

SUD Substance Use Disorders

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

Opportunities for ASAM Discussion

- QM is offering two ASAM discussion sessions for interested providers in the month of September:
 - **Thursday, September 21st from 9:30 – 11:30 am** at the Health Services Complex on Rosecrans St.
 - **Monday, September 25th from 2:30 – 4:30 pm** at the 2-1-1 Connections Center
- It's not necessary to attend both sessions as we will cover the same content of:
 - Reviewing some resources for determining risk rating on each dimension
 - Utilizing a case presentation format for individual or group staff discussion
- As the sessions will be interactive, the sessions will be limited to about 20 participants, so register early!
- Register by emailing BHS-qitraining.HHSA@sdcounty.ca.gov

MAT Discussion Opportunities for Program Leadership

- The BHS Clinical Director's Office is pleased to offer an onsite discussion at your program about MAT.
- This is meant for agency leaders (i.e. Board of Directors).
- To request this opportunity for your program, email Betty Milton at Bertha.Milton@sdcounty.ca.gov
 - The discussion will be tailored to your agency's needs so include general guidance as to objectives and questions to be answered in your email request.

DHCS Releases Draft of Youth Services Policy Manual

- DHCS has been working on updating the Youth Treatment Guidelines from August 2002
- The Youth Services Policy Manual (currently in draft form) is available on the DHCS website for review at: http://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/YAG/7-28mtg/DRAFT_Youth_Services_Policy_Manual.pdf

Reminders from DHCS

- At a recent presentation, DHCS staff discussed common areas of concern seen in their site reviews of programs. Some examples:
 - SUD treatment is not "one-size-fits-all"
 - Treatment plans should not all look alike
 - Group progress notes should not all look alike
 - If a client identifies medical issues in the assessment, these should follow through to the treatment plan and progress notes (or reasons why the issues aren't being addressed should be documented).
 - Clients with Drug Medi-Cal cannot be billed for just anything.
- Look for more reminders from DHCS in future issues of the "Up-to-the-Minute"

Medical Director Required Training Resources

- SUD Medical Directors are required to take 5 hours of continuing medical education in addiction medicine annually.
- Some potential resources include:
 - <https://www.asam.org/education/live-online-cme>
 - <http://www.csam-asam.org/online-cme>
 - <http://www.opioidprescribing.com/registration>

Referrals:

- It is important that each facility continue to monitor and resolve any pending referrals received on a daily basis.
- 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



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Closing Cases:

- Remember to close discharged cases.
- For DMC billed clients, remember to close the case after rendering staff have completed billing.

Incorrect Intake Facility:

- If a client's intake facility is incorrect, do not manually change it, instead contact the help desk 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.
- Included in September Encounter trainings

Admissions

- Admission records do not need to be modified and resubmitted if a participant's answer changes after the admission interview is completed but prior to the annual update or discharge.
- CalOMS was designed to collect the data elements at specific points in time – admission, annual update, and time of discharge.
- Resubmissions should be submitted upon discovery of an inaccuracy in the data - for instance a mistyped name.
- Follow guidelines on resubmitting records. If in doubt, contact the help desk at ADS_Data.HHSA@sdcounty.ca.gov

Additional Service Types and Visit Types:

- In preparation of Oct 1, 2017 non-billable encounters there will be additional service types and visit types added to the encounter drop down menus.
- A Tip sheet is available for visit type and note type descriptions and is being disseminated during the trainings. Contact the help desk

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

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.
- New–SanWITS Non-billable Encounter training being held this month. If you do not have your staff scheduled please contact the help desk.
 - Data Entry for all Encounters will be implemented as of October 1, 2017.
 - This training will include additional data elements within the encounter for interpreter and language used to provide service to the client.

**Is this information filtering down to your staff?
Please share UTTM with your staff and keep them *Up to the Minute!***



KNOWLEDGE SHARING

Access Times Reporting

- When using response code I - Request for Information/Referral, please note the following:
 - Response Code I – Request for Information/Referral should only be used if the request does not result in an appointment. When using response code I, no dates should be entered in the First Available Appointment and Appointment Date Chosen fields, and disposition code should be 6 – No Appointment/Declined Appointment.
 - If someone comes in or calls for information, and the call/visit results in an appointment, response code R should be used, dates should be entered in the First Available Appointment and Appointment Date Chosen fields and disposition code should be 1 – Made Appointment.

MRR Tool FY 2017-2018

- The MRR Tool for Fiscal Year 2017-2018 can be found on the Optum website under the References tab.
- Included is the Quality Improvement Plan (formerly Plan of Correction) requirements, which are as follows:
 - A QIP is required if the Overall Result is below 90% or if the disallowance rate exceeds 5%. The QIP shall include the Billing Summary Form. A QIP may also be requested at the discretion of the QM Specialist for any significant deficiencies/trends identified in the review.
 - If the Overall Result is below 80%, a second MRR will occur after a period of time (3 months) that program has been able to implement its quality improvement plan.
 - Any services listed on the Billing Summary Form shall be corrected on the Billing Summary Form and submitted to QM within 14 days of receipt of MRR.
 - Quality Improvement Plans are due to the QM Unit within 14 days of the date program is notified of required QIP.

