

Mental Health Services - Up To The Minute



General Updates

HIMS Dept - SmartCare Core Client Information Changes, Additions or Merge Requests (formerly forms BHS-025A and BHS-025B)

Effective 9/1/24 the BHS Health Information Management Services (HIMS) department is assigned to the task of ensuring the SmartCare system has accurate client information.

- All BHS SMHS and SUD program staff are required to notify HIMS of any updates or changes to the core client fields. Providers should not make any changes to core client fields independent of HIMS process.
 - Core client fields are Name, DOB, SSN, and Gender.
- If program staff identifies or suspects a duplicate client record has been created in error, program should reach out to HIMS before proceeding to enter services for the client.
- Changes to Core Client Fields or Duplicate Clients should be submitted to the HIMS department using form BHS-025 via secure email at HIMDept.HHSA@sdcounty.ca.gov or secure fax 619-399-3503.
- Form BHS-025 will be available on the OPTUM website in the MHP Documents for MHP Providers and in the DMC-ODS page for SUD Providers under the Forms Tab.

Questions contact HIMS at email: HIMDept.HHSA@sdcounty.ca.gov phone: 619-584-3090, or fax: 619-584-3506. Hours: Monday-Friday 0600-1630

Coordination with Primary Care Physicians and Behavioral Health Services Form update

This form remains a requirement for our MHP programs to complete and submit to the client's identified Primary Care Provider within 30 days of the client opening to your program. The form has been updated to reflect the current MCP programs. Please be sure to download the updated form dated 8/29/24 from the Optum website for use going forward. This document may be scanned into SmartCare.

SmartCare Procedure Code Crosswalk

QA MH/SUD have created SmartCare Procedure Code Crosswalks to assist providers in the transition from our legacy systems to the new SmartCare Electronic Health Record. The Crosswalk can be found on the Optum Website in the MHP Documents and DMC-ODS Page. Definitions for procedure codes on the Crosswalk were created by CalMHSA. Programs may cross-reference our previous service definitions for those codes that cross-walked to SmartCare for greater clarification as needed, as *there has been no change regarding the use of these procedure codes in terms of scope of practice or service requirements/limitations in order to claim these codes.*

LPS Detention Forms/Holds 5150/5250/5270

Law enforcement and/or any other individual authorized to detain individuals pursuant to Welfare and Institutions Code Sections 5150, 5250, and 5270 should use the forms available on the JFS Advocacy website. For your convenience, the forms are fillable and meet the current legal requirements for individuals being detained and/or held for involuntary evaluation and treatment pursuant the LPS Act in San Diego County.

UNTIL JANUARY 1, 2025, PLEASE USE THIS LINK TO ACCESS THE CORRECT FORMS TO INITIATE LPS DETENTIONS/HOLDS:

Welfare and Institutions Code Section 5150: https://www.jfssd.org/wp-content/uploads/2023/09/Form_5150.pdf

QA MH - UP TO THE MINUTE September 2024



For all other holds, please use the following link (the forms are listed at the bottom of the link): <https://www.ifssd.org/our-services/adults-families/patient-advocacy/>

Please be aware that the expanded definition of Grave Disability, in San Diego County, is **not** being implemented until **JANUARY 1, 2025**. However, the new forms are already available and posted on the California Department of Health Care Services (DHCS) website. **For individuals in San Diego County, if the new form(s) is/are utilized before January 1, 2025, it could be deemed as an unlawful detainment and result in the individual's release.**

Coordinated Care Consent Downtime Form Updated

The Downtime form for the SmartCare Coordinated Care Consent Form has been revised to reflect County of San Diego language based on feedback from our Compliance Office; these revisions were also updated in the electronic version within the SmartCare EHR.

If a paper downtime form version is needed for use, programs should utilize the down time form from the Optum Website instead of the downtime version from SmartCare – this form has been titled “Coordinated Care Consent COSD rev 9.6.24” to easily differentiate it from SmartCare versions.

