PROGRAM MANAGER ORIENTATION

BHS SUD Quality Assurance

Rv. February 2025

LIVE WELL SAN DIEGO

WELCOME

AN INTRODUCTORY ORIENTATION FOR PROGRAM MANAGERS

- This presentation offers a brief overview of several important topics related to program management and quality assurance in the County of San Diego's Health and Human Services Agency and Drug Medi-Cal Organized Delivery System (DMC-ODS).
- It is an orientation and does not take the place of the various provider manuals that will be discussed.

TOPICS COVERED

This orientation will cover the following topics:

- Behavioral Health Services
- Target Population
- Federal and State Statutes and Regulations
- Substance Use Disorder Provider Operations Handbook (SUDPOH)
- Utilization Review Process
- Privacy Incident Reporting
- Critical Incident Reporting
- Grievances & Appeals
- SmartCare
- Communication

SAN DIEGO COUNTY POLICIES AND PROCEDURES

The County of San Diego Health and Human Services Agency (HHSA) is the broader agency that includes Behavioral Health Services. All County and County Contract program managers should be familiar with the following policies and procedures.

- Agency Compliance Office (ACO) policies and procedures
- HHSA Code of Conduct
- Substance Use Disorder Provider Operations Handbook (SUDPOH)

BEHAVIORAL HEALTH SERVICES LEADERSHIP

San Diego County

- Chief Administrative Officer (CAO) is Ebony Shelton
- Assistant CAO is Caroline Smith

Health and Human Services Agency (HHSA)

- HHSA Deputy CAO is Kimberly Giardina, DSW
- HHSA Director of Behavioral Health Services is Luke Bergmann, PhD

Who We Are

QUALITY ASSURANCE TEAM

QA Supervisors

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Glenda Baez

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QA Behavioral Health Program Coordinator

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QA Unit Administrator

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QUALITY ASSURANCE TEAM

WHAT DO WE DO?

- Perform annual Quality Assurance Program Reviews
- Review, implement, and communicate relevant Information Notices and other guidance from the Department of Health Care Services (DHCS)
- Collect and process Critical Incident Reports, collaborate with our Advocacy Agencies on Grievances, Appeals, and State Fair Hearings
- Maintain and update the SUDPOH, SUDURM, assist with clinical development of SmartCare
- Communicate and coordinate across providers and throughout BHS

TARGET POPULATIONS

WHO DO WE SERVE?

- Adolescents age 12 – 17
- Adults age 18 and over
- Clients self-referred or referred by another person or organization
- Geographical Service Area: Residents of San Diego County (or those who intend to reside in San Diego County) in the regions of North Coastal, North Inland, North Central, Central, East, South
- Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal. (See SUDPOH for details on FPL)

WHO DO WE SERVE?

- Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000) Adults age 18 and over
- Persons meeting DMC-ODS medical necessity criteria
- Justice Overrides
- Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.

MEDI-CAL TRANSFORMATION

Medi-Cal Transformation (formerly known as CalAIM) is a significant transformation designed to reform several aspects of the California Medi-Cal system including

- Documentation
- Access to Services
- Service Delivery and Coordination of Care
- Payment Reform
- Improving Beneficiary Access and Quality of Care

WHERE TO FIND INFORMATION

- Updates are sent out through California Department of Health Care Services (DHCS) Letters and Informational Notices which can be found on the DHCS website.
  - DHCS Informational Notices
  - Medi-Cal Transformation (CalAIM)
  - Managed Care All Plan Letters

  You can also refer to the San Diego County of Memo that was published on June 14, 2022: CalAIM Documentation Reform BHS Plan

FEDERAL AND STATE REGULATIONS

REGULATIONS TO BE FAMILIAR WITH

- Requirements for the following Federal and State regulations, as well as County policies and procedures, are an integral part of a program manager's knowledge base.

