Mental Health Services

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL SAN DIEGO

Updates

SIR Report of Findings (SIROF)

- A Serious Incident Report of Findings (SIROF) shall include a thorough review of the serious incident and the events leading up to the incident as well as all relevant findings and interventions/recommendations. If an RCA was completed, then complete the RCA section only.
- The Report of Findings shall be submitted **within 30 days** of knowledge of the reported incident. Programs are responsible for sending in the SIROF within the required timelines.
- SIROF Extensions - Due to the CME report taking on average 9-10 months to complete, programs will now only need to request an SIROF extension every 6 months following your initial 30-day request, if awaiting final cause of death determination from the CME report. The program may email QIMatters to request an extension for the SIROF.

Reminder: CPT Crosswalk for SMHS effective 7/1/2023

Effective 7/1/23 we have transitioned to the use of CPT codes as part of Payment Reform. Providers are reminded to refer to the CPT Crosswalk which has been developed to assist providers in selecting the appropriate service definition for services provided. Services indicated as "removed" **cannot** be provided or claimed after 6/30/23. This will result in the claim being suspended/denied. Previous service codes will remain available in CCBH until 7/14/23 to allow for billing of services provided *prior* to 6/30/23 only.

Providers are reminded to review allowable disciplines and provide only those services within their scope of practice, based on their current credentials. Billing is based on time spent providing direct client care for the purpose of providing healthcare/mental health services to or on behalf of the client, and does not include travel time, administrative activities, chart review or other activities a practitioner engages in either before or after a client visit. While time spent in

Optum Website Updates
MHP Provider Documents

OPOH Tab:
On 6/7/23, the OPOH Section C Accessing Services was updated with information from BHIN 22-065 regarding the Adult and Youth Screening Tools and Transition of Care Tools.

On 6/29/23, OPOH Section E and the OPOH were updated.

Communications Tab:
On 6/13/23, the CANS Sharing Confirmation Form Retirement Memo was posted and the CANS Sharing Confirmation Form was inactivated in CCBH as of 6/30/23.

On 6/28/23, the BHS Contractor Memo regarding Cerner Millennium Update was posted.

On 6/30/23, the MH Access Times FAQ and Tip Sheet were updated, and the Access to Services Journal Memo, Tip Sheet and Video were removed.

References Tab:
On 6/20/23, the MH CPT Crosswalk was updated to correct some of the allowable disciplines and expanded definitions/explanations.

On 6/27/23, the Billing Lockout Settings and Non-reimbursable/reimbursable Activities was updated to add that Certified Peer Support Services are billable in psychiatric hospital and residential lockout settings, and Intensive Care Coordination is also allowed for discharge planning while in a lockout setting.

On 7/3/23, the Interactive Add On Code Tip Sheet for Admin and Clinicians guide was added.

On 7/10/23, the Interpreter Add On Code Tip Sheet guide was added.

UCRM Tab:
On 6/28/23, the BHA Explanation Sheet was updated to include language that a MHRS/Master Level Student Intern/LVN/LPT/Registered PsyD/Ph.D may only complete a BHA for the sections that are within their scope and require an approved review and co-signature by a licensed/registered/waivered staff.

Forms Tab:
On 6/30/23 the Serious Incident Report and Serious Incident Report of Findings were updated and posted in the Forms Tab, along with FAQ and Tip Sheets.

documentation and travel will no longer be claimable, it should continue to be entered in encounters as it will be incorporated into rates, and best inform future rate discussions. **The most current CPT Crosswalk dated 6/20/23 should be utilized going forward.**

The most current revision of the CPT Crosswalk (*MH CPT Crosswalk rev 6.20.23*) supersedes previously released CPT Crosswalk and contains corrections to allowable disciplines for some service codes as well as expanded definitions and billing requirements/limitations for service codes.

Student Interns/Practicum Students – Change to Scope of Practice and Billing Parameters

QA has received recent confirmation of changes to the scope of practice based on the taxonomy for practicum students/student interns who are completing their graduate program internships within our SOC programs. Previously these individuals were able to provide and bill for services under the licensed clinician/clinical supervisor to provide psychotherapy and complete BHA's in full to include the MSE and diagnostic impressions/diagnoses, as well as other SMHS within the scope of a licensed/registered/waivered clinician. With the transition to CPT codes and taxonomy codes required for these individuals, they will now fall under the taxonomy codes/provider types for MHRS, Other Qualified Providers or Peer Support Specialists only and as such, cannot bill to CPT codes – which means they will no longer be able to bill for psychotherapy services and may not be able to complete the BHA in full and will require a licensed clinician to complete the MSE and diagnostic impression/diagnosis. They will only be able to bill for those services allowable and within the scope of practice for MHRS-level staff, which includes the limited portions of the BHA (*exception: cannot complete the MSE or diagnostic impressions/diagnoses*), rehabilitation services, case management, etc. We recognize that this will be a significant shift to current service provision and work processes and we encourage programs to review their current policies and processes for utilizing graduate level student interns. FAQ's from DHCS/CalAIM Office Hours provided below in our FAQ section.

Medication Services (MED E&M) – telephone no longer allowed.

Effective 7/1/23, DHCS has determined that MEDS E&M service codes may no longer be provided via Telephone. Medications services may continue to be provided via Telehealth, however claims submitted utilizing Telephone services will be denied by Medi-Cal. *Exception*: Psychiatric Evaluation with Med Svcs and Medication Training/Support services can continue to be provided via Telephone, as well as in-person and/or Telehealth.

Peer Support Services in Lock Out Settings

Certified Peer Support Services are able to bill to Medi-Cal when provided in the following settings:

- Inpatient Settings
- Residential Settings

For all other Lock Out settings, certified peer support services remain "locked out" and cannot be billed.

Medical Record Reviews FY 23-24

July begins Fiscal Year 23-24 Medical Record Reviews. Our QA Specialists have begun reaching out to Program Managers to schedule your medical record reviews. Please note that programs have the option to request their medical record review exit be completed in person or virtually, however, programs that require a pharmacy review as part of their medical record review will need to complete their exit in person. Our Medical Record Review tool has been revised and programs will no longer receive separate documents for their chart names as it has been incorporated into the MRR tool itself. Programs will continue to be required to complete their Program Summary and Hybrid Chart Attestation form and provide all required documents as indicated on the Attestation.

Your assigned QA Specialist is available throughout the fiscal year for questions, consultation regarding concerns with documentation, CalAIM initiatives and the medical record review process. Please reach out to them directly as needed, or you can also submit your questions through QI Matters.

Injection SQ/IM Service Definition Expanded to Include LVNs

DHCS has indicated that they will be issuing an update to expand the definition of (H0033) Injection SQ/IM Service Code to

include LVN's in the allowed disciplines to provide injections. Once a final directive has been provided, QA will notify programs/providers that LVN's may begin to use this service code. **Please note, SC20 Med Scvs Comprehensive is no longer an available service code and cannot be claimed for any services after 6/30/23.**

Initial Screenings
With the removal of SC5 for Initial Screenings, until programs are able to adjust workflows and processes, the nonbillable service code 800 could be used to capture this service. Programs should continue to review workflows and processes which do not allow for billable services and collaborate with their CORS regarding these processes; as we move further through payment reforms, rates will be established and payment will be based on billable services provided.

Medi-Cal Billing Manual for SMHS
The Specialty Mental Health Services Medi-Cal Billing Manual Version 1.4 (rev. 4/2023) is available for review on the DHCS Website. Please note, the most current revision is V 1.4 and an additional revision is currently pending release. Providers should ensure they are reviewing the most current version when referencing the Billing Manual.

Access Times FAQ/Tip Sheets
- FAQ/Tip Sheets were sent to the system of care on 6/30/23 and are now available on the Optum site under the Communications tabs and all outdated tip sheets and messaging has been archived.
- Also linked here: https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/communications/MH_Access_Times_FAQ_and_Tip_Sheet_-_6-30-23.pdf
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/2.
- Email QI Matters with questions.

SIR FORMS and FAQ/TIP Sheets
- SIR and SIROF forms have been updated for the new fiscal year.
- Forms have been reformatted and rearranged to group similar questions together to make the form easier to follow and include some new items:
  - *New for the SIR form*
    - Region - now includes a drop down menu
    - Client information - now includes a question about whether or not the client is connected with other agencies or departments such as Probation, CWS, etc. If yes, notification must be complete and indicated on the form.
    - Incident - new incident added "Alleged sexual assault on program premises (excluding allegations involving staff)"
    - Notifications - includes an N/A box for clients with no involvement or requirement for additional notification; also includes fields for date and time notification happened.
    - Attestation question for program managers to attest to reviewing and agreeing with the information reported.
  - *New for the SIROF form*
    - Result of fentanyl specific test - now includes a drop down menu
    - Section 5 Serious Incident of Findings Results/Recommendations - now includes indicator for N/A when this section is not required because an RCA was completed.
    - Section 6 RCA - now includes indicator for N/A when this section is not required because an RCA has not been completed.
    - Attestation question for program managers to attest to reviewing and agreeing with the information reported.
- Instructions are now part of the FAQ/Tip Sheets and should be used side by side with the newly formatted form.
- Updated forms were sent to the SOC on 6/30/23 and are now available on the Optum site under the Forms tab.
- Also linked here:

- ○ https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20SIR%20FAQ%20and%20Tip%20Sheet%20-%206-30-23.pdf
- ○ https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/SIROF%20FAQ%20and%20Tip%20Sheet%20-%206-30-23.pdf
- ○ https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20Serious%20Incident%20Report%20(SIR)%20FormFill%20-%206-30-23.docx
- ○ https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/BHS%20Serious%20Incident%20Report%20of%20Findings%20(SIROF)%20FormFill%20-%206-30-23.docx

- New forms are in effective starting 7/1/23. SIR's submitted on outdated forms will be returned to program to complete on new forms.
- Email QI Matters with questions.

Knowledge Sharing

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CALAIM WEBPAGE FOR BHS PROVIDERS

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Provider Directory Application Programming Interface (API) has launched!

- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible and standards-based Provider Directory API (see BHIN 22-068). The requirement was created to make health information easily accessible to clients by having each health plan follow industry standards like HL7 FHIR APIs and by deterring information blocking.
- The County of San Diego BHS Provider Directory API has launched and is now available to software developers and other health systems. The link requires an API application to open and will not be viewable with browsers.
- The Provider Directory API takes information from the SOC Application. To help maintain accurate information is included in the Provider Directory API, staff are asked to update information in the SOC Application as changes occur and to attest to the accuracy of information monthly.

Peer Support Services Implementation (Reminders!)

- **Training Requirements** for certified Peer Support Specialists: San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS

- **Billing Codes** for certified Peer Support Specialists: San Diego Certified Peer Support Specialists – BILLING CODES
- Q&A on Peer Support Services

Medi-Cal Peer Support Specialist Certification

- Click here for the Medi-Cal Peer Support Specialist Certification Registry.
- The Legacy (grandparenting) pathway for certification ended on June 30, 2023.
- For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and meets virtually every month.
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Supervision of certified Peer Support Specialists

- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is ~~now~~ available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. Register for the Supervisor Training at the CalMHSA website.

CalAIM Behavioral Health Payment Reform: **Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.**

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.

Telehealth PIP

- The Telehealth PIP goal is to increase access and utilization of telehealth services for the Adult and Older Adult Population. By May 30th, UPAC EMASS and UPAC Positive Solutions both presented the interventions and conducted the pre-post questionnaires in-person to seniors who recently acquired a telehealth capable device.
  - o Data will be collected and analyzed.
  - o A follow up debrief meeting will be scheduled with UPAC EMASS and UPAC Positive Solutions teams.

Therapeutic Support for LGBTQ+ Youth PIP

- The Spring 2023 Youth Services Survey (YSS) was conducted in May 2023. Data from the YSS will be available for analysis, and the PIP Roadmap Report will be updated when data become available with PIP outcome measure results.
- CASRC (Child and Adolescent Services Research Center at UC San Diego) is exploring a future CYF (BHS Children, Youth, and Families) clinical PIP focusing on improving access and outcomes related to group therapy.

Cerner Millennium Updates

As the Cerner Millennium product continues to be developed there is the need for a consistent message and sharing information to occur. Listed below are three ways in which the system of care can obtain and review information as to the status of the project and upcoming town hall invites.

- **Cerner Millennium Town hall**: BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams.
  - o July 11, 1-2pm

- o If you are interested in attending please use the following link: Click here to join the meeting
- **Project Status Notices**: the following link will provide the update from the previous Town hall
  - o https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/cerner-millennium/2023-06-28-BHS Contractor Memo-Cerner Millennium Update.pdf
- **Optum San Diego**: the following link will allow providers to have access to all Project Status updates and materials presented on an ongoing basis
  - o MHP Provider Documents (optumsandiego.com)

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.

Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779.
Stephanie Hansen is mainly working with Millennium and is not easily reachable.
Thank you!

Please remember our new emails:
For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov
For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

MIS Questions?
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.hhsa@sdcounty.ca.gov

Cerner Reminder:
For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Improvement Partners (QIP) Meeting:
The next session of the Mental Health Quality Improvement Partners (QIP) meeting will be **held virtually on Tuesday, July 25, 2023, from 2:00 pm to 4:00 pm** via Microsoft Teams. Click here to join the meeting. 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.

If you experience any technical issues during the virtual meeting, please reply to this message or 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 June 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) or reply to this message if you would like a calendar reminder for any specific sessions. 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.

July 2023 sessions:
- Thursday, July 13, 2023, 3:00 pm to 4:00 pm: Click here to join the meeting
- Tuesday, July 18, 2023, 9:00 am to 10 am: Click here to join the meeting
- Thursday, July 27, 2023, 3:00 pm to 4:00 pm: Click here to join the meeting

QI Matters Frequently Asked Questions

Q: Which taxonomy code should counties use when an intern or student is pre-licensed and not registered or waivered with their professional licensing board (e.g., psychology practicum student who is post-Bachelors, pre-Masters)?

A: Services rendered by a pre-licensed individual provider who is not registered or waivered with the applicable professional licensing board should use a taxonomy code that is most appropriate for the practitioner until they are registered with the professional licensing board. The State Plan Amendment (SPA) identifies four provider types that are pre-licensed, non-registered, and/or non-waivered. Within the Mental Health delivery system, these provider types are Mental Health Rehabilitation Specialists (MHRS), Other Qualified Providers (OQP), and Peer Support Specialists (PSS), and they are described in SPAs 12-025 and 21-0051. Within the Drug Medi-Cal delivery system, these provider types are Alcohol or Other Drug Counselor (AOD Counselor) and Peer Support Specialists and are described in SPA 22-0024 and Information Notice 21-041.

For students who are pre-licensed and not yet registered with their professional licensing boards, counties should use a taxonomy code within the MHRS, OQP, PSS, or AOD Counselor categories as appropriate based on the student's education, training, and experience. Acceptable taxonomy codes within each delivery system and provider type category are listed in Appendix 1-Taxonomy Codes of the billing manuals available on the MEDCCC Library under "CalAIM References and Manuals Effective July 1, 2023."

Services rendered by a pre-licensed individual provider that is registered with the applicable professional licensing board should use the taxonomy code of the profession with which they are registered and should be bill using the HL modifier after the service code to indicate that the services were provided by an intern. An intern is a registered, pre-licensed mental health professional who is working in a clinical setting under supervision. *This would not be our student "interns" or practicum students as they are not yet registered with the BBS until after they graduate. The HL modifier is only allowable for those who are registered with the BBS.* If the individual is a resident, they should use the taxonomy code associated with a physician and use modifier GC after the service to indicate that the service was provided by a resident.

Q: Based on the guidance in the question above, do we need to change the taxonomy codes for registered interns/students on NPPES to reflect the same taxonomy code as a licensed professional in order to have our claims approved?

A: No, waived and registered interns/students should not change their taxonomy codes registered with NPPES to taxonomy codes of fully licensed professionals. Short Doyle does not validate the rendering provider's taxonomy code matches the taxonomy codes in NPPES. Short Doyle only validates that the rendering provider's NPI is active in NPPES. For claim submission purposes, registered interns/students should use the taxonomy code that reflects the profession with which they are registered and should bill using the HL modifier after the service code to indicate that the service was provided by an intern.

Q: Are interns not allowed to use CPT codes?

A: If an intern is registered with their professional licensing board, they should use the taxonomy code for their licensed profession and will be able to use CPT codes. However, to indicate that the services were performed by an intern, the HL

modifier would be indicated after the code. If the intern is not registered with their professional board, they may use the mental health rehabilitation specialist, other Qualified professional or peer support specialist taxonomy codes (for the Mental Health delivery system) or AOD counselor or peer support specialist (for the DMC delivery system). These non-registered interns will not be using the HL modifier and CPT codes will not be available to them.

Q: Now that IHBS is no longer a stand alone service, how do I include it as an intervention on the client plan?

A: For client's receiving IHBS services, this should be documented in the Objectives narrative of the client plan.

> **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**

Mental Health Services

Updates

Reminder: Transition of Care Tool Referral Type for Beneficiaries enrolled in an MCP

The Transition of Care Tool is required if the individual is enrolled in a Medi-Cal Managed Care Plan (MCP). Any referral to the MCP delivery system using the Transition of Care Tool should be marked as 51-Managed Care Plan – MH Provider (*even if the referral is to an FQHC since the FQHC is a Managed Care Plan MH Provider in these Transition instances*). When completing the Discharge Summary, the Referred To field selected should also be 51 – Managed Care Plan – MH Provider in these instances.

Additional information regarding the Transition of Care Tool is outlined in OPOH Section C, pgs C.7 – C.9

New DEA Training Requirements in Effect for New and Renewing Prescribers

As of June 27, 2023, new substance use disorder (SUD) training requirements for **all practitioners with prescriptive authority**, except veterinarians, are in place. New and renewing Drug Enforcement Administration (DEA) registrants must now attest to completion of 8 hours of training in SUDs and the use of Food and Drug Administration (FDA) medications to treat substance use disorders.

