Substance Use Disorders

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

Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Update
- On October 5, 2017, DHCS notified our Behavioral Health Services (BHS) Director, Alfredo Aguirre, that the Centers for Medicare & Medicaid Services (CMS) and DHCS had approved the County of San Diego DMC-ODS Implementation Plan!
- This is a huge first step, and we're grateful for all the input and support that has brought us to this point.
- Next steps:
  - DHCS to approve the rates submitted by BHS for DMC-ODS services
  - The County Board of Supervisors to approve entering into contract
  - The County to execute a DMC-ODS contract with DHCS and identify a specified ODS implementation date.
- We will update you on developments as we continue to move through the process
- The approved implementation plan is available on the Optum website DMC-ODS page under the communication tab
  - https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html

ASAM Implementation Training: **Save the Date**
- We are pleased to announce a special, upcoming, ASAM Implementation Training led by Dr. David Mee-Lee, the Chief Editor of The ASAM Criteria, on Friday, 11/17/2017 from 9am to 4pm.
- "Save the Date" flyer was emailed to all the SUD providers on October 5th.
- More information will be coming soon about the training objectives, location, and how to register.

Updated SUDPOH Available Now
- The SUDPOH has been updated and was emailed, with a summary of changes, to all SUD providers on 10/10/17
- Additionally, the revised SUDPOH has been posted on both the Optum and TRL websites
- Most of the changes are simple reorganization of material to make sections more cohesive
- Some new information based on DHCS audit feedback and/or DHCS Information Notice releases was added
- New information about "Local Emergencies" was added under the "Emergency Critical Services" section (D. 5)

New Alcohol and/or Other Drug Program Certification Standards Effective November 1, 2017
- Per DHCS Information Notice 17-017, the AOD Program Certification Standards (with revision date of March 15, 2004) has been replaced by a revised version (revision date of May 1, 2017).
- All SUD programs that are currently certified and/or licensed will need to comply with the revised Standards by November 1, 2017
- All SUD programs seeking initial DHCS certification are required to meet these Standards.
- A link to this information notice can be found here: http://www.dhcs.ca.gov/provgovpart/Documents/MHSUDS_Information_Notice_17_017_AOD_Certification_Standards.pdf
- For questions about this information notice, contact the DHCS SUD Compliance Division at 916-322-2911

Reminders and Tips from DHCS
- Don't have clients sign incomplete forms – DHCS reviewers have seen this practice during their chart reviews.
- Remember to include identified physical health (including dental health) needs on treatment plans
- Documentation of crisis intervention – make sure the progress note clearly documents service to address a relapse or an "unforeseen event or circumstance which presents to the beneficiary and imminent threat of relapse." Per DHCS, the crisis intervention notes they review frequently do not meet this standard
- Look for more DHCS reminders and tips in future "Up to the Minute" newsletters!

Reminder
- As of Oct 1, 2017 encounters should be entered for all clients under the BHS County Contract.

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Residential programs
- Residential programs are to enter in SanWITS one encounter a day for each client.
- All services are included in a bed day.
- When entering an encounter, use the following for residential non-billable:
  - **Note type** – Progress Note
  - **Service type** – Residential Bed Day (Non-Billable)
  - **Visit type** - Bed Day – Residential

Program Enrollment
- Program enrollment should be completed on each client
- Use the Admission date as the start date for the program enrollment
- When the client is being discharged, the program enrollment needs to be end dated with the discharge date
- Please contact the ADS help desk for assistance at ADS_Data.HHSA@sdcounty.ca.gov

Interpreter Utilized and Language Requirement
- In the encounter under services/ancillary services you will notice new county required questions.
- Two selections must be made – one for interpreter and one for the language the service was provided.
- This new data field is to be completed with all encounters, both DMC billable and non-billable.