  - Health Information Portability and Accountability Act (HIPAA)
  - Code of Federal Regulations, Title 42 (42 CFR)
  - Title 9, California Code of Regulations, Chapter 11
  - Minimum Quality Drug Standards for DMC/SABG
  - County of San Diego Standard
  - DHCS Licensing and Certification Requirements
  - Adolescent SUD Best Practice Guidelines

KEY INFORMATION NOTICES

- DHCS regularly releases Information Notices (INs), but here are some key ones program should be familiar with:
  - Documentation Requirements (23-068)
  - Telehealth Guidance for Substance Use Disorder Treatment Services (23-018)
  - Drug Medi-Cal Organized Delivery System Requirements 2022-2026 (23-001)
  - Peer Support Services (22-026)
  - Reimbursable Recovery Services components (22-005)

BHS CONTRACTS WITH DHCS

- DHCS requires contract agreements with counties in order to use State funding for services, such as DMC-ODS and SABG funds.

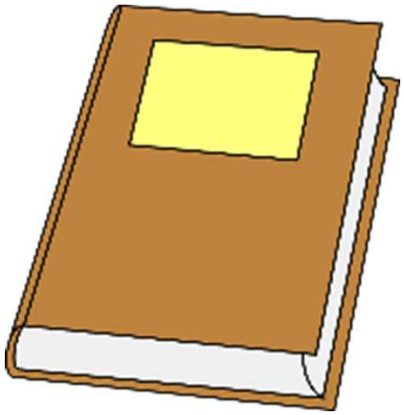
- The Intergovernmental Agreement (IA) is the contract between DHCS and San Diego for DMC-ODS services.
  - Programs DMC Certified and receiving DMC-ODS funds shall adhere to standards outlined in the IA.
  - Examples include but are not limited to:
    - Billing requirements
    - G&A
    - Access Times
    - Documentation Standards

- The SUBG Agreement is the contract between DHCS and San Diego for SABG services.
  - Programs receiving SUBG funds shall adhere to standards outlined in the SABG Agreement.
  - Examples include but are not limited to:
    - Interim Services
    - Priority Population Admissions
    - Perinatal Practice Guidelines
    - Adolescent Best Practice Guidelines
    - Persons with Disabilities (PWD)

A MUST READ FOR NEW PROGRAM MANAGERS

Substance Use Disorder

Provider Operations Handbook (SUDPOH)



The current version is found on the Optum San Diego website

SUDPOH HIGHLIGHTS

- This is a guide for all program managers with information needed for running your program.
- Contains the requirements for running your program in addition to your contract, Statement of Work, and Service Template.
- This handbook provides references and referrals for further assistance.

SUDPOH DETAILS
QA REQUIREMENTS

- DMC-ODS Services
- Prevention Services and Specialty Populations
- Practice Guidelines
- Accessing Services
- Compliance and Confidentiality
- Beneficiary Rights
- Management Information Systems (MIS)
- Data Collection and Retention
- Training
- Staff Qualifications and Requirements
- Facility Requirements: Licensing and Certification
- Provider Contracting
- Funding Source Requirements (Contractor Instructions)

PROGRAM INTEGRITY & UTILIZATION REVIEW

Programs are required to develop, implement, and maintain policy and procedure for program integrity (PI) and utilization review.

PROGRAM INTEGRITY & UTILIZATION REVIEW

Program integrity and utilization review policy should be aimed at:

- Preventing fraud, waste, and abuse (FWA)
- Verifying medical necessity:
  - Verifying the accuracy of DSM diagnoses and use of ASAM criteria
- Verifying whether services reimbursed by Drug Medi-Cal were provided to clients (Paid Claims Verification)
  - Example: Cross referencing signatures on Participant Lists with claimed services

FRAUD

Drug Medi-Cal FRAUD involves:

- Making false statements or misrepresentation of material facts
- Obtaining some benefit or payment for which no entitlement would otherwise exist
- May be committed for the person's own benefit or for the benefit of another party
- The act must be performed knowingly, willfully and intentionally.
- Example: Purposely billing for services that were never given.

