

March 2022

## **DMC-ODS Outpatient Documentation Training**

- The BHS SUD QM team is pleased to announce the next training for DMC-ODS Outpatient Documentation. Targeted population is all DMC-ODS outpatient treatment providers: Program Managers, LPHAs, Counselors, Case Managers, and Quality Assurance staff involved in providing SUD treatment services.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
  - Date: **Monday, March 14, 2022**
  - Time: 1:00 p.m. to 4:30 p.m.
  - Where: via WebEx – [Please click here to register!](#)



## **Discharge & Care Coordination Skill Building Workshop**

- The BHS SUD QM team is pleased to announce the next Skill Building Workshop for Discharge & Care Coordination. This workshop is an opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
  - Date: **Thursday, March 17, 2022**
  - Time: 9:30 a.m. to 11:30 a.m.
  - Where: via WebEx – [Please click here to register!](#)

## **New: Upcoming Trainings in April 2022**

- Please look out for future notice to register for the following virtual trainings:
  - ❖ DMC-ODS Residential Documentation Training
    - Tuesday, April 12, 2022, from 1:00 p.m. to 4:30 p.m.
    - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
  - ❖ Recovery Services Skill Building Workshop
    - Wednesday, April 20, 2022, from 1:00 p.m. to 3:00 p.m.
    - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days

### **Root Cause Analysis Training**

- This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and how’s” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements.
- Due to high demand, all spots are currently filled, and all new registrants will be added to the waitlist. If a space opens, you will be notified via email of your updated registration status. Please contact [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov) to be added to the waitlist.
  - Date: **Tuesday, March 29, 2022**
  - Time: 9:00 a.m. to 12:00 p.m.

### **Update: Confidentiality Training**

- The annually required Confidentiality training has been updated. It is now posted on the Optum site under the “QM Training” tab as a PowerPoint training called [Substance Use Disorder Privacy Rules 2022](#).
- The BHS website for DMC-ODS Required Trainings is in the process of being updated to reflect the status of the training.
- Certificates are not available for this training. Programs shall track completion internally and report status on the SSR.

### **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 in the process of being posted to the Optum site under the “Monitoring” tab.

### **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 Management, 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, March 24, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

### **Request for Volunteers**



- We are looking for volunteers from programs who would like to present at future QIPs on their successful QI/QM/QA processes.
- If you are interested in presenting or have questions on presenting, please email SUD QM BHPC **Michael Blanchard** at [michael.blanchard@sdcounty.ca.gov](mailto:michael.blanchard@sdcounty.ca.gov)

### **All Behavioral Health Services Providers | Quarterly Tele-Town Hall**

On behalf of the County of San Diego Behavioral Health Services (BHS) department, the BHS leadership team invites you to the quarterly Tele-Town Hall webinar. During this Tele-Town Hall, we plan to share important information with our contractors. The meeting agenda will be sent out in advance. The Tele-Town Hall is designed for executive leadership and program managers, and attendees will include County Contracting Officer Representatives (CORs).

- Date: **Monday, March 28, 2022**
- Time: 2:00 p.m. to 3:30 p.m.
- Registration: [Click here to register!](#)



### **Reminder: Mega Regs/Network Adequacy: System of Care Application (SOC)**

- DHCS will review, validate, and certify the provider network of each DMC-ODS County. They must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1), commonly known as the Mega Regs.
- DHCS will use this information to ensure compliance with CMS network adequacy requirements. In order to demonstrate network adequacy, DMC-ODS Counties must submit a completed Network Adequacy Certification Tool (NACT).
- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Mega Regs. The data from the SOC Application is used to complete the NACT to demonstrate San Diego's DMC-ODS network adequacy.
- Providers are expected to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

### **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.

### **Residential Authorization Request Submission Reminders**



- Authorization requests submitted to Optum are formal authorization requests and should be thorough and complete. Please ensure the following before submitting to Optum:
  - Complete the Fax Cover Sheet-box “For All Requests” AND the box for the authorization being requested: Initial, Continuing, Extension, Level of Care Change.
  - Review that authorization request includes all needed documents listed on the Fax Cover Sheet for the type of authorization requested.
  - Include an updated DDN if the diagnosis has changed.
  - Include the Daily Residential Treatment ASAM Level of Care on all treatment plans.
- Remember to fax Discharge Summaries to Optum.

### **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](mailto:DHCSLCBcomp@DHCS.ca.gov).
  - [Form 5079 Unusual Incident/Injury/Death Report](#)

### **Reminder: Medication Monitoring for OTP programs and Extended MAT Services**

- Medication Monitoring for the period of Jan-March (Q3) will be due by April 15, 2022.
- 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](mailto:QIMatters.HHSA@sdcounty.ca.gov) or fax (619) 236-1953.

