AOD
ALCOHOL AND OTHER DRUGS

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

"Criminal Justice Status"
o *ADS Providers, please ensure the "Criminal Justice Status" question under the "Legal" section is entered and completed for all AB109 clients in SanWITS.*
o *Further monitoring and review will be conducted on the "Criminal Justice Status" question, to ensure providers are properly assigning AB109 clients to this field.*

SSRS Reporting Training
o *Training for SSRS Reporting starts again on February 26, 2016, from 1:00 p.m.-4:00 p.m. If you are interested, please* contact ADS_Data.HHSA@sdcounty.ca.gov.
o *Space is limited.*

SanWITS Users Group Meeting
o *The next quarterly SanWITS Users Group meeting will be held on Monday, March 21, 2016, from 8:30 a.m.-11:00 a.m. in the La Jolla Room of the Behavioral Health Administration building at 3255 Camino del Rio South, San Diego, 92108.*
o *Due to provider requests, our quarterly meeting days are being alternated to accommodate different schedules.*
o *Please take advantage of these meetings to talk about specific issues, billing questions, and to generally stay informed regarding changes as they arise.*

MENTAL HEALTH SERVICES

ANNOUNCEMENTS

AOD and Mental Health Programs – Help Spread the Word!

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

And now... you're up to the minute!!!

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Family/Youth Support Partners & Peer Specialist Documentation Training
o   This training is for support partners and peer specialists in Children's or Adult programs who bill Medi-Cal.
o   It is on March 2, 2016, from 9:00 a.m.-12:00 p.m.
o   Location: Behavioral Health Administration building, 3255 Camino del Rio South, San Diego 92108 (La Jolla Room)
o   Registration is full. However, you may be placed on a waiting list.
o   Email Linda Oliver at linda.oliver@sdcounty.ca.gov to register.

Reminder: Recorded Webinar Sessions for Documentation Trainings are Available!
o   Do you have new staff that are soon to be trained in CCBH? Documentation training should be viewed first to make the most out of CCBH training sessions.
o   Or is there staff that would benefit from a review of documentation standards?
o   There are recorded webinar sessions available for "on-demand" viewing.
o   Webinar content is the same as the content covered in "live" classroom sessions.
o   Watch once or numerous times at your convenience!
o   Program Managers: Email QI Matters to request a personalized link. **Indicate if you are requesting links for the Adult or Children's version of the webinars.**

Appointment Reminder Calls
o   Program Managers – If you are interested in your program using the automated appointment reminder system for your client appointments, email a request to QIMatters.hhsa@sdcounty.ca.gov.

New Gender Identity Questions
o   New questions regarding gender identity have been added to the following BHAs in the Live environment:
    1. BHA Adult
    2. BHA Child
    3. BHA JFS STAT

Reminder: Access to Emergency, Urgent and Routine Appointments
o   Any client who needs emergency service shall have his/her needs addressed within one hour.
o   Any client who meets the criteria for needing "urgent" services shall be seen within 72 hours. A need for urgent services is defined as a condition, which without timely intervention, is certain to result in a person being suicidal, homicidal or gravely disabled, and in need of emergency inpatient services. Any client being

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discharged from a psychiatric hospital facility, or who calls for services and is screened as needing services urgently, meets the "urgent" criteria and shall be seen with 72 hours. (*For adult programs, this includes persons being discharged from a crisis residential facility, the EPU, or a locked/IMD placement*).

o   A "Routine Condition" is defined as a relatively stable condition and there is a need for an initial assessment for Specialty Mental Health Services.

- For Adult and Older Adult programs, the standard for routine appointments is a systemwide average of eight (8) calendar days from initial contact to first available appointment for mental health assessments.
- For Children, Youth and Family programs, the standard for routine appointments is a systemwide average of five (5) calendar days from initial contact to first available appointment for mental health assessments.
- The standard for psychiatric assessments is 30 days for routine conditions.