The Consolidated Appropriations Act of 2023 Sections 1262 and 1263, respectively, eliminated the DATA waiver that was needed to prescribe buprenorphine and instituted new training requirements. Section 1263 of the Consolidated Appropriations Act of 2023 requires that beginning **June 27, 2023**, practitioners applying for a new or renewed Drug Enforcement Administration (DEA) registration will need to attest to having completed a total of at least 8 hours of training on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain. Training Requirement Resources and FAQ's can be found on SAMHSA's Medication for Substance Use Disorders Webpages.

Updated Languages in CCBH Billing Types

The following languages have been added to the Billing Type Language Options in the Billing Types drop-down menu: Cantonese, Mandarin, Mien, Other

Optum Website Updates
MHP Provider Documents

References Tab:
On 07/11, the Housing Quality Checklist was uploaded to ensure clients are referred and connected to safe and quality housing when working with ACT and SBCM Programs.

On 07/14, the MRR Tool for FY 23-24 was uploaded.

OPOH Tab:
On 07/11, OPOH Section M-Staff Qualifications was uploaded to indicate requirements for MHRS and Student Interns.

On 07/20, OPOH Section C- Accessing Services was uploaded due to an update to Access to Services Journal information based on CA Health & Safety Code 1367.03; removed Title 9 CCR reference & Emergency Psychiatric Condition language; replaced Urgent Psychiatric Condition definition; and included email address for adult Transition of Care Tools for Molina MCP.

On 07/20, OPOH Section D- Providing Specialty Mental Health Services, OPOH Table of Contents, and OPOH were uploaded to include the requirement for SBCM and ACT Programs to utilize the Housing Quality Checklist.

PWB Tab:
On 07/11, the Form Fill CFT Meeting Note was updated.

Forms Tab:
On 07/14, the Transition of Care Tool for Medi-cal MH services Explanation sheet was updated to include an email address for Molina MCP for the adult transition of care tools to be sent to.

On 07/24, the Serious Incident Report along with the SIR FAQ and Tip Sheet were uploaded due to update on Incident Type #1 and when this should be utilized, and updated media question requirement.

Chinese Languages & Dialects, Tagalog, Ilocano, Other Filipino Dialects, Hindi, Punjabi, Dari, Other Persian Languages & Dialects, and Somali.

The following language options have been inactivated: All Chinese Languages & Dialects, and All Filipino Dialects.

Diagnosis Reminders – AQ and AW Suspense Codes

AQ will suspend if a client has a diagnosis on their service that is no longer covered on the latest diagnosis review – for example if someone ended a diagnosis and the DOS is no longer covered.

AW will suspend if a client has any Dx on their service that is not marked as billable, regardless if other included diagnoses are marked as billable – programs are reminded/advised to only select the Diagnosis(es) that are being addressed as the focus of treatment for the service versus adding all diagnoses when entering a service.

Providers are also reminded that they should **not** change the date on active diagnoses as this will cause prior services to suspend.

When reviewing or "cleaning up" diagnoses in CCBH, if the client is open to another program(s), providers should consult and collaborate with the other program before ending any diagnoses to avoid possibly causing billing to suspend for that program.

Knowledge Sharing

Update: CA Managed Care Plans (MCP):
- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- DHCS is developing a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.
- For more information see the DHCS Medi-Cal Managed Care website.

Update: Justice-Involved Waiver:
- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the DHCS CalAIM Justice Involved Initiative website.

Optum Website Updates
MHP Provider Documents (Continued)

Forms Tab:
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Cerner Millennium Tab:
On 07/21, the Cerner Millennium Town Hall presentation was uploaded.

On 07/21, the "2023-07-18-BHS Contractor Memo-Cerner Millennium Update (pdf)" was posted.

Under **Cerner Millennium EHR Implementation:**
On 07/21, New Terms in Cerner Millennium was posted.
On 07/21, Cerner Millennium FAQs was posted.

Under **System of Care Resources**:
On 08/01, SOC Staff Talking Points was posted.

UCRM Tab:
On 07/14, the Service Indicator Outside Facility ID Listing was updated.

On 07/25, the My Safety Plans were uploaded to include the 988 Suicide Crisis Lifeline and MCRT information, and are in the new threshold languages.

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- **Training Requirements** for certified Peer Support Specialists: San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS
- **Billing Codes** for certified Peer Support Specialists: San Diego Certified Peer Support Specialists – BILLING CODES
- Q&A on Peer Support Services

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Specialization Trainings for Certified Peer Support Specialists:
- CalMHSA has announced the availability of areas of specialization for certified Medi-Cal Peer Support Specialists. These specializations focus on additional training that builds on the knowledge, skills, and abilities of Peer Support Specialists that have already been certified.

- Certified Peer Support Specialists who are interested in working in one of these specialty areas are strongly encouraged to take the corresponding trainings:
  - Parent, Caregiver, and Family Member Peer
  - Peer Services – In Crisis Care
  - Peer Services for Unhoused
  - Peer Services for Justice Involved
- To learn more about these specializations and the availability of scholarships, please visit the CalMHSA website.

CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:
- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

Telehealth PIP:
The goal is to increase the utilization and engagement of telehealth services with older adults. In May, UPAC EMASS and UPAC Positive Solutions successfully provided the training to 45 clients (who had recently acquired a telehealth capable device) at 3 different locations. Pre-post questionnaires were conducted & trainings were done in-person.
- The PIP evaluation team is currently analyzing the data and developing a summary of the results.
- UPAC EMASS agreed to do another training in September.

Therapeutic Support for LGBTQ+ Youth PIP:
Data from the Spring YSS (Youth Services Survey) is now available & under analysis. The PIP Roadmap Report is under revision to include this data.

CASRC met with State EQR evaluators & San Diego County leadership to explore a 2024-25 PIP focusing on increasing access & utilization of outpatient group therapy modalities among CYFBHS providers. EQR evaluators provided positive feedback & CASRC will continue the planning and development process of this PIP with County leadership.

Cerner Millennium Updates

As the Cerner Millennium product build continues, it will be critical for the System of Care (SOC) to be informed on project status in order to begin preparing within your respective organizations for implementation. Listed below are three ways the SOC can obtain Cerner Millennium related information:
- **Cerner Millennium Town Hall**: BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend an invitation to monthly Cerner Town Hall meetings via Teams for project updates and Q&A. The next Town Hall meeting will occur:
  - September 12, 1 PM to 2 PM
  - If you are interested in attending, please use the following link: Click here to join the meeting
- **Project Status Notices**: Project Status Notices will be shared with SOC at least once monthly, with increasing frequency as we near implementation. The latest project status update can be found here:
  - Contractor Memo-Cerner Millennium Update.pdf

- **Optum San Diego**: To find all resources and information related to the Cerner Millennium project, a Cerner Millennium tab has been created on the Optum website under MHP Provider Documents:
  - MHP Provider Documents (optumsandiego.com)

In an attempt to ensure the training needs are met for the system of care and this implementation of a new electronic health record, the County of San Diego is requesting participation in a poll regarding provider trainings possibilities. **Please use the link to the poll to provide a response. https://forms.office.com/g/kiBtUYTtB0**

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.

Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779. Stephanie Hansen is mainly working with Millennium and is not easily reachable. Thank you!

Please remember our new emails:
For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov
For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

MIS Questions?
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.hhsa@sdcounty.ca.gov

Cerner Reminder:
For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Assurance Trainings:
Progress Notes Practicum: Tuesday, August 29, 2023, from 12:30pm to 3:30pm. *Registration Required. **Click here to register.***
Audit Leads Practicum: Wednesday, September 13, 2023, from 12:30pm to 3:30pm. *Registration Required. **Click here to register.***

Quality Improvement Partners (QIP) Meeting:
The next session of the Mental Health Quality Improvement Partners (QIP) meeting will be a live hybrid session **held simultaneously onsite and virtually on Wednesday, August 30, 2023,from 1:00 pm to 3:00 pm**. Click here to join the meeting. 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.

The onsite session will be held in the Mission Valley Public Library's Community Room. Please click on the following link for directions: https://goo.gl/maps/P7F85cp8AE5cMZLN9, and please be advised that space and parking may be limited, so please plan accordingly. **The virtual session will be held via MS Teams.** ASL interpreters are only available virtually.

If you experience any technical issues during the virtual session, please reply to this message or 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 August 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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.

August 2023 sessions:
- Thursday, August 10, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting
- Tuesday, August 15, 2023, 9:00 am – 10:00 am: Click here to join the meeting
- Thursday, August 24, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting

Save the Date for the 10th Annual Mental Health Providers Knowledge Forum:
In lieu of the September 2023 Mental Health Quality Improvement Partners (QIP) Meeting session, the Mental Health Quality Assurance Team will be hosting the 10th Annual Mental Health Providers Knowledge Forum on September 12, 2023 from 9:00 am – 11:00 am. The purpose of this event is to review data and Mental Health system of care performance from the past fiscal year and learn important updates for the new fiscal year. The event will be virtual, registration to follow shortly.

QI Matters Frequently Asked Questions

Q: Under the new coding, would our providers bill SC 11 for their initial appointment with the client, and would the second service be the New Patient Med service code?

A: The Psych Eval with Med Services (previously SC 11) is only for the initial assessment. Following the evaluation, Medication services will be claimed as either "New Patient Med Service" or "Established Patient Med Service". These are permissible by MD/DO, PA, NP. The "New" patient code may be used at the first service following the evaluation/assessment. Subsequent services would be Established Patient Med.

Q: For Client Plans with clients receiving medication management, is it correct that the NP (or prescriber) needs to sign the plan?

A: The Client Plan is to be developed in collaboration with the client. The client signature or verbal consent should be documented. Per Federal regulations and guidelines, the Medicare and Medi-Medi Clients plans can be completed/signed by MDs, NPs, PhD and LCSW.

Q: When is the Millenium EHR due to launch?

A: Millenium is expected to release in the Spring of 2024. QA will communicate information on this as the anticipated date approaches.

Q: Can the program psychiatrist provide medication services over the phone?

A: As of 7/1/23, DHCS requires billable medication services to be in person, or provided on Telehealth with a two-way synchronous video platform.

> **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**

Mental Health Services

Updates

ICD10 Diagnosis Changes – Z-code Replacements

Effective **October 1, 2023**, the following Z-codes will be replaced as follows:

- Z55.8 *Other problems related to education and literacy* will be replaced by Z55.6 *Problems related to health literacy.*
- Z62.819 *Personal history of unspecified abuse in childhood* will be replaced by Z62.814 *Personal History of child financial abuse* and/or Z62.815 *Personal history of intimate partner abuse in childhood.*

Inactive Diagnosis F43.8 Reminder – No longer Valid – Requires Update

Diagnosis F43.8 Other Reactions to Severe Stress was removed by CMS as a valid billable diagnosis code October 1, 2022 and changed to F43.89 Other Reactions to Severe Stress in CCBH on 10/6/22. Providers are requested to review for any clients which still carry the F43.8 diagnosis as an active diagnosis and will need to update this diagnosis to the appropriate diagnosis code in order to prevent services from being denied/suspended. Providers were advised via the October 2022 MH UTTM that they would need to utilize these diagnoses in place of F43.8 going forward. MHBU has informed programs via email requests to make these corrections when they occur and will begin notifying assigned QA Specialists when encountering future errors due to this diagnosis remaining an active/claimed diagnosis. (*MH UTTM October 2022*)

Entering Physical Addresses on Demographic Forms

The Mental Health Billing Unit (MHBU) has requested a reminder to our SOC regarding entering PHYSICAL addresses on the Demographic Form in CCBH. Incorrect

Optum Website Updates
MHP Provider Documents

References Tab:
- On 08/02, the MIS-25 Program Listing Report was updated
- On 08/22, a new CPT Crosswalk was uploaded due to updates on Credentials, revised definitions, ICC moved under CM heading, and billing tips/reminders.
- On 08/22, the Tip Sheet for Billable Services was updated to correspond with CalAIM and CPT Coding.
- On 08/29, a new MRR Tool FY 23-24 was uploaded.

OPOH Tab:
- On 08/24, OPOH Section J - Provider Contracting was uploaded due to an update to Updated Inventory Guidelines for County Contracts.
- On 09/01 OPOH Section M – Staff Qualifications and OPOH were updated to reflect addition of Registered Psychological Associate in alignment with Ph.D and Psy.D licensed/waivered, updated allowances for Student Interns to complete the BHA and provide Psychotherapy- with co-signature per changes in State SPA by DHCS and added Other Qualified Provider description per State SPA.

Forms Tab:
- On 08/21, there were updates made to the AOB - English Form to reflect new language of "Patient" and change Mental Health to "Behavioral Health."

Cerner Millennium Tab:
- On 07/22, the New Terms in Cerner Millennium and Cerner Millennium FAQs were uploaded.
- On 08/07, the Cerner Millennium Town Hall presentation was uploaded.
- On 08/09, the SOC Staff Talking Points was uploaded under Cerner Information – SOC Resources header.

UCRM Tab:
- On 08/09, the Medication Progress Note was updated to be in line with CalAIM and CPT Coding changes.
- On 08/15, the Client Plan Form Fill and Signature Page were updated to reflect language change from "Refused" to "No Signature."
- On 08/21, a new Authorization to Use/Disclose PHI was uploaded to reflect new signature lines in both English and Spanish.
- On 08/29, the BHA Explanation sheet was updated to include Student Interns are able to complete the entire BHA with a co-signature per DHCS changing the State SPA.

addresses cause delays in billing and require undue burden to the Billing Unit in needing to correct these errors before they can send billing to the State.

Physical addresses should be entered in one of the two following ways:
- A valid, physical address that includes city, state and correct zip code. Example: 123 Any Street, San Diego, CA 92108
- If the client is homeless and does not have a PHYSICAL address – programs should use their facility address. Do NOT write the word "Homeless" or enter a P.O. Box for the PHYSICAL address
  - If a client is homeless and but does have a P.O. Box – this should be entered in the MAILING Address only.

Billing for Master's Degree Students (Student Interns) UPDATE!
DHCS has provided an update on billing guidance related to services rendered by non-registered, licensed or waivered students who are working in a field practicum. Master's degree students and non-licensed PhD students who are working in a field practicum may provide clinical services within their scope of practice under the supervision of a licensed behavioral health professional. DHCS will be submitting a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to clarify the role of practicum students as SMHS and DMC/DMC-ODS providers. Once the SPA is approved, the effective date will be retroactive to July 1, 2023.
DHCS will also deploy updates to the Short-Doyle Medi-Cal claiming system to allow master's degree students and non-licensed PhD students who are working in a field practicum to use appropriate Common Procedural Terminology (CPT) codes to claim for reimbursement and will assign county behavioral health fee schedule rates for students who are working in a field practicum. Students providing clinical interventions within their scope of practice should use appropriate CPT codes to claim for reimbursement and include their NPI and the taxonomy code of their supervising clinician.
The MHP has determined that practicum students may begin providing and claiming for psychotherapy services and should enter these services into CCBH, however the billing set up has been adjusted to hold claims for retroactive billing until the SPA is approved and the claiming system is updated. Master's degree student interns working in a field practicum may resume providing services at the level of a licensed/registered/waivered clinician under the direct supervision of a licensed clinician with required co-signature for services as previously allowed.

Removal of Signature Requirements for Informed Consent of Psychotropic Medications
California Senate Bill (SB) 184 was chaptered on 6/30/22. This health budget trailer bill legislation updated and superseded state regulations (Cal. Code Regs. Tit. 9, § 852) that required mental health facilities to obtain patient signatures to demonstrate informed consent for antipsychotic medications delivered in specified community mental health settings. SB 184 eliminated the requirement to obtain patient signatures, and instead requires that facilities maintain written consent records that contain both of the following:

- A notation that information about informed consent to antipsychotic medications has been discussed with the patient; and
- A notation that the patient understands the nature and effect of antipsychotic medications, and consents to the administration of those medications.

Providers no longer are required to complete and obtain signature of clients when prescribing psychotropic or anti-psychotic medications, however they are required to include documentation of the above requirements in the client record when prescribing medication or when changing a medication. Use of Doctor's Home Page requirements have not changed.

IHBS Prior Authorization Form Web-Based Electronic Submission Available 10/1/2023
Optum has completed approval and testing of a new web-based electronic submission form for Intensive Home Based Services (IHBS) prior authorization requests. Starting 10/1/23, in addition to faxing in requests to Optum at 866-220-4495, Optum will be accepting IHBS Prior Authorization Requests by web-based electronic submission. The form link and instructions on how to utilize the web-based form will be available on the Optum Website in MHP Documents under the UCRM Tab. Providers should select the IHBS Prior Auth Optum Web Based Electronic Form Submission Instructions to access

the link to the web-based form and follow the included instructions for submission. Questions? Please contact Optum: 800-798-2254, option 3 then option 4

CalMHSA Documentation Guides Updated
CalMHSA is pleased to announce that we have revised all eight CalMHSA Documentation Guides to incorporate changes brought about by payment reform. The revised Documentation Guides can be located here. Additional edits/clarifications that were made can be reviewed in the "Documentation Guide Change Log" located at the end of each guide.
If you have questions about the revised CalMHSA Documentation Guides, please reach out to calaim@calmhsa.org.

Client Plan Interventions Automatically Linking to Service Notes - WorkAround
Due to the changes in Client Plan requirements, if there is only one intervention listed in the Client Plan such as ICC (for CYF SOC) or medication services (for Medicare required CPs) for example, the intervention will automatically populate when linking the service note to the Client Plan Folder.
Please ensure staff are **unselecting** the intervention if it does not correspond to the service documented by clicking the green checkbox next to the intervention, and then clicking the floppy disk icon to save. When final approving the note, a pop-up will appear indicating the service is <u>unplanned</u>, staff should click "yes" to proceed.

LVN/LPT Billing for Medication Administration and Injections
DHCS has released updated FAQs which address the ability of LVN's and LPT's to administer medications to patients orally or via injection to patients withing the SMHS delivery System. Licensed Vocational Nurses (LVNs) and Licensed Psychiatric Technicians (LPTs) with the proper education and certification, under the supervision of a Registered Nurse or Physician, can administer medications orally or by injection to patients within the Specialty Mental Health delivery system.
They may claim for providing medication training and support using **Meds Training and Support** (HCPCS code H0034) and DHCS will clarify in version 1.5 of the SMHS billing manual that for DHCS behavioral health claiming purposes, **Oral Med Admin** (HCPCS code H0033) includes **all** **modes** of medication administration and can be used by LVN/LPT when providing injectable medication.