SMHS Procedure Code Update – Prescriber Assessment E/M Omission Correction

The SmartCare Service Code Crosswalk has been updated to correct an omission. The SMH crosswalk tab has been updated to include the Psychiatric Evaluation service – previously our SC11 Psychiatric Evaluation. Please see below screen shot. This procedure code is used by Prescribers (MD, NP, PA) when completing their psychiatric medication evaluation/assessment and is completed by opening a service note, selecting the procedure code Prescriber Assessment E/M which will then allow them to enter their assessment into the progress note. The current Crosswalk is dated 9.6.24 and has been uploaded to the Optum Website.

11	PSYCH EVAL WITH MED SVCS	80	90792	Assessment	Psychiatric Diagnostic Evaluation with Medical Services	Prescriber Assessment E/M (OP)	This procedure code is mainly utilized by physicians and other qualified healthcare providers to document "Psychiatric Evaluation" services, including determination of a diagnosis. Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. 15 minutes
----	--------------------------	----	-------	------------	---	--------------------------------	--

Beneficiary Materials Update: Farsi/Dari Languages Consolidated to Persian

- We have received clarification that Farsi and Dari are two dialects of the same language, mutually intelligible in written format.
- Translated beneficiary materials in Farsi and Dari have been consolidated to match this clarification and in accordance with the County's threshold languages policy.
 - The consolidated documents have been renamed to “Persian (Dari_Farsi)”.
- Additionally, our team has updated the footers on beneficiary materials to include the translated language so that they are easily distinguishable (for example: “MHP Beneficiary Handbook: Rev 01/2024_Arabic”).
- All updates have been posted to Optum under the Beneficiary tab as well as the [Beneficiary & Families](#) page.
- If you have any questions regarding Beneficiary Materials, please email QIMatters.HHSA@sdcountry.ca.gov.

Documenting and Billing for CFT Meetings in SmartCare

Youth identified as being eligible for ICC and/or IHBS services are required to be provided CFT meetings at minimum of every 90 days. Providers should utilize **Procedure Code: CFT/MDT** when documenting a CFT meeting. This procedure code has been updated on the SmartCare Service Code Crosswalk. There have been no changes to the documentation or claiming requirements for CFT meetings. Each treatment team member that plans to bill for their time spent discussing the client with other treatment team members must create their own service note. Additional guidance on documenting CFT/Treatment Team Meeting: [How to Document Treatment Team Meetings - 2023 CalMHSA](#)

Providers should also ensure that youth receiving these services have been identified in the appropriate **Special Populations** category in SmartCare which will link the appropriate required modifier (HK) to the service for billing purposes as well allowing for tracking of these youth/services.

- Special populations “ICC/IHBS” is used for any youth receiving ICC/IHBS services.
- Special populations “Katie A ICC/IHBS” is used for any youth that would have been considered “subclass” under previous PWB criteria.

Special Populations Selection for Children/Youth receiving ICC and/or IHBS Services

MHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. Neither membership in the *Katie A.* class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services. All children and youth should be screened for ICC and IHBS services as part of the Assessment process, and these services should be provided to youth when medically necessary. ([Medi-Cal Manual for ICC/IHBS/TFC Services Third Edition](#))DHCS no longer requires the identification of class or subclass when determining eligibility for ICC/IHBS services, however, counties are recommended to continue tracking of those youth who would have been subclass.

When ICC/IHBS services are assessed to be medically necessary, these youth should be entered into the appropriate Special Populations category in SmartCare – this will link the appropriate modifier for billing and tracking purposes when providing these services. [How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHSA](#)

- Special populations “ICC/IHBS” is used for any youth receiving ICC/IHBS services.
- Special populations “Katie A ICC/IHBS” is used for any youth that would have been considered “subclass” under previous PWB criteria.

NOABD Procedure

- While SmartCare NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the [NOABD Procedure](#) and blank [NOABD log](#) posted on the Optum site under the SmartCare tab.