### **Update: Peer Support Services**

- [DHCS Information Notice 21-075](#) has given general guidance on services that can be provided by Peer Support Specialists.
- This IN defines three categories of services: Educational Skill Building Groups, Engagement services, and Therapeutic Activity.
- While we await more specific information from DHCS, we encourage programs to familiarize themselves with these general categories in preparation. Once we have more specific details, they will be communicated out to the system.
- Also, a reminder that as of 1/1/22, peers are not able to bill Drug Medi-Cal, and all services must be County Billable. An updated grid on peer services will be available on the Optum website in the near future.

### **Peer Grandparenting Reminder**

For individuals who are employed as a peer as of January 1, 2022, and seek certification under the legacy standards, or those individuals certified out of state and are seeking to be certified under these standards, a Medi-Cal Peer Support Specialist Certification Program must grant certification if the individual has:

#### **Either:**

- 1 year of paid or unpaid work experience (1550 hours) as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums

#### **OR**

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

#### **AND** has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
  - One from a supervisor
  - One from a colleague/professional
  - One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam



Peers employed as a peer January 1, 2022 and seeking certification through the grandparenting process must complete or begin the process by December 31, 2022. After this date, peers seeking certification under a Medi-Cal Peer Support Specialist Certification Program must complete the initial certification process. Peers with out of state certification seeking reciprocity have no sunset date to seek certification.

We encourage peers currently working in the system to begin gathering the required information to the best of their ability.

As more information is released, we will communicate it to the system through future UTTMs, QIPs, and other forums.

### **Reminder: Serious Incident Report of Findings & Opioids**

- As the opioid epidemic continues, there is an increased focus on serious incident reporting in our system of care.
- Programs should be identifying needs related to MAT for their clients and providing the appropriate referrals/warm hand-off.
- Reminders when submitting SIROF:
  - leave no blanks, if something does not apply, mark N/A
  - If SIR was due to opioid overdose
    - ✓ identify if client is receiving MAT
    - ✓ if client is not receiving MAT
    - ✓ was a referral made to MAT/where
    - ✓ did client decline referral
    - ✓ no/other
    - ✓ if no/declined/other please explain
- Our QM Specialists assigned to the SIR team may reach out to the programs for additional information.
- If you need any assistance or support in completing the forms, please feel free to reach out to QM.



### **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 and OTP timely access standards.
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.

### **UTTM Tip of the Month**

During our MRR, we are identifying issues related to the provision and documentation of case management services. Below are some helpful tips on providing and documenting case management services in DMC-ODS:



- Case management is defined as linking clients with necessary and appropriate services including medical, mental health, educational, social, prevocational, vocational, rehabilitative, or other community services while the client is receiving SUD treatment.
- Reminder: CalAIM changing term of *case management* to *care coordination*, but the service/definition is the same.
- Key words to consider in service delivery and documentation of case management include *referrals, linkages, navigation, monitoring, and education/advocacy*.
- Progress notes must include the purpose of the service and how the service relates to the client's treatment plan.



If the service can be done by a non-certified staff member, it probably is not a billable case management service. For example, setting up audio/visual equipment for client for a zoom meeting with judge. This is not a billable case management service. However, advocating during a meeting with the judge for client to obtain visitation with their children may be a billable service.

Resources:

- SUDPOH A.15-A16
- [Case Management Billable Activities Quick Guide](#)



## Management Information Systems (MIS)



### Providers entering Assessments in SanWITS:

#### Diagnosis in SanWITS

- If a client has a DDN in SanWITS under the active episode, user should **NOT** create, edit, or delete a Diagnosis through the Admission Diagnosis Screen or through the Diagnosis List.
- Once a client has a DDN in SanWITS, **any changes to diagnosis must be done by creating a new DDN.**
- Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan.
- Questions – email [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

#### Initial Level of Care Assessments

- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List **ONLY until** the DDN is completed.

#### Diagnostic Determination Note (DDN)

- When completing a DDN, it is **required to create a new Diagnosis** under the Diagnosis section of the DDN. Diagnosis effective date should be the same as the DDN date.
- If the DDN is completed the same day as the Admission, create the diagnosis through the DDN and **DO NOT** enter the client diagnosis through the Admission Diagnosis Screen or the Diagnosis List.

#### SSRS Reports Available – Provider Folder (under Paginated Reports)

- Deferred Diagnosis Report
  - Identifies admitted clients who have encounters with a Z03.89 diagnosis and points in time to show the number of encounters: Less than 30 days, Between 30-59 days, and 60 days or more.

#### Staff Rendering Direct Services

- During a recent review of the SOC, SSR, and SanWITS there were many discrepancies noted specifically with staff titles and credentials.
- Any changes to staff's professional qualifications or job titles must be reported to [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) to be updated in SanWITS.