Claiming for Oral or Sign Language Interpretation:
Providers may claim for oral or sign language interpretation under the following conditions:
- A claim for interpretation should be submitted when a provider and the client cannot communicate in the same language, and the provider uses an on-site interpreter and/or an individual trained in medical interpretation to provide medical interpretation.
- Interpretation time may not exceed the time spent providing the primary service.
- Interpretation may not be claimed during an inpatient or residential stay as the cost of interpretation is included in the residential rate in Drug Medi-Cal or Specialty Mental Health systems.
- Interpretation cannot be claimed for automated/digital translation or relay services.
- Claiming guidance will be updated in version 1.5 of the Billing Manuals.

Waiver for Requirement of TCM and ICC Stand-Alone Care Plans
CMS has approved the TCM waiver to clarify that "stand alone" care plans are not required for Targeted Case Management (TCM) and Intensive Care Coordination (ICC) services. Services must be documented consistent with 22 C.C.R. §51351 and 42 CFR § 440.169(d)(2). The approved waiver 1915(b) can be found on the DHCS 1915(b) Waiver website. An update to BHIN 22-019 reflecting DHCS final guidance is forthcoming, however the MHP will move forward with removing the CM progress note care plan/ICC client plan requirements **effective 9/15/23**.

All other client plan requirements remain in effect for Certified Peer Support Services, IHBS/TBS/TFC, STRTP and Medicare/Medi-Medi clients as previously indicated.

Workforce Training and Technical Assistance

For training access and availability, please visit the updated [BHS Workforce Training and Technical Assistance](#) site under Professional Trainings. All live trainings will be announced via BHS communication.

> **Knowledge Sharing**

CalAIM FUM PIP/BHQIP

Goal: *to increase the percent of clients ages 18+ receiving a follow up within 7 and 30 days after a mental health ED visit by 5% from baseline.*

Logistics are being discussed between NAMI, BHS and UCSD regarding having peer support staff in the UCSD ED for navigation assistance. Communication team is working to finalize a card that will be provided to patients that are at the ER with direct ACL and NAMI contact information.

Next Steps: Finalize intervention implementation plan with UCSD ED & NAMI staff; generate handout to ED patients with NAMI and Access & Crisis Line contacts; outline workflow map for MCP data exchange; present to Hospital Partners for support and implementation.

Therapeutic Support for LGBTQ+ Youth PIP

- The updated *It's Up to Us* LGBTQ+ resource page has been active since October 2022, and it has increased page views by 300% when compared to the previous year.
- The Spring Youth Services Survey data from May 2023 is under analysis. Some results include:
  - **54.6%** reported providers asked about their sexual orientation.
  - **63.1%** reported providers asked about their gender identity.
  - **45.2%** reported providers talked about challenges they may face because of their LGBTQ+ identity.
  - **45.1%** reported providers shared LGBTQ+-specific resources.
  - **Significant increase** in the mean scores of: "Overall, I am satisfied with the services I received."

Next Steps: The CASRC team is currently working with San Diego County leadership to develop a community advisory committee, comprised of local practitioners to collaborate on the proposed 2024-25 PIP focused on group therapy.

Peer Support Services Implementation (Reminders!)

- **Training Requirements** for certified Peer Support Specialists: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
- **Billing Codes** for certified Peer Support Specialists: [San Diego Certified Peer Support Specialists – BILLING CODES](#)
- [Q&A on Peer Support Services](#)

Medi-Cal Peer Support Specialist Certification

- Click here for the [Medi-Cal Peer Support Specialist Certification Registry](#). For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.

- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and meets virtually every month.
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Supervision of certified Peer Support Specialists

- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. Register for the Supervisor Training at the CalMHSA website.

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  - Peer Services for Unhoused
  - Peer Services for Justice Involved
- To learn more about these specializations and the availability of scholarships, please visit the CalMHSA website.

CalAIM Behavioral Health Payment Reform

- Please visit https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/calaim-for-bhs-providers.html for information and updates on BH Payment Reform implementation.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

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Cerner Millennium Town Hall

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  - September 12, 2023, 1:00 pm to 2:00 pm
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For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov
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MIS Questions?
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.hhsa@sdcounty.ca.gov

Cerner Reminder:
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CCBH Client Plan and Progress Note Training
As a result of CalAIM Behavioral Health Initiatives, many programs are no longer required to enter client plans into CCBH (see BHIN 20-043 for details). Enrollment numbers for Client Plan and Progress Note (CPPN) training remain high, so programs are encouraged to individually evaluate whether the CPPN training is, in fact, necessary. A Progress Note training, plus indicating the need for Limited Service Log access when enrolling in training, may suffice in many instances. Enrolling in the correct class will reduce the confusion staff experience when they are taught functions they won't actually perform, and it will reduce wait times for staff who truly need CPPN training.

> **Training and Events**

Quality Assurance Trainings:
- RCA Training: Thursday, September 21, 2023, from 9:00 am to 12:00 pm. *Registration required.* **Please click here to register.**

Office Hours:
Please see the schedule below for the September 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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 2023 sessions:
- Thursday, September 14, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting
- Tuesday, September 19, 2023, 9:00 am – 10:00 am: Click here to join the meeting
- Thursday, September 28, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting

QI Matters Frequently Asked Questions

Q: A Family Support Partner is currently working with a family and scheduled to start the 80-hour training in September, and therefore won't be certified until roughly October if they pass the exam. Can they continue to work with the families already on their caseloads?
Can they bill the other non-peer codes that other MHRS would bill, until they become certified peers and therefore need a new ARF to change their billing access?

A: In this specific scenario, an SMHS program with existing peer staff who are moving into required Certified Peer Specialist positions would continue their current work under the credential of Para-Professional or Other Qualified Provider until they become certified and CCBH is updated with their credentials, and certified peer specialist activities are within their scope and the associated codes are available for use. Please note that individuals with lived experience hired in SMHS positions that have not been identified as requiring behavioral health lived experience do not require certification and are able to provide direct services to clients within their appropriate scope of practice as an MHRS or Other Qualified Practitioner upon hire. Refer to OPOH Section M for credential/staff qualifications.

Q: Our program just hired a new peer support specialist, but they haven't completed their certification training yet. Are they able to provide the peer support services while they complete their certification? Are they able to provide and bill for other services until they become certified?

A: Positions that have been identified as requiring behavioral health lived experience must be filled with Certified Peer Support Specialists who are trained and certified per the process defined on the CalMHSA website. While we are locally emphasizing the best practice approach that required peer positions are filled with Certified Peer Specialists, or certification is obtained within 90 days of hire, there is flexibility for supporting programs and individuals who cannot meet the requirements and timelines. Programs may work with the peer staff to determine if 'Other Qualified Provider' criteria is met so specialty mental health services can be delivered with the use of appropriate billing codes in the interim.

Q: Our program works with IHSS (In-home support services) to support clients. Would this time count as coordination for the Community Based Wrap Service code?

A: This code is intended for care coordination between MH and outside systems that may (or may not) include transition, e.g., the client's PCP or a medical provider. IHSS is generally a service benefit that is provided through the client's MCP, and not covered by SMHS/MHP so they would be able to use this service code if most appropriate when coordinating care/services with IHSS.

Q: We have questions about the 3-day timeline requirement for notes. Does the date of service count as day-one, and will the Department of Health Care Services (DHCS) be adjusting the progress note timeframes outlined in Behavioral Health Information Notice (BHIN) 22-019?

A: As of AUGUST, DHCS advised that it does not plan to update the progress note timeframes that appear in BHIN 22-019. Providers shall complete progress notes within **three business days** of providing a service, with the exception of notes for **crisis services, which shall be completed within one business day**.

The day of the service shall be considered day-zero. For example, a service on Monday 9/4 must be final approved by Thursday 9/7.

Q2: How does this timeframe apply when notes are completed by providers practicing under supervision?

A2: Some providers work under direct supervision of a licensed professional. In these instances, the treating provider shall complete progress notes (sign and save) in accordance with the timeframes noted above, outlined in BHIN 22-019. Any required review of the progress notes by a supervising professional should then be completed and co-signed in accordance

with clinical best practices, within a timely manner after the service has occurred. Please reference the BH IN 22-019 memo and the CalAIM-BH-Initiative-FAQ-BH-Doc-Redesign for more information.

> **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**

Mental Health Services

Updates

Reminder Timeline - CANS Assessment Requirement for TAY Serving Contractors:

Programs should be in the process of getting staff trained and certified to complete the CANS. The CANS can only be administered by staff who have completed the Certification process. As staff are trained and become certified, they should be administering and completing the CANS assessment. **All new admissions who are TAY ages 18-21 will be required to have the CANS assessment by 10/15/23.** The CANS Explanation Sheet can be found under the UCRM Tab and the TAY CANS Memo 9.12.23 can be found under the Communications Tab on the Optum Website on the MHP Documents Webpage.

Reminder – Telehealth Consent Requirements

Programs are reminded that per BHIN 22-019 consent for services to be provided via Telephone or Telehealth must be obtained prior to first meeting via telephone or telehealth. Programs are reminded to ensure their written consent forms/verbal processes for obtaining consent adhere to the requirements outlined in the BHIN.

Consent may be obtained in writing or verbally* and must be documented in the client chart and must include the following explanations noted below:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face to face visit.
- Use of telehealth is voluntary and consent for the use of telehealth may be withdrawn at any time without ability to access covered Medi-Cal Services in the future

Optum Website Updates
MHP Provider Documents

Cerner Millennium Tab:
- On 09/18, the Cerner Millennium Town Hall presentation was uploaded.

OPOH Tab:
- On 09/01, OPOH Section M – Staff Qualifications was updated due to adding *Other Qualified Provider* description. Co-Signature Requirements table on pg M was modified.
- On 09/15, OPOH Section H – Cultural Competency was uploaded as removal of RHIS, added BHS Workforce Education & Training Website, and the Academy of Professional Excellence LMS information.
- On 09/15, OPOH Section B – Compliance Confidentiality was updated due to Service Code language changed to Service Code Title to align with CPT Crosswalk language and replaced Service Code Definitions Appendix III language with CPT Crosswalk.
- On 09/19, OPOH Section C – Accessing Services was uploaded to include BHIN Link for Network Adequacy to BHIN 23-041 Link with the updated Network Adequacy Requirements.
- On 09/29, OPOH Section G – Quality Improvement & OPOH were updated due to new Medication Monitoring Process. Removed Informed Consent for Psychotropic Medications Form as a requirement of programs when submitting Med Monitoring to QIMatters, as form is no longer required per SB184. And removed language from QA monitoring the compliance section (pg. G12) "as well reviewing all medication services for the given quarter for the charts identified in the med Monitoring submission."

UCRM Tab:
- On 09/08, IHBS Prior Authorization Web Based Submission Form Instructions was uploaded due to now being able to complete IHBS authorization requests online.
- On 09/11, CANS Explanation sheet was updated due to include use of CANS by TAY programs and added MHRS as allowable disciplines to complete CANS.

Communications Tab:
- On 09/12, BHS Contractor Memo #2 TAY CANS was uploaded as a reminder of upcoming CANS requirements by providers who render services to TAY population.
- On 09/14, BHS Contractor Memo Changes to Informed consent Requirements of Psychotropic Medications was uploaded as the form is no longer a requirement per SB184.

- Explanation of availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- Potential limitations or risks related to services received via telehealth as compared to an in-person visit, to the extent that any limitations or risks are identified by the provider.

If verbal consent was obtained, documentation of the verbal consent/agreement must include the above explanations documented in a progress note.

ICD-10 Diagnosis Changes in CCBH:

Effective 10/1/23, the following diagnosis changes have been updated in CCBH. Please note, this includes updates to Z codes within the Problem List. Reminder: clients receiving SMHS must have a Mental Health ICD10 diagnosis as their primary diagnosis.

ICD-10	Description	DX ACTION	REPLACED BY
G20	Parkinson's disease	INACTIVATE/DELETE	
I20.8	Other forms of angina pectoris	INACTIVATE/DELETE	
I47.1	Supraventricular tachycardia	INACTIVATE/DELETE	
Q75.0	Craniosynostosis	INACTIVATE/DELETE	
Q87.40	Marfan's syndrome, unspecified	REVISE DESCRIPTION	
T74.91XA	Unspecified adult maltreatment	REPLACED	T74.A1XA Unspec. Adult Financial Abuse, initial encounter
T74.92XA	Unspecified child maltreatment	REPLACED	T74.A2XA Child Financial Abuse, initial encounter
T76.91XA	Unspecified adult maltreatment	REPLACED	T76.A1XA Adult Financial Abuse, initial encounter
Z55.8	Other problems related to educ	REPLACED	Z55.6 Problems related to health literacy
Z62.819	Personal history of unspecified	REPLACED	Z62.814 Personal history of child financial abuse Z62.815 Personal history of intimate partner abuse in childhood
Z91.419	Personal history of unspecified	REPLACED	Z91.413 Personal history of adult financial abuse Z91.414 Personal history of adult intimate partner abuse

Knowledge Sharing

CalAIM FUM PIP/BHQIP:
Goal: *to increase follow up within 7 and 30 days by 5% after a mental health ED visit.*

A resource card was developed to provide to individuals in the ER that contains direct ACL and NAMI contact information. HSRC facilitated an in-service between UCSD providers and NAMI PeerLINKS staff, where available services were reviewed, inclusion criteria and specific instructions for patient referral were presented. HSRC designed a tracking log for referrals received from UCSD ED's.

Next Steps: Begin distributing resource cards. Present at next Hospital Partners Meeting on referral process, complete updated FUA template for review prior to DHCS submission.

Youth Group Therapy PIP:
The CASRC team and San Diego County leadership met for the first Community Advisory Committee to collaborate on the planning proposed for the FY 2024-2025 PIP focused on group therapy.   Feedback was provided by programs regarding increases in school-based group therapy in the San Diego CYF system of care.

Next Steps: CASC researchers will continue to meet with local experts and County leadership to help develop an effective PIP intervention and plan for psychoeducation surrounding group therapy use and modalities.

CalAIM:

- Visit the CalAIM Webpage for BHS Providers for the newest updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required CalAIM Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please visit https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/calaim-for-bhs-providers.html for information and updates on BH Payment Reform implementation.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

DHCS Behavioral Health Information Notices (BHINs):
BHINs provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/provgovpart/Pages/2023-BH-Information-Notices.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:
- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

Cerner Millennium Updates

Cerner Millennium Town Hall:
BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams.
- Tuesday, October 17, 2023, 1:00 pm – 2:00 pm
- If you are interested in attending please use the following link: **Click here to join the meeting**

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.
Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779.
Stephanie Hansen is mainly working with Millennium and is not easily reachable. Thank you!

Please remember our new emails:
For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov
For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

MIS Questions?
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.hhsa@sdcounty.ca.gov

Cerner Reminder:

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

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Training and Events

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Quality Improvement Partners (QIP) Meeting:
This is a live hybrid session **held simultaneously onsite and virtually on Wednesday, October 25, 2023, 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.
The onsite session will be held in the Mission Valley Public Library's Community Room. Please click on the following link for directions: https://goo.gl/maps/P7F85cp8AE5cMZLN9, and please be advised that space and parking may be limited, so please plan accordingly. **The virtual session will be held via MS Teams:** Click here to join the meeting. ASL interpreters are only available virtually.

Office Hours:
Please see the schedule below for the October 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) or reply to this message if you would like a calendar reminder for any specific sessions. 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.

October 2023 sessions:
- Thursday, October 12, 2023, 3:00 pm - 4:00 pm: **Click here to join the meeting**
- Tuesday, October 17, 2023, 9:00 am – 10:00 am: **Click here to join the meeting**
- Thursday, October 26, 2023, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, October 31, 2023, 9:00 am – 10:00 am: **Click here to join the meeting**

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QI Matters Frequently Asked Questions

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Q: Does the new wavier (referenced in the September UTTM) mean that effective immediately, we can discontinue use of the Case Management Client Plan Note?
"CMS has approved the TCM waiver to clarify that "stand alone" care plans are not required for Targeted Case Management (TCM) and Intensive Care Coordination (ICC) services. Services must be documented consistent with 22 C.C.R. §51351 and 42 CFR § 440.169(d)(2). The approved waiver 1915(b) can be found on the DHCS 1915(b) Waiver website". CalAIM 1115 and 1915(b) Waiver Renewals.

A: That is correct. CMS has approved a TCM waiver that "stand alone" care plans are no longer required for Targeted Case Management and Intensive Care Coordination.
An update to BHIN 22-019 reflecting DHCS final guidance is forthcoming, however the MHP will move forward with removing the CM progress note care plan/ICC client plan requirements effective 9/15/23. For services **prior** to September 15th, we will still be looking for a case management plan. All other Client Plan requirements remain in effect for Certified Peer Support Services, IHBS/TBS/TFC, STRTP and Medicare/Medi-Medi clients as previously indicated.

Q: Previously, our program used the Place of Service indicator, 'Other/Community' for services provided to client at their placement when at an ILH/ILF since it was considered temporary housing. Now that we have transitioned to using 'Telehealth Home' or 'Outside Home' when providing service over Telephone, what would we use when the client is staying at the ILH/ILF?

A: For clients receiving <u>telephone</u> services while in temporary housing facilities, the selection would be "Telehealth – Outside Home" for Place of Service. Contact Type would be "<u>telephone</u>". Please reference the Billing Indicators tab and Place of Service Reminders in the CPT Code Crosswalk for additional guidance.

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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

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Mental Health Services

Updates

Beneficiary Materials in New Threshold Languages

The following Beneficiary Materials have been updated and are available in all 10 Threshold Languages as required for San Diego County:

- Notice of Privacy Practices – available on Optum Website under MHP Documents, Beneficiary Tab
- ACL Posters – available as of 10/31/23

Reminder – programs are required to display and/or provide Beneficiary Materials in all 10 Threshold Languages; we will continue to notify programs of any pending translations as they become available.

Please Welcome and Congratulate our new QA MH Supervisors!