Reminders

Transition of Care Tool Reminder

Reminder to all **programs** that when referring to the Managed Care Plan MH (MCP) providers, a Transition of Care Tool is required to be completed and forwarded to the MCP by the methods outlined in the OPOH [OPOH Section C](#) and Transition of Care Tool Explanation Sheet located on the Optum Website <https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/Transition%20of%20Care%20Tool%20for%20Medi->

QA MH - UP TO THE MINUTE

September 2024



[Cal%20Mental%20Health%20Services%20-%20Explanation%20Form%201.1.24.docx](#)

Care Coordination activities to facilitate warm transfers are required by DHCS.

Screening Tool and Transition of Care Contact Card

Health Plan	Screening Form Transfers and Hours of Availability	Transition Tool Referrals & Contact Card	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Blue Shield CA Promise Health Plan	24/7: 855-321-2211 Forms: MediCalMentalHealth@blueshieldca.com		David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
Kaiser Permanente	M-F: 8a to 5p Psychiatry Call Center 877-496-0450 Tools Fax: 858-451-5199	Transition Tools Fax: 858-451-5199 Questions: Michele.k.buland@kp.org Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com		Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

Reminder: National Suicide Prevention Hotline number change

- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) transitioned to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Spanish language text and chat services are now available, as well as specialist services for LGBTQI+ youth and young adults.

Reminder: Medication Monitoring

- Medication Monitoring for the period of **July - Sept (Q1)** will be due by **October 15, 2024**.
- Forms are posted on the Optum site (under the “Forms” tab).
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

Knowledge Sharing

Medi-Cal Transformation (aka CalAIM)

- Visit the [CalAIM Webpage for BHS Providers](#) for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of payment reform, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

DHCS [Behavioral Health Information Notices \(BHINs\)](#) inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

QA MH - UP TO THE MINUTE September 2024



System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.
- NOTE: Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.

Electronic Health Record Updates

Combined Mental Health and Substance Use Disorder SmartCare Townhall

BHS and System of Care subject matter experts have begun the implementation process with CalMHSA and SmartCare. BHS would like to extend the invitation for a high level, introduction to the process and project via Teams.

- Thursday, September 19, 2024, 9:00 am – 10:00 am. [Click here to join the meeting.](#)

If you would like a reminder for your calendar, or experience any technical difficulties with the virtual session, please contact Christian.Soriano2@sdcounty.ca.gov.

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, September 25, 2024, from 1:00 pm to 3:00 pm**. These meetings are intended to update the system of care (SOC) with recent and/or upcoming changes or announcements, as well as provide a live channel for SOC staff regarding their questions and concerns. The intended audience of these meetings are SOC leadership and QA/QI/compliance staff. ASL interpreters are available every session.

If you experience any technical issues during the virtual session, please contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours

Please see the schedule below for the September 2024 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays.

Registration is not necessary. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session. If you have any further questions/comments regarding these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov. Sessions for future months are forthcoming.

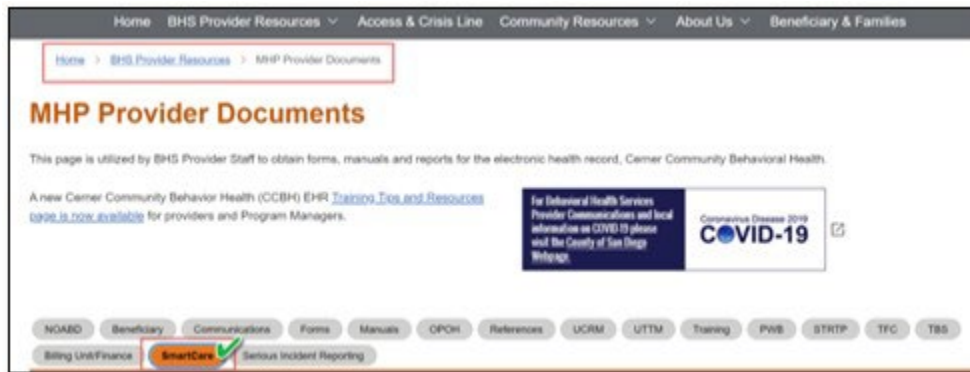
September 2024 sessions:

- Thursday, September 19, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, September 24, 2024, 9:00 am – 10:00 am: [Click here to join the meeting](#)

Management and Information Systems (MIS)

Reminders: SmartCare

- All new Clients and/ or services with effective date of 9/1/24 forward should only be entered in SmartCare (not CCBH)
- The new SmartCare Access Request Form (ARF) is on Optum website under BHS Provider Resources> SmartCare Training [SmartCare Access Request Form \(ARF\) 8.14.2024.pdf](#)
- Other SmartCare Resources can be found on Optum on the SmartCare tab under BHS Provider Resources>MHP Providers as seen below



- For trouble with login or passwords, use the “Forgot Username” and or “Forgot Password” links shown on the SmartCare login screen

QI Matters Frequently Asked Questions

Q: There is no option for a “Never Billable/Information Note” like we had in the legacy system, what do I use when I need to document in this type of note?

A: There are several non-billable procedure codes included in SmartCare, providers should review the Procedure Code Crosswalk and choose the nonbillable procedure code that most accurately reflects the nonbillable service or information they need to document within the client’s electronic health record.

Q: We were unable to save a No-Show progress note without a time of service of at least one minute :01. The note could not be saved with 0:00 service time entered. What should we be entering for service time?

A: The SmartCare system captures the No-Show and Cancellations a bit differently than Cerner/CCBH. In the new system, you would enter the “No Show” or “Cancelled” status, and then the intended service time – your estimation of what you anticipated (e.g., 40 minutes). The exact number of minutes entered is arbitrary as the “No-Show” or “Cancelled” selections will suspend the billing.

Optum Website Updates: MHP Provider Documents

Beneficiary Tab:

- The [Human Trafficking Notices](#) for 8 of the threshold languages were added 08/08/24.
- [Advance Directives](#) for all threshold languages were updated 08/26/24.
- The [Physician Notice to Patients](#) for all threshold languages were revised on 08/26/24.
- [Limited English Proficiency Posters](#) for all threshold languages were uploaded on 08/26/24.
- The [MHP Beneficiary Handbooks](#) for all threshold languages were revised 08/26/24.
- The [Quick Guide to MH Services](#) for all threshold languages were updated 09/05/24.

QA MH - UP TO THE MINUTE

September 2024



Communications Tab:

- [BHS Info Notice on Outcome Measures for Children and Youth](#) was added on 09/04/24.
- [BHS Info Notice on Utilization Management for Children and Youth providers](#) was uploaded on 09/04/24.

Manuals Tab:

- The CAPS Inpatient Operations [Handbook](#) was updated on 08/06/24.

OPOH Tab:

- [Section N](#) was updated on 08/02/24 due to update for Full-Services Partnership programs and data requirements. Revised MAA Coordinator responsibilities. Removed mHOMS language. Updated PEI survey requirement. Included State required outcomes for Adult and Children & Youth SOC providers. Language was updated for CANS and PSC requirements.
- [Section A](#) was revised 08/06/24 due to update on language regarding Homeless Outreach Services provided to Individuals who are homeless to determine if there is a suspected serious mental illness and/or substance use problem.
- [Section C](#) was updated on 08/06/24 due to change in language from 60 minutes to 120 minutes of the beneficiary being determined to require mobile crisis services in urban and rural areas.
- [Section D](#) was revised 08/07/24 due to updated link for Reestablishment Recommendation Form
- [Section M](#) was updated on 08/22/24 due to: update on COR notification time for personnel changes to 2 weeks and remove the 2nd requirement per Programs and Services Department. Updated link to DMH Letter 20-069 licensure waiver. Added language to Co-Signature Requirements table of on who can provide co-signatures. Language added regarding the "90 Day Rule" for clinical trainees who are completing hours for licensure and sent application to BBS. Added Certified Clinical Nurse Specialist Clinical Trainee as a provider type that can claim to Short Doyle. Revised language on the definition of Medical Necessity. Added Medical Assistants as someone who is out of scope to complete MSE and Diagnosis. Added Clinical Trainees and Medical Assistants to list of providers for STRTP staffing.
- A document titled [San Diego County as a Medi-Cal Behavioral Health Plan](#) was uploaded 08/13/24 under the Resources header of the tab.
- The [OPOH](#) was updated 08/22/24 to account for most recent OPOH changes.