WASTE

WASTE involves:

- Spending that can be eliminated without reducing the quality of care
    - Generally refers to over/inappropriate utilization of services
- Misuse of resources
- Example: Poor or inefficient billing methods cause unnecessary costs

ABUSE

ABUSE includes:

- Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Drug Medi-Cal program
- Reimbursement for services that are not medically necessary
- Fail to meet professionally recognized standards for health care and health care coding.
- Example: Providing services at a higher level of care than medically necessary

PROGRAM INTEGRITY & UTILIZATION REVIEW

Programs are expected to conduct regular PI activities and maintain records for audit purposes

- QA monitors PI activities at a minimum annually during site visits and medical record reviews
- Quality Improvement Plans (QIP) may be used to address specific documentation concerns
- Contact QI Matters for support QIMatters.hhsa@sdcounty.ca.gov
- See SUD QA's Program Integrity Webinar for more information

DOCUMENTATION STANDARDS

BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) 22-019

Outlines Requirements for:

- Standardized Assessment Requirements
- SMHS, DMC, and DMC-ODS Problem List
- SMHS, DMC and DMC-ODS Progress Notes
- Telehealth Consent

DOCUMENTATION STANDARDS

- Familiarity with documentation standards is a critical function of all Program Managers as services are billed to the State and federal government. All documentation must adhere to minimum standards to reduce the risk of compliance issues.

- Services must document how the intervention or service will address the person in care's identified behavioral health need alongside meeting criteria for continued access to services.

DOCUMENTATION STANDARDS

WHERE MAY I LEARN MORE ABOUT DOCUMENTATION STANDARDS?

- The Optum San Diego website offers access to multiple DMC-ODS documentation resources:
  - SUDURM (SUD Uniform Record Manual)
  - SUDPOH (SUD Provider Operations Handbook)
  - "Billing," "Manuals," and "NOABD" tabs
- CalMHSA Documentation Guides and Trainings
- Quality of Care Skill Building Workshops
- Up To The Minute (UTTM) Reminders
- Technical Assistance (TA) with a program's assigned QA Specialist is available to help programs ready themselves to access DMC-ODS billing or provide on-going support and answers regarding documentation.
- Documentation questions can also be sent to QIMatters.HHSA@sdcounty.ca.gov

SUBSTANCE USE DISORDER UNIFORM RECORD MANUAL

The SUDURM is the complete guide to documentation in the County of San Diego DMC-ODS system.

- It is the resource for information on forms, documentation timelines and documentation standards.
- The SUD Uniform Record Manual (SUDURM) may be found on the Optum San Diego website (click on the SUDURM tab).
- Only forms from the Manual or those created by QA should be used. Any exceptions to the Manual must be approved by the QA Unit before they may be utilized.

QUALITY ASSURANCE PROGRAM REVIEW

DHCS requires SUD QA to complete annual reviews for every contracted program. The Quality Assurance Program Review (QAPR) is the official review that meets this requirement.

QAPR focuses on:

- Documentation of medical necessity and delivery of quality services

  in the clinical record

- Review of appropriate billing to Drug Medi-Cal (DMC) standards
- Adherence to state, federal, and county SUD regulations

Results of a QAPR:

- The result of each QAPR is reported to program managers and assigned contract officers (COR)
- The results outline: overall compliance rates, disallowance rates, Quality Improvement Plans requirements (if indicated), and Focus Review requirements (if indicated)

MEDICAL RECORDS

- Programs are required to use:
  - the forms included in the SUDURM or
  - forms that have been approved by QA (such as in an EHR).
- Medical Records may be a “hybrid chart” as some documentation may be maintained in a paper chart, as well as in an EHR.
- All records must be maintained in a secure location, filed in a prescribed order, and be retrievable for audits (QAPR) by QA, DHCS or other entities.

MEDICAL RECORDS

- Records are required to be kept and maintained under this section and shall be retained:
  - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
  - from the date of completion of any audit,
  - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

MEDICATION MONITORING

- Each quarter, programs that provide Medication Assisted Treatment are to monitor at least 1% of all enrolled BHS clients
  - Programs will complete the Medication Monitoring Tool with the members of the Medication Monitoring Committee (see Instructions for more information)
  - A McFloop Form should only be completed for feedback from the Medication Monitoring Tool that requires follow up due to deficiencies
  - Submit the Medication Monitoring Report to QIMatters.HHSA@sdcounty.ca.gov for review