Congratulations Makenna Lilya! Makenna joined QA as part of our MH Specialist team in April 2023 and we congratulate her on her promotion to our QA Supervisor team! Makenna is an LMFT and PLNU alumna who began her career as a CYF outpatient clinician at Douglas Young Youth and Family Services. Her passion for learning and dedication to her work and clients advanced her to the position of Assistant Program Director. With a strong clinical background, skills in documentation and auditing, and extensive knowledge of trauma-informed care, Makenna's commitment to empathic and supportive care extends to her new role as a QA Supervisor, where she is thrilled to support the community through quality improvement initiatives. When not in the office, Makenna enjoys snowboarding with her husband, going on long bike rides, and spending time at the beach!

Welcome Rachel Fuller! Rachel has been with the County of San Diego since 2019, working at several locations within HHSA, including the San Diego Psychiatric Hospital, East County Mental Health Clinic and Southeastern Behavioral Health Center where she worked as a Licensed Mental Health Clinician and, most recently, as a Program Manager. Prior to the County, Rachel worked with a variety of populations and settings, including a residential facility for adolescents/teenagers, a reunification program for foster children and parents involved with CWS, a children's crisis treatment center and an intake center for adults entering dual diagnosis treatment. Rachel is bi-coastal- growing up on the East Coast and San Diego. She holds a BA in Sociology from UC Santa Barbara and a Masters in Professional Counseling from the University of Pennsylvania. In her free time, she enjoys traveling, taking her dog to the beach and exploring all San Diego has to offer! Rachel is excited

Optum Website Updates
MHP Provider Documents

Cerner Millennium Tab:
- On 10/19, the Cerner Millennium Town Hall presentation was uploaded.

Beneficiary Tab:
- On 10/24, Beneficiary Materials MHP Order Form was updated due to indicating limit of G&A posters to be no more than 20 at once, and an indication with an asterisk next to documents whose new threshold languages are pending.

UCRM Tab:
- On 10/23, Client Plan Explanation Sheet was updated due to ICC and CM no longer requiring client plans.
- On 10/23, High Risk Assessment Explanation Sheet & Problem List Explanation Sheet were updated as LPCC/PCCs no longer require additional coursework before providing services to youth and families.
- On 10/23, Discharge Summary Explanation Sheet & Diagnosis Form Explanation Sheet was updated to remove previous LPCC/PCC requirement and include Master Level Student Interns can complete with review and co-signature of licensed/registered/waivered staff.
- On 10/23, both the Peer Support CP PN and Peer Support MHSA CP Explanation Sheet were updated to indicate Peer services still require a plan note and removal of ICC & CM.
- On 10/24, both General Progress Note and Group Progress Note Explanation sheets were updated to reflect day of services is day 0 for progress note timelines.
- On 11/02, the Prospective Risk Analysis Explanation Sheet was updated to correspond with BHA timelines.

to continue her journey within HHSA as part of the QA team!

Coming Soon: Beneficiary Materials Updates
- DHCS has made updates to the SMHS Beneficiary Handbook. This new version of the handbook will be effective January 1, 2024.
- QA is currently working on updating the handbook to include county-specific information and align with DHCS' updates.
- QA will be providing a summary of changes to outline any significant updates at least 30 days prior to the release of the handbook.
- QA will notify programs once the updated handbook (along with translated versions) are posted to Optum and when prints are available for ordering.

Updated 5150 Form
DHCS has release a new 5150 Form which incorporates some of the changes created by AB-2275. For information regarding AB-2275 click the following link. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2275
The changes to the form was to include additional fields on the front of the form that indicate when the individual was first detained. The new 5150 form can be found on the JFS San Diego Website at the following link https://www.jfssd.org/wp-content/uploads/2023/09/Form_5150.pdf
All 5150 writers should be using the most current form.

Update: CA Managed Care Plans (MCP)
- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- DHCS is developing a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.
- For more information see the DHCS Medi-Cal Managed Care website.

Update: Justice-Involved Waiver
- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the DHCS CalAIM Justice Involved Initiative website.

Knowledge Sharing

CalAIM FUM PIP/BHQIP
Goal: *to increase the connection to follow up care within 7 and 30 days by 5% after an ED visit for mental illness.*

HSRC and the Community Health Group (CHG) presented to the Hospital Partners Meeting on communicating the goals of the MCP's to evaluate and refer patients to treatment services while still in the ED, since following up after discharge is often unsuccessful. A pilot was advised with the BHS crisis stabilization unit. Collaborative meetings were held with MCP's where their procedures were shared and discussed.

Next Steps: Deliver resource cards to ED once printed, develop a grid to compare the engaged MCPs practices, outline

workflow map for the MCP data exchange component.

Youth Group Therapy PIP

The CASC researchers met with SchooLink program managers who shared challenges and the need for psychoeducation to build support and knowledge concerning group therapy. A newly formed Group Therapy PIP community advisory committee met to discuss an educational toolkit series.

Next Steps: The Group Therapy PIP community advisory committee is revising the toolkit after receiving feedback and a timeline was established for completion.

CalAIM

- Visit the [CalAIM Webpage for BHS Providers](#) for the newest updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required CalAIM Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please visit https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/calaim-for-bhs-providers.html for information and updates on BH Payment Reform implementation.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

DHCS Behavioral Health Information Notices (BHINs)

BHINs provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/provgovpart/Pages/2023-BH-Information-Notices.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

Cerner Millennium Updates

Cerner Millennium Town Hall

BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams.

- Friday, November 17, 2023, 1 pm – 2 pm
- If you are interested in attending please use the following link: Click here to join the meeting

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

Management Information Systems (MIS)

New ARFs Available

The New User, Modify, and DHP Account Request Forms (ARF) have been updated. Please go to www.regpack.com/reg/optum, to download current forms dated 10/25/23. New forms must be used, effective immediately. After 12/1/23, MIS will not accept any old forms.

MIS Staff

CCBH is now managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
MIS Support Team: Manuel Velasco, (619) 559-1082 and Michael Maroge, (619) 548-8779.
Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.
Stephanie Hansen, IT Analyst for Millennium.

MIS Support Emails

As a reminder, all ARFs should be sent to MHEHRAccessRequest.HHSA@sdcounty.ca.gov.
Any questions related to CCBH access should be sent to MHEHRSupport.HHSA@sdcounty.ca.gov.
For questions regarding CCBH functions, please call the Optum Support Desk at (800) 834-3792 or email SDHelpdesk@optum.com. Please do not call Cerner directly.

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting. This is a live hybrid session **held simultaneously onsite and virtually on Wednesday, November 29, 2023, 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.

The onsite session will be held in the Mission Valley Public Library's Community Room. Please click on the following link for directions: https://goo.gl/maps/P7F85cp8AE5cMZLN9, and please be advised that space and parking may be limited, so please plan accordingly. **The virtual session will be held via MS Teams: Click here to join the meeting.** ASL interpreters are only available virtually.

If you experience any technical issues during the virtual session, please reply to this message or 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 November 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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.

November 2023 sessions:

- Thursday, November 16, 2023, 3:00 pm – 4:00 pm Click here to join the meeting
- Tuesday, November 21, 2023, 9:00 am – 10:00 am Click here to join the meeting
- Thursday, November 30, 2023, 3:00 pm – 4:00 pm Click here to join the meeting

Quality Assurance Trainings

Audit Leads Practicum: The next session is scheduled for **Thursday, November 30, 2023, from 9:00 am to 12:00 pm**. The Audit Leads Practicum is conducted by a BHS QA Supervisor and a QA Specialist. It is suitable for program managers, as well as QI staff. This training reviews the MRR tool and how each question on the tool is evaluated by the BHS Mental Health QA team during an audit. The training will also go into State and Federal guidelines as they relate to the MRR process. **To register, please click here**

Root Cause Analysis (RCA) Training: The next session is scheduled for **Wednesday, December 6, 2023, from 9:00 am to 12:00 pm.** This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the "whys and hows" of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. **The intended audience of this training are program managers and quality improvement (QI) staff**. **Please click here to register**

If you need to cancel, or experience any technical difficulties with registration, please contact Christian.Soriano2@sdcounty.ca.gov.

If you have any questions regarding the content of these trainings, please contact **QIMatters.HHSA@sdcounty.ca.gov**. We hope to see you there.

QI Matters Frequently Asked Questions

Q: Occasionally, our service times do not meet the minimum requirements for billable service time. How is this coded?
A: For services not meeting the midpoint for billable service time, programs are to select the most appropriate 800 code (e.g., 800 for non-billable case management, 801 for non-billable medication support, 802 for non-billable mental health services such as therapy, rehab, and mental health assessment). Otherwise, if those services are coded as billable when not meeting the minimum times, they will be denied by the state. Please see the CPT Crosswalk for Non-billable service code guidance.

Q: What is correct use of the *Interpreter Needed* selection in the Demographic Form?
A: This would be the required selection if the primary language is not English, even if there are bilingual staff in the program. It is also prudent to consider that bilingual program staff may not always be available to provide services in the language of choice, and other forms of interpretation would be needed. Please refer to the Demographic form-fill found on the Optum site.

Language (Complete both client languages. If there is a caretaker, complete caretaker language)		
Client Primary:	Client Preferred:	Caretaker Preferred:
Interpreter Needed? ☐ Yes ☐ No	(If either preferred language is other than English, an interpreter is needed)	

Q: Can a Certified Peer Support Specialist (CPSS) also work concurrently as an MHRS?
A: The CPS workgroup has determined that CPSS are not able to have multiple taxonomies in the EHR/CCBH. CPSS must work within their scope of practice with the designated service codes.

> **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**

Mental Health Services

Billing Guide for Medication Services – MD billing

Optum Website Updates are provided at the end of the UTTM due to the volume of updates for this month's newsletter.

QA has developed a Billing Guide for Medication Services for MDs/prescribers which outlines the allowable services that can be included in service time when claiming an E& M service. This document was presented at the November QIP Meeting on 11/29/23 and has been uploaded to the Optum Website under the References tab. Programs are advised to review and provide a copy of this billing guide to their MD's and prescribers.

For coding and billing purposes, service time claimed for Medication Services is the total time on the date of the encounter. This includes:

- both face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional (NP, PA) on the day of the encounter *when performed as part of a direct service to client on same day/as part of the scheduled service.*
- time in activities that require the physician or other qualified health care professional (*see activities list in guide*)
- it does **NOT** include time in activities normally performed by clinical staff.
- it does NOT include documentation or travel time.
- no time may be billed if client is a no-show or cancels appointment.

Service time claimed should be accurate for the total time claimed for both Face-to-Face and Non-Face-to-Face time. Provider must include breakdown in narrative of the progress note which specifies and separates Face-to-Face and Non-Face-to-Face time. Example: if claiming 45min total service time, indicate in narrative: *"30 minutes spent providing direct client care, 15 minutes spent reviewing chart and external records"*

Reminder: Telehealth Indicators require correction

Billing indicators for telephone and telehealth require correction when identified in program self-review or MRR reviews. Incorrect billing indicators for telephone and/or telehealth services will result in billing to suspend and/or be denied.

- Telephone is considered a Telehealth service, Provided At should be selected as either "Telehealth Home" or "Telehealth Outside Home"; Contact Type selected should be "Telephone."
- Telehealth services via two-way audio/video – Provided At should be selected as either "Telehealth Home" or "Telehealth Outside Home"; Contact Type selected should be "Telehealth."
- Provided At/Contact Type selection is based on where the client (*intended recipient of the service*) is located. If the client is participating face-to-face but another individual is participating in the service via telehealth, you should select actual location of client (Home, office, etc) as Provided At and Face to Face as Contact Type, you should indicate in narrative that the other individual participated via telehealth.

Beneficiary Materials in Threshold Languages

Beneficiary materials have been updated and are now available in all 10 required threshold languages on the Optum Website under the Beneficiary Tab in the MHP Documents page. Providers are reminded that required postings and materials must be posted and/or available/accessible to clients in all threshold languages at their program sites.

Medication Monitoring Screening Tool and McFloops Requirements

The QA Medication Monitoring Oversight Committee, in collaboration with our Medical Directors, are providing the following direction regarding McFloop requirements and questions on the Medication Monitoring Screening Tool completed by providers as part of their medication monitoring processes:

- For Question 2 – if labs were indicated but not obtained due to the client not completing lab work, providers should select Yes for "Were labs indicated" and selected "No" for 2a "where lab results obtained", however this would <u>not</u> require a McFloop if labs were not obtained due to behavior/actions on the part of the client/family.
- For Adults, question 2e should be addressed and if "No" a McFloop would be required as this would be considered responsibility of the prescriber.
- For Youth, questions 2g and 2h should be addressed and if "No" a McFloop would be required, as this would be considered the responsibility of the prescriber.

An additional question will be added to the Screening tools which will read: "Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason." This should be answered with a ❏yes or ❏no. If no, then a McFloop should be sent with the finding, and asking for an explanation, as this would be considered a responsibility of the prescriber. The updated tool will be available on the Optum Website under the Forms Tab.

Medication Monitoring Tools AOA and CYF Updates
The Medication Monitoring Tools for AOA and CYF have been updated to add a second Reviewer field so that another reviewer can sign if needed. We also added clarifying language to question #2 that a McFloop is not required when missing labs are due to the client noncompliance. The CYF Med Monitoring Tool was updated to add clarifying language to #4 that a McFloop is required if a follow up appointment is not completed within 30 days unless it was due to the client being a no-show or refusing.

My Safety Plan template update
The My Safety Plan template has been updated to include an additional question which addresses safety in the client's environment and access to lethal means. This additional question was added in order to more clearly evidence that how to make the environment safe and reduce access to lethal means was addressed with the client as part of safety planning as part of feedback received from DHCS and M-TAC as part of the new Mobile Crisis Response Benefit Implementation Plan. The revised My Safety Plan form-fill is dated 11/30/23 and has been uploaded to the Optum Website, under MHP Documents in the UCRM tab. The electronic template is also being updated in CCBH. Programs are advised to utilize the revised My Safety Plan going forward as of 12/1/23.

IOP & PHP Prior Authorization Day Services Request
BHS is preparing for the implementation of two new service levels of care, IOP and PHP, which are in active procurement and are to start 1/1/24. IOP and PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided. The IOP & PHP Prior Authorization Day Services Request Form is posted on the Optum Website under BHS Provider Resources>MHP Provider Documents>UCRM Tab. https://www.optumsandiego.com/

Medicare Billing by LMFT's and Mental Health Counselors (MHC's/LPCC's)
Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023) establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFT's and MHC's. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

Medicare defines MFT services as services for the diagnosis and treatment of mental illnesses (other than furnished to an inpatient of a hospital). MFT's are defined as individuals who possess a master's or doctorate degree for licensure or certification as an MFT under State Law in the state in which they provide MFT services, are licensed or certified as an MFT by the State in which they provide MFT services, have performed at least 2 years of clinical supervised experience in marriage or therapy or mental health counseling after obtaining degree.

Medicare defines MHC services for the diagnosis and treatment of mental illnesses (other than furnished to an inpatient of a hospital). MHC's are defined as individuals who possess a master's or doctorate degree for licensure or certification as an

MHC, professional clinical counselor, or professional counselor under State Law in the state in which they provide MHC services, are licensed or certified as an MHC/professional clinical counselor/professional counselor by the State in which they provide MHC services, have performed at least 2 years of clinical supervised experience in marriage or therapy or mental health counseling after obtaining degree.

What does this mean for our SOC programs/providers? For programs that provide MH services, services provided by MFTs and MHC's are now billable and reimbursable from Medicare, Medicare and Medi-Medi clients continue to require an Individualized Treatment Plan. The plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. Services which may be billed and reimbursed by Medicare may only be provided by licensed LCSW's, LMFT's, or LPCC's. Services by registered ASW, MFT or PCC are not billable/reimbursable to Medicare.

MH Quality Improvement Partners (QIP) Meeting Update – Return to Virtual-Only Format
The MH QIP Meeting will be returning to a virtual-only format as of January 2024. The decision to return to an all-virtual format and discontinue in-person option was agreed upon with input from the SOC QI Partners and BHS QA due to challenges in developing a robust in-person attendance rate as well technology challenges in offering a hybrid in-person and virtual format. Feedback was also shared by our SOC QI Partners regarding a preference for the virtual format as it allows for a more efficient use of time and the ability for greater participation by program staff. While our return to in-person meetings was brief, it was a pleasure to have been able to put faces to names and engage 1:1 with those who were able to attend our in-person meetings.

QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only format. Please note, QIP Meeting will "go dark" for the month of December and resume January 31, 2023.

Update: Beneficiary Handbook
- Beneficiary Handbooks have been updated to align updates as specified in BHIN 23-048 and are currently in the process of being translated into the County's threshold languages.
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the January 1, 2024 effective date.
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 01/15/2024.

Knowledge Sharing

CalAIM FUM PIP/BHQIP
Goal: *to increase the connection to follow up care within 7 and 30 days by 5% after ED visit for mental illness.*
PeerLINKS and UCSD ED stakeholders agreed to allow FUM-eligible patients to be referred to PeerLINKS for navigation services, despite not being enrolled in PeerLINKS. An updated referral form was sent to UCSD ED to distribute to their care teams. The UC San Diego Health Services Research Center (HSRC) sent a brief questionnaire to the 4 partner Managed Care Plans (MCPs) focused on consolidating information and identifying alignments and differences between the plans. Responses are pending.

Next Steps: Deliver resource cards to ED once printed, monitor responses to questionnaire, outline workflow map for the MCP data exchange component once received.

Youth Group Therapy PIP
In an effort to increase access and utilization of outpatient group therapy, the Child and Adolescent Services Research Center (CASRC) met with SchooLink program managers to work on implementing school-based group therapy in San Diego schools. CASRC researchers met for a second time with State External Quality Review (EQR) evaluators to plan and receive feedback

for the planned 2024-2025 PIP. EQRO evaluators provided positive feedback and affirmed CASRC's aims and proposed timeline for the upcoming PIP.

Next Steps: The Group Therapy PIP community advisory committee plan to have the group therapy toolkit series completed and ready for dissemination in early 2024.

