



The QM Team has **MOVED back to BHS Administration at 3255 Camino del Rio South, San Diego**

- Look for a new Serious Incident Report (SIR) phone number and an updated SIR form to be coming soon
- For now, continue to use the current SIR phone number **(619-641-8800)**
- All QM Staff also have new office phone numbers
- However, the QM Confidential Fax number will remain the same **(619-236-1953)**

Documentation Skill Building Workshops on ASAM Assessments in December

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and we will focus on ASAM Assessments in December.
- Groups will be limited to 25 participants and reservations are required by emailing BHS-QITraining.HHSA@sdcounty.ca.gov
- Meeting at North Inland Live Well Center (Grand Ave Room D, 649 W. Mission Ave, Escondido)
 - Wednesday, 12/19/2018, 1:30 p.m. to 3:30 p.m.
- Meeting at County Operation Center (Training Room 124, 5530 Overland Ave, San Diego)
 - Thursday, 12/27/18, 1:30 p.m. to 3:30 p.m.

Residential Provider Documentation Training

Date: Friday, December 21, 2018

Time: 9:00 a.m. -1 p.m.

Where: County of San Diego-County Operations Center (COC)

5560 Overland Avenue, 1st floor, Room 171, San Diego, CA 92123

- To register, please email the following to BHS-QITraining.HHSA@sdcounty.ca.gov
 - Name of Person(s) Attending
 - Program Name
 - E-mail Address for each Individual

Save the Date: SanWITS Quarterly Users Group Meeting

- Date: Monday January 7, 2018
- Time: 9:30 a.m. – 12: 00 p.m.
- Location: 1 Father Junipero Serra Trail, San Diego, CA 92119



DMC-ODS Treatment Provider Meeting

- **No meeting in December**
- Next meeting: Tuesday, January 15th, 2019, 10:00-11:30 a.m.
- Location: Scottish Rite Center, Heald Room, 1895 Camino del Rio South, San Diego, CA 92108

Cloned Documentation is Never Allowed

- Cloned Documentation is defined as documentation that is worded exactly alike or similar to previous entries in the same chart or another chart.
- This can happen if a program is using templates or examples for progress notes or forms (e.g., Treatment Plans, ASAM LOC Recommendations).
- If documentation appears to be cloned, there is significant risk for disallowance of services.
- Every client and every contact is unique, so documentation should always be different
- For additional information review Compliance Bulletin #30 on the Communication Tab of the Optum website https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/communications/Compliance_Bulletin_30_-_Cloned_Documentation_-_11-1017.pdf

“Termination” Notice of Adverse Benefit Determination (NOABD)

- The Termination NOABD is a similar document to what programs used to send to clients (this was the “10 Day Notice” which is no longer used) prior to an administrative discharge.
- Required when a client is administratively discharged and is mailed or hand delivered 10 days prior to the decision to discharge.
- The following three forms must be sent out with this (and all) NOABD forms:
 - The NOABD “Your Rights” notice
 - The NOABD “Language Assistance” Notice
 - The Beneficiary Non-Discrimination Notice
- All forms are located on the “NOABD” tab of the DMC-ODS page of the Optum Website



Reminder: Residential Bed Holds

- Residential programs can only hold a client’s bed open for up to 7 days with rationale (e.g., hospitalization, AWOL, brief incarceration, etc.)
- As no services are being provided to the client, programs can only claim the room & board rate for these days
- Reference the “General Residential Tx Assumptions” One-Pager on the Toolbox Tab of the Optum website (https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/toolbox/One-Pager_FINAL_General_Residential_Tx_Assumptions.pdf)

Reminder: Physician Direction Form (# F406)

- On this form, the Medical Director recommends what follow-up, if any, is indicated for the client based on a review of the Client Health Questionnaire and medical and drug history information of the client.
- MDs have an option to document these recommendations on the Physician Direction Form (#F406), a progress note, or an alternative form developed by the program.

Reminder: ASAM Training Requirement

- Staff providing screening/intake, assessment and treatment planning services must be fully trained in ASAM prior to providing those services in one of 3 ways:
 - Participation in the County sponsored ASAM training by Dr. Mee-Lee in November 2017
 - Completed 2 e-learning modules through the Change Companies (ASAM Modules I & II)
 - Completed all three CIBHS trainings (ASAM-A, ASAM-B and ASAM-C)
- If your program staff is having difficulty meeting these training requirements, please contact your program COR to discuss options.

Entering ASAM Data in SanWITS

- Data from the Initial Level of Care Assessment and ASAM Level of Care Recommendation form is to be entered SanWITS.
- For information on how to do this data entry, refer to Chapter 11 of the SanWITS User Guide on the Optum website at https://www.optumsandiego.com/content/dam/sandiego/documents/dmc-ods/sanwits/SanWITS_Users_Guide_2018_v1_1_12-10-18_Redacted.pdf
- For questions about SanWITS data entry, contact the SUD MIS Support Desk at [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Medi-Cal Eligibility Verification

- Providers must have access to Medi-Cal client information to verify eligibility for each month of service, prior to billing.
- Verify person presenting the Medi-Cal card is the recipient for whom the card was issued.
- Utilize the Medi-Cal Aid Code Master Chart to identify types of services the client is eligible for.
- For detailed instructions on how to obtain Medi-Cal eligibility verification access, visit the Medi-Cal website at <http://www.medi-cal.ca.gov/signup.asp> or contact the Telephone Service Center (TSC) at 1-800-541-555.
- Residential programs who are not yet DMC Certified should work with Optum during the Authorization process to verify Medi-Cal Eligibility.

Network Adequacy Requirements by the “Mega Regs”

- Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Final Rule (aka “Mega Regs”) requires states to establish and implement standards for network adequacy.
- The Department of Health Care Services (DHCS) issued a Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice to establish federal network adequacy requirements.
- Network adequacy standards include time, distance, and timely access standards.
- Required documentation includes the Network Adequacy Certification Tool (NACT) for all providers.
- To determine compliance with the new standards, DHCS requires a quarterly data submission to evaluate and certify the DMC-ODS pilot counties on an annual basis.
- The first submission of the DMC-ODS NACT will be due on April 1, 2019
- BHS will be sending providers email correspondences with detailed instructions for completing the NACT in the next couple months.
- For more information on the information notice, click here: [Information Notice 18-011](#).



Billing Tab for the DMC-ODS Optum webpage

- A new “Billing” tab has been added to the DMC-ODS page on the Optum website that includes the following:
 - BHS Drug Medi-Cal Organizational Providers Billing Manual
 - DHCS Drug Medi-Cal Billing Manual
 - OTP Billing SanWITS Screens
 - PGE or Benefit Plan Review Billing Tip Sheet
 - Residential Bed Day billing SanWITS Screens
 - Residential Billing Case Management-Recovery Services SanWITS Screens
- Have a look at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>



From the MIS Team

Daily Encounters

- Encounters are meant to be created after each service, and should be created throughout the month
- We do understand that it is not always possible to enter encounters each day after each service, but they should be entered as soon as possible after the service and not held
- All Encounters should be completed by the end of the month which allows for the billing process to begin the 1st of the month to no later than the 10th of the month for the previous month's service
- If your facility has not been given the approval to release to bill, the billing process would not begin yet.
- All units of service should be in the SanWITS by the end of the service month – this allows the TUOS to be generated for the previous month's service
- OTP programs entering consecutive dosing encounters with the same NDC#, would need to end the encounter by the end of the month, OR the units of service would have to be picked up on the next month's TUOS. Consecutive dosing should not be longer than 30-31 days.

Important: Transferring Clients

- Clients should be discharged as referred and Admitted as a transfer when moving from one level of care to the next or from one facility to the next.
- **Do Not Use the "Intake Facility" field on the Intake screen to change the facility**

Intake Case Information

Intake Facility	<input type="text"/>
Intake Staff	<input type="text"/>
Manner of Contact	<input type="text"/>
Residence	<input type="text"/>
Source of Referral	<input type="text"/>

- The only exception to this - is moving between Residential levels of care within the **same** facility.

ASAM screen in SanWITS

- All providers are required to enter the ASAM screen in SanWITS.
- A recent audit revealed missing ASAM data – Make sure your ASAM results are entered.

SanWITS Staff Changes:

- Staff changes are to be reported to the County within 5 days. This includes terminated staff and any changes to staff facilities or profile roles.
- New employees will be required to attend SanWITS training before accessing the system.
- Do not lock staff out of SanWITS without informing the County.

Groups - Outpatient and OTP Programs:

Effective January 1st 2019, it is required to update the Status of all Group Attendees in the Group Roster including No Shows and Excused attendees. For No Show and Excused attendees, it is a requirement to create a manual non-billable Encounter. No shows are part of the outcomes being tracked by EQRO.

- As a reminder, Group Rosters should include a minimum of 2 attendees and a maximum of 12 attendees.
- Effective 10/9/2018, Documentation duration for Group Counseling services should be added into each individual Encounter. Please enter **zero** for Documentation duration on the Group Session Notes screen.
- Please refer to the SanWITS Flow Tip sheets on Group List for OTP Providers or Group List for Outpatient Providers on the SanWITS Tab of the DMC-ODS Page of the Optum Website (<https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>)
- As a reminder, OTP providers cannot bill for Documentation or Travel time in either the group session or individual encounters and should always enter **zero**.

SanWITS and SSRS Trainings – through Dec classes are still located at RegOnline

- Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at <https://www.regonline.com/builder/site/Default.aspx?EventID=2260135> . If you have any questions please contact the SUD MIS support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
 - 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.
 - No walk-ins or substitutions will be allowed due to specific individual accounts.
 - If there is no staff registered 7 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
 - SanWITS Basic training is required before attending the Billing training.
- If you have signed up for a class and are unable to attend, cancel the registration as soon as possible so that staff on the waitlist are able to attend.
- **Important:** As of January 1, 2019 registration is changing from RegOnline to **Regpacks** at: https://www.regpacks.com/reg/templates/build/?g_id=100901152

**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**