SYSTEM OF CARE APPLICATION

- As part of Network Adequacy Requirements (BHIN 22-032 and 22-033) providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist with County routine submission
  - Program Managers and Providers are required to attest to all SOC information **monthly**
  - New staff and transfers are required to register promptly and attest to information once registration is complete.
    - For tips, FAQs, and additional information

    SOC Tips and Resources (optumsandiego.com) or email sdhelpdesk@optum.com

CHANGES TO INCIDENT REPORTING

- Effective January 1, 2025
- The SIR Phone Line has been eliminated
- Incident Reports are required for all BHS contracted programs, including clients in active treatment or those discharged within the last 30 days
- All Incidents will be reported within 24 hours of incident knowledge
- Naming convention from SIR Level 1, Level 2 and Unusual Occurrence:
  - Serious Incident Level 1 is now Critical Incident Report
  - Serious Incident Level 2 and Unusual Occurrence is now Non-Critical Incident Report

CRITICAL INCIDENT REPORTS

Critical Incidents (formerly known as Level 1 Serious Incidents)

- Providers are required to report **critical incidents** involving clients in active treatment or who were discharged within the past 30 days
- Provider must email or fax QI Matters within 24 hours of incident knowledge
- Report Follow-up (ROF) is submitted within 30 days from the date program was notified of the incident

Critical Incidents will focus on clinically critical incidents

- Death/pending (pending CME investigation)
- Death/natural causes (confirmed
- Death/overdose (confirmed)
- Death/suicide (confirmed)
- Death/homicide (confirmed)
- Death/assault by another client (confirmed)
- Suicide attempt
- Non-fatal overdose
- Medication error
- Alleged abuse/inappropriate behavior by staff
- Injurious assault by a client resulting in hospitalization
- Critical injury on site (MH/SUD related)
- Adverse media/social media incident (only: no leading incident)

NON-CRITICAL INCIDENT REPORTS

Non-Critical Incidents (formerly known as Serious Incident Level 2 and Unusual Occurrence)

A Non-Critical Incident will include all other incidents representing “adverse deviation from usual program process and not falling into the critical incident category

- Submission form will be available online and will automatically be forwarded to the appropriate county staff/COR
- The Non-Critical Incident form must be submitted within 24 hours of knowledge of the incident
- The form will not include PHI
  - Contract/policy violations by staff unethical behavior)
  - Tarasoff reporting
  - AWOL
  - Non-critical injury onsite
  - Adverse police involvement/PERT
  - Property destruction
  - Loss or theft of medications from facility
  - Other

PRIVACY INCIDENT REPORTS

If suspected or actual privacy incident involves 500 or more individuals, notify Agency Privacy Officer (APO) immediately by emailing:

Christy.Carlson@sdcounty.ca.gov

For all other suspected or actual privacy incidents, follow steps below:

1. Submit Privacy Incident Report (PIR) online via the web portal: https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html within one business day.
2. After you submit the PIR, you will receive an email with the PIR Tracking # and an Access Code. This is used to access your PIR via the same web link above.
3. Continue to investigate and update the PIR online within 72 hours, including required information missing from initial report and any additional information requested by APO.
4. Provide any pending or additional information needed to submit Final completed PIR within seven business days of initial discovery.

HIPAA REGULATIONS

- Handling/Transporting Medical Record Documents outside Certified Clinics
  - Medical Record
  - Laptop which contains client information

  (see SUDPOH on Compliance and Confidentiality)

- Confidentiality Breaches

  State laws and regulations effective January 1, 2009. HITECH requires notification to patients “without reasonable delay” but no later than 60 days after discovery of a privacy breach. (See Compliance and Confidentiality)

CONFIDENTIALITY

- Program Managers must be aware of all regulations in the SUD Privacy Laws training:
  - 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records (Part 2)
  - 45 CFR Parts 160, 162, and 164 – Health Information Portability & Accountability Act (HIPAA)
  - State Legislation

SERVING CLIENTS

- The final section of this orientation relates to the client issues of:
  - Client Grievances and Appeals
  - Beneficiary Rights
  - Communications/Resources

BENEFICIARY RIGHTS

Clients have the right to:

- Be treated with personal respect with dignity and privacy.
- Receive information on available treatment options and alternatives presented in a manner they understand.
- Participate in decisions about their mental health care.