Medi-Cal Transformation (CalAIM)
- DHCS is rebranding the CalAIM initiative to Medi-Cal Transformation in response to feedback from members.
- Visit the CalAIM Webpage for BHS Providers for updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Medi-Cal Peer Support Specialist Certification RENEWAL
Visit the CalMHSA website for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)
BHINs provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/provgovpart/Pages/2023-BH-Information-Notices.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders
- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

New Electronic Health Record (EHR) Townhall
The next session is TBA. If you have any questions regarding future sessions, or the content of these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

New ARFs Available
The New User, Modify, and DHP Account Request Forms (ARF) have been updated. Please go to www.regpack.com/reg/optum, to download current forms dated 10/25/23. New forms must be used, effective immediately. After 12/1/23, MIS will not accept any old forms.

MIS Staff
CCBH is now managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
MIS Support Team: Manuel Velasco, (619) 559-1082 and Michael Maroge, (619) 548-8779.
Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.

Stephanie Hansen, IT Analyst for Millennium.

MIS Support Emails
As a reminder, all ARFs should be sent to MHEHRAccessRequest.HHSA@sdcounty.ca.gov.
Any questions related to CCBH access should be sent to MHEHRSupport.HHSA@sdcounty.ca.gov.
For questions regarding CCBH functions, please call the Optum Support Desk at (800) 834-3792 or email
SDHelpdesk@optum.com. Please do not call Cerner directly.

Training and Events

Quality Improvement Partners (QIP) Meeting
QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only format. Please note, QIP Meeting will "go dark" for the month of December and resume January 31, 2023

Office Hours
Please see the schedule below for the December 2023 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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.
December 2023 sessions:
- Thursday, December 14, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting
- Tuesday, December 19, 2023, 9:00 am – 10:00 am: Click here to join the meeting
- Thursday, December 28, 2023, 3:00 pm – 4:00 pm: Click here to join the meeting

Quality Assurance Trainings
Mental Health Progress Notes Practicum: The next session is scheduled for **Thursday, December 14, 2023, from 12:30 pm – 3:30 pm**. This practicum is an interactive, collaborative training that allows Mental Health Providers to practice completing clinical documentation to Medi-Cal standards with the assistance of Quality Assurance Specialists. It is designed to supplement the Mental Health Documentation trainings, with all Mental Health provider staff as the intended audience. **Click here to register**

If you need to cancel, or experience any technical difficulties with registration, please contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding the content of these trainings, please contact QIMatters.HHSA@sdcounty.ca.gov. We hope to see you there.

QI Matters Frequently Asked Questions

Q: Our program needs reminders on the various timelines for submitting the different Serious Incident Reports (SIR), and the Report of Findings. Can these be clarified for when extensions are involved?

A: The timelines are identified on the SIR form:
Level one: Report by phone immediately, upon knowledge of the incident. Fax/email within 24 hours.
Level two: Report by phone within 24 hours, upon knowledge of the incident. Fax/email within 72 hours.
The Reporting of Findings (SIROF) is due to QA within 30 days of knowledge of the incident. If an extension is needed, please

reach out to QI Matters.

For SIROFs on the death of a client when the program is awaiting a County Medical Examiner (CME) report, extensions are possible for up to six months. The program must request their first extension within 30 days of knowledge of the incident. Subsequent extensions must be submitted prior to the expiration of current extensions. Once the program receives the CME report, the SIROF must be completed and submitted in a timely manner.

For assistance, please contact the SIR line at 619 584-3022 and/or email QI Matters.

For additional details, SIR and SIROF Tipsheets are available on the Optum site under the forms tab, MHP Provider Documents (optumsandiego.com) "BHS SIR FAQ and Tipsheet", "BHS SIROF FAQ and Tipsheet".

Q: The updated CAL AIM Training modules as of February 2023 reference an Adult and Youth Screening tool. Is this something our outpatient program needs to complete?

A: Module 8 is specific to the Access and Crisis Line screening tool and does not need to be completed by the system of care providers. Module 13 is specific to DMC and DMC-ODS providers. All other modules must be completed by staff providing SMHS and using Cerner. Documentation Trainings - California Mental Health Services Authority (calmhsa.org)

Optum Website Updates: MHP Provider Documents

NOABD Tab:
- On 12/01, the **NOABD Grievance and Appeal Timely Resolution Notices** were posted to include Chinese, Korean and Somali.
- On 12/01, the **NOABD Financial Liability Notices** were posted to include Chinese, Korean and Somali.
- On 12/01, the **NOABD Authorization Delay Notices** were posted to include Chinese, Korean and Somali.
- On 12/01, the **NOABD Denial of Authorization Notices** were posted to include Chinese, Korean and Somali.
- On 12/04, the **NOABD Your Rights Notices** were posted to include Chinese, Korean and Somali; in both docx and pdf versions.
- On 12/04, the **NOABD Timely Access Notices** were posted to include Chinese, Korean and Somali.
- On 12/04, the **NOABD Termination Notices** were posted to include Chinese, Korean and Somali.
- On 12/04, the **NOABD Payment Denial Notices** were posted to include Chinese, Korean and Somali.
- On 12/04, the **NOABD Modification Notices** were posted to include Chinese, Korean and Somali.
- On 12/04, the **NOABD Delivery System Notices** were posted to include Chinese, Korean and Somali; in both docx and pdf versions.

Beneficiary Tab:
- On 11/06, the **Access and Crisis Line Posters** were updated to include all threshold languages: Arabic, Chinese, Dari, English, Farsi, Korean, Somali, Spanish, Tagalog and Vietnamese.
- On 11/06, the **Quick Guide to MH Services** brochures were updated to include all threshold languages: Arabic, Chinese, Dari, English, Farsi, Korean, Somali, Spanish, Tagalog and Vietnamese.
- On 11/09, the **Notice of Privacy Practices** were posted to include Chinese, Dari, Korean, and Somali, and the **Notice of Privacy Practices Acknowledgement** in Chinese, Dari, Korean, and Somali.
- On 11/09, the **Physician Notice to Patients CA Regulation** was posted to include Dari and Somali.
- On 11/15, the **Grievance and Appeal Forms for CCHEA OP** were uploaded in Chinese, Korean and Somali, **Grievance and Appeal Forms for JFS Advocacy** in Chinese, Korean and Somali.
- On 11/15, the **SD Grievance – Appeal Posters** were uploaded in Chinese, Korean, and Somali, and the **SD Grievance – Appeal Brochures** were uploaded in Chinese, Korean, and Somali.
- On 11/30, the **Beneficiary Non Discrimination Notice** were posted in Chinese, Korean, and Somali; in both docx and pdf versions.
- PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided.
- On 11/30, the **NAR Adverse Benefit Determination Overturned Notice** were posted in Chinese, Korean, and Somali.
- On 11/30, the **NAR Adverse Benefit Determination Upheld Notice** were posted in Chinese, Korean, and Somali.

- On 11/30, the **NAR Your Rights State Hearing** brochures were posted in [Chinese](#), [Korean](#), and [Somali](#); in both docx and pdf versions.
- On 11/30, the **Notice of Grievance Resolution** were posted in [Chinese](#), [Korean](#), and [Somali](#).

Forms Tab:
- On 11/09, a new [5150 form](#) was uploaded to incorporate changes created by AB-2275. The changes to the form include additional fields on the front of the form that indicate when the individual was first detained.

OPOH Tab:
- On 11/28, [OPOH](#) & [Section D](#) was updated due to renaming of CWS and corresponding forms had language change; revised definition of IHBS and include Web-based form for services; updated training information for Pathways to Well-being and added AB2083 information; updated access time language and align with Section C.

References Tab:
- On 11/28, a new [MIS-25 Program Listing report](#) was updated to capture current programs.
- On 11/28, a [New Contractor Orientation Resources](#) packet was updated to include the updated QA leadership for both MH and SUD teams.
- On 12/04, the [Billing for Medication Services](#) tip sheet was uploaded.

UCRM Tab:
- On 11/02, the [PRA Explanation Sheet](#) was updated to align dates for admission and subsequent updates with new BHA timelines.
- On 11/09, the [Discharge Summary Paper Form Instructions](#) was revised to remove Client Plan language as most programs no longer are required to have Client Plans due to CalAIM.
- On 11/17, the [Discharge Summary Form Fill](#) was updated to remove previous LPCC requirements and add Master level Student interns.
- On 11/28, both [IHBS Authorization Request Form Fill](#) and [Explanation Sheet](#) were revised.
- On 12/04, both the [My Safety Plan Form Fill](#) and [Explanation Sheet](#) were updated to include one new question related to lethal means.
- On 12/04, a new [Service Indicator Outside Facility ID](#) listing was posted to capture current programs.
- On 12/04, a new form [IOP & PHP Prior Authorization Day Services Request](#) was posted as these two new service levels of care are scheduled to start 01/01/24. IOP and PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided.

EHR Implementation Tab:
- On 11/28, the [EHR Town Hall](#) presentation and [BHS Memo](#) regarding an EHR Implementation Update 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

Mental Health Services

Updates

Inactive Service Codes Reminder – Suspense Reports

QA has been made aware of a significant number of suspended services by programs due to use of inactive service codes. Programs are reminded that only the listed service codes on the CPT Crosswalk for SMHS are allowable services for Medi-Cal for reimbursement. Service codes indicated as "Inactive" or "Removed" are no longer allowable service codes and should not be utilized.   Services indicated as "removed" **cannot** be provided or claimed after **6/30/23**. This will result in the claim being suspended/denied.

The following Services/Service Codes are *no longer allowable/removed as of 7/1/23* and should **not** be utilized by any programs: SC15 External Report Preparation; SC20 Medication Service Comprehensive; SC21 Medication Group; SC36 Rehab – Family; SC40 Rehab – Collateral Group; SC37 Rehab – Evaluation; SC33 Collateral.

Programs should be running their 9999 suspense reports to ensure service errors are self-identified and corrected in a timely manner. QA suggests these reports be run on a weekly basis to allow for timely identification and corrections – programs will be required to correct errors resulting from use of inactive service codes.

Medi-Cal Rx Announcements

The following alerts have been posted to the Medi-Cal Rx Web Portal on 1/2/2024.

1. Medi-Cal Rx Monthly Bulletin for January
2. Updates to the Medi-Cal Rx Provider Manual
3. Changes to the Medi-Cal Rx Contract Drugs List
4. Changes to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes
5. Medical Foods Are Not a Covered Benefit

If the above links do not take you to these documents, simply copy and paste the following link into your browser to access the Bulletins and News page: https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/

For more information, contact MediCalRxEducationOutreach@magellanhealth.com

Medicare Billing Expanded to MFT/MHC – Enrollment Requirements

Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023) establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFT's and MHC's. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

Programs should ensure that their MFTs and MHCs complete the **Medicare enrollment process** in order to be able to bill Medicare for MFT or MHC services. MFT and MHC providers should review the CMS Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) Provider Enrollment Frequently Asked Questions (FAQs) for full enrollment information and instructions.

MFTs and MHCs can enroll electronically using the Provider Enrollment, Chain, and Ownership System (PECOS) or the paper CMS-855I enrollment application. PECOS is the online Medicare enrollment system. It offers a scenario-driven application, asking questions to obtain the required information for your specific enrollment scenario. Use PECOS for faster and easier

enrollment into Medicare. The CMS-855I application is completed by physicians and non-physician practitioners who render Medicare Part B services to beneficiaries. This includes a physician or practitioner who (1) is the sole owner of a professional corporation, professional association, or limited liability company and (2) will bill Medicare through this business entity.

How do I access PECOS?
You must create a user account in the Identity & Access Management System (I&A). The I&A system allows you to:
- Use NPPES to apply for and manage NPIs
- Use PECOS to enroll in Medicare, update or revalidate your current enrollment information*

*Please refer to the FAQ linked above for further information and instructions for completing the enrollment process.

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 (BHIN 23-048).
- The Beneficiary Handbook and Summary of Changes were sent out the System of Care on Friday, 12/29/2023 and are in effect starting 01/01/2024.
- The handbook has been posted to the Optum site under the "Beneficiary" tab; translated versions in the County's threshold languages will be available in the near future.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 01/15/2024.

HSD Health Plan Contact Card Updated

The Healthy San Diego Health Plan Contact Card has been updated as of 12.22.23 to reflect the current Medi-Cal Managed Care Plans. The updated Contact Card has been uploaded to the Optum Website > BHS Provider Resources > Healthy San Diego page.

Healthy San Diego
Health Plan Contact Card

Health Plan	Member Services/ Transportation	Magellan RX	Telephone Advice Nurse	ECM Referral form/ECM email	Behavioral Health Dept.
Blue Shield CA Promise Health Plan	1-855-699-5557	800-977-2273	1-800-609-4166	ECM Referral Form (blueshieldca.com) Email: ECM@blueshieldca.com	1-855-321-2211
Community Health Group	1-800-224-7766	800-977-2273	1-800-647-6966	ECM Referral Form (chgsd.com) Email: ecm-cs@chgsd.com	1-800-404-3332
Kaiser Permanente	1-800-464-4000	800-977-2273	1-800-290-5000	ECM Referral Form (kaiserpermanente.org) Email: RegCareCoordCaseMgmt @KP.org	1-877-496-0450
Molina Healthcare	1-888-665-4621	800-977-2273	1-888-275-8750	ECM Referral Form (molinahealthcare.com) Email: MHC_ECM@Molinahealt hcare.com	1-888-665-4621

Medi-Cal Managed Care Plans cover transportation to all Medi-Cal Covered Services.
Pharmacy benefits for all Medi-Cal beneficiaries are covered by the State's Medi-Cal Rx Program (800) 977-2273

Jewish Family Services of San Diego Patient Advocacy (619) 282-1134	San Diego County Access & Crisis Line (888) 724-7240	Consumer Center for Health Education & Advocacy (877) 534-2524

12-22-23   Note: Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Knowledge Sharing

CalAIM FUM PIP/BHQIP

Goal: *to increase the percent of clients ages 18+ receiving a follow up within 7 and 30 days after a mental health ED visit by 5% from baseline.*

The UC San Diego Health Services Research Center (HSRC) is processing additional responses to the Managed Care Plan (MCP) questionnaire (focused on aligning similarities and differences between plans) sent to Molina, Community Health Group (CHG), Kaiser, and Blue Shield. HSRC is also exploring telehealth options to be utilized in Emergency Departments in order to meet service delivery requirements for follow-up within seven days.

Next Steps: Deliver resource cards to ED once printed, process responses of MCP's practices in San Diego County, and outline workflow map for the MCP data exchange component.

Youth Group Therapy PIP

This Performance Improvement Project (PIP) will develop psychoeducational toolkits for different audiences and develop a pilot study examining the implementation of an enhanced outpatient clinical screening process to better identify youth who may be a good fit for group therapy. The PIP will highlight the benefits of group therapy and increase access and utilization among CYF outpatient clients experiencing anxiety, depression, and social skills challenges.

Next Steps: The PIP community advisory board plan to have the group therapy toolkit series completed and ready for dissemination and promotion in early 2024.

Medi-Cal Transformation (CalAIM)

- DHCS has rebranded the CalAIM initiative to Medi-Cal Transformation in response to feedback from members.
- Visit the CalAIM Webpage for BHS Providers for updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Medi-Cal Peer Support Specialist Certification Exam Available in Spanish

- CalMHSA released the Spanish language version of the Medi-Cal Peer Support Specialist Certification Exam.
- Please visit the CalMHSA website for more information regarding the exam and to register.

Medi-Cal Peer Support Specialist Certification RENEWAL

Visit the CalMHSA website for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)

BHINs provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/provgovpart/Pages/2023-BH-Information-Notices.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

EHR Townhall Meeting
The next Electronic Health Record Townhall Meeting is to be determined.

Management Information Systems (MIS)

Requirement for work Email Address for CCBH Access and Training
- Effective 2/1/2024 personal emails will not be accepted for Optum class registration.
- Provider staff must have the contracted Provider's business email address.
- This is required for both live and train sites.

MIS Staff
CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779.
Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.
Stephanie Hansen, IT Analyst for Millennium.

Training and Events

Quality Improvement Partners (QIP) Meeting
QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only:
Click here to join the meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held 100% virtually on Wednesday, January 31, 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 reply to this message or 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 January 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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.

January 2024 sessions:

- Tuesday, January 16, 2024 9:00 am - 10:00 am
- Thursday, January 25, 2024: 3:00 pm - 4:00 pm
- Thursday, January 30, 2024: 9:00 am - 10:00 am

QI Matters Frequently Asked Questions

Q: Can you confirm if a peer support plan is still required if a peer support staff is providing services, and is a client plan still required for clients receiving ICC due to pathways eligibility?

A: Peer support services still require a care plan at the start of the provided services and will be updated as clinically indicated, however the stand-alone TCM/PSS Progress Note is no longer required to be used. The PSS care plan documentation should be threaded throughout the client record in the BHA, Formulation Summary, Problem List, Progress notes Next Steps.
ICC services are considered TCM and will require ongoing care planning during CFT meetings, with planning documented within the CFT progress notes.
With the recent changes indicated in BHIN 23-068, QA has released a new **Client Plan Explanation sheet on Optum** (now available on the UCRM tab) MHP Provider Documents (optumsandiego.com) to clarify the new care planning requirements and specific Client Plan elements required for the different service types as of 1/1/24.

Q: As a perinatal behavioral health program, we support women who are experiencing perinatal mood and anxiety disorders. I want to confirm that F53.0 Postpartum Depression is an active diagnosis that we can bill for. It is an ICD-10-CM code. Similarly, would we be able to utilize ICD code 090.6 "Postpartum Mood Disturbance"?

A: Medi-Cal and CalAIM reform requires a CMS approved ICD-10 Mental Health Diagnosis as found in the current DSM. F53.0 Postpartum Depression is reimbursable MH diagnosis and would be billable for MH services and is available in CCBH. "Post Partum Mood Disturbance" 090.6 would be considered a medical condition/diagnosis and not a Medi-Cal reimbursable Medi-Cal MH diagnosis for SMHS.

Optum Website Updates: MHP Provider Documents
Forms Tab:
- **Medication Monitoring Submission Forms** for Adult and Children were uploaded 12/19/23 due to updating amount of variance boxes to include the new question on the Medication Monitoring Tools.
- **Medication Monitoring Tools** for Adult and Children were updated 12/20/23 due to addition of the following question: *Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason?,* and updated Informed Consent language for question #6 in the AOA Tool and #7 in the Children's Tool, to indicate *informed consent has been provided and agreed to by client is evidenced within client chart*.