Referrals
- Please continue to monitor and resolve any referrals.
- As of 9/26/17 there were 459 pending referrals.
- Contact the help desk for assistance at ADS_Data.HHSA@sdcounty.ca.gov

Unfinished Client Activity Report
- Report should be monitored before the 10th of each month
- Unfinished client records are not sent to the state and are non-compliant

Closing Cases
- Remember to close discharged cases.
- For DMC billed clients, remember to close the case after rendering staff have completed billing.
- As of 9/26/2017 there were 563 records with unfinished client activity.

Open Admissions
- Records over 10.9 months are out of compliance and must be updated with an annual update or discharge.
- Records between 10.0 and 10.9 months must have an annual update before reaching 11.0 months.

Modality Changes
- When clients change treatment modality, a discharge must be completed with the status as referred and an admission into the new modality as a transfer
- Do not only change the client's program enrollment- this is not the correct method.

Annual Update Records
- Annual update records should be calculated from the admission date of the current episode

SSRS Reporting
- SanWITS SSRS Reporting Tool will be updated in October to a new platform
- Handouts with instructions will be disseminated one week before the transition
- To prevent a disruption in service follow the instructions provided in the handouts
- If you are not a current SSRS user and want access to SSRS, contact the ADS Help desk

SanWITS and SSRS Trainings
- Monthly trainings are offered for both SanWITS and SSRS Reporting.
- Contact the ADS help desk at ADS_Data.HHSA@sdcounty.ca.gov to schedule trainings for new hires, refreshers, and basic and advanced SSRS reporting.
- Contact the ADS helpdesk for additional training or questions regarding the new non-billable encounters

Is this information filtering down to your staff?

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

MENTAL HEALTH SERVICES

Clarification of Crisis Stabilization Billing and Lockout Situation
- When the client is in the CSU, no other specialty mental health services may be provided, except Targeted Case Management.
- If a provider provides a SMHS during this time, the provider should code the service location as "Urgent Care". This will prevent the service from claiming to a third party payor like Medi-Cal. It is the same concept when coding location of service when a client is in Jail or IMD; we code to where the client is.
- If the client goes to a CSU and is discharged from the CSU, then services may be provided on the same day; just remember the client must be discharge from the CSU. You will likely need to review progress notes to determine when client left the CSU.

Required CLCPA
- **To all County and Contracted Behavioral Health Program Managers:**
  - The County of San Diego Behavioral Health Services (SDCBHS) is committed to providing culturally and linguistically competent, trauma-informed services. One of the Quality Improvement (QI) strategies in the Cultural Competence Plan is to annually survey all program managers to evaluate their perception of their programs' cultural and linguistic competence. Your feedback is integral in the SDCBHS's continuous effort to develop and enhance strategies to reduce racial, ethnic, cultural, and linguistic disparities in our system.
  - Below is the link to the annual Cultural and Linguistic Competence Policy Assessment (CLCPA). The survey is REQUIRED for BOTH mental health and substance use disorder programs:
  - **CLCPA Link: https://goo.gl/djDCD3**
  - **DEADLINE: Friday, October 20, 2017**

Void/Replicate Function
- Void/replicate of a progress note can be completed by the program manager, assistant program manager, administrative staff, or the staff who originally documented the service.
- When you void/replicate a progress note, all signature lines are then cleared automatically.
- Remember that the note will need to be signed again by the person who provided the service and co-signed if required.
- If the appropriate signatures are not captured, you will need to void/replicate again to obtain the correct signatures.
- If the original service/progress note was documented within 14 days, the service is still eligible to be claimed even if the void/replicate process occurs after the 14th day. When you void/replicate a note, the original note remains in CCBH and can be viewed in the progress note pane as a voided note when that criteria is selected.

Template Definitions
- TRAVEL TO/FROM: This is an existing standard of documenting travel; prompt was added as a reminder.
- CHIEF COMPLAINT: The chief complaint is the section where you document the problem/issue/functional impairment that is the focus of the service.
- INTERVENTION: This is the treatment modality the staff uses to diminish the client's impairment or prevent deterioration. All Interventions must be specific, evidence based and tied to specific Client Plan Objective(s).