UCRM Tab:

- The [UM Request Form](#) for Children and Youth providers was uploaded on 09/04/24.
- The [UM Request Explanation Sheet](#) for Children and Youth providers was revised on 09/04/24.
- The [Coordination of Care form](#) was updated 09/05/24.
- The [Coordination of Care Explanation sheet](#) was revised 09/05/24.

References Tab:

- The Mobile Crisis Response [Documentation Requirements](#) and [Billing Tip Sheet](#) were added on 08/07/24.
- A new [MIS – 25 Program Listing](#) was uploaded 08/13/24.
- [Reasons for Recoupment SMHS](#), new QAPR [Tool](#), and QAPR Program Compliance [Attestation](#) form for FY 24-25 were updated 08/30/24.

SmartCare Tab:

- An updated EHR Implementation [FAQ](#) was added on 08/26/24.
- Resources | Training Header

QA MH - UP TO THE MINUTE

September 2024



- An [Administrative Service Entry](#) workflow was added 08/30/24.
- A Data and Bill [Guide](#) was posted 08/30/24.
- A CSU [Guide](#) was uploaded 09/03/24.
- A Residential [Guide](#) was added 09/03/24.
- LTC/SNF Residential Data and Bill with Residential Board [Guide](#) posted 09/03/24.
- A [Residential Workflow Guide](#) was uploaded 09/04/24.

Resources | Requirements and Functionality Header

- [SmartCare Workflow for Mental Health and Substance Use Disorder](#) was uploaded 08/15/24 indicating tips and workflows for providers.
- A [SmartCare UCRM Change](#) resources was included 08/15/24.
- [SmartCare Non Billable Codes](#) was posted 08/15/24.
- A SmartCare Then and Now [EHR Transition Guide](#) was uploaded 08/15/24.
- An [EPCS Onboarding Guide](#) was added 08/16/24.
- An [EPCS Invite Guide](#) was updated on 08/21/24
- The SmartCare [Data Migration Resource](#) was revised 08/27/24.
- A SmartCare [Program Crosswalk](#) was posted 08/27/24.
- A SmartCare [Walk-in Workflow](#) was uploaded 08/27/24.
- [NOABD Log](#) for FY 24-25 and [SmartCare NOABD Procedure for MH and SUD](#) were added 08/27/24.
- There was a CCBH to SC Preliminary [Reports Crosswalk](#) posted 08/30/24.
- An [Authorization for Services Process](#) was uploaded 08/30/24.
- [BHS Info Notice](#) summarizing recent communications and guidance related to Go-live was added 08/30/24.
- A SmartCare DrFirst Rx [FAQ](#) was added 08/30/24.
- The SmartCare [Service Code Crosswalk](#) was posted on 08/30/24.
- SmartCare DrFirst Rx [Guide](#) was uploaded 08/30/24.
- SmartCare Client Insurance Plan Request updated 8/30/24 replaced the PDF document that was missing the drop-down menus.

Resources | Go-live Preparation Header

- There is a [Help Desk flyer](#) as of 08/26/24.
- A Site Lead Checklist and Troubleshooting [Guide](#) was uploaded 08/30/24.

Information Notices Header

- A BHS [Info Notice](#) was posted 08/26/24.

Town Hall PowerPoint Presentations Header

- The EHR Town Halls from [08/13](#) and [08/27](#) were posted

**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**