OPOH Tab:
- Section M- Staff Qualifications on 12/20/23 was uploaded due to removal of previous requirements for LPCC's and PCC Interns to treat couples and families.
- Section I- Management Info System was uploaded on 12/20/23 due to updated website links and e-mails.
- Section G- Quality Improvement on 12/21/23 was uploaded to reflect updated information about access times and reworded to *Access Times Monitoring*.
- Section D- Providing Specialty Mental Health Services was uploaded 12/22/23 as there was a change in language for Institutional Out of County to reflect frequency of visits to occur every 90 days. Telehealth contacts to occur monthly in between face-to-face visits. Frequency of visits may be adjusted based on clinical need on a case-by-case basis, as approved by Public Conservator's Office COR or designee.
- OPOH was uploaded 01/04/24 to account for most recent changes.

UCRM Tab:
- Problem List Explanation Sheet was uploaded on 12/19/23 to include Peer Support Specialist as individuals who can complete document.

- **IOP & PHP Prior Authorization Day Services Request** [Form Fill](#) & [Explanation Sheet](#) were uploaded 01/04/24 as language for Out of County clients was updated.
- The Client Plan Explanation Sheet has been updated with the new care planning requirements noted in BHIN 23-068. The title of the form has also been changed to Care Plan Explanation on the UCRM Tab.
- The Peer Support Client Plan Note is being deactivated in CCBH and removed from the UCRM Tab on the Optum Website as per the new care planning requirements in BHIN 23-068, Peer Support Services no longer require a stand alone /Client Plan/Care Plan. The Care Planning will be documented as per the new BHIN 23-068 guidance.

Communications Tab:

- [BHS Info Notice - SMHS Documentation Reform](#) was uploaded 01/04/24 as a reminder of Assessment, Problem List, Progress Notes, ICC & TCM and Care Planning requirements from DHCS.

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

Mental Health Services

Free Digital Behavioral Health Virtual Services Platform for Children & Families
The Department of Health Care Services (DHCS) today launched the Behavioral Health Virtual Services Platform – two free behavioral health services applications for all families with kids, teens, and young adults ages 0-25.   Launching as part of the state's CalHOPE program, with funding from the Children and Youth Behavioral Health Initiative (CYBHI), the web- and app-based platforms will offer all California families with kids, teens, and young adults ages 0-25 free one-on-one support with a live wellness coach, a library of multimedia resources, wellness exercises, and peer communities moderated by trained behavioral health professionals to ensure content is appropriate and safe for all users.

The Behavioral Health Virtual Services Platform is a combination of two different web- and app-based applications that support two distinct groups: **BrightLife Kids**, developed by Brightline, is for parents or caregivers and kids 0-12 years old. **Soluna**, developed by Kooth, is for teens and young adults ages 13-25. Families with multiple children whose ages span 0-25 can use both platforms to meet their unique needs. Each app will also offer coaching services in English and Spanish, as well as telephone-based coaching in all Medi-Cal threshold languages.
- Free Coaching: Live one-on-one coaching sessions with a trained and qualified behavioral health wellness coach delivered through in-app chat or video appointments. Telephone coaching will also be available in all Medi-Cal threshold languages.
- Educational Content: Age-tailored educational articles, videos, podcasts, and stories.
- Assessments and Tools: Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.
- Care Navigation Services: A searchable directory and live care navigation support to connect users to their local behavioral health resources, including connecting users with their health plan, school-based services, or community-based organizations that can provide clinical care options and care coordination services.
- Peer Communities: Moderated forums and programs to connect users with other youth or caregivers.
- Crisis and Safety Protocols: Crisis and emergency safety resources for platform users experiencing a mental health crisis or who require immediate assistance (e.g., 988).

WHERE TO FIND THE APPS: BrightLife Kids is available for download on IOS devices in the Apple App Store and will be available for Android devices in mid-2024; it is also available online at CalHOPE. Soluna is available for both IOS and Android devices in the Apple App Store and Google Play Store. To find out more, visit CalHOPE.

Enhanced Care Management (ECM)
Enhanced Care Management (ECM) is a new statewide Medi-Cal benefit available to eligible members with complex needs that often engage with several delivery systems to access care Enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health and health-related care, including physical, mental, and dental care, and social services. While this benefit is provided by the member's Managed Care Plan (MCP) – it may include engagement and collaboration with our MHP system of care providers.   Our MHP providers should be familiar with the basics of ECM and the Populations of Focus that are eligible for this benefit and make the appropriate referral to the member's Managed Care Plan for ECM services.

Enhanced Care Management is available to specific groups, called Populations of Focus, including:
- Adults, unaccompanied by youth and children, and families experiencing homelessness
- Adults, youth and children who are at risk for avoidable hospital or emergency department care
- Adults, youth and children with serious mental health and/or substance use disorder needs

- Adults living in the community and at risk for long-term care institutionalization
- Adult nursing facility residents transitioning to the community
- Children and youth enrolled in California's Children's Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s).
- Children and youth involved in child welfare (foster care)
- Adults and youth who are transitioning from incarceration
- Pregnant and post-partum individuals, birth equity population of focus (starting 2024)
- Additional information and definitions can be found here: ECM Policy Guide_Updated September 2023.pdf (ca.gov)

Managed Care Plan (MCP) Enhanced Care Management (ECM) Referral Forms and Email Contacts

Providers should utilize the below links for ECM referrals and contacts – all referrals should be directed to the MCP using the below forms/email contacts:

Medi-Cal Managed Care Plan	Referral Form	Email Address
Blue Shield Promise	ECM Referral Form (blueshieldca.com)	Email: ECM@blueshieldca.com
Community Health Group	ECM Referral Form (chgsd.com)	Email: ecm-cs@chgsd.com
Kaiser	ECM Referral Form (kaiserpermanente.org)	Email: RegCareCoordCaseMgmt@KP.org
Molina	ECM Referral Form (molinahealthcare.com)	Email: MHC_ECM@Molinahealthcare.com

Enhanced Care Management & Community Support Links

211 CIE developed a list of Enhanced Care Management and Community Supports contracted providers. The Matrix linked below includes the names of the providers, their contact information, the services they provide, and what health plan they are contracted with. The Matrix also includes instructions on how to use the matrix to filter and drill down information based on Health Plan, provider or CalAIM service.

CalAIM Provider Matrix

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 (BHIN 23-048).
- The Beneficiary Handbook and Summary of Changes were sent out the System of Care on Friday, 12/29/2023 and became in effect 01/01/2024.
- A minor update was recently made to the handbook that went into effect 01/01/2024, the updated handbooks are currently in the process of being replaced on the Optum website.
  - In the meantime, they are available for downloading via Google Drive here.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 01/15/2024. If your program

Inactive Service Codes V/R Clean-Up Project

As noted in the January UTTM and during January's QIP Meeting, QA has been involved in a CCBH clean-up project to address 3000+ suspended services due to the use of Inactive Service Codes that are no longer allowable as part of the transition to CPT codes. QA is currently in the process of the initial V/R for inactive service codes utilized between 7/1/23 through 12/31/23 and programs will receive updated spreadsheets of these "opened" progress notes with required correction instructions to either correct to the appropriate allowable service code or non-billable service code. Programs will be required to make the identified corrections as soon as possible as this is a time-sensitive ask to ensure the MHBU is able

to complete necessary billing set ups and recalculations in order to submit billing to the State. Please direct any questions to QIMatters.hhsa@sdcounty.ca.gov or to the MHBU.

Knowledge Sharing

Medi-Cal Transformation (aka CalAIM)
- Visit the CalAIM Webpage for BHS Providers for updates and information, including Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Medi-Cal Peer Support Specialist Certification RENEWAL
Visit the CalMHSA website for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs) provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

System of Care (SOC) Application
- Reminder for staff and program managers 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

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.
- Tuesday, February 20, 2024, 1 pm – 2 pm
- If you are interested in attending please use the following link: **Click here to join the meeting**

If you experience any technical difficulties with the virtual session, please reply to this email or contact Christian.Soriano2@sdcounty.ca.gov.

Management Information Systems (MIS)

MIS Staff
CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779.
Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.
Stephanie Hansen, IT Analyst for Millennium.

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held virtually on Wednesday, February 28, 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 reply to this message or 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 February 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 and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) if you would like a calendar reminder for any specific sessions. 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.

February 2024 sessions:
- Thursday, February 8, 2024, 3:00 pm – 4:00 pm: Click here to join the meeting
- Tuesday, February 13, 2024, 9:00 am – 10:00 am: Click here to join the meeting
- Thursday, February 22, 2024, 3:00 pm – 4:00 pm: Click here to join the meeting
- Tuesday, February 27, 2024, 9:00 am – 10:00 am: Click here to join the meeting

QI Matters Frequently Asked Questions

Q: We have been directed to run the 9999 reports in the last UTTM, but it is multiple pages long. What are we looking for?

A: The recommendation to run the 9999 report is due to discovery of significant errors in PN's related to use of inactive service codes or incorrect billing indicators. When we transitioned to CPT codes, programs were advised that they should run the 9999 report weekly/monthly to ensure appropriate service types are being utilized (ensuring no outdated codes are in use that will cause the service to fall into suspense), and that contact type/place of service is accurate for Telehealth and Telephone services (Telehealth Outside of Home (**T**)/Telehealth Home (**W**) utilized with Telehealth (**E**)/Telephone (**T**) contact types only). Additionally, the 9999 report allows programs to ensure services are meeting the minimum billing times as outlined in the CPT Crosswalk, and to convert any not meeting mid-point billing into Non-Billable Support Service codes. The Billing Unit is working to recalculate services, so this report should reduce in size in the coming weeks/months to only the affected services requiring correction and review.

Q: What steps need to be taken when a staff member goes on leave with progress notes that are left without final approval?

A: The possible scenarios for non-final approved notes are as follows:
- If the staff are still at the program and have entered billing information with completed narratives and signature but are missing final approval, they can approve their notes later. Depending on the length of time, the unapproved

progress note (PN) would appear on the Billing Suspense Report and be considered out of compliance. Best practice would be to ensure PN's are final approved prior to staff going on leave by running the non-final approved notes report prior to staff leave. Program managers are able to final approve completed/signed progress notes if identified while staff is on leave in order to lessen risk of progress notes being accidentally deleted and losing documentation as noted below.

- However, if the staff is no longer at the program but they entered the corresponding billing information with completed narratives and signature, the Program Manager/Director can final approve the notes. It is also recommended that they enter a Never-billable note indicating reason for their final approving of these notes.
  - If the staff are no longer at the program and there is no signature by them, the Program Manager/Director would need to change the note to the corresponding **Non-billable** code, please refer to MH CPT Crosswalk *Non Billable & MAA Service* tab (i.e., 802 for 10, 30, 32, etc.; 800 for 50; 882 for 82, etc.).

- If the progress notes are not complete, meaning billing information or narratives are missing, and the staff are no longer at the program, these would not be billable notes and should be voided/deleted.

Q: For the programs Quarterly Medication Monitoring, can the committee review services from the previous quarter and submit these to QA?

A: No. The expectation is that the review covers the current quarter, which is why the due date for submission is the 15th of the month following the end of the quarter. For example, Quarter 2 is Oct 1 – Dec 31 and the date to submit the review tool is Jan 15. This allows time for review of 1% of services of each provider for the specific quarter. Refer to OPOH Section G. 10-G11 "programs are required to review one percent (1%) of their *active medication case load **each quarter**,* with a minimum of one chart reviewed*"; this should be interpreted as that corresponding quarter, and not services taking place prior. For example, services reviewed in September would not be considered part of Q2. Programs/Medication Monitoring Committees are encouraged to complete reviews closer to the last month of the quarter to ensure that selected charts are an accurate sample of the active cases in that particular quarter. The current OPOH is available on the OPTUM site, under the OPOH tab TABLE OF CONTENTS (optumsandiego.com).

Optum Website Updates: MHP Provider Documents

Forms Tab:
- Transition of Care Tool for Medi-cal Mental Health Services Explanation sheet was uploaded 01/16/24 due to the Managed Care Plan Table being updated as there are only have 4 MCPs now (Blue Shield, Community Health group, Kaiser, and Molina).

Manuals Tab:
- San Diego Inpatient Operations Manual was updated to align with current Medi-cal transformation requirements and BHS Utilization Review processes.

OPOH Tab:
- Section C - Accessing Services was uploaded on 01/17/24 due to updated Transition of Care Tool information and added section on MCRT, including assessment and training requirements.
- Section E – Integration with Physical Healthcare was uploaded on 02/01/24 as the Managed Care Plan link was updated.
- Section H - Cultural Competency was updated on 01/10/24 due to: changes in the description of cultural competence; updated statistics (2021) for SD County for population percentages of different cultures; description added on how SDCBHS reduces disparities/identifies demands areas for services and adjusts changes in long term plan for continued cultural competence; addition of the Community Experience Partnership; provision of links for Cultural Competency Academy included; new information about Staffing assessments and requirements; and languages requirements for consumer preferences.

- [Section J - Provider Contracting](#) was updated on 01/09/24 due to added language regarding Conflicts of Interest after Disclosure Requirements as part of Contractor Compliance Attestation.
- [Section M - Staff Qualifications](#) was uploaded on 01/17/24 due to: updated DCHC Information Notice; License Waiver section was updated to include correct DMH Letter and DHCS link; Information regarding Professional License Waivers was updated; added information on how to apply for PLW and where to submit required information; and Removal of previous scope of practice information for LPCCs regarding assessment/treatment of couples and families.
- [OPOH](#) was uploaded 02/01/24 to account for most recent changes.

UCRM Tab:
- On 02/01/24 the My Safety Plans in [Arabic](#), [Chinese](#), [Dari](#), [Farsi](#), [Korean](#), [Somali](#), [Spanish](#), [Tagalog](#), and [Vietnamese](#) were updated to include new question related to lethal means.
- [Care Plan Explanation](#) sheet was modified and renamed on to 01/05/24 based on documentation reform requirements updated as of 1/1/24 and BHIN 23-068.

Training Tab:
- [Access to Service Journal Program Template](#) was updated on 02/01/24.

EHR Implementation Tab:
- On 02/01 the [2024-01-30 EHR Town Hall](#) presentation was uploaded.

> **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**

Mental Health Services

Updates

Update to Student Intern Credentials and Claiming for Services

DHCS has updated the credentials for unlicensed individuals enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional or Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provides rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements. **This addresses the previous issue of billing by practicum students (MSW, MFT, PCC) in our System of Care programs.**

Practicum students, or Clinical Trainees as they are now referred to as, are eligible to claim for SMHS services per State Plan Amendment (SPA) 23-0026. Services provided by Clinical Trainees are provided under the supervision of a licensed Clinical Supervisor and the Clinical Supervisor's NPI is required to be reported as part of the claim or the service(s) will be denied. Programs must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board.

Providers listed below are newly eligible to claim for services in the Specialty Mental Health Services (SMHS) effective as of July 1, 2023. When claiming for clinical trainees, MHP should report taxonomy code 1774 for medical students in clerkship or 3902 for all other clinical trainees, along with the appropriate procedure code modifier as indicated below to identify the type of clinical trainee *(taxonomy codes and procedure code modifiers are linked on the back end in billing set up)*. In addition to using the appropriate taxonomy and procedure code modifier, the supervisor's National Provider Identifier (NPI) will also be required on all claims for services rendered by Clinical Trainees.

Provider types newly eligible to claim for services in the **SMHS** delivery system and corresponding taxonomy codes:

No.	Profession(s) Type	Taxonomy
1.	Medical Student in Clerkship	1744
2.	LCSW, MFT or LPCC Clinical Trainee	3902
3.	Psychologist Clinical Trainee	3902
4.	Registered Nurse Clinical Trainee	3902
5.	Vocational Nurse Clinical Trainee	3902
6.	Psychiatric Technician Clinical Trainee	3902
7.	Occupational Therapist Clinical Trainee	3902
8.	Nurse Practitioner/Clinical Nurse Specialist Clinical Trainee	3902
9.	Pharmacist Clinical Trainee	3902
10.	Physician Assistant Clinical Trainee	3902
11.	Medical Assistant*	363A**M**

*Medical Assistant: State Plan Amendment (SPA) 23-0026 defines a Medical Assistant as an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. *The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.*

Short Doyle will utilize five-digit validation for the taxonomy code for Medical Assistants. Mental Health Plans (MHP), DMC-ODS counites, DMC counties and trading partners should use taxonomy codes in which the first five characters begins with 363A**M** for Medical Assistants. Please note that all taxonomy codes beginning with 363A where the fifth character is not "M" will continue to map to the physician assistant provider type in Short Doyle.

***PRIORITY ACTION REQUIRED BY PROGRAMS TO UPDATE STUDENT INTERN CREDENTIALS**
MIS has added the new credentials for Student Interns to identify them under the appropriate credential following DHCS requirements.   MIS is waiving the requirement to submit the Modified ARF to update these credentials in CCBH to allow retroactive billing for all services provided since 7/1/23. Program PM's will need to submit a list to MIS with the following information for their current student interns:

- Staff Name
- Staff CCBH number
- Credential: MFT, SW, PCC or Psychology student (PhD or PsyD)
- Staff NPI number*
- Clinical Supervisor and clinical supervisor's NPI number

Staff should ensure that they also update their NPI number to reflect the appropriate taxonomy code 3902 prior to program submitting the request to update their credential.

This is a high priority request, as any claims which do not reflect the new credentials and required clinical supervisor NPI will be denied by the State. Any credential updates after March 29, 2024 will require the submission of a Modified ARF.   This requirement is waived temporarily in order to reduce administrative burden to programs and ensure a more timely submission of the requested information to reduce disruption of billing. The Program must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board.

Changes to taxonomy code for Mental Health Rehabilitation Specialist (MHRS) Credential
As part of the changes to the above noted credentials, DHCS has removed the taxonomy code 3902 from the MHRS credential, as it is now reserved only for clinical trainees. MIS will be reaching out directly to programs which have been identified as having MHRS credentialed staff utilizing the 3902 taxonomy in order to update these taxonomies. Please note, upon notification from MIS, programs will need to ensure that these staff update their NPI to align with an appropriate taxonomy code.   No action is needed unless your program is contacted by MIS as having identified MRHS staff in need of taxonomy change.