BILLING

ICD-9 Diagnosis End Date

o   If a client has a pre-existing active ICD 9 diagnosis, the end date for the ICD 9 diagnosis must be *9/30/15*.

o   For example, if a client is open to your program on March 1, 2016, and a previous ICD 9 diagnosis was not ended (i.e., the prior program did not end it, so it imported to a new diagnosis form), you will still end date the ICD 9 as of *9/30/15*.

o   This will help avoid AQ suspense for *prior* services that have not yet been claimed.

"Claim-it-Anyway"

o   Just a reminder to programs – when faxing your "Claim-it-Anyway" submissions to QM, please be sure to put the name and phone number of the person sending it on the coversheet!

o   Sometimes we need to call for follow up and it is much easier if that information is included.

o   Thank you!

Recently Added to the Optum Website

(Continued from page 2)

CCBH (formerly Anasazi) Secure Documents

- Manuals Tab: PROGRESS NOTE CORRECTION MATRIX FINAL 8-25-14.pdf
- Manuals Tab: Progress Notes Resource Packet
- Manuals Tab: View Only Resource Packet
- Manuals Tab: Admin Data Entry Resource Packet
- Manuals Tab: Appendix 12 – CORRECTING GROUP PROGRESS-NOTE AND SERVICE 7/21/15.pdf
- Manuals Tab: Appendix 1 – DELETE THE PROGRESS NOTE SERVICE 7-11-15.pdf
- Manuals Tab: Appendix 2 – EDIT OF A SERVICE 7-11-15.pdf
- Manuals Tab: Appendix 3 – VOID PROGRESS NOTE BUT KEEP SERVICE 7-11-15.pdf
- Manuals Tab: Appendix 4 – VOID PROGRESS NOTE DELETE SERVICE 7-11-15
- Manuals Tab: Appendix 5 – VOID SERVICE BUT KEEP NOTE 7-11-15.pdf
- Manuals Tab: Appendix 6 – VOID NOTE VOID SERVICE 7-11-15.pdf
- Manuals Tab: Appendix 7 – WHEN THE PROCEDURE CODE IS THE SAME 7-11-15.pdf
- Manuals Tab: Appendix 8 – EDIT OF A PLANNED SERVICE 7-11-15.pdf
- Manuals Tab: Appendix 9 - EDIT OF UNIT-SUBUNIT 7-11-15.pdf
- Manuals Tab: Appendix 10 – CORRECTION OF SERVICE INDICATORS 7-11-15.pdf
- Manuals Tab: Appendix 11 – NON-BILLABLE TO INFORMATIONAL NOTE 7-11-15.pdf
- User Mtgs Tab: CCBH User Group PowerPoint presentation (file name "Title page with lifestyle image" – posted 12-23-15).

THANK YOU

DOCUMENTATION STANDARDS

Client Plan Interventions

o   It is a Medi-Cal requirement to document both frequency (how often) and duration (how long) in Client Plan interventions.
o   Per communication from the State, we are anticipating a more strict application of this standard than we've previously been accustomed to seeing.
o   For example, QM anticipates that "as needed" will not be specific enough for documenting the frequency. QM recommends substituting "as needed" with the most realistic estimate of frequency. An example of frequency could be, "Therapist will collaborate with client's teacher and parent at least three times over the next three months for the purpose of…"
o   We do not anticipate that there would be any penalty if the intervention is provided more or less frequently than the best, realistic estimate. Rather, this should become data for evaluation and refinement of interventions when the Client Plan is updated.
o   Similarly, "13 sessions" may not be specific enough for duration as some clients may use 13 sessions in a little over three months, and another client may take a year to use that many sessions.
o   For the remaining Medical Record Reviews for this fiscal year, use of "as needed" or "13 sessions" as frequency/duration indicators will not be considered out of compliance.
o   While we are finalizing appropriate language with the State, it may help staff to practice thinking and documenting in more specific terms so that progress (and quality of service) can more objectively be tracked.

Is this information filtering down to your clinical and administrative staff?

Keep them Up to the Minute!

And remember to send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

And now... you're up to the minute!!!

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