- RESPONSE: This is how the client responds to the intervention.
- PROGRESS TOWARDS OBJECTIVES: This is where staff documents the client's progress or lack of progress in meeting the Objectives that are listed on the Client Plan.
- PLAN OF CARE: This is the continued plan for the client to follow in order to progress towards Objectives indicated on the Client Plan (i.e. homework, goals, upcoming session, referrals, etc.).
- OVERALL RISK: This is where staff document if the client is a risk of harm to self or others. This is something that should be assessed at every visit/service with the client. This is not a new item. To better assess for risk, this item was separated out for all progress note templates.

Optum Organizational Provider Public Documents
OPOH:
o Section J - Provider Contracting
Secure Documents
Manuals:
o Progress Note Corrections for Administrative Staff
o Progress Note Corrections for Clinical Staff

Pathways to Well-Being (PWB) Reminders
- An e-mail with attachments was sent to providers on 9/20/17. The attachments included the minor correction made to the Form Fill version of the *Eligibility for Pathways to Well-Being and Enhanced Services form, along with the* updated Explanation form (*Explanation-Eligibility for Pathways to Well-Being and Enhanced Services* form) which includes screen shots and more detailed instructions for completing the Eligibility form.
  - **Reminders**-The *Eligibility for Pathways to Well-Being and Enhanced Services* form is entered in CCBH, and the Form Fill only used when CCBH is not available. If unable to enter in CCBH, use Form Fill and enter in CCBH as soon as able.
  - Child and Family Team meeting participation must be entered as **ID 92 Child Family Team Meeting**, and recorded on Service Entry Screen via EBP/SS button in CCBH (please see bulletin 2017-8 "Tracking of All CFT Meetings in CCBH" on BHETA website for detailed instructions).
- Copies of PWB bulletins, forms and explanation sheets, can be found at the BHETA website: https://theacademy.sdsu.edu/programs/BHETA/pathways/

Management Information System (MIS) Reminders
- **ARF Tip of the Month:** Make sure to check credential carefully. An unlicensed credential with a BBS Registration Number and a Licensed Credential must both enter the License/Registration number on the ARF form. Make sure to add the effective date also.

TRAINING and EVENTS
- All QM trainings are held at the 2-1-1 Connections Center at: **3860 Calle Fortunada, Suite 101, San Diego, CA 92123.**
- **CYF Documentation Training:** October 26, 2017 from 1 p.m. - 4 p.m.
- **A/OA Documentation Training:** November 14, 2017 from 9 a.m. – 12:00 p.m.
- **Peer Partner Documentation Training:** November 27, 2017 from 1 p.m. – 4 p.m.
- Register with BHS-QITraining.HHSA@sdcounty.ca.gov
- If you cannot attend, cancel registration via email provided above to allow those waitlisted to attend.
- **Quality Improvement Partners (QIP) Meeting**
  - Focuses on systems integration, continuous quality improvement, and problem solving issues and trends in our system of care.
  - Meeting should be attended by program managers or their designee. Legal entities are also welcome to send a Quality Improvement representative.
  - Meeting is held on the **4th Tuesday** of the month from **2:30-4:30 p.m**. Next meeting is **October 24, 2017**.
  - Look for an email reminder (that includes a call-in number for a teleconferencing option).
  - Location: **3851 Rosecrans Street San Diego, CA 92110.**
- Please send any questions and/or comments to the QI Matters email: QIMatters.HHSA@sdcounty.ca.gov

Local Emergency Response
- In the event that a local health emergency or local emergency is declared, or when the State or federal government has declared an emergency that includes areas within the County of San Diego, the prompt and effective utilization of Contractor resources essential to the safety, care and welfare of the public shall occur at the direction of the County, to the extent possible. Contractors shall provide assistance in the prevention of, response to, and recovery from, any public health emergency, as applicable. Providers shall work with the County to initiate processes and develop and implement plans, guidelines and procedures as required. As relevant, Contractors shall also refer to disaster preparedness and disaster response language outlined in this section of the Handbook.

> **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**