BENEFICIARY RIGHTS

Clients have the right to:

- Receive informing materials about the services covered by the DMC-ODS.
- Request and receive a copy of their medical records and request they be amended or corrected.
- Be free from any form of restraint or seclusion as specified in federal rules.
- Write an Advance Directive covering their mental health care.
- Refuse treatment.

BENEFICIARY RIGHTS

The County of San Diego's Contracted advocacy organizations:

- ***Jewish Family Services, Patient Advocacy Program (JFS)***
  - (For inpatient or residential SUD services)
  - 1-800-479-2233 or 619-282-1134
  - Email: jfsonline@jfssd.org
- ***Consumer Center for Health, Education, and Advocacy (CCHEA)***
  - (For outpatient SUD services)
  - 1-877-734-3258
  - TTY-1-800-735-2929

BENEFICIARY RIGHTS

- Clients are encouraged to direct their concerns, complaints or suggestions to program staff or management, orally or in writing. These are to be reported in the MSR/QSR as a suggestion on the Suggestion & Transfer tab.

- Providers shall inform all clients about their right to file a grievance with one of our contracted advocacy organizations if the client has an expression of dissatisfaction about any matter, is uncomfortable approaching program staff, or the dissatisfaction has not been successfully resolved at the program.

- Grievance and Appeal information must be readily available for clients to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in threshold languages with stamped, addressed envelopes available to clients, displayed in a prominent place. These self-addressed envelopes with postage are available from CCHEA or JFS, respectively.

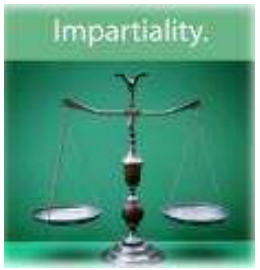
GRIEVANCE & APPEAL PROCESS

A fair, impartial and effective process for resolving client grievances and appeals.

Is designed to:

- Encourage effective grievance resolution at program level
- Provide a grievance/appeals and State Fair Hearing process adhering to Federal and State regulations
- Improve the quality of SUD services for all County of San Diego residents

Please refer to the SUDPOH for expanded information about grievance and appeal policies and procedures



GRIEVANCE & APPEAL PROCESS

Available for all clients, their authorized representative, or providers acting on behalf of the client (with the client's consent)

SUD treatment providers must have policies and procedures in place for collecting/logging, reviewing, and acting upon all client grievances or appeals

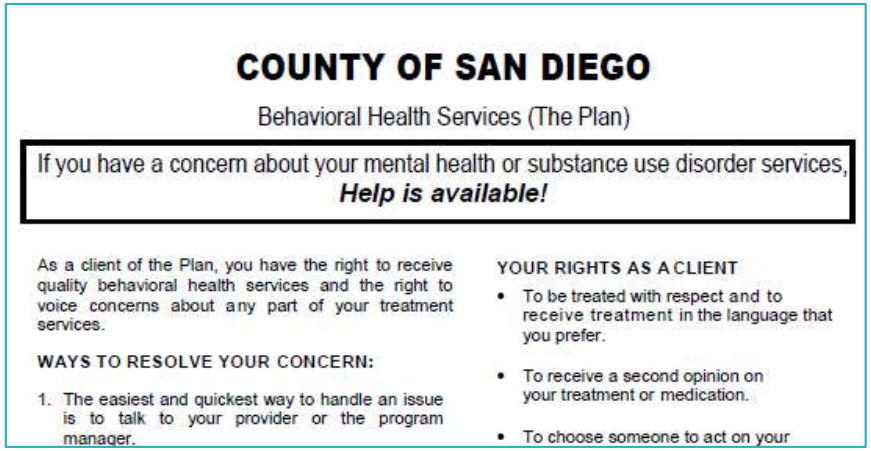
Link to access the Quick Guide: DMC-ODS Services in San Diego

Link to access the Beneficiary Rights webinar: https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/dmc-ods/Webinars/beneficiary-rights-presentation.html

