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.

DMC Title 22 Updated Regulations Effective July 2015
- *QM recently sent out a memo to clarify the updated DMC Title 22 regulations that were permanently amended, effective July 14, 2015.*
- *In part, these regulations indicate that a Physician/MD must either document a diagnosis or approve a diagnosis documented by a Therapist, Physician Assistant or Nurse Practitioner; however, the regulations do not specify how exactly that must be done (i.e., face to face versus a file review).*
- *An AOD Counselor cannot establish a diagnosis. However, if they meet with a client and conduct an assessment, it is acceptable for the Physician/MD to then review the client's history, symptoms and other relevant information to formulate and document the diagnosis within the designated timeline.*
- *If a Therapist, Physician Assistant, or Nurse Practitioner meets with a client and conducts an assessment and formulates a diagnosis, the Physician/MD shall document approval of the diagnosis within the designated timeline.*
- *Please confirm your internal processes to ensure that appropriate staff are formulating and documenting diagnostic information in accordance with these regulations.*

Important Reminders
- *Please run the "Unfinished Clients Report" on a regular basis to ensure clients are not left "in progress." CalOMS will not be sent to DHCS if the files are incomplete.*
- *Please ensure that all DATAR information is submitted to the State by the 10th of the month after the reporting month.*

Helpful Information – Drug Medi-Cal Certification and Provider Training/Information on the DHCS website can be found at:
- **http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx**
- **http://www.dhcs.ca.gov/provgovpart/Pages/Training-and-Informational-Resources.aspx**

AOD and Mental Health Programs

Help Spread the Word!

Did you know that pregnant women seeking alcohol or drug services have priority admission to AOD 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.

And now...

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

You're up to the minute!!!

12-2-15

AOD and Mental Health Programs (Continued)

FY 2013-14 Behavioral Health Outcomes Report

The Alcohol and Drug Services, the Children, Youth and Families (CYF) Mental Health Services, and Adult/Older Adult Mental Health Services work collaboratively to provide services that focus on wellness and recovery of the individuals BHS serves.

Every three years, the UCSD Research Centers develop a report that evaluates outcomes of the integrated treatment among clients with and without co-occurring disorders and clients with and without a dual diagnosis.

The FY 2013-14 Behavioral Health Outcomes Report is available on the Technical Resource Library page at: **http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html** (Section 6).

MENTAL HEALTH SERVICES

ANNOUNCEMENTS

Documentation Training Prior to CCBH Training
o   We have noticed that newly hired staff are having difficulty with integrating and retaining the clinical concepts, documentation standards and technical aspects of learning CCBH. This is especially evident when new staff are taking Assessment training immediately followed by Client Plan/Progress Note training, and they have had little to no exposure to the clinical or documentation standards required for these processes.
o   It is best to have newly hired staff view a full documentation training prior to their CCBH training.
o   This will allow newly hire staff to focus more fully on learning the functionality of CCBH during the training on that software.
o   Program Managers, email QI Matters at: **QIMatters.HHSA@sdcounty.ca.gov** to request the documentation training links.
o   Be sure to specify if you are requesting for Children's Programs or Adult Programs.

Reminder! Revised Schedule for November/December Clinical User Group Meetings
o   Since the regularly scheduled Clinical User Group meetings for November and December both fall during holiday weeks, the group decided to combine the meetings and have one on a different date.
o   The combined November/December Clinical User Group meeting will be Tuesday, December 15, from 3-4:30 in the Bonita room at the BHS Administration building, 3255 Camino del Rio South.

Optum's New and Improved Website
o The new Optum website was launched on November 1. The website address is **www.optumsandiego.com**.
o The new website features enhanced security, as well as a convenient "search" field to help locate documents and resources quickly and easily.
o An email with tip sheets on how to register was sent out to the System of Care at the end of October.
o If you missed that information, or need assistance with registration, contact Optum at (800) 834-3792.

BILLING

Diagnosis at Service and AQ Suspense Code:
o Progress notes written prior to completing a new Diagnosis Form may result in suspense code AQ.
o REMEMBER: You must complete the progress note **AFTER** updating the Diagnosis Form with ICD-10 codes, which will prepare DAS to appear with ICD-10 codes.
o Even if the Diagnosis Form and the progress note are entered on the same day, the Diagnosis Form must be updated **EARLIER** than completion of the progress note.
o For instructions on how to remove a service from AQ suspense, please contact the Optum Support desk at (800) 834-3792.

