporated into the MRR tool itself. Programs will continue to be required to complete their Program Summary and Hybrid Chart Attestation form and provide all required documents as indicated on the Attestation.

Your assigned QA Specialist is available throughout the fiscal year for questions, consultation regarding concerns with documentation, CalAIM initiatives and the medical record review process. Please reach out to them directly as needed, or you can also submit your questions through QI Matters.

Injection SQ/IM Service Definition Expanded to Include LVNs

DHCS has indicated that they will be issuing an update to expand the definition of (H0033) Injection SQ/IM Service Code to

include LVN's in the allowed disciplines to provide injections. Once a final directive has been provided, QA will notify programs/providers that LVN's may begin to use this service code. **Please note, SC20 Med Scvs Comprehensive is no longer an available service code and cannot be claimed for any services after 6/30/23.**

Initial Screenings

With the removal of SC5 for Initial Screenings, until programs are able to adjust workflows and processes, the nonbillable service code 800 could be used to capture this service. Programs should continue to review workflows and processes which do not allow for billable services and collaborate with their CORS regarding these processes; as we move further through payment reforms, rates will be established and payment will be based on billable services provided.

Medi-Cal Billing Manual for SMHS

The Specialty Mental Health Services Medi-Cal Billing Manual Version 1.4 (rev. 4/2023) is available for review on the DHCS Website. Please note, the most current revision is V 1.4 and an additional revision is currently pending release. Providers should ensure they are reviewing the most current version when referencing the Billing Manual.

Access Times FAQ/Tip Sheets

- FAQ/Tip Sheets were sent to the system of care on 6/30/23 and are now available on the Optum site under the Communications tabs and all outdated tip sheets and messaging has been archived.
- Also linked here: https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/communications/MH_Access_Times_FAQ_and_Tip_Sheet_-_6-30-23.pdf
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/2.
- Email QI Matters with questions.

SIR FORMS and FAQ/TIP Sheets

- SIR and SIROF forms have been updated for the new fiscal year.
- Forms have been reformatted and rearranged to group similar questions together to make the form easier to follow and include some new items:
  - *New for the SIR form*
    - Region - now includes a drop down menu
    - Client information - now includes a question about whether or not the client is connected with other agencies or departments such as Probation, CWS, etc. If yes, notification must be complete and indicated on the form.
    - Incident - new incident added "Alleged sexual assault on program premises (excluding allegations involving staff)"
    - Notifications - includes an N/A box for clients with no involvement or requirement for additional notification; also includes fields for date and time notification happened.
    - Attestation question for program managers to attest to reviewing and agreeing with the information reported.
  - *New for the SIROF form*
    - Result of fentanyl specific test - now includes a drop down menu
    - Section 5 Serious Incident of Findings Results/Recommendations - now includes indicator for N/A when this section is not required because an RCA was completed.
    - Section 6 RCA - now includes indicator for N/A when this section is not required because an RCA has not been completed.
    - Attestation question for program managers to attest to reviewing and agreeing with the information reported.
- Instructions are now part of the FAQ/Tip Sheets and should be used side by side with the newly formatted form.
- Updated forms were sent to the SOC on 6/30/23 and are now available on the Optum site under the Forms tab.
- Also linked here:

- - https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20SIR%20FAQ%20and%20Tip%20Sheet%20-%206-30-23.pdf
  - https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/SIROF%20FAQ%20and%20Tip%20Sheet%20-%206-30-23.pdf
  - https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20Serious%20Incident%20Report%20(SIR)%20FormFill%20-%206-30-23.docx
  - https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20Serious%20Incident%20Report%20of%20Findings%20(SIROF)%20FormFill%20-%206-30-23.docx
- New forms are in effective starting 7/1/23. SIR's submitted on outdated forms will be returned to program to complete on new forms.
- Email QI Matters with questions.

> **Knowledge Sharing**

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CALAIM WEBPAGE FOR BHS PROVIDERS

READ MORE

Provider Directory Application Programming Interface (API) has launched!
- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible and standards-based Provider Directory API (see BHIN 22-068). The requirement was created to make health information easily accessible to clients by having each health plan follow industry standards like HL7 FHIR APIs and by deterring information blocking.
- The County of San Diego BHS Provider Directory API has launched and is now available to software developers and other health systems. The link requires an API application to open and will not be viewable with browsers.
- The Provider Directory API takes information from the SOC Application. To help maintain accurate information is included in the Provider Directory API, staff are asked to update information in the SOC Application as changes occur and to attest to the accuracy of information monthly.

Peer Support Services Implementation (Reminders!)
- **Training Requirements** for certified Peer Support Specialists: San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS

- **Billing Codes** for certified Peer Support Specialists: San Diego Certified Peer Support Specialists – BILLING CODES
- Q&A on Peer Support Services

Medi-Cal Peer Support Specialist Certification
- Click here for the Medi-Cal Peer Support Specialist Certification Registry.
- The Legacy (grandparenting) pathway for certification ended on June 30, 2023.
- For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- 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.

Supervision of certified Peer Support Specialists
- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is ~~now~~ available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. Register for the Supervisor Training at the CalMHSA website.

CalAIM Behavioral Health Payment Reform: 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.

Telehealth PIP
- The Telehealth PIP goal is to increase access and utilization of telehealth services for the Adult and Older Adult Population. By May 30th, UPAC EMASS and UPAC Positive Solutions both presented the interventions and conducted the pre-post questionnaires in-person to seniors who recently acquired a telehealth capable device.
  - Data will be collected and analyzed.
  - A follow up debrief meeting will be scheduled with UPAC EMASS and UPAC Positive Solutions teams.