GRIEVANCE & APPEAL PROCESS

Providers are required to have available/posted materials displayed in a prominent public place (such as the program waiting room/lobby), in all threshold languages, including:

- Grievance/Appeal Posters
- Grievance/Appeal Brochures
- Behavioral Health Member Handbook
- Self-addressed envelopes with grievance/appeal forms
- Interpreter services notification
- Toll-free numbers that have adequate TTY/TTD and interpreter capability.
- Access and Crisis Line Posters



COUNTY OF SAN DIEGO

Behavioral Health Services (The Plan)

If you have a concern about your mental health or substance use disorder services, ***Help is available!***

As a client of the Plan, you have the right to receive quality behavioral health services and the right to voice concerns about any part of your treatment services.

WAYS TO RESOLVE YOUR CONCERN:

1. The easiest and quickest way to handle an issue is to talk to your provider or the program manager.

YOUR RIGHTS AS A CLIENT

- To be treated with respect and to receive treatment in the language that you prefer.
- To receive a second opinion on your treatment or medication.
- To choose someone to act on your

NOABD

WHAT IS A NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)?

- Notice 
  - Notices inform resident/clients about the adverse or unfavorable determination made, the justification with a description of guidelines or criteria used, citation to authority that supports the action, and the resident/client's appeal rights.
- Requirements 
  - Notices are required by both Federal and State laws. 42 CFR §438.400-424; APL 17-006. Notices apply for all Medi-Cal covered benefits and services.
- Language 
  - The NOABD language must be clear and non-technical. Providers should use forms translated into threshold languages when appropriate.

NOABD: CHOOSING THE CORRECT NOTICE

There are eight different kinds of notices. A template for each notice is available on Optum the Optum Website under the NOABD tab in all threshold languages.

- **The Termination Notice**
  - Similar to former “10-day Notice” letter. This is the most commonly used notice.
  - When a provider terminates, reduces, or suspends a previously authorized service
- **The Denial of Authorization Notice**
  - When client requests services but is assessed as not meeting medical necessity
  - When the provider denies a request for service, including denials based on type/level of service, medical necessity, appropriateness, setting, or effectiveness of the service
- **The Timely Access Notice**
  - When requested services cannot be provided within timelines

NOABD: CHOOSING THE CORRECT NOTICE

- Authorization Delay Notice
  - When there is a delay in processing a provider's request for authorization
- Modification Notice
  - When a provider modifies or limits a request for services
- Payment Denial Notice
  - When the Plan denies, in whole or part, for any reason, a provider's request for a payment for a service that has already been delivered to a client
- Financial Liability Notice
  - The provider/Plan denies a client's request to dispute financial liabilities
- Delivery System Notice **Does not apply to SUD services*
  - The Plan has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health services through the plan. The beneficiary will be referred to the Managed Care Plan, or other appropriate system, for mental health or other services

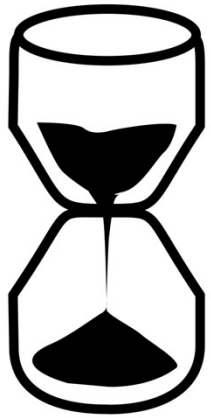
TIMELINES

There are mandated timelines for grievances and appeals

Your cooperation ensures compliance with these requirements

When requested, please provide copies of medical records within 3 business days

A signed release of information accompanies the request



NOABD

Timelines

When does each notice need to be mailed/issued to the client?

AT THE TIME OF THE DECISION:

Timely Access Notice
Financial Liability Notice
Payment Denial Notice

WITHIN 2 BUSINESS DAYS OF THE DECISION/ACTION:

Denial of Authorization Notice
Modification Notice
Authorization Delay Notice
Delivery System Notice

AT LEAST 10 CALENDAR DAYS BEFORE THE ACTION/EFFECTIVE DATE:

Termination Notice

Note: If a client appeals their discharge and requests Aid Paid Pending, the program should keep the case open until the resolution of the appeal.

NOABDS AND APPEALS

Clients who disagree with their discharge or other adverse determination may file an appeal.

Standard Appeals take up to 30 days to resolve.

