

Reminder: CalMHSA Trainings for DMC-ODS

- All Medical Directors and direct service staff are required to complete the trainings as well as supervisors and managers of direct service staff.
- OTP programs are required to take the following trainings:
 - CalAIM Overview
 - Access to Service
 - Care Coordination
- All other DMC-ODS providers are required to complete the following CalMHSA trainings:
 - CalAIM Overview
 - Assessment
 - Diagnosis & Problem List
 - Progress Notes
 - Discharge Planning
 - Access to Service
 - Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.
- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.

Medi-Cal Peer Support Specialist Certification

The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by December 31 on [CAPeerCertification.org](https://www.cdph.ca.gov/Programs/OPA/Pages/NR2022-0001.aspx) for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. 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.

CalAIM Behavioral Health Payment Reform

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. 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.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.



- Date: **Thursday, December 15, 2022**
- Time: 10:30 a.m. to 12:00 p.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- NOTE – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by January 15, 2023.
- The tool has been updated to include a new question for OTPs regarding the testing requirement that was implemented on 1/1/2022 for Hepatitis C, Fentanyl and Oxycodone; it requires a yes or no response.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A [web-based submission form](#) is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is [posted to the Optum site under the “Monitoring” tab](#).



Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests



- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is 'urgent'.
 - Requests for WM shall be considered 'urgent'.
 - Clients referred to outpatient due to limited residential capacity, shall be considered 'urgent'.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client's condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time data is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD(s) for non-compliance with outpatient, residential, and OTP timely access standards.
 - **NEW: DHCS clarified as part of CalAIM, residential programs shall follow the 10-business day standard for timely access.**
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.

Reminder: Missed Appointments

- ❖ **For new referrals:** When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
 - Additionally, the referral source, if available, should be informed.
- ❖ **For current clients:** When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
 - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.
 - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- ❖ All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Reminder: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Reminder: Residential and Counselor Complaints



- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)

Reminder: CalFRESH Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client’s CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client’s CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.

Reminder: Updated forms and documents

Providers are expected to use the most current/updated forms and documents. Please refer to the SUDURM to ensure you are using the appropriate forms. Several forms were updated this FY, including but not limited to, progress note, health questionnaire, and SUD Program Admission Checklist.

- [SUD Treatment Progress Note](#)
- [Health Questionnaire](#)
- [SUD Program Admission Checklist](#)



Tip of the Month

Providers are reminded that a Care Coordinator must be identified and clearly documented within the client chart. The [SUD Program Admission Checklist](#) has been updated to include a prompt for Care Coordinator. The identified Care Coordinator must be an LPHA; however, care coordination services may be provided by other certified/credentialed staff.

<p>Primary Counselor & Care Coordinator (LPHA) names and contact information provided to the client on</p> <p>Primary Counselor Name: _____</p> <p>Care Coordinator (LPHA) Name: _____</p>

Management Information Systems (MIS)

Encounter Screen Change effective November 22, 2022

- Diagnosis for this Service section changed in preparation of Contingency Management Pilot.
- User will continue to see the active diagnosis populate the encounter screen.
- Diagnosis will show as editable; however, this change is only for Contingency Management Pilot program.
- **New diagnosis or changing diagnosis are not to be done through the diagnosis screen.**

Diagnoses for this Service

Primary F11.10-Opioid Use Disorder, Mild on maintenance therapy(DSM 5)

Secondary

Tertiary

Contact Screen Change effective November 22, 2022

- The Date and Time field for the **1st Accepted Intake/Screening Appointment** will now be optional for all Dispositions except “Made an Appointment”
- User must NOT use the workaround date of 01/01/2025 and time of 12:00 AM any longer.

Location

Contact Made By Self

LMHA

Benefit Type Medi-Cal

Presenting Needs

Disposition No appointment made

Appointments		
1st Available Intake/Screening Appt	11/05/22	Appt Time 8:00am
2nd Available Intake/Screening Appt	11/06/22	Appt Time 8:00am
3rd Available Intake/Screening Appt	11/07/22	Appt Time 8:00am
1st Accepted Intake/Screening Appt		Appt Time

Reminder: SanWITS Data Entry for Timely Access NOABDs

- SanWITS Misc. Notes are to be used to document NOABDs
- Three screens must be completed before accessing the Note section of SanWITS
 - Client Profile (client must exist)
 - Contact Screen (contact must have been made)
 - Intake Screen (if client does not get admitted, the Intake can be closed the same day after documenting the NOABD)
- Questions regarding SanWITS function, contact SUDEHRSupport.HHSA@sdcounty.ca.gov
- Questions regarding NOABDs, contact QIMatters.HHSA@sdcounty.ca.gov

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QA updates, and address User concerns.

- Next meeting: Monday, Jan 23, 2023, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent.
- At least one representative from each facility is highly recommended.
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting.

We welcome and encourage you to send us agenda items to be covered during our User Group Meetings

SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

Upcoming SanWITS Promotion **has encountered some delays and will not be deployed in January**



- We anticipate updating the SanWITS system. The new SanWITS will include features such as a new user interface, enhanced architecture, CalOMS outcomes measures, and a diagnosis rewrite. The overall optics and functionality will shift significantly.
- Resources: To support existing users, training manuals and video tutorials will still be uploaded to Optum website [SanWITS Training \(optumsandiego.com\)](http://SanWITS Training (optumsandiego.com)) by mid-December for the following trainings:
 - SanWITS – Intro to Admin Functions (IAF) –
 - Residential Facilities - Bed Management & Encounter Training
 - Outpatient/OTP Facilities – Group Module & Encounters Training
 - SanWITS Assessments (SWA)
- The resources can be identified by the acronym “OM”, for Outcomes Measures, which differentiates them from the resources that apply to the current SanWITS processes.
- Existing users have the option to re-attend training after the promotion (**date still to be determined**) if they would prefer a hands-on opportunity.
- Trainings will continue until one month prior to the new deployment at which time Providers will be notified.
 - For new staff, the recommendation will be to postpone SanWITS training until after the promotion because they will gain the most value learning the system in the format of the future. Attending training that will evolve significantly shortly thereafter would likely not be the best use of their time. However, if it is not possible to defer SanWITS training until after the promotion, limited classes will still be available for registration through the standard RegPack link: [Online Registration Software for SanWITS User Training \(regpack.com\)](http://Online Registration Software for SanWITS User Training (regpack.com)). An example would be if a program is unable to meet its operational needs with its current staff and their individual system access levels, and urgent training is necessary.
- If there are no available trainings listed and you have an immediate need to have a staff trained, please contact the SUD Support team at SUDEHRSupport.HHSA@sdcounty.ca.gov

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 - 2) Residential Facilities - Bed Management & Encounter Training
 - 3) Outpatient / OTP Facilities – Group Module & Encounters Training
 - 4) SanWITS Assessments (SWA)– designed for direct service staff who complete Adolescent Initial Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment



- All required forms are located on the “Downloadable Forms” tab.
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to 468-311.



Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: DHCS COVID-19 Response Resources

- The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRsupport.HHSA@sdcounty.ca.gov
SUDEHRtraining.HHSA@sdcounty.ca.gov
SUDEHRfax.HHSA@sdcounty.ca.gov



**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**