Diagnosis Beginning and Ending Dates
o Diagnosis beginning and ending dates are associated with billing.
o When a client presents for services at your program, do **not** change the beginning date of an active, already existing diagnosis to a **later** date as this will have an impact on other programs that may have billed services to that diagnosis.
o For example: "Program A" began providing services to a client on 10/1/15. At that time, they assessed that the client met criteria for "Major Depressive Disorder, Recurrent, Severe without Psychotic Features (F33.2)". "Program A" completes the client's BHA and uses 10/1/15 as the begin date of this diagnosis.
o "Program A" provides services regularly and all services are attached to this diagnosis.
o The client then presents to "Program B" for services on 12/2/15. At the time of their assessment, they find that client still meets criteria for "Major Depressive Disorder, Recurrent, Severe without Psychotic Features (F33.2)."
o "Program B" should **not** do anything to the begin date of this diagnosis! If they were to change the begin date to 12/2/15, there is no longer a diagnosis to cover "Program A's" services which began on 10/1/15. "Program A's" billings will be suspended, and this creates unnecessary work to find and correct the error.
o Similarly, you should be aware of ending a diagnosis when other programs may still be providing services
o You may end date a diagnosis in the following situations:
   • The client is no longer being treated for that diagnosis and is only open to your program (the end date must be on or after the last date of service for that diagnosis); or,
   • The client is no longer being treated for that diagnosis, and **all** programs concurrently serving the client have been contacted and **all** agree to end the diagnosis (the end date must be on or after the last date of service for that diagnosis).
o The complete "Diagnosis Practice Guideline for the Electronic Health Record" is available on the Optum website.
o Remember: With the electronic health record, it is "one client, one chart" – be aware of how your data entry may impact the client and other programs providing services to the client.

NOVEMBER/DECEMBER 2015
QI . . . UP TO THE MINUTE

DOCUMENTATION STANDARDS

CYF Programs' Client Plans at UM
- A reminder to programs that the client plan needs to be **Reviewed** (not "Revised") at UM.
- Information in the narratives for each tier should be discussed with the client/family and updated.

Reminders About the Shared Electronic Health Record
- As staff comes and goes, it's important to revisit the basics about the shared electronic health record.
- It is "one client, one chart" – multiple programs may be relying on information in CCBH at the same time, and their workflow depends on everyone following the same standards.
- For example: BHAs, Diagnosis Forms and other Assessments share fields with one another. That means, when one is opened **and not final approved**, it prevents other people in the System of Care from completing **any** assessments which share those fields. Here are common scenarios we've heard about recently:
    1) Within the same program – A staff opens a BHA and doesn't final approve it, then goes on vacation. The program's psychiatrist now cannot open and complete their Psychiatric Assessment;
    2) Across programs – A program opens a BHA and doesn't final approve it. The client gets hospitalized overnight at SDCPH and they cannot complete their assessment;
    3) With our ASO (Optum) – A program opens a Diagnosis Form and doesn't final approve it. Optum receives a request for authorization for hospitalization and can't complete their assessment.
- To address this, please follow these standards:
    - If you start an assessment, you should final approve it in the same sitting.
    - If you have not completed all of the information, you open a new assessment of the same type the next time you are ready to do data entry. Information from your first version of the assessment will pre-populate.
    - If another program encounters a non-final approved assessment that is interfering with their work, they should:
        - Contact the program and ask them to final approve it ASAP;
        - If that program does not respond within a reasonable amount of time, then the non-final approved assessment should be printed so it can be faxed to the originating program;
        - The program attempting to complete their assessment should then **delete** the non-final approved assessment so that they can complete their work. (Note: Hospitals or emergency programs may not have time to contact other programs, so assessments may be deleted in order for these urgent settings to enter their clinical information).
- Non-final approved client plans risk deletion as well, so they should also be final approved once started (and revised, if additional information needs to be added later).
- It is helpful to both staff and clients when these standards are followed, so please keep them in mind as you go about using CCBH.

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

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And now... HHSA HEALTH AND HUMAN SERVICES AGENCY You're up to the minute!!!
12-2-15