1.

The Plan or Provider issues the applicable notice to the client, which explains their rights to an appeal, to request a continuation of services (or Aid Paid Pending), and to request a State Fair Hearing.

2.

An appeal must be Requested by the client who receives the notice. Appeals may be requested in writing or orally, and must be requested within 60 calendar days from the Date of the NOABD.

3.

JFS or CCHEA will obtain written consent from the client and begin an investigation. This may involve reviewing program policies and procedures, reviewing portions of the client's file, obtaining input from an independent clinical consultant, and interviewing any staff members involved.

4.

JFS or CCHEA will issue a recommended Appeal Resolution Letter to the client, the program, and the County. The County then makes the final determination as to whether the decision on the notice is upheld or overturned.

TIMELINES

Advocacy Record Requests:

Advocacy Services and Records Requests In accordance with the Code of Federal Regulation (CFR) Title 42, Part 438, Subpart F – Grievance System, the JFS Patient Advocacy Program and CCHEA are required to conduct grievance investigations and appeals pursuant to State and Federal law.

When requested, SUD providers shall provide copies of medical records to the JFS Patient Advocacy Program and CCHEA as soon as possible and within three (3) business days from the date of the medical record request. The Advocacy Agencies will provide the program with a signed release of information from the client with the request.

For more information, please review the following memo on the Optum DMC-ODS page: https://www.optumsandiego.com/content/dam/san-diego/documents/smh-and-dmc-ods/communications/mh-dmc-ods/Memo_-_Patient_Advocacy_Services_for_BHS_-_Record_Requests.pdf

SMARTCARE

- Register for training at DMC-ODS Required Trainings.
- All users will be required to complete SmartCare Trainings on CalMHSA LMS Module based on staff role.
- Additional resources and registration for supplemental trainings can be found on the Optum San Diego website, along with the CalMHSA Knowledge Base to assist with workflow and documentation questions.
- For residential, crisis residential, and crisis stabilization unit users, live in-person training is required for access to SmartCare, also provided by Optum. See the Optum SmartCare Training webpage for training dates and registration.
- For questions, contact sdu_sdtraining@optum.com.

COMMUNICATION

Up to the Minute (UTTM)

- QA publishes the UTTM monthly newsletter to inform providers of important changes to regulations and/or requirements.
- Includes knowledge sharing, Optum website changes, SUDPOH updates, MIS information, trainings and events, and other key information.
- It is the Program Managers responsibility to disseminate the information to line staff.
- To be added to the email distribution list send a request to QIMatters.HHSA@sdcounty.ca.gov

COMMUNICATION

Quality Improvement Partners (QIP) Meeting

- QA facilitates the monthly QIP meeting to discuss important regulatory and/or requirement changes.
- Program Managers and QA staff are encouraged to attend.
- The meeting is held on the 4th Thursday of every month from 10am – 11:30am.
- Attendance is virtual. See the UTTM for further details.

DMC-ODS Annual Training

- This is an annual training hosted by QA to go over DMC-ODS requirements and updates from DHCS in the last year
- At least one member of leadership from all programs must attend
- Information for the Annual Training will be available in the UTTM and via email.

Q&A

CONTACT US

- Quality Assurance (QA) Support Desk

  QIMatters.HHSA@sdcounty.ca.gov

- SmartCare Support Desk

  ARF support: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

  Live chat: 2023.calmhsa.org chat bubble

  Support ticket: 2023.calmhsa.org/support

- SUD Billing Support Desk

  ADSBillingUnit.HHSA@sdcounty.ca.gov

- Health Plan Administration

  BHS-HPA.HHSA@sdcounty.ca.gov

RESOURCES

DHCS – www.dhcs.ca.gov

- CalAIM FAQ
- DHCS Behavioral Health Information Notices

Optum – www.optumsandiego.com

- BHS Provider Resources → SMH & DMC-ODS Health Plans

  (Where you can find: SUDPOH, SUDURM, QA Training, Toolbox, etc.)

SmartCare (CalMHSA) – https://2023.calmhsa.org/

- CalMHSA Documentation Trainings
- CalMHSA Clinical Documentation Guides