Therapeutic Support for LGBTQ+ Youth PIP
- The Spring 2023 Youth Services Survey (YSS) was conducted in May 2023. Data from the YSS will be available for analysis, and the PIP Roadmap Report will be updated when data become available with PIP outcome measure results.
- CASRC (Child and Adolescent Services Research Center at UC San Diego) is exploring a future CYF (BHS Children, Youth, and Families) clinical PIP focusing on improving access and outcomes related to group therapy.

Cerner Millennium Updates

As the Cerner Millennium product continues to be developed there is the need for a consistent message and sharing information to occur. Listed below are three ways in which the system of care can obtain and review information as to the status of the project and upcoming town hall invites.
- **Cerner Millennium Town hall**: BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams.
  - July 11, 1-2pm

- o If you are interested in attending please use the following link: Click here to join the meeting
- **Project Status Notices**: the following link will provide the update from the previous Town hall
  - o https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/cerner-millennium/2023-06-28-BHS Contractor Memo-Cerner Millennium Update.pdf
- **Optum San Diego**: the following link will allow providers to have access to all Project Status updates and materials presented on an ongoing basis
  - o MHP Provider Documents (optumsandiego.com)

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.

Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779.
Stephanie Hansen is mainly working with Millennium and is not easily reachable.
Thank you!

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:
The next session of the Mental Health Quality Improvement Partners (QIP) meeting will be **held virtually on Tuesday, July 25, 2023, from 2:00 pm to 4:00 pm** via Microsoft Teams. Click here to join the meeting. These meetings are intended to update the system of care (SOC) with recent and/or upcoming changes or announcements, as well as provide a live channel for SOC staff regarding their questions and concerns. The intended audience of these meetings are SOC leadership and QA/QI/compliance staff.

If you experience any technical issues during the virtual meeting, please reply to this message or contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours:
Please see the schedule below for the June 2023 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items**. **Please come prepared with any questions** for our Quality Assurance Specialists. Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

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 preferred session. If you have any further questions/comments regarding these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov. Sessions for future months are forthcoming.

July 2023 sessions:
- Thursday, July 13, 2023, 3:00 pm to 4:00 pm: Click here to join the meeting
- Tuesday, July 18, 2023, 9:00 am to 10 am: Click here to join the meeting
- Thursday, July 27, 2023, 3:00 pm to 4:00 pm: Click here to join the meeting

> **QI Matters Frequently Asked Questions**

Q: Which taxonomy code should counties use when an intern or student is pre-licensed and not registered or waivered with their professional licensing board (e.g., psychology practicum student who is post-Bachelors, pre-Masters)?

A: Services rendered by a pre-licensed individual provider who is not registered or waivered with the applicable professional licensing board should use a taxonomy code that is most appropriate for the practitioner until they are registered with the professional licensing board. The State Plan Amendment (SPA) identifies four provider types that are pre-licensed, non-registered, and/or non-waivered. Within the Mental Health delivery system, these provider types are Mental Health Rehabilitation Specialists (MHRS), Other Qualified Providers (OQP), and Peer Support Specialists (PSS), and they are described in SPAs 12-025 and 21-0051. Within the Drug Medi-Cal delivery system, these provider types are Alcohol or Other Drug Counselor (AOD Counselor) and Peer Support Specialists and are described in SPA 22-0024 and Information Notice 21-041.

For students who are pre-licensed and not yet registered with their professional licensing boards, counties should use a taxonomy code within the MHRS, OQP, PSS, or AOD Counselor categories as appropriate based on the student's education, training, and experience. Acceptable taxonomy codes within each delivery system and provider type category are listed in Appendix 1-Taxonomy Codes of the billing manuals available on the MEDCCC Library under "CalAIM References and Manuals Effective July 1, 2023."

Services rendered by a pre-licensed individual provider that is registered with the applicable professional licensing board should use the taxonomy code of the profession with which they are registered and should be bill using the HL modifier after the service code to indicate that the services were provided by an intern. An intern is a registered, pre-licensed mental health professional who is working in a clinical setting under supervision. *This would not be our student "interns" or practicum students as they are not yet registered with the BBS until after they graduate. The HL modifier is only allowable for those who are registered with the BBS.* If the individual is a resident, they should use the taxonomy code associated with a physician and use modifier GC after the service to indicate that the service was provided by a resident.

Q: Based on the guidance in the question above, do we need to change the taxonomy codes for registered interns/students on NPPES to reflect the same taxonomy code as a licensed professional in order to have our claims approved?

A: No, waived and registered interns/students should not change their taxonomy codes registered with NPPES to taxonomy codes of fully licensed professionals. Short Doyle does not validate the rendering provider's taxonomy code matches the taxonomy codes in NPPES. Short Doyle only validates that the rendering provider's NPI is active in NPPES. For claim submission purposes, registered interns/students should use the taxonomy code that reflects the profession with which they are registered and should bill using the HL modifier after the service code to indicate that the service was provided by an intern.

Q: Are interns not allowed to use CPT codes?

A: If an intern is registered with their professional licensing board, they should use the taxonomy code for their licensed profession and will be able to use CPT codes. However, to indicate that the services were performed by an intern, the HL

modifier would be indicated after the code. <mark>If the intern is not registered with their professional board, they may use the mental health rehabilitation specialist, other Qualified professional or peer support specialist taxonomy codes (for the Mental Health delivery system) or AOD counselor or peer support specialist (for the DMC delivery system). These non-registered interns will not be using the HL modifier and CPT codes will not be available to them.</mark>

Q: Now that IHBS is no longer a stand alone service, how do I include it as an intervention on the client plan?

A: For client's receiving IHBS services, this should be documented in the Objectives narrative of the client plan.

> **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**