Medication Consent Form

- **Q: Does a change in dosage require a new consent?**
 - A: Yes, a change in dosage would require the beneficiary to sign a new consent form. (New Clarification by the State)
 - MHPs may consider using a “dosage range” on the consent form to reduce the frequency with which medication consent forms would need to be changed. (MHP Contract)
- **Q: Can a child of any age be the sole signatory on a medication consent form?**
 - A: Under Family Code section 6924 and Health and Safety Code section 124260, children 12 years of age or older may provide legal consent to mental health treatment or counseling on an outpatient basis without the consent of their parent or legal guardian. However, this authority to consent to treatment does not extend to psychotropic medication. Family Code section 6924(f) and Health and Safety Code 124260(e) clarify that, *a parent or guardian’s consent is needed for a child to receive psychotropic medication*. In the case of foster children, a court will determine who is authorized to consent to psychotropic medication on the child’s behalf. (Welfare and Institutions Code sections 369.5(a) and 739.5(a)). If the medication is not a psychotropic medication and all statutory requirements are met, a child 12 years of age or older may be the sole signatory of a medication consent form.

No Show Reminder

- The Mental Health Billing Unit has been running reports which indicate that there has been improper documentation of no shows.
- Programs are reminded to choose the correct appointment type indicator **5 –No Show**. Service time must always be zero. Documentation and/or travel time can be included if applicable.

New Grievance and Appeal CMS Standards

- There are new timelines for the Appeal Process and for State Fair Hearings:
 - Grievance Process timeline remains the same: 60 days from receipt of grievance to resolution.
 - Appeal Process timeline has changed from 45 to 30 calendar days from receipt of appeal to resolution.
 - State Fair Hearings timeline has changed from 90 to 120 calendar days after completion of the Beneficiary and Client Problem Resolution Process.
- For more detailed information, please refer to the OPOH, Section F—Beneficiary Rights & Issues Resolution.

Notice Of Action Reminder

- The Notice of Action (NOA) has been renamed the Notice of Adverse Benefit Determination (NOABD)).
- Programs are reminded to follow the NOABD policy.
- NOABDs are to be given under the appropriate guidelines.
- NOABD reporting appears to be very low for a system as large as San Diego.

Provider Update

- Please be advised that UCSD Gifford Clinic, located in Hillcrest, is no longer providing or contracted to provide behavioral health services for the County of San Diego.

Pathways to Wellbeing (PWB) Reminders

- *Eligibility for PWB and Enhanced Services* form needs to be completed in CCBH.
- 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/>

Performance Improvement Team (PIT) Update

- Farsi will be added as the sixth threshold language for the County of San Diego. In Fiscal Year 2015-16, there were 3,221 individuals served with a primary language of Farsi. Other threshold languages for the County of San Diego are English, Spanish, Tagalog, Vietnamese, and Arabic.
- All beneficiary materials are currently being translated into Farsi. A Memo will be sent out when the materials are available.

Management Information System (MIS) Reminders

- CCBH ARF’s and Training Registration date deadlines: Please remember that all paperwork must be submitted to MIS and confirmed before a staff can be admitted into training classes.

Optum Organizational Provider Public Documents

Beneficiary:

- Vietnamese Forms: NOA-A, NOA-B, NOA-C, NOA-D, NOA-E

Forms:

- MAA Procedures
- MAA Service Record
- NVRA Voter Preference Form Farsi
- NVRA Voter Preference Form Fill Farsi
- Referral to Primary Care Farsi
- Referral to Primary Care Form Fill Farsi

OPOH:

- Section F – Beneficiary Rights Issue Resolution
- Section H – Cultural Competency
- Section J – Provider Contracting

References:

- MRR Tool FY 2017-2018
- Program Listing Report (MIS-25)

UCRM:

- Discharge Summary Paper Form Instructions
- TBS Progress Note Form Fill
- Consent For Services Farsi
- Consent For Services Form Fill Farsi
- Authorization to Use of Disclose PHI Farsi
- Authorization to Use or Disclose PHI Form Fill Farsi
- Informed Consent Psychotropic Medication Form Fill Farsi
- My Safety Plan Farsi
- My Safety Plan Form Fill Farsi
- Youth Transition Self Evaluation Farsi
- Youth Transition Self Evaluation Form Fill Farsi

CCBH (formerly Anasazi) Secure Documents

Forms:

- Clinical Standards for Client Plans
- Client Plan Form Fill
- CCBH Void Replace Service Form
- Demographic Form Fill

- Class registration closes 14 days prior to the trainings, and if paperwork has not been approved by that date, the staff will not be allowed to attend and will need to register for future classes.
- If you have any questions regarding completing ARF's, please access the Tip Sheet from the RegOnline webpage. You may contact MIS if you need more information.
- ARF completion Tip of the Month: Don't forget—Everyone has a credential (only one). If it is Admin staff, check the appropriate Admin checkbox.

**CCBH (formerly Anasazi)
Secure Documents cont'd**

Manuals:

- Service Code Definitions—Appendix III
- Admin Data Entry Resource Packet
- Assessments Resource Packet
- Crisis House Assessments Resource Packet
- View Only Resource Packet

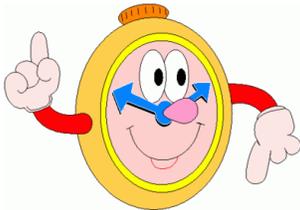
Quick Reference:

- Clinical Standard Assessments

TRAINING and EVENTS

❖ **Updates to New Progress Note (PN) Training**

- In lieu of classroom trainings there will be short video tutorials and tip sheets which will cover informational notes, individual progress notes and group progress notes. For current progress note users, these tools will be used to learn the new progress notes. Please note for new progress note users, they will sign up for the traditional PN or CPPN CCBH trainings via RegOnline.
- The link to the video tutorials and tip sheets were sent out on **9/15/17**.
- Please send any questions and/or comments to the QI Matters email: QIMatters.HHSA@sdcounty.ca.gov



**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