The current version of the <u>SMHS billing manual 1.5, pg 77</u> indicates the allowable taxonomy codes for MHRS level staff. Please note that 3902 remains on that list, however an updated version is anticipated to be released. MHRS level staff should update their NPI to reflect an appropriate taxonomy other than 3902.

Medicare Coverage Updates
As reported in the January UTTM, as of January 1, 2024, Marriage and Family Therapists (MFT's) and Mental Health Counselors (MHC's) are able to submit Medicare enrollment applications and bill Medicare for services. Additionally, it has been proposed to allow addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC to enroll in Medicare as MHC's. Enrolled MFT's and MHC's are authorized to bill Medicare for services that are provided for the diagnosis or treatment of mental illnesses. Note: MHC's are identified as LPCC's in Medi-Cal, pursuant to the California Board of Behavioral Science (BBS).

For dual eligible beneficiaries that have access to behavioral health services covered by Medicare and Medi-Cal ("medi-medi" clients), Medicare will be the primary payer for behavioral health for inpatient and outpatient services. Medi-Cal will still also cover inpatient and outpatient behavioral health services as the payer of last resort.

DHCS encourages providers to enroll in Medicare through Provider Application and Validation for Enrollment (PAVE) in order to bill Medicare for services. PAVE Portal: PAVE Provider Portal (ca.gov).

Beneficiary Handbook Update

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 (BHIN 23-048).
- A minor update was done in February 2024 to the handbook and the updated version is available on the Optum website.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 01/15/2024. If your program has not submitted by the due date, please do so as soon as possible.

Knowledge Sharing

Medi-Cal Transformation (aka CalAIM)

- Visit the CalAIM Webpage for BHS Providers for updates and information, including Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

DHCS Behavioral Health Information Notices (BHINs) provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

System of Care (SOC) Application

- Reminder for staff and program managers to attest in the SOC application monthly.
- **ALERT:** Programs that neither have an assigned "manager" nor an "alternate manager" in the SOC application will be contacted to provide this information.
- 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

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.

- Tuesday, March 19, 2024, 1 pm – 2 pm
- If you are interested in attending, please use the link provided via email

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held virtually on Wednesday, March 27, 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.

If interested, please open the attached file to add a reminder to your calendar. The MS Teams virtual link will be in the calendar reminder. ASL interpreters are available every session.

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

NAMIWalks and Community Expo for Mental Wellness Kicks off May is Mental Health Matters Month

EVENT INFORMATION:
- **Date**: Saturday, April 27, 2024
- **Time**: 7:00 AM – 11:00 AM
- **Location**: Preble Field in NTC Park at Liberty Station: 2455 Cushing Road, San Diego, CA 92106
- **Cost**: FREE
- **Free Registration for the walk**: NAMIWalks
- **Flyer**: https://bit.ly/NAMIWalksSD24

Office Hours

Please see the schedule below for the March 2024 virtual Office Hours sessions. Office Hours are intended to be attended and utilized by line/direct service staff as well as progrTham 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. To add a reminder to your calendar, please open any of the attached files that match your preferred session(s). 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.

March 2024 sessions:
- Tuesday, March 5, 2024, 9:00 am – 10:00 am
- Thursday, March 14, 2024, 3:00 pm – 4:00 pm
- Tuesday, March 19, 2024, 9:00 am – 10:00 am
- Thursday, March 28, 2024, 3:00 pm – 4:00 pm

Quality Assurance Training

Root Cause Analysis (RCA) Training: The next session is scheduled for **Thursday, March 21, 2024, from 9:00 am to 12:00 pm.** This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the "whys and hows" of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. **The intended audience of this training are program managers and quality improvement (QI) staff.**

Due to high demand, **all registration approvals will remain pending until space becomes available on the roster**. You will be admitted in the order that your registration was received. **Please click here to register.**

If you have any questions regarding your registration, please contact christian.soriano2@sdcounty.ca.gov. If you have any questions regarding the content of this training, please contact QIMatters.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

Clinical Trainee credentials have replaced the Student Intern credential. 390200000X Taxonomy requirement did not change. Continue to use for all clinical trainee staff.

New User and Modify ARF's have been updated to include these new credentials. Revised ARF's will be enforced 4/1/24. New ARF's can be downloaded in Optums Regpack website: Optum-Regpack

MIS Staff
CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: We have clients who are Medication-only. Do we need to complete the routine Utilization Management review?

A: "Medication only" clients are exempt from the UM processes as they are subject to **Medication Monitoring** – a separate process and required quarterly. Programs are required to review 1% (one percent) of their active medication caseload each quarter. See the **OPOH Sections D and G** for information on Medication Only clients and the Medication Monitoring process.

Q: What should we do with BHA's that are partially completed at intake but not fully completed because the client discharged prior to the 60-day completion timeline?

A: If the client was provided an initial mental health assessment you will want to document this by completing the BHA and corresponding progress note, regardless of how long the assignment was open. If you were only able to gather some of the information during your first assessment appointment, and the client is no longer engaging in services, you would still complete the BHA and final approve with the information you were able to gather and document as appropriate.

Q: When staff are working on a BHA with a client and only partially complete it, should they still approve the BHA even though it is incomplete? At the next session, should they open a new BHA, allow the information to prepopulate, and complete the additional sections?

A: QA strongly recommends final approving the assessments rather than leaving them open as they are at risk of being deleted if they are not final approved. Programs are allowed to have multiple partial BHAs while completing the assessment process. During the MRR, QA will review the last completed BHA covering the review period.

Optum Website Updates: MHP Provider Documents

Serious Incident Reporting Tab:
- Visit Optum's MH Provider Documents hub for the dedicated Serious Incident Reporting (SIR) tab. On this tab you can access the latest versions of the SIR and SIROF Forms for ease of reporting. Additionally, a quick stop for the SIR SIROF and Tip sheets, and RCA Worksheet. Stay tuned for additional updates, including the addition of a

dedicated SIR/SIROF recorded Training and accompanying visual slides, as we continue to enhance the SIR process and add resources.

Communications Tab:

- The 2024-02-06- BHS Info Notice - Prior Authorization Request Form Alignment with CalAIM Update was uploaded 02/09/24 to provide SOC with CalAIM Updates related to TFC, IHBS, STRTP, TBS, and IOP-PHP.

OPOH Tab:

- Section E – Integration with Physical Healthcare was updated on 03/04/24 due to update on the MCP Contact Card website, added ECM description and Referral Form Chart.
- OPOH and Table of Contents were updated 03/04/24 to account for most recent OPOH changes.

References Tab:

- The MIS-25 Program Listing Report was updated on 2/15/24.
- The MH CPT Crosswalk was updated 02/29/24 due to changes in Student Intern taxonomies/credentials & scope of practice, reminder of their co-signer requirements. Also expanded on the definitions of Certified Peers services.

UCRM Tab:

- General Progress Note and Daily Progress Note Explanation Sheets were updated 02/06/24 due to align with BHIN 23-068.
- IHBS Prior Authorization Request Explanation was posted 02/19/24 due to updates related to Medi-cal Transformation Documentation Reform.
- IHBS Prior Authorization Web Based Submission Form Instructions was updated 02/12/24 due correspond with the IHBS Authorization Request and Explanation forms.
- IHBS Prior Authorization Request Form Fill was uploaded on 02/12/24 to correspond with recent Medi-cal Transformation Documentation Reform.

TFC Tab:

- TFC Prior Authorization Request and Explanation sheet were updated on 02/01/24 to correspond with recent Medi-cal Transformation Documentation Reform.

SmartCare Tab:

- An EHR Implementation FAQ was posted 02/16/24.
- A new BHS Provider Memo EHR Update was uploaded on 02/16/24 to introduce rationale for semi-statewide EHR, go-live planned date, and how the SOC can be involved with this process.
- The most recent EHR Town Hall presentation was posted 02/21/24.
- A SmartCare Hardware Software and System Requirements handout was posted on 03/04/24.
- A new BHS Provider Memo EHR Update was uploaded on 03/06/24 to remind providers of Hardware, Software & Networking requirements. Encourage providers to identify who will serve as their site leads, and other reminders to prepare for SmartCare shift.

> **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**

Mental Health Services - Up To The Minute

General Updates

Change to "Registered" ASW/MFT/PCC Definition

CMS approved DHCS requested State Plan Amendment to revise the definition of the Licensed Mental Health Professional (LMHP) which includes licensed/waivered/registered SW, MFT, PCC's for "waivered/registered" professionals to include "registered" to mean a candidate for licensure who is registered or *has submitted a registration application and is in the process of obtaining registration* in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure. The SPA was approved as of December 5, 2023.

This will allow those individuals who have graduated from their Masters degree programs, have had their degree conferred, have met all requirements to obtain their BBS registration number and have submitted their application for registration with the Board of Behavioral Sciences, to work under the licensed/registered/waivered credential while awaiting their Registration number. Programs are advised to ensure that they verify the individual's application status and submission as well provide timely follow up to ensure the individual's registration is approved/accepted. (Reference: BHIN 23-068, pg 6, item 4(iv) footnote 9; CA State Plan Sec 3, Att. 3.1-A, Supp. 3)

Required Corrections to Services by Clinical Trainees

As reported during the March QIP meeting 3/27/24; services provided by clinical trainees (practicum students) will need to be V/R to add the clinical supervisor to the progress note. **Programs will be responsible to begin this process for all services/progress notes from November 1, 2023, forward as soon as possible**. Programs will need to work with Optum to request these services to be opened for V/R utilizing the V/R form as appropriate – for large numbers of services/PN's, please reach out to Optum to discuss how best to submit these requests. Per direction of Optum, providers should select the V/R reason code for "Incorrect Billing Indicator". Please note, QA is continuing to work with the MHBU and MIS to review administrative burden to programs caused by these needed corrections and additional information and assistance will be forthcoming.

Services claimed between July – October 2023 have already been processed by the billing unit and received denials; MIS will continue to reach out to programs individually regarding any denied services July through October.

Clinical Supervisors for Trainees

The clinical supervisor/NPI that is required for clinical trainees must be that of a licensed LCSW/LMFT/LPCC. If the clinical supervisor responsible for the trainee is not in CCBH or a staff of the program, programs should submit an ARF with the request to set up this supervisor as a "billing only supervisor" so that they may be added to the clinical trainee's services/progress notes.

Medi-Cal Adult Expansion

As part of a new California law AB 184, beginning January 1, 2024, the Ages 26 through 49 Adult Expansion will allow adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status. Adult-Expansion (ca.gov) All other Medi-Cal eligibility rules, including income limits, will still apply.

The two populations impacted will be:

- New enrollees, ages 26 through 49 who meet all eligibility criteria for full scope Medi-Cal except satisfactory immigration status (SIS).
- It will also impact current Medi-Cal recipients ages 26 through 49, and are currently enrolled in restricted scope Medi-Cal because they do not have an SIS or are unable to establish SIS for full scope Medi-Cal.

General information about the Age 26-49 Adult Expansion Eligibility and Enrollment Plan can be found here: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Adult-Expansion-Eligibility-and-Enrollment-Plan.pdf

Population Health

1. **CalAIM FUM PIP/BHQIP**
   Goal: *To increase the percentage of beneficiaries receiving follow-up care within 7 and 30 days after an ED visit for mental illness by 5%.*

   Resource cards were developed and approved for distribution in ED's in February. The BHQIP submission to the state occurred in March. Since the implementation of navigation support services in October 2023, there has been a 14% increase in follow-up care after an ED visit, thus meeting the goal of increasing by 5%.

2. **Youth Group Therapy PIP**
   The FY 2024-25 Children, Youth and Families (CYF) Clinical Performance Improvement Project (PIP) is focused on increasing the use of school-based group therapy among outpatient CYF clients. A parent toolkit, youth and parent flyers were approved, and four San Diego County programs will be distributing and providing training in April 2024.

3. **Care Coordination PIP**
   A new Mental Health Plan Performance Improvement Project (PIP) is focused on increasing engagement and referrals between the San Diego County Psychiatric Hospital (SDCPH) and Care Coordination services (CC) for beneficiaries who qualify for Enhanced Care Management (ECM) with the Managed Care Plans. Currently a list of eligible clients is compiled quarterly based on Medi-Cal claims and other datasets. This project will initially focus on Strength-Based Case Management, Outpatient, and Crisis Stabilization.

If you have questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

Knowledge Sharing

Licensing and Certification Division Offers New Online Payment System

Beginning on March 20, 2024, DHCS Licensing and Certification Division (LCD) will accept online payments using electronic money transfers processed through an Automated Clearing House (ACH) network for the following providers that are licensed and/or certified by LCD:

- SUD Licensed Residential Facility or SUD Outpatient Facility
- Driving-Under-the-Influence Program (DUI)
- Narcotic Treatment Program (NTP)
- Mental Health Licensing Program (MH)

- Psychiatric Residential Treatment Facilities (PRTF)
- Lanterman-Petris-Short (LPS) Act Data and Reporting Oversight

All fees payable through the online portal include Initial Application for Licensure and/or Certification Fees; Extension Application Fees; Supplemental Application Fees; Biennial Fees; Civil Penalties; Quarterly Enrollment Fees; Annual Fees; Patient Slot Fees/Capacity; Relocation Fees; Annual Bed Count Capacity; Structured Outpatient Services (SOPS) Permit Application Fees; Structured Outpatient Services (SOPS) Annual Permit Fees; Other/Miscellaneous. Online payment for these fees will be available by accessing the online portal: https://www.govone.com/PAYCAL/DHCS/Account

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Mental Health 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.

- Tuesday, April 30, 2024, 1 pm – 2 pm
- If you are interested in attending please use the following link: 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

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April 2024 sessions:

- Tuesday, April 2, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**
- Thursday, April 11, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, April 16, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**
- Thursday, April 25, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, April 30, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**

Management and Information Systems (MIS)

Clinical Trainee credentials have replaced the Student Intern credential. 390200000X Taxonomy requirement did not change. Continue to use for all clinical trainee staff.

Email Firewalls

In order to participate in CCBH training, it is essential that those enrolled are able to receive emails from @optum.com. Please work with your IT department to remove any firewalls that would prevent delivery. As a reminder from the January 2024 UTTM, Optum is only permitted to send training emails to work email addresses, which limits available workarounds when this situation arises.

MIS Staff

CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: Can Nurse Practitioners review other Nurse Practitioners as part of the Medication Monitoring Committee?

A: There have been no changes to current program Medication Monitoring Committee review requirements, Nurse Practitioners may not review other Nurse Practitioners; they must be reviewed by an MD/DO.

Q: What happens if we discover a Limited Service Log (LSL) opened by another program – do we end this?

A: LSLs can be shared and do not need to be ended. It is encouraged that programs communicate with each to other avoid misunderstandings with ending LSLs prematurely.

Q: How far back do we need to be making note corrections for intern/trainee encounters requiring a co-signature?

A: Programs are expected to self-correct notes starting from November 2023. The Supervisor section of the encounter would need to be added to include the clinical supervisor. Programs will need to submit a V/R request to Optum and can utilize the "Mass Void/Replace form" to the Optum HelpDesk, selecting "Incorrect Billing Indicator" as the V/R reason code, and then complete the entry of the Trainee's clinical supervisor in the Clinical Supervisor text box on the Encounter.
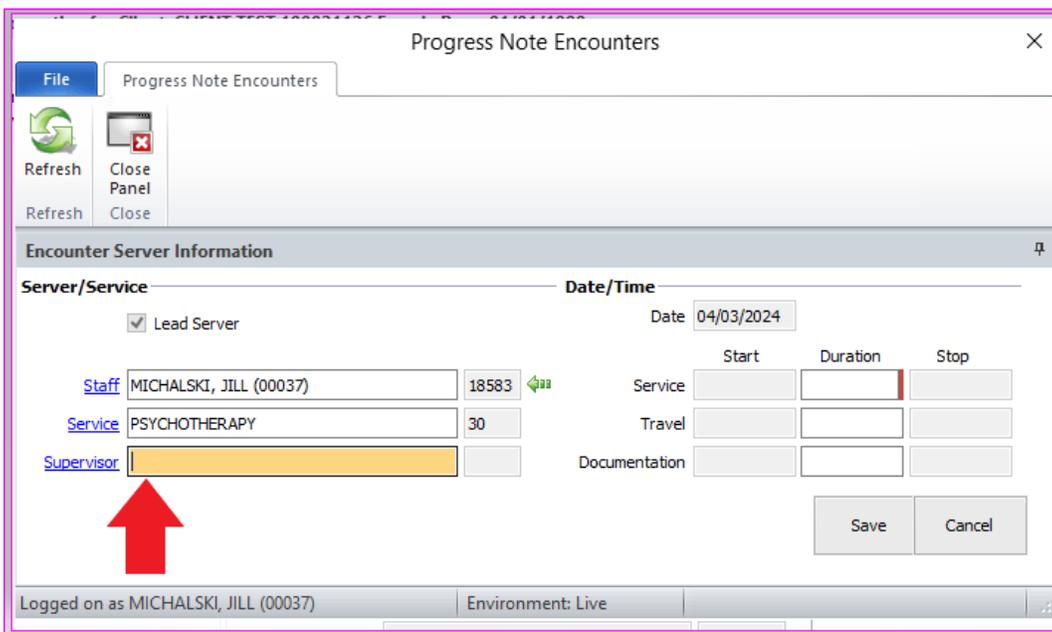
Optum Website Updates: MPH Provider Documents

Forms Tab:

- [CYF Medication Monitoring Tool](#) was updated 03/13/24 due to update in DHCS Link.

OPOH Tab:

- [Section C](#) - Accessing Services was uploaded on 03/28/24 due to addition of CARE Act program description, referral process and procedures.
- [Section D](#) - Providing Specialty Mental Health Services was uploaded on 03/20/24 due to new OP/PHP program description and program title, update to initial and prior authorization, and UR instructions and timelines.
- The [OPOH](#) was updated 03/28/24 to account for most recent OPOH changes.

UCRM Tab:

- Updates were made to the [Service Indicator Outside Facility ID Listing](#) on 04/03/24.
- The [Nursing Note Form Fill](#) was updated to include signatures on 03/13/24.

SmartCare Tab:

- Updates to the [SmartCare Hardware Software and Network Requirements](#) handout was posted on 03/18/24.
- The most recent [EHR Town Hall](#) presentation was posted 03/21/24.

