

## **SUD** Substance Use Disorders

*Unless explicitly stated in other portions of the newsletter, only the information in this section will apply to SUD programs.*

### **Reminder: ASAM Overview Webinars Available from BHETA**

- There are two, one-hour recorded ASAM Overview webinars available via BHETA. For details on registration, go to <https://theacademy.sdsu.edu/online-training/> or contact the BHETA Help Desk at [BHETA@mail.sdsu.edu](mailto:BHETA@mail.sdsu.edu)

### **Reminder: A Therapist May Complete the Diagnosis Determination Note**

- Per Title 22, a Therapist, Nurse Practitioner, or Physician Assistant may document the basis for the SUD diagnosis in the client's record as an alternative to the physician.
- The Physician will approve of the diagnosis and document medical necessity by signing the client's treatment plan.
- Per Title 22, a Therapist is defined as the following:
  - A psychologist licensed by the California Board of Psychology.
  - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences.
  - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences.

### **DHCS Monitoring of SUD programs**

- If your program is contacted by DHCS for an onsite DMC Monitoring or Post-Service, Post-Payment Review, please immediately notify your program COR and the QM unit:
  - QM would like to support programs throughout this process, including attending the exit interview
  - The Final Monitoring report from DHCS should be immediately forwarded to your COR and QM upon receipt
  - If a CAP (Corrective Action Plan) is required, the program is to submit a draft of the CAP response to the QM unit first for review
  - QM will review the CAP with the program and the COR, and then submit the final draft of the CAP to DHCS on behalf of the program
  - Any follow up correspondence on the CAP from DHCS should be forwarded to QM and a response should be submitted to QM first for review

### **Reminder New Timelines effective July 1, 2017**

- DATAR is due the 7th of the month for the previous month's data.
- Annual Update records are now due 11 months from the admission date.
  - Future dates will not be accepted
  - Use the date the annual update was actually completed

### **SanWITS "Unfinished Client Activities" Report**

- As of June 30, 2017, there were 605 client records still in progress – this is 360 less than in May but still needs attention.
- **Administrators** have your staff run the **Unfinished Client Activities Report in SanWITS before the 10<sup>th</sup> of each month.**
- Client records that are **left "in progress"** are not being sent to the state and therefore **non-compliant.**
- Look for Reports on the left menu in SanWITS, choose the Unfinished Client Activities report under the QA/QC section.

### **Save the Date –**

- Next SanWITS Quarterly Users Group Meeting will be Monday, September 18, 2017
- Email the ADS help desk with any items you would like discussed during our meeting
- Your feedback is important

### **SanWITS and SSRS Trainings**

- Monthly trainings are offered for both SanWITS and SSRS Reporting.
- Contact the ADS help desk at [ADS\\_Data.HHSA@sdcountry.ca.gov](mailto:ADS_Data.HHSA@sdcountry.ca.gov) to schedule trainings for new hires, refreshers, and basic and advanced SSRS reporting.
- New–SanWITS Non-billable Encounter training - Schedule staff by August 31, 2017, for trainings held in September
  - Data Entry for all Encounters will be implemented as of October 1, 2017

**Is this information filtering down to your staff?**

**Please share UTTM with your staff and keep them *Up to the Minute!***

## SUD and Mental Health Programs

### Help Spread the Word!

Did you know that pregnant women seeking alcohol or drug services have priority admission to SUD programs? Please help us spread the word to the clients and their supports that might benefit from this information! Those interested may contact the ACL line at (888) 724-7240 for referral assistance.



### Services Provided Prior to Completion of Client Plan (Memo 06/21/17)

- The Department of Health Care Services (DHCS) has clarified the types of services that may be provided prior to completion of the Client Plan and services subject to disallowance without a valid Client Plan. This is effective 7/1/2017.

### Client Plan Redesign (Memo 6/20/17)

- The current Client Plan has undergone a redesign to make the document more user and client friendly.
- Changes include the following redesign: new Client Plan family folders, formatting changes, and a new confirmation page.
- This memo contains several documents, including Client Plan Clinical Standards, Tip Sheet, and two Quick Click Guides. This is effective 7/3/2017.
- Client Plan family folders are currently active in Live.

### Utilization of BHA ADULT WALK IN for Outpatient Programs with Walk In Services (Memo 6/21/17)

- For the Adult/Older Adult Outpatient Programs a change has been implemented for the assessment process to improve efficiency and client access to outpatient walk in services. This is effective 7/1/2017.

### New Evidence Based Practice (EBP) Indicators for Performance Improvement Project (PIP) and the Child Family Team Meeting-CYF System of Care (Memo 6/23/17)

- BHS is collecting data regarding the assignment and completion of therapeutic homework.
- CYF Programs are expected to enter EBP indicators for therapeutic homework assignment/completion when entering services in CCBH. This is effective 7/3/2017.

### Billing Service Indicators for Interpreter Use and Language

- BHS is not collecting the language and interpreter use in CCBH for Day Treatment Programs since they offer a bundled service and there is no way to separate out any individual services.
- The SC 95 will now have Billing Type default to: Not Applicable and Service Intensity Type default to: Not Applicable.

### Optum Organizational Provider Public Documents

#### Communications:

- QM MEMO - Allowed Services Prior to Client Plan Completion
- QM MEMO - Utilization of BHA Adult Walk In for OP Walk In Services
- QM MEMO - New Evidence Based Practice Indicators
- QM MEMO - Client Plan Redesign
  - Clinical Standards for Client Plans
  - CCBH- Quick Click Guide REVIEW – REVISE
  - CCBH CP Quick Click Guide
  - CCBH – CP Folder and PN TIP SHEET

#### Forms:

- Individual Service Record
- Group Service Record

#### Manuals:

- Outcome Measures Manual San Diego CSS Programs 2016

#### References:

- Intensive Service Request (ISR) CYF Memo
- MIS-25 Program Listing Report
- QI Updates – Annual 7 11 17

#### UCRM:

- MEDS MANAGEMENT LONG NOTE FORM FILL
- Intensive Service Request (ISR) CYF Memo
- INTENSIVE SERVICE REQUEST (ISR) EXPLANATION
- INDIVIDUAL PSYCHOTHERAPY PROGRESS NOTE FORM FILL
- INDIVIDUAL PROGRESS NOTE OTHER FORM FILL
- GROUP PROGRESS NOTE FORM FILL
- CLIENT PLAN FORM FILL

### CCBH (formerly Anasazi) Secure Documents

#### Manuals:

- Client Plan Resource Packet
- Service Entry Resource Packet

#### Quick Reference:

- Individual Service Record

### **Pathways to Wellbeing (PWB) Update**

- 1) Bulletin sent to BHS providers on 6/15/17 announcing Child Welfare Services (CWS) released two new forms related to confidentiality and sharing of protected health information within the California Continuum of Care (CCR) CFT meeting setting. **CWS, not BHS Providers, are responsible for initiating and completing these forms:**
  - **Child and Family Team (CFT) Confidentiality Agreement, form 04-446.** Providers will be requested to sign this form when attending CCR CFT meeting facilitated by CWS staff.
  - **Authorization to Use or Disclose Protected Health Information, form 04-29CFT.** This form allows team members to share information. Providers should receive a completed copy of this form prior to attendance at a CCR CFT meeting. The new form mirrors the *CWS Release of Information* form currently in use (04-29), and incorporates CCR “teaming” language.
- 2) Bulletin sent to BHS providers on 7/5/2017 regarding tracking Child and Family Team Meetings in CCBH. BHS providers will use the new Tracking Indicator **ID 92 Child Family Team Meeting**, whenever a provider attends or facilitates any type of CFT meeting.
  - The new Tracking Indicator, **ID 92 Child Family Team Meeting**, replaces the indicator, “T” – Child Family Team, in the “Provided To” field, which will be inactivated.
  - All PWB Enhanced Services protocols, Service Codes, and PWB Enhanced/Subclass CFT meeting timelines remain in effect.
  - Instructions and screen shots included in Bulletin.
- 3) Bulletin sent to BHS providers on 6/8/17 announcing revised *Individual Progress Note/ICC Note* in CCBH. The corrected form clarifies initial CFT meetings must occur within 30 days of determining eligibility, in accordance with the Pathways to Well-Being, Child and Family Team Meeting time lines.

All Pathways to Well-Being bulletins, forms and explanations can be found at <https://theacademy.sdsu.edu/programs/bheta/pathways/>

### **Performance Improvement Team (PIT) Update**

- Outpatient clinics are being asked to document any change in housing status (Living Arrangement) upon each client interaction, especially those that are homeless or transitioned from homelessness. This can be documented in either the Behavioral Health Assessment or the Demographic Form. It is important to consistently inquire and update the living arrangement to ensure accurate data collection on housing status.
- If you have a client that has prepopulated fields of H, X, Y, Z (an inactive living arrangement) when starting a new Demographic Form or BHA, please update with XX, YY, or ZZ as appropriate.

### **Reminder—Serious Incident Reporting**

- Serious Incidents are reported to the **QM SIR Line at 619-641-8800.**



**Now You're Up To  
The Minute!**

**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](mailto:QIMatters.hhsa@sdcounty.ca.gov)