#### Current Changes to SanWITS Contact Screen

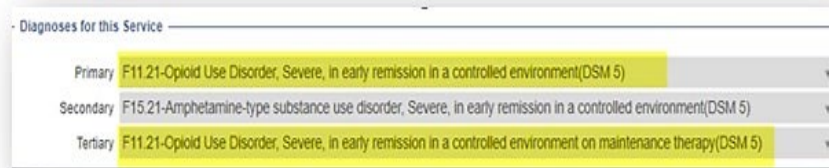
- Two new values have been added to the Disposition field.
  - Ref to Specialty Mental Health Services
  - Ref to Managed Care Plan

#### Recovery Services Program Enrollments

- Recovery Service Program Enrollments are now active in all Facilities except OTPs.
- If you have questions regarding Recovery Services, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

## Prevent Duplicate ICD-10 codes

- Providers should not enter duplicate ICD-10 code Diagnoses with different DSM5 descriptors as seen below



- If a client has more than one of the same class of substance that would result in the same ICD code, this should be addressed in the Diagnosis narrative on the DDN – for questions please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)
- Identifying secondary or tertiary Diagnosis is optional in SanWITS and not required.
- All diagnosis should be listed under Behavioral diagnosis category.

## Consent and Referral for MAT services



- Asking for volunteers to pilot the consent & referral process through SanWITS for referring clients to MAT services within our system of care.
- Contact Cynthia Emerson at [Cynthia.emerson@sdcounty.ca.gov](mailto:Cynthia.emerson@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 & QM updates, and assist with User concerns
  - Next meeting: Monday, April 18, 2021, 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 3<sup>rd</sup> 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 meetings**  
[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.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](mailto: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



## In case you missed the last UTTM - What's New?



- A new SanWITS Training webpage is now available on the Optum website with the goal of further simplifying the training experience for both attendees and program managers. It centralizes existing links and resources, such as the registration link, downloadable forms, video tutorials, resource packets, and support outlets.
- To access the webpage, click here: [SanWITS Training \(optumsandiego.com\)](https://optum.com/sanwits-training).

## 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 in order 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](mailto: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 Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
  5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **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.

## SUD Billing Unit

### Announcement/Reminder

The Disallowance After Release to Billing tip sheets have been updated for Outpatient, OTP, and Residential providers. Please visit the Optum-BHS Provider Resources site: [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optum.com/drug-medi-cal-organized-delivery-system)

The screenshot shows a navigation menu with tabs for SUDPOH, SUDURM, Forms, Communications, QM Training, Manuals, Toolbox, Beneficiary, NOABD, UTTM, SanWITS, Billing, and PC1000. The Billing tab is highlighted in orange and has a red arrow pointing to it. Below the menu is a table with the following data:

Name	Description	Date
<a href="#">Residential Case Management Disallowance After Release to Billing (pdf)</a>	How to handle disallowances following the release to billing. Revised 02-07-2022	2022-02-07
<a href="#">Residential Bed Day Disallowance After Release to Billing (pdf)</a>	How to handle disallowances following the release to billing. Revised 01/26/2022	2022-01-26
<a href="#">OTP Disallowance After Release to Billing (pdf)</a>	How to handle disallowances following the release to billing. Revised 12-15-2021	2021-12-16
<a href="#">Outpatient Disallowance After Release to Billing (pdf)</a>	This document is a revised version of the Disallowance After Release to Billing. It contains instructions on how to handle disallowances following the release to billing.	2021-12-16

## **Performance Improvement Team (PIT)**

### **PERT PIP**

The PERT PIP aims to strengthen connections to treatment during a contact with the Psychiatric Emergency Response Team (PERT) by improving identification of substance use disorders. The PERT PIP intervention has been live since March 31, 2021, when the first PERT clinician began to screen her client caseload for appropriateness for the intervention.



As of February 28, 2022, 29 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 25 of the 29 clients. Of the 29 clients enrolled, 12 (42%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact 11 of the 12 SUD clients. Five of these 11 clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During February 2022, the team at HSRC continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard and analyzed the second timepoint of client data from the TPS supplemental survey. Additionally, the team began populating the PIP Submission tool in preparation for the annual EQRO review in April 2022 and developed proposals for the next round of PIPs.

### **Next steps include:**

- Work with stakeholders to collect client feedback from those who receive the intervention.
- Analyze PIP data for inclusion in the PIP Submission tool.
- Complete PIP Submission tool for internal BHS review.

### **Connections PIP**

The Connections PIP aims to increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care by 5% for clients discharged with referral. In February, the PIP implementation team at HSRC continued to analyze connection rates and level of client engagement and its correlation with a successful and timely connection. HSRC also disseminated a Provider Feedback survey to providers who participated in the PIP Pilot to gather information about provider experiences with the MEET intervention and how they felt it impacted clients and workflows.

Providers were invited to share any successes and challenges that may have occurred upon implementing the MEET intervention. HSRC also completed analysis of the second timepoint of the TPS supplemental survey and results will be included in the PIP Submission tool.

### **Next steps include:**

- Analyze MEET forms and client questionnaire data received by January 31, 2022, for inclusion in the PIP Submission tool.
- Complete PIP Submission tool for internal BHS review.
- Continue to accept and enter MEET forms and client questionnaires. If any are received, they will be included in an updated analysis provided to EQRO after the April review.

### **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%91response.aspx>

**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](http://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.

**Communication**



- Billing questions? Contact: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.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](mailto:QIMatters.hhsa@sdcounty.ca.gov)**