Is this information filtering down to your clinical and administrative staff?
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personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Mental Health Services - Up To The Minute

General Updates

Required Corrections to Services by Clinical TraineesUPDATED

As reported during the April QIP meeting; MIS will be assisting with the correction of Progress Notes from November 2023 through February 2024 to reduce the administrative burden to programs. Programs are reminded to please respond promptly to emails and questions from MIS during this process to ensure timely assistance with your programs PN corrections. **Programs will be solely responsible all services/progress notes from March 1, 2024, forward and should be actively working on these corrections to be completed as soon as possible**.

Programs will need to work with Optum to request these services to be opened for V/R utilizing the V/R form as appropriate – for large numbers of services/PN's, please reach out to Optum to discuss how best to submit these requests. Per direction of Optum, providers should select the V/R reason code for "Incorrect Billing Indicator".

Reminder: Program Service Verification Reports/Monitoring

Programs are reminded that they should be running weekly CCBH reports and reviewing these reports to ensure that services have been entered accurately for reimbursement and identifying and correcting any errors, suspense codes, etc. on an ongoing and timely basis. Failure to ensure ongoing, consistent monitoring via review of CCBH reports significantly impacts billing processes and can result in delay in Medi-Cal billing/reimbursement and/or loss of revenue.

Programs should be running their **9999 suspense reports** and correcting any suspended claims weekly Programs are also encouraged to run/review the following reports and to correct any identified data entry errors in a timely manner: Duplicate Services Report, Client Services Report, 3rd Party Billing Suspense Report, Client Diagnosis Report.

Indigent Clients or Clients with Other Health Insurance

If a client does not have Medi-Cal and/or is indigent, the County has an agreement to provide SMHS for indigent clients, however programs should be actively working with the client to obtain Medi-Cal, as once the client obtains Medi-Cal the services provided would be able to be reimbursed by Medi-Cal retroactively.

If a client may have other insurance, programs should bill that insurance first, as Medi-Cal would be the last payor after other insurance pays or denies. In accordance with California State regulations, Medicare and/or other health care insurance must be billed prior to billing Medi-Cal. Programs should be ensuring that they are accessing these other funding sources for reimbursement first.

Quality Assurance Mental Health Team New Staff

Welcome Dawn Jennings who joined the QA MH Team in August 2023. Dawn is an LMFT who worked previously as the Clinical Program Manager for the New Alternatives South Bay STRTP. She worked in various capacities within New Alternatives for over 20 years She has been excited to take on her new role over the past few months at County QA and she is glad to be able to continue to support and enhance the SOC. Much of her free time is spent enjoying all that San Diego has to offer, usually with her 7 year old son by her side. They especially love the beaches, kayaking, paddleboarding and hiking as well as exploring all the wonderful

places for kids in the area like the Zoo, SeaWorld, and Sesame Place. Being originally from the Northeast, you will always see her cheering on her Boston area sports teams during gametime.

Welcome Taylor Tran who joined the QA MH Team in November 2023. Taylor joins the BHS QA team with an array of experiences ranging from serving the communities of San Diego County and Riverside County as a clinician, a clinical supervisor, clinical director, and most recently a compliance officer. Taylor is excited for this opportunity to join the BHS QA team where she hopes to continue to be a lifelong learner and contribute in a meaningful way in her new role. Outside of work, Taylor enjoys traveling with her husband and enjoying delicious foods from different cultures. When not traveling, Taylor likes to spend time with family, connecting with her Vietnamese culture, and dabble with musical instruments. Taylor also loves to spoil her two cute Pomeranian fur babies.

Welcome Crystal Gaza who joined the QA MH Team in November 2023. Crystal has been working in the County for 3 and a half years, and with the QA team since late 2023. Prior to working with QA she was with County Ops Strength Based Case Management, where she provided case management to clients with severe mental illness (SMI) and co-occurring disorders in the community. Crystal is a San Diego native and has been a Comic-Con attendee for 20+ years and counting. She loves spending time with her Shiba Inu (Gouki) and rescue cat (Gambit), eating good food, reading fantasy books, traveling, dancing, boxing, and fishing – enjoying many of these interests alongside her husband.

Welcome Gina Cordato who joined the QA MH Team in February 2024. Gina Cordato's professional career started in 1999 in Behavioral Health Services at North Central Behavioral Health Center as a Community Living Aide. In 2004 Gina transitioned out of the County to work for community-based programs and to pursue her Masters in Organizational Leadership which she received in 2007. Gina graduated from the USC School of Social Work program in 2014 with an MSW concentrating on Community, Organization Planning and Administration and Child Welfare Services. Gina pursued licensure during this time and moved into working with adults as a Licensed Mental Health Clinician at North Central Behavioral Health Center, back to where she first started with the County in 1999. In 2024 Gina promoted to Behavioral Health Services Quality Assurance Specialist in Mental Health. Gina is originally from North County and currently lives there where she enjoys hiking, painting, making jewelry and roller skating. Gina's strengths are Context, Analytical, Responsibility, Input and Restorative.

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System of Care (SOC) Application

- **NOW AVAILABLE!** A new section required of supervisors of Medi-Cal Certified Peer Support Specialists is now in the Personal Info tab. A supervisor must meet applicable California State requirements including completing the Supervisor Training within 60 days of beginning supervision.
- 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.
- **ALERT!** Programs that neither have an assigned "manager" nor an "alternate manager" in the SOC application will be contacted to provide this information. Programs that have not attested monthly will also be contacted.
- 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.

- Tuesday, May 21, 2024, 1 pm – 2 pm
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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

Mental Health Progress Notes Practicum

The next **Mental Health Progress Notes Practicum** session is scheduled for **Thursday, May 30, 2024, from 12:30 pm – 3:30 pm.** This practicum is an interactive, collaborative training that allows Mental Health Providers to practice completing clinical documentation to Medi-Cal standards with the assistance of Quality Assurance Specialists. It is designed to supplement the Mental Health Documentation trainings, with all Mental Health provider staff as the intended audience. If you or your staff are looking to further improve your documentation skills, please join us.

Due to high demand, **all registration approvals will remain pending until space becomes available on the roster**. You will be admitted in the order that your registration was received.

Click here to register

Registrants will be notified of their status via email. Due to capacity limitations, if you are unable to be accommodated for this session, you will be added to a waitlist. **If you need to cancel, please let us know at least 24 hours in advance** so we may let others on the waitlist attend in your stead.

If you have any questions, or if you are having difficulty with registration, please email **Christian.soriano2@sdcounty.ca.gov.**

Other important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.

- When registering for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a waitlist the opportunity to attend. **Program Managers will be informed of no shows to the trainings**.
- **When registering for a training please include the name of your program manager**.
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, May 29, 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 May 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.

May 2024 sessions:

- Thursday, May 9, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, May 14, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**
- Thursday, May 23, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, May 28, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**

Management and Information Systems (MIS)

MIS Staff

CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: Do all services by clinical trainees need to be co-signed and include the clinical supervisor on the encounter or is this only applicable to psychotherapy services and BHAs?

A: _All services_ provided by clinical trainees require the clinical supervisor to be included on the encounter in the progress note and a co-signature, regardless of the type of service provided/service code claimed.

Q: If a Certified Peer Specialist provides a specialty mental health service that is less than 8 minutes, what service code should they bill. Would it be 800?

A: Certified Peers who claim a service less than 8 minutes would utilize one of the following from the CPT Crosswalk, Non-billable & MAA Svcs Tab.

857 or 858

857	**Non-Bill BH Prevent Educ Svc**	Service code re-entered for Group Peer Support Services		Certified Peer Support Specialist Only
858	**Non-Bill Self Help/Peer Svc**	Service code re-entered for Individual Peer Support Services		Certified Peer Support Specialist Only

Q: When a staff has graduated with their Master's degree, submitted their BBS registration, and obtained the 'registered' credential per MIS (while BBS application for registration is pending), can the staff complete the full BHA including MSE, clinical formulation, and complete diagnosis forms during this waiting period?

A: Yes, once an ARF has been submitted to MIS with the supporting documentation and the staff has submitted their registration application, they will be credentialed in CCBH as an AMFT, APCC, ASW, etc., and will have the same scope of practice as those credentials. The staff would be able to complete the MSE, BHAs, diagnoses, and other practices commensurate with a registered intern.

Once the staff's registration number is received, you will submit a new ARF to update MIS. If MIS has not received the number within 90 days, you will be notified. Please be aware that if for any reason, the staff is not able to obtain their registration, the billing they have completed outside of the scope of MHRS could potentially be disallowed. Your program may want to consider any potential safety measure to ensure not potentially losing revenue. That would be a program level decision.

See the CPT Crosswalk rev 2.26.24 for reminders on co-signature requirements as applicable.

Optum Website Updates: MHP Provider Documents

Forms Tab:

- The AOA and CYF Medication Monitoring Tools were updated 04/10/24 due to formatting updates to question #2

OPOH Tab:

- Section J – Provider Contracting was uploaded on 04/10/24 due to removal of client plan from recoupment.
- Section M – Staff Qualifications was updated on 04/10/24 due to language adjustment from "Masters Level Student Interns" to "Clinical Trainees", added the definition of "registered" from SPA23-0026 that includes "pending registration," and added definition and requirement for clinical trainees.
- The OPOH was updated 04/10/24 to account for most recent OPOH changes.

SmartCare Tab:

- A [BHS Provider Memo](#) regarding training dates and how providers can prepare for the implementation of SmartCare was posted on 04/08/24.
- An [EHR Implementation FAQ](#) handout was updated on 04/25/24.
- The most recent [EHR Town Hall](#) presentation was posted 04/30/24.

Population Health

1. **CalAIM FUM PIP/BHQIP**

   Goal: *To increase the **percentage** of beneficiaries receiving follow-up care within 7 and 30 days after an ED visit for mental illness by 5%.*

   Resource cards were developed and approved for distribution in ED's in February. The BHQIP submission to the state occurred in March. Since the implementation of navigation support services in October 2023, there has been a 14% increase in follow-up care after an ED visit, thus meeting the goal of increasing by 5%.

2. **Youth Group Therapy PIP**

   The FY 2024-25 Children, Youth and Families (CYF) Clinical Performance Improvement Project (PIP) is focused on increasing the use of school-based group therapy among outpatient CYF clients. A parent toolkit, youth and parent flyers were approved, and four San Diego County programs will be distributing and providing training in April 2024.

3. **Care Coordination PIP**

   A new Mental Health Plan Performance Improvement Project (PIP) is focused on increasing engagement and referrals between the San Diego County Psychiatric Hospital (SDCPH) and Care Coordination services (CC) for beneficiaries who qualify for Enhanced Care Management (ECM) with the Managed Care Plans. Currently a list of eligible clients is compiled quarterly based on Medi-Cal claims and other datasets. This project will initially focus on Strength-Based Case Management, Outpatient, and Crisis Stabilization.

If you have questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

> **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**

Mental Health Services - Up To The Minute

General Updates

CCBH accounts effective 7/1/24:

- New Clinical staff will receive View Only access with login credentials and a video link to the Optum site on how to navigate the system. No training required.
- New Admin staff will receive access to add clients and enter services for billing, only if the program does not have another option.
- All prescribers will receive access to e-prescribe but everything else on their account will be View Only, so they will be required to paper chart.

New Clinical staff will document their services via SmartCare Down Time Forms and/or current CCBH form fill documents – additional information regarding paper documentation requirements and workflows will be released shortly.

BHS Providers SmartCare Site Leads Recommendations

Each program within the Behavioral Health Services (BHS) mental health and substance use disorder systems of care is **strongly recommended to identify one or more site leads per site to assist with on-site communication and troubleshooting for the SmartCare go-live**. The purpose of this recommendation is to not only streamline communications within programs, but also between each program site and BHS. BHS recommends at a minimum one site lead per shift who is familiar with clinical workflows, and one site lead per shift who is familiar with administrative workflows.

Action Required: By **June 14, 2024**, please submit your site lead contact information using this form: https://forms.office.com/g/GhnqMusK8y. You will submit one form per site lead. For more information, go to OptumSanDiego.com and click on the SmartCare tab under MHP Provider Documents for the MH SOC or DMC-ODS Provider Documents for the SUD SOC.

AB1051 Update to Presumptive Transfer for Out-of-County Foster Youth in Congregate Care

Effective July 1, 2024, AB1051 initiates an updated process for youth being placed in congregate care outside of their county of jurisdiction.

A BHS info notice went out to STRTP Providers which outlines that Out-of-County (OOC) Medi-Cal youth admitted to a BHS contracted Short-Term residential Therapeutic Programs (STRTP) after 6/30/2024, will require a single case agreement or a contract with a placing agency. There are two circumstances outlined in the info notice in which an OOC youth may be presumptively transferred. In order to align with the changes, the AB1299 STRTP Admission Report will be replaced by the **Presumptive Transfer STRTP Admission Report**. The AB 1299 STRTP Admission report may be utilized through June 30, 2024, but **effective July 1, 2024**, the new Presumptive Transfer STRTP Admission report must be utilized. For further information Please refer to the BHS Info Notice-AB1051 Update to Presumptive Transfer. If programs have any questions, contact your COR for questions specific to your contract.

Threshold Language Clarification: Dari/Farsi/Persian Beneficiary Materials

Persian, which includes both Dari and Farsi, is one of the required threshold languages that must be provided to beneficiaries. Per County of San Diego, the language of Persian includes Farsi and Dari, which are mutually intelligible in written form. As such, programs will only be required to include Persian in lieu of maintaining both Dari and Farsi beneficiary materials and posters. Once current available stock of Dari and Farsi have been depleted, documents/materials will only be ordered/printed in Persian (incl Dari/Farsi) which will meet compliance requirements for the threshold language. For programs that currently have documents in either Farsi or Dari, these will be accepted as within compliance during your Medi-Cal Site Certification reviews. ACL posters available from Optum which are printed in Persian are accepted as interchangeable with Farsi and Dari.

Quality Assurance Mental Health Team New Staff

Welcome Vicki Bynum who joined the QA MH Team in April 2024. Vicki Bynum began working as a Special Educator before pursuing her career as an LMFT/Art Therapist. Vicki has worked in outpatient and school-based programs, therapeutic mentoring, and private practice in San Francisco and San Mateo Counties as a Clinical Supervisor, Practicum Coordinator, Graduate Instructor, and an Associate National Director. After moving to San Diego, she worked a Program Manager for a Community & School Based Counseling Program, then as a Clinical Manager/Clinical Leader of Training Development. In many of these roles, Vicki provided oversight and quality assurance of programs and she is excited to join the BHS QA Team. Vicki was also an art major and enjoys painting, finding new restaurants, listening to live music, and hanging with her four-legged little buddy, Henry, at Dog Beach.

Welcome to Katie Cheely who joined the QA MH Team in July 2023. Katie is an LCSW who previously worked in Utilization Management for Optum and as a Medical Social Worker for Sharp Hospital acute rehabilitation centers. Katie completed her MSW at USC School of Social Work in 2015, with an emphasis in mental health and a specialization in Military Social Work and Veteran Services. She has been excited to join the team and learn about and support the SOC. Katie is a San Diego native, and lives in the South Bay area with her husband and 2 cats. In her free time, she enjoys walking along the Coronado beach and trying new restaurants throughout San Diego, as well as trying out new recipes at home.

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. . Please contact your COR for questions specific to your contract.
- 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.

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.

- Tuesday, June 18, 2024, 1 pm – 2 pm
- If you are interested in attending please use the following link: **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, June 26, 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 June 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.

June 2024 sessions:

- Thursday, June 6, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Thursday, June 20, 2024, 3:00 pm – 4:00 pm: **Click here to join the meeting**
- Tuesday, June 25, 2024, 9:00 am – 10:00 am: **Click here to join the meeting**

Management and Information Systems (MIS)

MIS Staff

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MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: Can you please clarify if we need both Farsi and Dari language brochures for beneficiary materials?

A: Farsi and Dari languages were found to be identical in print and going forward will be labeled as "Persian". Beneficiary order forms have been updated. For compliance in Medi-cal Certification/Re-certification, programs may use forms labeled with either dialect until the "Persian" form is available. Programs do not need to display both Farsi and Dari.

Q: What is the guideline for MDs and CCBH access after July 1?

A: Current prescribers already using CCBH will continue to document and e-scribe as usual. **New psychiatrists** will be given an account, an e-scribing token, and will be given 'View-only access' to CCBH clinical records. They will document on the 'downtime forms'/progress note templates to be kept in clients' hybrid charts. (New med staff- other than prescribers- will document on the downtime forms and QA will communicate further information on their viewing access is it becomes available).

Q: Can providers begin the SmartCare CALMHSA LMS trainings?

A: Not yet, but your readiness is appreciated! Providers are instructed to wait for the official notification of the SmartCare Training Plan. Information will be shared as the launch date gets nearer. In the meantime, providers may review the EHR Knowledge Base on the CalMHSA website. Home - 2023 CalMHSA and the SmartCare information page on the Optum site MHP Provider Documents (optumsandiego.com)

Optum Website Updates: MHP Provider Documents

Beneficiary Tab:

- The Beneficiary Materials MHP Order Form was updated on 05/08/24.

OPOH Tab:

- OPOH - Appendix L - A.L.1 - Monitoring Psychotropic Medications had the Foster Care QIP Guidelines link updated.
- OPOH - Section H Cultural Competency was uploaded 05/09/24 due to a language update for Temporary Expert Professionals (TEP), Retire-Rehires, Certified Temporary Appointments, and Student Workers in the Volunteers section.
- OPOH – Section J Provider Contracting was updated 05/31/24 due to change on #5 Vehicles section. Removed "If purchase is necessary" language and added COR and County Management preapproval

must be obtained "for Contractor to acquire a vehicle," and added bullet point "If vehicle will be purchased, COR must obtain written pre-approval from ACS Director and DPC Director."

- The OPOH was updated 05/31/24 to account for most recent OPOH changes.

References Tab:

- Billing SMHS for Sibling Sets Guidelines were updated to reflect CPT and Certified Peer codes, and how to claim service time for services and therapist collaboration.

SmartCare Tab:

- The most recent EHR Town Hall presentation was posted 05/21/24.

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personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov