

New: Skill Building Workshops in July 2023

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skill set in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
 - ❖ **Outpatient** - Quality of Care
 - Monday, July 17, 2023, from 1:00 p.m. to 2:30 p.m.
 - [Register Here](#)
 - ❖ **Residential** - Quality of Care
 - Wednesday, July 26, 2023, from 1:00 p.m. to 2:30 p.m.
 - [Register Here](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request via your registration at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



New: Withdrawal Management 3.2 Training Requirements

- Per [Exhibit A of BHIN 21-001](#), those providing, monitoring or supervising WM services in a 3.2 facility must complete
 - 6 hours minimum of orientation training for new employees or for current employees within 14 days of returning to work after a break of 180 days or more that covers the needs of residents who receive WM services.
 - 8 hours minimum annually of training that covers the needs of residents who receive WM services.
- The DMC-ODS Required Trainings website is being updated to include these requirements.



New: Training Requirements for Prescribers

- Effective June 27, 2023, there are new Substance Use Disorder training requirements for all practitioners with prescriptive authority.
- New and renewing Drug Enforcement Administration (DEA) registrants must now attest to 8 hours of training in SUDs and the use of medications to treat substance use disorders.
- Please visit the [related SAMHSA website](#) for more information and questions.

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, July 27, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Save the Date: Annual DMC-ODS Training

The fifth annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the fifth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.



- ❖ Date: **Thursday, August 24, 2023**, 10:00 a.m. to 11:30 a.m.
- ❖ Where: via Microsoft Teams – *Registration information coming soon!*

Reminder: National Suicide Prevention Hotline number change

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

Update: Ongoing Optum Cleanup & Updates

- QA is regularly updating several tabs on the Optum site. Outdated items are removed and archived and if necessary, replaced with updated versions.
- Optum tabs include an archive document outlining items removed.
- **Notable updates** – SIR forms have been updated and posted under the “Forms” tab; outdated Access Times documents have been removed/replaced with the updated Access Times FAQ/Tip Sheet saved to the “Communications” tab.

Update: 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: [SIR Form](#), [SIR FAQ and Tip Sheet](#), [SIROF Form](#), [SIROF FAQ and Tip Sheet](#)
- New forms are 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.

Update: 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: [Access Times FAQ and Tip Sheet](#)
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/23.
- Email QI Matters with questions.



Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Update: Disallowance Reporting/Self-Identified Disallowance

- Beginning this new Fiscal Year of 2023-2024, QA is changing the process for Self-Identified Disallowance Reporting.
- QA will no longer be emailing providers directly on a monthly basis to report self-identified disallowances.
- Providers shall continue their current processes for disallowances discovered by submitting the required Payment Recovery Form to the BHS Billing Unit.
- There will be no change to how providers shall report and proceed with disallowances discovered through any type of review (self-reviews, MRRs, TAs, etc.)
- This change is effective July 1, 2023. For questions regarding this new process, providers may email [QI Matters](#). Questions regarding billing and the Payment Recovery Form may be directed to the [BHS Billing Unit](#).

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Payment Reform Crosswalk effective as of 7/1/23

- The [Payment Reform Crosswalk memo](#) was sent out on 5/19/23 and is available on the Optum site under the “Communications” tab.
- The [Crosswalk](#) itself is available on the Optum site under the “Toolbox” tab.
- Services such as screening can be claimed starting on 7/1/23.
- Any further updates to the crosswalk will be communicated through the UTTM and QIP.

Health Plan Administration (HPA)



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 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.

Management Information Systems (MIS)

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, July 17, 2023**, at 9:00 a.m. – 11:00 a.m.
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.

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

SUDEHRSupport.HHSA@sdcounty.ca.gov



Billing Unit (BU) – SanWITS Billing Classes

- Questions or to schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU)

Some of you may have seen the Medi-Cal news flash about the "county of responsibility " being removed from the Medi-Cal eligibility response as of June 27, 2023. The Department of Health Care Services (DHCS) has updated or corrected the original information and is as follows:

Correction: Medi-Cal Eligibility Response Messaging is Updated

June 26, 2023

The previously published article titled, "[Medi-Cal Eligibility Response Messaging is Updated](#)", announced that effective June 27, 2023, county of responsibility would no longer be displayed on the Medi-Cal eligibility response for recipients actively enrolled in a Managed Care Plan (MCP). This change has since been cancelled and will not be implemented.

- **Source:** [Medi-Cal NewsFlash: Correction: Medi-Cal Eligibility Response Messaging is Updated](#)

Network Quality and Planning - Population Health

1. CalAIM POD PIP/BHQIP

- The aim is to increase the percentage of individuals with an Opioid Use Disorder (OUD) use of pharmacotherapy treatment events for at least 180 days (6 months) by 5% among members aged 16 and older.
- The PIP evaluation team made the decision to focus efforts on the OTP programs to move forward with intervention design for the POD BHQIP. Stakeholders from OTP programs were recruited to participate in a workgroup focusing on retention in OTP programs; the first meeting is scheduled for end of June.
- The PIP evaluation team developed internal infrastructure that will allow the team to pull data relevant to the BHQIP periodically (custom date ranges) throughout the implementation of the intervention to monitor performance rates at the pilot intervention sites.

2. CalAIM FUA PIP/BHQIP

- HSRC recruited ED pilot sites (UCSD EDs Hillcrest and La Jolla) for implementing the future intervention.
- An HSRC representative met with the UCSD EDs to learn more about their past and current attempts to improve timely follow-up rates for FUA and FUM, which will help with intentional intervention.

Next steps:

- Confirm baseline rates and review by ED pilot site, finalize FUA intervention implementation plan, re-engage MCPs and send data request for data exchange pilot intervention, participate in monthly CalAIM PIP meeting.



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**



Celebrate the Tides of Hope

2023 NATIONAL RECOVERY MONTH CELEBRATION



Join us as we celebrate National Recovery Month!

The purpose of [National Recovery Month](#) is to bring San Diego County's recovery community together and raise awareness for treatment, support programs, and local resources. This national observance is held every September in partnership with public and private entities throughout the region to celebrate and support individuals in recovery, those thinking about recovery, and the families and friends of those on recovery journeys. This year's **National Recovery Month Celebration** event theme is "Celebrate the Tides of Hope," focusing on the resiliency of individuals in recovery.

We are kicking off the celebration on **Saturday, August 26th at Waterfront Park**. In addition to valuable resources, the event will be filled with fun interactive activities, music, and shared stories of hope from those with lived experience. Free naloxone and event giveaways will also be available for attendees while supplies last, so come early and celebrate with us! This event is **FREE** to attend, please share widely with your networks. [View the flyer here!](#)

Event Info:

- **Date:** Saturday, August 26, 2023
- **Time:** 10:00 a.m. – 1:00 p.m.
- **Location:** Waterfront Park ([1600 Pacific Hwy, San Diego, CA 92101](#))
- **Cost:** FREE
- **Exhibitor Information:** There is no cost to have an exhibitor booth at the National Recovery Month Celebration event. If you're interested in being an exhibitor, please aim to complete the [exhibitor request form](#) ASAP as space is limited.

We hope to see you there and invite you to promote this opportunity with your networks! If you have questions about this event, please contact us at Engage.BHS@sdcounty.ca.gov.

New: Skill Building Workshops in August 2023

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
 - Outpatient Quality of Care
 - **Tuesday, August 15, 2023**, from 9:30 a.m. to 11:00 a.m.
 - [Register Here!](#)
 - Residential Quality of Care
 - **Thursday, August 31, 2023**, from 9:30 a.m. to 11:00 a.m.
 - [Register Here!](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

New: Program Manager Orientation



- The [Program Manager Orientation](#) is now available and can be found under the “QA Training” tab on the Optum website.
- The Program Manager Orientation was developed to help assist new Program Managers and programs onboarding onto DMC-ODS and serve as a resource for Technical Assistance.
- It includes information on Behavioral Health Services Leadership, Federal and State Regulations, the Utilization Review Process, Privacy Incident Reporting, Serious Incident Reporting, Grievances & Appeals, and Communications from QA.

Annual Quality Assurance DMC-ODS Training

The fifth Annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the fifth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 24, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams – [Click here to join the meeting!](#)

Reminder: 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.

Reminder: Medical Record Review (MRR)

- The new fiscal year is upon us and MRR season has begun.
- Keep a look out for communications from your QA Specialist to schedule your program’s MRR.

Reminder: Participant list/number of participants

- Per BHIN 22-019: When a group service is rendered, a list of participants is required to be documented and maintained by the plan or provider.
 - Outpatient services: group size is limited to no less than 2 and no more than 12.
 - Residential services: Same group size regulations for **clinical groups** (2-12 as listed above). However, patient education groups can exceed 12 participants.



Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Reminder: Recovery Residences

- Programs are responsible for having an active MOU/MOA with recovery residence providers.
- Programs are responsible for monitoring compliance of the recovery residence annually to ensure treatment services are not provided in recovery residences and that the recovery residence locations are secure, safe, and alcohol/drug free.
- Evidence of required monitoring shall be made available to the County upon request.
- Clients in Recovery Residences must be actively receiving Outpatient Treatment or Recovery Services under BHS SUD contract.
- A client’s stay in recovery residence is limited to short term and shall not exceed 24 months. Programs should contact their COR for case-by-case situations regarding a client’s length of stay.

Reminder: 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.

Management Information Systems (MIS)



Important Notice from BHS Budget and Fiscal Teams: Completion of SanWITS Data Entry for FY 22-23 Referencing email sent on 8/2/23.

- All SUD providers should have completed their **data entry by August 15, 2023, for services provided up to June 30, 2023.**
- The **Total Units of Service (TUOS)** to be reported on the State Cost Report for the FY 2022-23 claims will be based on the information as of August 15, 2023.
- If you have not completed data entry for services provided up to June 30, 2023, please call Mylene Fitzgerald at (619) 548-9920 immediately or no later than August 15, 2023.

Change – SanWITS Disallowance Reasons

- Effective Aug 14, 2023, Disallowance reasons will be changed on the Encounter screen and on the Claim Item List
- Reduced from 25 available reasons to the following 4 reasons:
 - Evidence of fraud, waste, abuse
 - Claim submitted for services during lock-out
 - Missing documentation of allowable service
 - Service not billable under Title 9
- Please reach out to QIMatters.HHSA@sdcounty.ca.gov for any questions regarding reason descriptions.

Patient Portal – coming soon!

- Once the patient portal has been activated, clients will be notified by email.
- Clients must have the following information in SanWITS in order to receive their registration email.
 - Client Email Address must be entered in SanWITS.
 - Client will need to have at least one person on the Treatment Team in SanWITS.
 - Client will need to have at least one encounter in SanWITS.
- More details to be shared as we get closer to activation.

Reminder: Contact Screen and Access Times Reporting

- 1st Accepted Intake/Screening Appt field should not be entered unless the Disposition = “Made an Appointment”
- Errors are occurring with Access Times reporting due to the discrepancy in having a date for an appointment, but not having Made an Appointment

Reminder: CalOMS Admission Record

- MIS is experiencing a high volume of request to delete admissions in SanWITS due to client not returning to complete the Intake Process.



- **Do not enter the CalOMS Admission in SanWITS until the following criteria is met:**

1. A SUD related problem.
 2. The client must have completed the intake process to the program (Not the SanWITS Intake screen).
 3. Treatment must have started.
- If an individual started the intake process, but did not return, the CalOMS admission should not be entered in SanWITS.

Reminder: Closing Client Episode/Intake in SanWITS

- Client's episode/intake should be closed if the client is no longer receiving SUD Treatment, Recovery Services, or Before Admission/After Discharge services.
- Before ending the episode/intake:
 - Billing must be completed.
 - SanWITS records must be completed.
 - CalOMS errors must be completed.

Reminder: Discrepancy in the Program Enrollment Termination Reason and Discharge Status on Discharge Profile

- When discharging a client, make sure that both the Termination Reason and Discharge Status are the same.
- The Termination Reason on the **Program Enrollment's** screen must be the same as the client's Discharge Status on the **Discharge Profile** screen to avoid mismatching data.
- Refer to the CalOMS Data Collection Guide (Sec. 8.3 Discharge Status Definitions and Sample Scenarios, pgs. 93-96) on Optum website [CalOMS Tx Data Collection Guide Jan 2014](#).

Important: Telecommunication Services – are services provided to the client by Telehealth (video/audio) OR Phone (audio only)

- Location field – Select:
 - Telehealth provided in patient's home, **OR**
 - Telehealth provided other than in patients' home.
- Contact Type field – Select:
 - Telehealth, **OR**
 - Phone

Important: Group Sessions

Rendering Staff and Service Discrepancy Errors

- There is a high volume of errors due to group service not matching the Lead Staff discipline resulting in wrong rates being billed.
- All new groups are identified by # followed by the discipline followed by the type of group.
- The Lead Staff discipline must match the discipline on the Service as seen below.

The screenshot shows the 'Group Session Notes' form. Key fields include: Group Name (OS-IOS Group), Group Type (ODS Group), Note Type (DMC Billable), Billable (Yes), Calculate ODS units (No), Lead Staff (LPCC), Service (LPCC_Clinical Group - OS/IOS/OTP), and Location (Non-residential Substance Abuse Treatment F...). A red box highlights the 'Calculate ODS units' field set to 'No' and the 'Lead Staff' dropdown set to 'LPCC'. Another red box highlights the 'Service' dropdown, which is open to show a list of service options including '# LPCC_Clinical Group - OS/IOS/OTP' and '# LPCC_Patient Education Group - OS/IOS'. A red arrow points from the 'Lead Staff' field to the 'Service' dropdown.

- Providers are responsible to monitor their groups to make sure this is correct before creating individual encounters.
- MIS is monitoring and will notify Providers of mismatched groups to be rejected back and corrected.

Group Types – Pre 7/1/23 OR 7/1/23 forward

- Service dropdown will populate **all** group types pre and post 7/1/23.
- Groups with Date of Service 7/1/23 forward – User must select new groups starting with hash sign (#) followed by discipline (top of list)
- Groups with Date of Service pre-7/1/23 – User must select groups starting with two asterisks (**)

Group – No Show Encounter

- When creating a NO SHOW encounter through the Group Session Screen
 - Encounter Contact Type field – Select No Show

Group – Calculate ODS field

- Group services with date of service pre-7/1/23, Calculate ODS field will default to **YES**, and be editable.
 - OTP providers should always select **NO**
- Group services with date of service 7/1/23 forward, Calculate ODS field will default to **NO**, and be read only.

Reminder: DATAR

- Submissions must be entered by the 1st and no later than the 7th of each month for the previous month.
- Make sure all facilities have at least two DATAR submitters, which includes a backup user.
- Email SUDEHRSupport.HHSA@sdcounty.ca.gov if a DATAR user needs to be added or removed as well as adding or removing DATAR facility access.
- The following information needs to be emailed for new DATAR user requests:
 - Staff Name:
 - Staff Business Email:
 - Facility Name and CalOMS#:37xxxx

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, October 16, 2023**, at 9:00 a.m. – 11:00 a.m.
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Billing Unit (BU)

A. DMC-ODS Billing Manual

- Version 1.4 of the DMC-ODS Billing Manual has been published on the Optum website- “Billing” tab.
- [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Name	Description	Date
DMC-ODS Billing Manual_version 1.4 (pdf)	The DMC-ODS Billing Manual is a DHCS publication which outlines the processes and rules for SD/MC claims for DMC-ODS services.	2023-07-26

- The State has not set a release date for version 1.5 of the billing manual. The SUD Billing Unit will track changes and update providers as needed.

B. Payment Recovery Form (PRF)

- The Payment Recovery Form has been revised in accordance with the CalAIM Payment Reform and is available for DMC Providers to report void/disallowance for service dates starting on 07/01/2023 and onwards. The PRF can now be accessed on the Optum website- “Billing” tab. A separate email notification will be sent by the SUD Billing team regarding this.
- [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Name	Description	Date
Payment Recovery Form_version 07 2023 (xlsx)	The Payment Recovery Form is used by DMC Provider to report adjustable units of service. Tab 2- Instructions. Tab 3- Summary of Changes.	2023-08-08

C. FY 2022-2023 Billing Deadline

- All SUD providers should complete billing for FY 2022-2023 on or before 08/23/2023.
- If you have any late billing (beyond 6 months from the date of service) to please contact ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible and provide us with your valid good cause or delay reason code (DRC).

D. CalAIM/Payment Reform: Billing Changes (Service dates beginning 07/01/2023)

- The roll-up functionality in SanWITS is a requirement of CalAIM/Payment Reform.
- **Roll up:** The claim items are rolled up (combined) for the same client, day, service, and rendering staff for duration-based and unit-based services. The roll-up process is automatically done by the SanWITS system once you click the 'Create Facility Batch' hyperlink.
- Claim batches submitted by providers for the same client, day, service, and rendering staff after the original batch (primary claim) has rolled up will appear in the Claim Item List screen in SanWITS as “pending roll-up” (secondary claim). Please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov immediately if you see or have any claims on the Claim Item List with "pending roll-up" status. We can provide guidance on the next step based on the reason why claims are not batched with the primary claim.
- The CalAIM Payment Reform (SanWITS Changes) document is available on the Optum website under the 'SanWITS' tab. The information on page 4 pertains to billing and billing-related changes.

Name	Description	Date
CalAIM Payment Reform (pdf)	SANWITS CHANGES FOR RELEASE 20.7.14	2023-06-29

- Programs will be provided with tips sheets or additional guidance on roll-up functionality as soon as the system enhancement is complete.
- If your program requires additional time or a grace period in completing your batch for July 2023 claims, please contact ADSBillingUnit.HHSA@sdcounty.ca.gov.



If you have any questions about these announcements, please send them to ADSBillingUnit.HHSA@sdcounty.ca.gov

Health Plan Administration (HPA)



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](#)
- 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.

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.

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.

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.

Population Health - Network Quality and Planning

1. CalAIM POD PIP/BHQIP

OTP providers met on June 27th to share insights about barriers to retention in MAT & offered to gather feedback from their clinicians and a sampling of clients.

2. CalAIM FUA PIP/BHQIP

NAMI is working with BHS to provide peer support to the Hillcrest ED pilot site to meet with qualifying patients and assist with navigation to BHS programs.

Next steps:

- Finalize intervention implementation plan with UCSD ED & NAMI staff, outline the workflow map and draft CalAIM BHQIP templates A and B for September submission to DHCS.

3. New: Training Requirements for Prescribers

As of Jan 2023, the Drug Enforcement Agency (DEA) eliminated the X-waiver requirement!

All providers with an active DEA license can prescribe buprenorphine as medication for addiction treatment (MAT) *without* any special licensing.

- The DEA also added a one-time requirement that all providers must complete 8 hours of training related to substance use disorder (SUD) treatment.
- This training is due at the time you apply for or renew your DEA license, starting June 27, 2023.
 - If you previously completed the X-waiver or other CME training on opioid use disorder (OUD) or SUD in the past, that counts.
 - Also, if you completed medical school or NP/PA training within the past 5 years and that training included at least 8 hours of OUD/SUD curriculum, you are also exempt.
 - For free training resources please check out the link below:
<https://cabridge.academy.reliaslearning.com/category.aspx?zcid=14358>
 - To learn more about X-waiver requirement click the following link:
<https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act>



Prevention and Support Services

SUD Primary Prevention Contractors

The State of California DHCS is transitioning to a new primary prevention data reporting system to replace the PPSDS (Primary Prevention SUD Data Service System). The new primary prevention data system will be Prospectus Group's ECCO Web-based Prevention Services Data Reporting System.

ECCO Web-based Prevention Services Data Reporting System Updates



- Trainings available to County Coordinators and SUD Primary Prevention Providers in July 2023.
 - County Coordinators received initial ECCO training to support training of SUD Prevention Providers in attending DHCS-sponsored sessions.
 - County Coordinators will work with Prevention Providers to learn the new data reporting system in July-August 2023.
- Prevention Services unit data will be recorded for the 1st Quarter of the fiscal year 2023-24 and will be due 10/1/23. Future reporting will be due monthly by 10th of each month.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/preventionandyouth/)

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



September 2023

New: Skill Building Workshops in September 2023

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
 - Outpatient Quality of Care
 - **Monday, September 11, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Wednesday, September 20, 2023**, from 9:30 a.m. to 11:00 a.m.
 - [Please click here to register!](#)
- **Skill Building Workshops in October 2023**
 - Outpatient Quality of Care
 - **Tuesday, October 10, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Thursday, October 19, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



Root Cause Analysis (RCA) Training

- **Thursday, September 21, 2023**, from 9:00 a.m. - 12:00 p.m. via MS Teams. [Please click here to register!](#)

Reminder: CalMHSA Trainings

- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- Programs are responsible for ensuring staff complete required trainings. For more information see the [CalAIM for BHS Providers page on the Optum site](#).
- For those with individual staff logins to the CalMHSA training system, CalMHSA provides an on-demand report programs can run to confirm staff attendance for each training. It is recommended that programs select San Diego County before generating the report: <https://www.calmhsa.org/documentation-trainings/>
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.

Reminder: Required CalAIM Trainings



- Any questions regarding the required CalAIM trainings that are hosted by CalMHSA (i.e., questions about login in, proof of completion, etc.) should be directed to calaim@calmhsa.org
- The CalAIM for BHS provider website will be updated with this information.

Update: 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.

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, September 28, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services



- Medication Monitoring for the period of July-Sept (Q1) will be due by **Oct 15, 2023**.
- The tool has been updated to include a new question for checking the CURES database and adjusted consent to treat language for clients under 18 years of age.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab. Please ensure you are only using the most up to date form.
- Programs providing additional or extended MAT services will need to follow the Medication Monitoring process. Please reference the most recent SUDPOH for requirements.
- Reminder – Ensure all the fields are completed **on the submission form**, including contract number, DMC provider number, discipline (e.g., 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 **submission forms** to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Update: SUDPOH

- The SUDPOH was updated on 08/04/23.
- The revision and Summary of Changes are posted on the Optum site under the “SUDPOH” tab.
- Next anticipated update is planned for 01/15/24.

Update: CalAIM Enhanced Care Management (ECM)

If you are currently serving justice-impacted individuals who are eligible for ECM, please see the phone numbers below to refer to the individual’s Medi-Cal Managed Care Plan for services. Please also find a link to the Department of Health Care Services ECM Policy Guide, which provides detailed information about eligibility criteria for ECM services: [CalAIM Enhanced Care Management Policy Guide](#).

Health Plans	Phone Number to Make a Referral
Aetna	1-855-772-9076
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Health Net	1-800-675-6110
Kaiser	1-800-464-4000
Molina	1-888-665-4621

CalMHSA Documentation Guides Update

- CalMHSA has updated the [Documentation Guides](#) that are available on their [website](#).
 - Remember that these have examples of documentation for many common services.
- A change log for each guide can be found at the end of each guide.
- All questions about the guides themselves should be sent to calaim@calmhsa.org

Update: Intake Process Documentation

- Simply completing intake documentation (i.e., ROIs, consent to treat, etc.) is not a claimable service by itself.
- However, the intake process involves gathering information that can be used to inform the assessment and/or problem list development during a direct service time with a client. If the collected information is used for purposes related to the service being claimed during the time spent directly with the client, it would not be “just paperwork” and could be billable.
- Best practice would be to indicate in the documentation how this information was used to inform the assessment and/or problem list.



Reminder: 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: [Access Times FAQ and Tip Sheet](#)
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/23.
- Email [QI Matters](#) with questions.

Reminder: Eligible “Target” Populations

- The County of San Diego’s DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
 - ✓ Adolescents age 12 – 17
 - ✓ Adults age 18 and over
 - ✓ Clients self-referred or referred by another person or organization.
 - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
 - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
 - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
 - ✓ No DMC/Low Income or no insurance:
 - Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
 - Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
 - Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
 - Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
 - ✓ Persons meeting DMC-ODS medical necessity criteria.
 - ✓ Justice Overrides
 - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.



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.

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](#)

Health Plan Administration (HPA)



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.

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:
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 - 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.

Supervision of Certified Peer Support Specialists

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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-PA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

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.

Management Information Systems (MIS)

Reminder: CalOMS Open Admission Report

- MIS is receiving a high volume of errors for annual updates being completed after the client has been discharged from SUD Treatment.
- **Important** – check to make sure the client is actively receiving SUD Treatment before completing the Annual Update.
- If the client is scheduled to be discharged during the timeframe the annual update is due, **ONLY** complete the discharge.
- Annual update will be rejected if there is a preceding CalOMS discharge submitted.

Reminder: Monthly ASAM State Reporting

- All ASAM Assessments and Brief Initial Screening results must be entered in SanWITS under the ASAM Summary Screen.

Reminder: DATAR

- Submissions must be entered by the 1st and no later than the 7th of each month for the previous month.
- Make sure all facilities have at least two DATAR submitters, which includes a backup user.
- Email SUDEHRSupport.HHSA@sdcounty.ca.gov if a DATAR user needs to be added or removed as well as adding or removing DATAR facility access.
- The following information needs to be emailed for new DATAR user requests:
 - Staff Name:
 - Staff Business Email:
 - Facility Name and CalOMS#:37xxxx

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, October 16, 2023**, at 9:00 a.m. – 11:00 a.m.
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.

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

SUDEHRSupport.HHSA@sdcounty.ca.gov



Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

Reminder: SanWITS User Modification Termination Form

- All user modifications and terminations must be submitted to MIS using the User Modification Termination form located on Optum Website [SanWITS User Modification Termination Form](#)
- When completing the modification form, make sure to include the modifications being requested in the Comments text box as seen in the print screen below.

Comments: Type all modification requests in the box below



- Routine Terminations – Please ensure terminations are submitted within one business day of notice given.
- Quick Terminations – MIS should be notified immediately by calling 619-584-5040 (including after hours and weekends).

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU)

A. As part of CalAIM Billing/Payment Reform requirements, the 'roll-up' functionality has been implemented and is now enabled and available in SanWITS.

- New claim item status: 'rolled-up'. ***Claim items are rolled up and combined for the same client, day, service, and rendering staff, including duration and unit-based services.***
- In SanWITS, "the primary claim item is the first of multiple claim items included in the roll-up" to be submitted to the State through the 837-file.
- Another claim item status: 'pending roll-up'. A claim item in a subsequent batch will be in "Pending Roll-Up" (secondary claim) status.
- "The secondary claim item in the pending roll up status should wait until the 835 (remittance advice from the State) is received and processed by the ADS Billing Unit (County Billing Unit) to be rolled up. The pending roll up status is not expected to occur when providers submit all their claims for the month in one provider batch.



An email with the subject line SUD Billing Unit Announcement: Roll-up Functionality in SanWITS was sent to all SUD Providers on August 24, 2023.

B. The CalAIM claim batches (starting with July 2023 service date) have been reviewed by the ADS Billing Unit and old and new billing errors have been identified. Our objective is to help providers prevent and fix these errors by listing the common errors and providing tips on how to prevent their occurrence. The finalization of this list is currently underway and will be emailed to all SUD Providers soon.

C. The billing training's format and content will be modified, with the addition of CalAIM changes to the topics.

- D. The ADS Billing Unit has made changes to the Provider Drug Med-Cal Payment Recovery Report/PRF (Void/Disallowance) form to reflect the changes in disallowance or adjustment reasons.
- The disallowance/adjustment reasons have been changed or updated from 25 to 6 reasons.
 - The form is now available on the Optum website.

[Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Name	Description	Date
Payment Recovery Form revised 08.2023 (.xlsx)	The Payment Recovery Form is used by DMC Provider to report adjustable units of service. Tab 2- Instructions. Tab 3- Summary of Changes.	2023-08-24

- E. Some changes have been made to the Payor Group Enrollment screen.
For programs releasing encounters for a client with dual coverage (OHC or Medicare Part C as primary) and Medi-Cal as the secondary insurance.

Payor-Type: Group Insurance then select the appropriate Plan-Group:

- I. OHC/Medicare Risk - OHC: select this option if the client has a commercial or private insurance. This option applies to Residential and Outpatient programs, except for OTP programs.
- II. OHC/Medicare Risk - Part C: select this option if the client has Medicare Risk/Medicare Part C coverage. This option applies to all programs but please consider these important reminders:
 - a. **Reminder to Residential and Outpatient programs, except OTP**
 - Your program is not required to obtain an Evidence of Coverage (EOC) or bill the insurance to get an Explanation of Benefits (EOB) for the following Medicare Advantage plans: 1- Medicare Part C-Blue Shield Promise Health Plan (BSP), 2-Health Net of CA, 3- Aetna Better Health of CA and 4- Molina Healthcare of CA.
 - b. **Reminder to OTP programs**
 - Please continue billing Medicare Risk (Part C) and Medicare Part B.
 - c. **Reminder to all programs**
 - If you determine that the claim or balance needs to be billed to Medi-Cal (secondary insurance), you must submit the Evidence of Coverage (EOC), Explanation of Benefits (EOB), or any valid proof of billing (whichever applies) to ADSBillingUnit.HHSA@sdcounty.ca.gov.
 - If 90 days have passed after the claim submission to the insurance, the provider can batch and bill the claims to DMC under the following conditions: Providers will submit proof of billing or any form of communications with the insurance to the ADS billing Unit and providers will continue working with the insurance until the final or appropriate determination is obtained.
 - DMC claims must be submitted to the State on time.
 - The revised OHC tip sheets will be posted on the Optum website once they are completed.

Population Health - Network Quality and Planning



1. CalAIM FUA 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.

2. CalAIM POD PIP/BHQIP

An educational pamphlet on OUD (opioid use disorder) for new MAT clients, which outlines basic information including the benefits of MAT, is being distributed to providers.

Next Steps: Based on stakeholder feedback, will consider possible follow-up interventions to the pamphlet: educational video, cell phone charging stations while receiving services, coordinating transportation to OTP's.

Prevention and Support Services

SUD Primary Prevention Contractors

The State of California DHCS is transitioning to a new primary prevention data reporting system to replace the PPSDS (Primary Prevention SUD Data Service System). The new primary prevention data system will be Prospectus Group's ECCO Web-based Prevention Services Data Reporting System.

ECCO Web-based Prevention Services Data Reporting System Updates

- 
- Trainings available to County Coordinators and SUD Primary Prevention Providers in July 2023.
 - County Coordinators received initial ECCO training to support training of SUD Prevention Providers in attending DHCS-sponsored sessions.
 - County Coordinators will work with Prevention Providers to learn the new data reporting system in July-August 2023.
 - Prevention Services unit data will be recorded for the 1st Quarter of the fiscal year 2023-24 and will be due 10/1/23. Future reporting will be due monthly by 10th of each month.
 - For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
 - For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/preventionandyouth/)

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



October 2023

Important: Behavioral Health Information Notice 23-054, Medications for Addiction Treatment Service Requirement

- Per Senate Bill 184, all licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy in compliance with HSC Section 11832.9 (c) and 11834.28 (c)
 - Details on what must be in this MAT policy are detailed in the [Information Notice](#).
- Initial applicants for SUD recovery or treatment centers shall submit a MAT policy and supporting documentation with their Initial Treatment Provider Notification.
- Existing licensed and/or certified SUD facility shall provide a MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of the IN (Publication date 10/6/23)
 - If the MAT policy is deemed incomplete, the facility will have the opportunity to submit missing information/documentation.
 - Failure to adhere to the Information notice within 90 days shall be subject to disciplinary action, including but not limited to civil penalties, license suspension, or license revocation.
- Any change to the MAT policy requires written notice to DHCS.
- Questions regarding this IN should be sent to SUD licensing and certification at LCDQuestions@DHCS.ca.gov
- Once the policy is submitted to your assigned DHCS analyst, please send an email with the date submitted and name of the analyst to QIMatters (QIMatters.HHSA@sdcounty.ca.gov)



Update: Medication Monitoring Oversight Committee

- Starting FY 23-24, DMC-ODS will participate in the already established Medication Monitoring Oversight Committee (MMOC)
 - The MMOC consists of county Medical Directors, QA, and other BHS staff as appropriate.
- Patterns or trends of noncompliance or variances, either systemwide or at specific programs, will be reviewed by the MMOC.
- The MMOC may determine if further action steps are necessary for specific programs and/or systemwide improvements.

New: Skill Building Workshops in October 2023

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
 - Outpatient Quality of Care
 - **Tuesday, October 10, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Thursday, October 19, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
- **Skill Building Workshops in November 2023**
 - Outpatient Quality of Care
 - **Monday, November 6, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Wednesday, November 15, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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, October 26, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Reminder: National Suicide Prevention Hotline number change

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

Reminder: Limited English proficiency requirement

- Providers are required to inform individuals with limited English proficiency that they have a right to free interpreter services. Oral interpretation and the use of auxiliary aids (i.e., TTY/TTD) must be made available.
- A client must first be informed of the availability of free interpreter services prior to using a friend or family member as an interpreter.
- The offer of interpret services and client's response must be documented, as should the use of an interpreter when services are provided in a language other than English.

Update: Progress Note Timelines

- Previously, in [BHIN 22-019](#) that progress notes shall be completed within 3 business days of a service, and progress notes for crisis services within 24 hours.
- In an August 2023 update to the [CalAIM Behavioral Health Documentation FAQ](#), DHCS has now clarified that while progress notes must still be completed within 3 business days, the "day of service shall be considered day zero."
 - This does not affect the timelines for crisis services.
- We will be updating our progress note instructions to reflect this clarification and anticipate this will be included in a future BHIN.



Reminder: Disallowance Reporting/Self-Identified Disallowance

- Beginning this Fiscal Year of 2023-2024, QA changed the process for Self-Identified Disallowance Reporting.
- QA no longer emails providers directly on a monthly basis to report self-identified disallowances.
- Providers shall continue current processes of disallowing billed services by submitting the required Payment Recovery Form to the BHS Billing Unit.
- There will be no change to how providers shall report and proceed with disallowances discovered through any type of review (self-reviews, MRRs, TAs, etc.)
- This change was effective July 1, 2023. For questions regarding this new process, providers may email [QI Matters](#). Questions regarding billing and the Payment Recovery Form may be directed to the [BHS Billing Unit](#).

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: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Health Plan Administration (HPA)

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 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.

Management Information Systems (MIS)

Important: NEW Reports

1. **CalAIM Consolidated TUOS Claim Details and CalAIM Consolidated TUOS Claim Summary** reports are now published and available for Providers.
 - a. The new reports are designed to include both Non-OTP and OTP services/data in one report.
 - b. SSRS location/folder, Report Names, and Optum links to tip sheets for detailed information listed below.

Report Name	Location/Folder	Tip Sheet
3-01 CalAIM Consolidated TUOS Claim Summary Report	Home Provider Reports	Microsoft Word - Tip Sheet - 3-01 CalAIM Consolidated TUOS Claim Summary (optumsandiego.com)
3-02 CalAIM Consolidated TUOS Claim Details Report	Home Provider Reports	Microsoft Word - Tip Sheet - 3-02 CalAIM Consolidated TUOS Claim Details (optumsandiego.com)



NOTE: Please be aware that the two new CalAIM TUOS reports are replacing the four temporary TUOS reports seen below. The temporary reports will be removed from the Provider Reports folder.

- 3-01 Non-OTP TUOS Claim Summary Report - post 7.1.23
- 3-02 Non-OTP TUOS Claim Details Report - post 7.1.23
- 3-01 OTP-Only TUOS Claim Summary Report - post 7.1.23
- 3-02 OTP-Only TUOS Claim Details Report - post 7.1.23

2. **4-01 Total Services per Rendering Staff - post 7.1.23** report was created to accommodate services/data post 7/1/23.
 - a. Report shows the total number of encounters, services, units, and minutes provided per rendering staff.
 - b. Intended to help monitor staff productivity.
 - c. **4-01 Total Services per Rendering Staff - pre 7.1.23** will remain available for services/data prior to 7/1/23.

3. **SUDPI-16 ASAM Assessment Monitoring** report created to track number of Brief Screening and ASAM assessment results that have been entered in SanWITS.
 - a. Report shows results entered, with or without Admission, including monthly totals per facility and per assessment type.



Important: SanWITS Data Entry Standards

- Refer to the Data Entry Standards [SanWITS DMC-ODS Data Entry Standards](#) for timely data entry.

Reminder: Group Services

- Group services with date of service 7/1/23 forward, Calculate ODS field will default to NO, and be read only.
 - No need to un-release the encounters before adding or removing client from the group session as no group calculation is occurring.
- When creating a “No Show” encounter through the Group Session screen, change the Contact Type to No Show on the individual encounter.



Important: Contact Profile

- 1st Accepted Intake/Screening Appt field should **NOT** be entered unless the Disposition = “Made an Appointment”

OTP Facilities

- If service is provided at the OTP treatment facility, select “Non- Residential Opioid Treatment Facility” under the Service Location on Encounter.

Telehealth Services

- Telehealth Services – are services provided to the client by video/audio technology **OR** Phone (audio only).
 - Location field – Select: Telehealth provided in patient’s home, **OR** Telehealth provided other than in patients’ home.
 - Contact Type field – Select: Telehealth, **OR** Phone.

Reminder: DATAR

- Submissions must be entered by the 1st and no later than the 7th of each month for the previous month.
- Make sure all facilities have at least two DATAR submitters, which includes a backup user.
- Email SUDEHRSupport.HHSA@sdcounty.ca.gov to request DATAR access.
- The following information needs to be emailed for new DATAR user requests:
 - Staff Name:
 - Staff Business Email:
 - Facility Name and CalOMS#:37xxxx
- Remember to terminate user access by emailing SUDEHRSupport.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, October 16, 2023**, at 9:00 a.m. – 11:00 a.m.
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.



We welcome and encourage you to send agenda items to be covered during our User Group Meetings SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

Reminder: SanWITS User Modification Termination Form

- All user modifications and terminations must be submitted to MIS using the User Modification Termination form located on Optum Website [SanWITS User Modification Termination Form](#)
- When completing the modification form, make sure to include the modifications being requested in the Comments text box as seen in the print screen below.

Comments: Type all modification requests in the box below

- Routine Terminations – Please ensure terminations are submitted within one business day of notice given.
- Quick Terminations – MIS should be notified immediately by calling 619-584-5040 (including afterhours and weekends)
- If a user’s discipline changes, make sure all billing has been completed for that specific rendering staff before submitting a modification form.
 - Once the modification form is submitted, we will use the effective date on it as the cutoff date for all encounters with the previous discipline.
- Make sure to include the taxonomy number for counselor’s and LPHA’s.
 - User’s taxonomy number and NPI can be found at <https://npiregistry.cms.hhs.gov/search>

Taxonomy #

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU)

- The County billing team has created a tip sheet on determining billing errors and how to prevent/minimize them. The email was sent to all SUD programs on 09/20/2023 with the subject line 'SUD Billing Errors and Guides'. The Billing tab on the Optum website now displays the same tip sheet.

Billing		
Name	Description	Date
SUD Claim Errors and Guides	The purpose of this tip sheet is to give advice on how to avoid and fix both common and new billing errors.	2023-10-04

- A revised version of the Claim Item Hold Reasons has been posted on the Optum website.

Billing		
Name	Description	Date
Claim Item Hold Reasons-revised 09.20233 (pdf)	The Hold Reasons list should be used when putting claims in hold status.	2023-09-20

- Providers are required to review all claims on hold in SanWITS and contact the County billing team for assistance on potential DMC billable claims.

Population Health - Network Quality and Planning

1. CalAIM FUA 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.

2. CalAIM POD PIP/BHQIP

Goal: Aim to increase the percentage of new Opioid Use Disorder pharmacotherapy treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.

- An educational pamphlet on Opioid Use Disorder for new MAT clients was submitted to the SDCBHS Communication and Engagement Team for approval. All three OTP providers who provided feedback agreed to be pilot sites. Currently pilot sites are utilizing the Consumer Facing Resource from the California MAT Expansion Project.
 - Next Steps:** Create intervention implementation protocol and tracking log and monitor dissemination of California MAT Expansion Project handouts.



Prevention and Support Services

The State of California Department of Health Care Services (DHCS) has transitioned to a new primary prevention data reporting system, Prospectus Group's ECCO Web-based Prevention Services Data Reporting System, to be used by Substance Abuse Block Grant (SABG) funded primary prevention contractors.

ECCO Web-based Prevention Services Data Reporting System Updates

- DHCS Trainings for County Coordinators and SUD Primary Prevention Contractors have been completed as of September 19, 2023. Moving forward, County Coordinators will work with SUD Primary Prevention Contractors to implement data reporting in the new ECCO system.

- Contractor data entry for the 1st Quarter (July – Sept) of Fiscal Year 2023-24 was due 10/1/23. Monthly reporting via the ECCO system to the state is due by 10th of each month.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](http://Prevention and Youth Branch (ca.gov))

Communication



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- 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

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Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**



November 2023

Important Reminder: [Behavioral Health Information Notice 23-054](#), Medications for Addiction Treatment Service Requirement

- Per Senate Bill 184, all licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy in compliance with HSC Section 11832.9 (c) and 11834.28 (c)
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 - Failure to adhere to the Information notice within 90 days shall be subject to disciplinary action, including but not limited to civil penalties, license suspension, or license revocation.
- Any change to the MAT policy requires written notice to DHCS.
- Questions regarding this IN should be sent to SUD licensing and certification at LCDQuestions@DHCS.ca.gov
- Once the policy is submitted to your assigned DHCS analyst, please send an email with the date submitted and name of the analyst to QIMatters (QIMatters.HHSA@sdcounty.ca.gov)

IMPORTANT REMINDER

Reminder: Skill Building Workshops in November 2023

The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.

- Outpatient Quality of Care
 - **Monday, November 6, 2023, from 1:00 p.m. to 2:30 p.m.**
 - *This event has passed.*
- Residential Quality of Care
 - **Wednesday, November 15, 2023, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register!](#)

New: Skill Building Workshops in December 2023

- Outpatient Quality of Care
 - **Tuesday, December 5, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register!](#)
- Residential Quality of Care
 - **Monday, December 11, 2023, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register!](#)

If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

Root Cause Analysis (RCA) Training

The next session is scheduled for **Wednesday, December 6, 2023, from 9:00 a.m. to 12:00 p.m.** 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!](#)

Reminder: Annual Addiction Medicine Training Requirement

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: QIP Meeting Date Changes

- Due to meeting conflicts and holidays, upcoming QIP meetings have been rescheduled.
 - *November – meeting has been cancelled.*
 - *December – rescheduled to 12/7/23, from 10:00 a.m. to 11:30 a.m.*

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 7, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Reminder: 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.

Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Program Specifications](#)

Coming Soon: Beneficiary Materials Updates

- DHCS has made updates to the DMC-ODS 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.

Reminder: Clinician Consultation

- Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases, and can occur in person, via telehealth/telephone, or by asynchronous telecommunication systems.
 - It is not a direct service provided to DMC-ODS beneficiaries and is **not** internal consultation.
- Vista Hill SmartCare Behavioral Health Consultation Services (BHCS) is contracted locally to provide this service.
 - They can be contacted at 858-956-5900, M-F 8:30 a.m.-4:30p.m.
- This is a CLAIMABLE service using CPT Code 99368 and is in SanWITS as “Clinical Consultation 30 min or more.”

Reminder: 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.

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

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.

MISSED APPOINTMENT
On _____

Health Plan Administration (HPA)

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 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.

Management Information Systems (MIS)

Reminder: Recovery Residence (RR) Tracking in SW

- RR information is tracked in SanWITS using the Client Profile – Collateral Contact screen and the Other Numbers screen.
 - The SSRS Recovery Residence Report was developed utilizing this information along with other data in SanWITS.
- The report has identified gaps in providing recovery residence to clients when the client is transitioning between IOS and OS.
 - When the client is stepping up or down between IOS & OS while in the same facility, this should be continuous service if the client is still in provider's care.
 - The discharge from one level and the admission to the next level can be dated the same date or the day after.
- Gaps in service days will show on the report as non-invoiceable RR days.

Coming Soon: SanWITS Multi-Factor Authentication (MFA)

- SanWITS users will be notified by MIS.
- Tip sheet with instructions to set up user MFA will be provided.



Reminder: Group Services

- Group encounters must be created through the Group session screen, which creates a group session id# on the individual encounters.
- Groups (clinical/therapeutic) should have 2 - 12 participants marked present.

Reminder: SanWITS Account

- SanWITS will automatically lock the user account at 3 months (90 days) of no login activity.
 - Depending on how long the users account has been locked, the user may be reinstated by contacting the SUDEHRSupport.HHSA@sdcounty.ca.gov for a skills assessment.
- After 6 months of no activity, the user will be required to complete the SanWITS training classes to have account reinstated.

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, January 22, 2024, at 9:00 a.m. – 11:00 a.m.**
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr



- ASL Interpreters are being requested for each meeting.

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

SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Population Health - Network Quality and Planning

1. CalAIM FUA PIP/BHQIP

Goal: *to increase connection to a follow up appointment within 7 and 30 days by 5% after an ED visit for substance use.*

- 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.



2. CalAIM POD PIP/BHQIP

Goal: *Aim to increase the percentage of new Opioid Use Disorder pharmacotherapy treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.*

- Three pilot sites have been providing the Consumer Facing Resource from the California MAT Expansion Project while the educational pamphlet on Opioid Use Disorder for new MAT clients is being reviewed by the BHS Communications and Engagement Team. An electronic tracking log for the pilot providers was created and provided for immediate use. A check-in with the three pilot sites is in process to answer any applicable implementation questions or concerns.
 - **Next Steps:** Monitor dissemination of California MAT Expansion Project handouts at the pilot sites, utilize SanWITS data from the OTPs to monitor intervention implementation.

Prevention and Support Services

ECCO Web-based Prevention Services Data Reporting System Update

- Thank you to all the Primary Prevention Service providers who completed their 1st quarter entries for program service hours in ECCO!



- Reminder to continue to record service hour data each month using your ECCO program account. Service hour data entry into the ECCO program accounts is due by last day of each calendar month. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed by the 5th of each following month. Final reports to ECCO due by the 10th of that month.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/preventionandpyp/)

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



December 2023

Important Reminder: [Behavioral Health Information Notice 23-054](#), Medications for Addiction Treatment Service Requirement

- Per Senate Bill 184, all licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy in compliance with HSC Section 11832.9 (c) and 11834.28 (c)
 - Details on what must be in this MAT policy are detailed in the [Information Notice](#).
- Initial applicants for SUD recovery or treatment centers shall submit a MAT policy and supporting documentation with their Initial Treatment Provider Notification.
- Existing licensed and/or certified SUD facility shall provide a MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of the IN (Publication date 10/6/23).
 - If the MAT policy is deemed incomplete, the facility will have the opportunity to submit missing information/documentation.
 - Failure to adhere to the Information notice within 90 days shall be subject to disciplinary action, including but not limited to civil penalties, license suspension, or license revocation.
- Any change to the MAT policy requires written notice to DHCS.
- Questions regarding this IN should be sent to SUD licensing and certification at LCDQuestions@DHCS.ca.gov
- Once the policy is submitted to your assigned DHCS analyst, please send an email with the date submitted and name of the analyst to QIMatters (QIMatters.HHSA@sdcounty.ca.gov)

FINAL REMINDER

Reminder: Skill Building Workshops in December 2023

The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.

- Outpatient Quality of Care
 - **Tuesday, December 5, from 9:30 a.m. to 11:00 a.m.**
 - *This event has passed.*
- Residential Quality of Care
 - **Monday, December 11, 2023, from 1:00 p.m. to 2:30 p.m.**
 - *This event has passed.*

New: Skill Building Workshops in January 2024

- Outpatient Quality of Care
 - **Thursday, January 11, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- Residential Quality of Care
 - **Wednesday, January 31, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)

If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

Update: Annual DMC-ODS Training

- QA has posted the PowerPoint slides of the annual DMC-ODS training to the Optum site under the "Training" tab.
- Posting includes a document for Q&A related to topics shared during the training.
- Training attendance has been reviewed to ensure all programs participated. Programs identified with no attendees will be notified and reminded to review the training to remain compliant with the annual training requirement.

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, January 25, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

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 checking the CURES database and adjusted consent to treat language for clients under 18 years of age.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab. Please ensure you are only using the most up to date form.
- Programs providing additional or extended MAT services will need to follow the Medication Monitoring process. Please reference the most recent SUDPOH for requirements.
- Reminder – Ensure all the fields are completed **on the submission form**, including contract number, DMC provider number, discipline (e.g., 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 **submission forms** to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Reminder: DHCS Behavioral Health Information Notice 23-008

- This Information Notice allows graduate students to provide counseling services in an AOD program and exempts them from the counselor registration and certification requirements.
- A graduate student providing counseling services in an AOD program shall:
 - Be enrolled as a university graduate student in psychology, social work, marriage and family therapy, or counseling.
 - Be completing their supervised practicum hours to meet graduate school requirements; and
 - Provide proof of enrollment as a graduate student to the AOD program on an annual basis.
- If a graduate student is no longer enrolled in a university program, they shall notify the AOD program in writing of their withdrawal within one working day, and the AOD program shall immediately remove the former graduate student from providing counseling services.
- Per the current billing manual, these students must “use a taxonomy code within the AOD Counselor or Certified Peer Specialist categories as appropriate based on the student’s education, training and experience.” This is different than how students have been on the Specialty Mental Health side.
- DHCS has promised an update that may change their taxonomy and codes, but we are still awaiting that decision. We will communicate out once that clarification is provided.

SUD Residential Payment Reform Transition: Bed-Hold Policy Impact

The bed-hold/weekend pass policy outlined in SUDPOH has not changed. If the provider follows the policy, BHS will reimburse for the Room & Board for those days.

➤ **SUDPOH D.16:**

Residential: Bed Holds and Weekend Passes: Providers may be reimbursed room and board for up to 7 days when a client is hospitalized, AWOL, incarcerated, or in crisis residential while in residential treatment. COR preapproval is required if a client is in need of a bed hold beyond 7 days (e.g., client at crisis residential). As soon as client returns to the program, the provider shall consider any revisions to the ASAM level of care determination, risk assessments and/or medical information to incorporate into the chart and/or treatment plan. Provider would not need to discharge/readmit client. The number of days in the hospital, AWOL, incarceration, or in crisis residential counts toward the client’s 90-day DMC reimbursable period.





Reminder: Service/Travel/Documentation time in Encounters

- Programs are strongly recommended to continue adding travel time and documentation time (as applicable) in SanWITS encounters to accurately inform future rate discussions, both at a program specific and system-wide level and ensure all programs are accurately compensated for their services.
 - To clarify, these times are NOT to be added to the service time but entered as they were prior to 7/1/23.
- When encounters are submitted to the state through SanWITS, only the units based on the direct service time are used for compensation, but the travel/documentation time will be used for future rate discussions as described above.
- All times should be entered accurately (i.e., to the minute and not rounded) including any applicable travel and documentation time.

Update: SABG Renamed to SUBG

- The Substance Abuse and Mental Health Services Administration (SAMHSA) recently changed the name of SABG to “Substance Use, Prevention, Treatment, and Recovery Services Block Grant (SUBG)
- Effective **December 1, 2023**, DHCS will change SABG to SUBG on DHCS websites, county grant applications, and DHCS inboxes.
- This update will be part of a future SUDPOH update.

Optum Updates

- Items in additional threshold languages have uploaded to Optum (Chinese, Korean, Somali):
 - Beneficiary Materials: Grievance & Appeal Materials
 - ❖ Poster
 - ❖ Brochure
 - ❖ CCHEA & JFS Grievance & Appeal Forms
 - NOABD Tab: All NOABD templates

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.

Health Plan Administration (HPA)

Medi-Cal Transformation (CaAIM)

- DHCS is rebranding the CaAIM initiative to [Medi-Cal Transformation](#) in response to feedback from members.
- Visit the [CaAIM 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)

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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.

Management Information Systems (MIS)



Coming Soon: SanWITS Multi-Factor Authentication (MFA) early 2024.

- SanWITS will be enhanced to require multi-factor authentication for login.
- User name and Password will still be required, MFA will replace the pin#.
- Tip sheet with instructions will be sent to all SanWITS users and posted to the Optum Website.

New SSRS Report

- **SUDPI-20 Contact Type and Service Location Discrepancy – report located in the Provider Folder**
 - Report shows ALL encounters post 7/1/23 where Contact Type entered is "Phone" and the service Location selected is **NOT** one of the two Telehealth options.
 - Phone (audio only) and Telehealth (audio video) must have one of the Telehealth locations selected –"Telehealth Provided in Patient's Home" **OR** "Telehealth Provided Other than in Patient's Home"

Reminder: Encounter Screen Questions "In what language was service provided?" and "Was an Interpreter used?"



- The field In what language was service provided? populates with the client's preferred language and is editable if needed depending on the language used to provide the specific service.
- If the language used to provide the service was other than English, the field Was an Interpreter Used? should indicate YES.
 - If an external agency was contracted, select "Yes, External."
 - If the rendering staff was bi-lingual or another staff within the facility interpreted, select "Yes, Internal."

Unit based services – Only 1 unit per day

- Only one encounter/claim should be billed per day for unit-based services.
- Select the service with the appropriate duration based on the total direct service time with client.
 - Example: Provider met with client 10 min in am, and again 25 min in pm for the ASAM
 - Add 10 + 25 = 35 min total service time
 - Select **ASAM assessment 30+ min.**
- Unit based services are listed below:
 - G0396 ASAM assessment 15-30 min
 - G0397 ASAM assessment 30+ min
 - G2011 ASAM assessment 5-14 min
 - 99368 Clinical Consultation 30 min or more
- **The roll-up functionality is not applicable for unit based services.**



CalOMs forms are updated and uploaded to Optum website under "SanWITS" tab

SUDPOH	SUDURM	Forms	Communications	QA Training	Manuals	Toolbox	Beneficiary	NOABD	UTTM	SanWITS	Billing	PC1000
Medical Director Info	Recovery Residences	Monitoring	Training - SanWITS	Contracts/Fiscal Admin Svcs								
SanWITS												
Name	Description	Date										
Forms - CalOMS_Profile_S108A_and_S108B.pdf	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Contact_S109.pdf	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Encounter_S113.pdf	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Intake_S110.pdf	Revised 10/19/2023	2023-10-24										

Forms - CalOMS Discharge_S703 (pdf)	Revised 10/19/2023	2023-10-24
Forms - CalOMS Annual Update_S112 (pdf)	Revised 10/19/2023	2023-10-24
Forms - CalOMS Admission_S111 (pdf)	Revised 10/19/2023	2023-10-24

Group Session Note Screen

- Must enter the session start date first to ensure the # of units calculation is correct.
- Service dropdown will populate all group types pre and post 7/1/23.
- Groups with Date of Service 7/1/23 forward – User must select new groups starting with hash sign (#) followed by discipline (top of list).
- The Lead Staff discipline must match the discipline on the Service.
- Groups with Date of Service pre-7/1/23 – User must select groups starting with two asterisks (**)

Phone Services are Considered Telehealth Services

- Phone (audio only) and Telehealth (audio video) must have one of the Telehealth locations selected – “Telehealth Provided in Patient’s Home” **OR** “Telehealth Provided Other than in Patient’s Home”
 - On the encounter screen, If phone is selected under the Contact Type, the Location must be one of the two Telehealth locations.
- A new SSRS report has been developed to help Providers monitor these services and make corrections before billing.
- The report name is – **SUDPI-20 Contact Type and Service Discrepancy** – and is located in the SSRS Provider Folder.
 - Report shows ALL encounters post 7/1/23 where Contact Type entered is “Phone” and the service Location selected is **NOT** one of the two Telehealth options.

Reminder: Work Email Address for SanWITS Access and Training

- Provider staff must have the contracted Provider’s business email address.
- This is required for both live and train sites.

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.

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Billing Unit (BU) – SanWITS Billing Classes

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- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
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 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types.
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 - 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU)

All providers were notified of the SanWITS Payor Group Enrollment (PGE) changes or updates in August 2023. Here are additional information and reminders:

I. Payor Group Enrollment

A. OTP Providers

- OTP providers are required to bill Medicare Part B and Part C (Medicare Risk/Medicare Advantage) as the primary insurance for clients with dual coverage (Medi-Cal as secondary).
- OTP providers should submit the Evidence of Coverage (EOC) or Explanation of Benefits (EOB) to the ADSBillingUnit.HHSA@sdcounty.ca.gov showing non-coverage or partial payment from the primary insurance.
- If Medicare Part B or C (whichever applies) denies the claims in full or only covers a portion of the service charge, please ensure that these claims are entered in SanWITS and are released and batched to the correct PGE. See the SanWITS PGE guides below. The county billing team will process these claims and bill the unpaid balance to Medi-Cal. The county billing team will handle the process of billing unpaid DMC billable claims to Medi-Cal.
- Entering the encounters in SanWITS is not required if Medicare Part B or C fully pays the service charge and your provider is satisfied with the payment received. The former OTP lead sent a similar email reminder to OTP providers in the past.



Note: OTPs must enter the units of services that will not be paid by Medicare in SanWITS for invoicing final settlement and for DMC claiming.

SanWITS PGE for OTP Providers:

- 1) Medicare: Medicare B- Part B should be used for Medicare Part B billing.

Benefit Plan/Private Pay Billing Information					
Payor-Type	Medicare	Plan-Group	Medicare B-Part B	Policy #	
Payor Priority Order	1	End		Payment Scale	
Coverage Start		End		Relationship to Subscriber/ Responsible Party	Self
Aid Code					

- 2) Group Insurance: OHC/Medicare Risk-Part C should be used for Medicare Part C billing.

Benefit Plan/Private Pay Billing Information					
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-Part C	Policy #	
Payor Priority Order	2	End		Payment Scale	
Coverage Start		End		Relationship to Subscriber/ Responsible Party	Self
Aid Code					

B. Outpatient and Residential Providers

- ❖ Outpatient and Residential providers are required to bill Other Health Insurance (private insurances) and Medicare Part C (Medicare Risk/Medicare Advantage) with some exceptions. The four (4) listed Medicare Part C plans below are effective until 12/31/2023 based on the date of service on the claim. DMC billable claims for clients with dual coverage (Medicare Part C and Medi-Cal) can be billed straight to Medi-Cal.

1. Medicare Part C-Blue Shield Promise Health Plan (BSP)
2. Health Net of CA
3. Aetna Better Health of CA
4. Molina Healthcare of CA



Note: Every December, the county must renew the Medicare Advantage FFS-Equivalent Coverage Certification with the state. The approval from the state for next year's certification may not be available immediately in January of next year. In this case, the County billing unit will email outpatient and residential providers with additional billing instructions for clients with these coverages.

- ❖ Outpatient and Residential providers should submit the Evidence of Coverage (EOC) or Explanation of Benefits (EOB) to the ADSBillingUnit.HHSA@sdcounty.ca.gov showing non-coverage or partial payment from the primary insurance.

SanWITS PGE for Outpatient and Residential Providers:

- 1) Group Insurance: OHC/Medicare Risk-OHC should be used for OHC (private insurance) billing.

Benefit Plan/Private Pay Billing Information			
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-OHC
Payor Priority Order	2	Policy #	
Coverage Start		End	
Aid Code		Relationship to Subscriber/ Responsible Party	

- 2) Group Insurance: OHC/Medicare Risk-Part C should be used for Medicare Part C billing.

Benefit Plan/Private Pay Billing Information			
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-Part C
Payor Priority Order	2	Policy #	
Coverage Start		End	
Aid Code		Relationship to Subscriber/ Responsible Party	Self

II. Diagnosis Codes Used in Billing DMC

- The ICD-10 list is available on the Optum website under the “Billing” tab.
- Some Z codes may not be included in the list. Per direction from the QI Matters team:
 - Any Z- code found within the DSM-5 is billable by the LPHA.
 - Please refer to the [Substance Use Diagnosis Guide \(SDOH\)](#) for more information.
 - For additional questions or concerns about the diagnosis codes, please contact qimatters.hhsa@sdcounty.ca.gov.

Population Health - Network Quality and Planning

1. CalAIM FUA PIP/BHQIP

Goal: to increase connection to a follow up appointment within 7 and 30 days by 5% after an ED visit for Alcohol or Other Drug abuse.

- PeerLINKS and UCSD ED stakeholders agreed to allow FUA-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.



2. CalAIM POD PIP/BHQIP

Goal: Aim to increase the percentage of new pharmacotherapy for Opioid Use Disorder treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.

- Two of the three pilot OTP sites have been providing the California MAT Expansion Toolkit handout and electronically tracking the dissemination of the materials. Ease of intervention implementation and tracking was reported. A short video-based educational intervention in 2024 is planned. Refinements were made to the submitted MAT educational pamphlet and it is expected to be finalized soon. Expansion was discussed to include other OTP sites.
 - **Next Steps:** Continue to monitor dissemination of California MAT Expansion Project handouts at the pilot sites, disseminate MAT education pamphlet once approved, utilize SanWITS data from the OTPs to continue monitoring implementation.

Prevention and Support Services



ECCO Web-based Prevention Services Data Reporting System Update

- Thank you to all the SUD Primary Prevention Service Providers for completion of their November entries for program service hours into ECCO.
- Reminder to Primary Prevention Service Providers to continue to record service hour data each month using your ECCO program account. Service hour data in ECCO program accounts is due by last day of the calendar month reporting. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed by the 5th of the month. Final reports to ECCO due by the 10th of the month.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/NR20230124.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



January 2024

Reminder: Skill Building Workshops in January 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - Outpatient Quality of Care
 - **Thursday, January 11, 2024, from 9:30 a.m. to 11:00 a.m.**
 - *This event has passed.*
 - Residential Quality of Care
 - **Wednesday, January 31, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- **New: Skill Building Workshops in February 2024**
 - Outpatient Quality of Care
 - **Tuesday, February 13, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - Residential Quality of Care
 - **Thursday, February 29, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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, January 25, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

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@Molinahealthcare.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

Clarification: Billing for Duration-Based/Time-based Services

- There have been continued questions around why services less than 8 minutes cannot be claimed. Unfortunately, this is not stated explicitly in the DMC-ODS Billing Manual.
- This billing standard, sometimes called the “7-minute rule,” is set by the Centers for Medicare and Medicaid Services (CMS) and applies to both HCPCS and CPT codes.
- This information can be found on [the Medicare Claims Processing guidelines](#) issued by CMS on 12/27/2010, starting on page 4, and is also referenced in the CPT Coding trainings available through CalMHSA.
 - Links to the CalMHSA Trainings can be found on the “[CalAIM For BHS Providers](#)” tab on the Optum website.
- Per the DMC-ODS Billing Manual, “If a provider renders the same service to the same beneficiary on the same day more than once, the provider should submit the claim as one service rather than two services.”
 - For example, if a provider renders individual counseling for 15 minutes in the morning, and the same provider provides more individual counseling for the same beneficiary for 30 minutes in the afternoon, the claim would be submitted for 45 minutes of individual counseling.
- We will continue to update providers should any changes occur to this minimum requirement.



Reminder: Updated Documentation Redesign Requirements

- A memo along with updated forms and instruction sheets was sent to all providers on December 26, 2023, reflecting documentation changes found in [BHIN 23-068](#).
 - The memo, new forms, and instructions will be posted to the Optum website shortly.
- The SUD Treatment Progress Note instructions that were sent out have been updated with the following:
 - **Duration of Direct Client Care for the Service**
 - Note: If billing a 24-hour bundled service (i.e., bed day), enter “bed day” in this field
 - **Total Time (including: service, documentation, travel) in minutes.**
 - Note: If billing a 24-hour bundled service (i.e., bed day), this field is not required
- Please use the updated forms and requirements for all documentation and services provided on or after January 1, 2024

Reminder: Physical Examination Requirements

- Providers are required to obtain physical examination results for each client. If the client had a physical exam within the 12-month period prior to admission, the physician shall review the results within 30 calendar days of admission (for outpatient; 10 days for residential).
- If the client has not had a physical within the 12-month period prior to admission, the physician may perform a physical examination within 30 calendar days of admission for outpatient programs; within 10 days of admission for residential programs (if the program is able to provide IMS).
- If neither of the above have taken place, then a goal of obtaining a physical examination must be included on the initial and updated treatment plans.
 - [BHIN 22-019](#) had previously stated this was excepted; however [BHIN 23-068](#) has restored it
 - As Treatment Plans continue to not be required, this requirement can be met by notating it within the assessment record, problem list, progress notes, or using a dedicated care template.
- In all instances, a copy of the physical examination results must be filed in the chart.



Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

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: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Health Plan Administration (HPA)

Medi-Cal Transformation (CaAIM)

- DHCS has rebranded the CaAIM 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 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.

Management Information Systems (MIS)

Coming Soon: SanWITS Multi-Factor Authentication (MFA) early 2024

- MFA is being added to SanWITS to provide a more secure log-in (County required).
- Username and Password will still be required; however, a time-based one-time (TOTP) password will replace the pin#.
- MFA/TOTP Set Up Process & User Guide will be sent to all SanWITS users and posted to the Optum Website – anticipated date Jan 10, 2024.



SSRS Report – SUDPI=20 Contact Type and Service Location Discrepancy report

- Report is in SanWITS/SSRS /Provider Folder.
- Report shows ALL encounters post 7/1/23 where Contact Type entered is “Phone” and the Service Location does not have one of the two Telehealth options selected.
- On the encounter screen, if phone is selected under the Contact Type, the Location must be one of the two Telehealth locations.
 - Telehealth Provided in Patient's Home
 - Telehealth Provided Other than in Patient's Home
- Report must be run, and corrections made before batching claims to ensure claims are submitted accurately.

OTP Providers – MAT dosing

- MAT dosing is a unit-based service which only allows for 1 unit to be billed per day.
- If there are multiple doses of same medication, same day, for same client – the Split Dosing feature on the encounter must be used.
- The system will create fractional units for each dose adding up to 1 unit.
- Do not create separate encounters for Split dosing.

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, January 22, 2024, at 9:00 a.m. – 11:00 a.m.**
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.



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

SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU)

Billing Announcements

- The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: **BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C, AETNA BETTER HEALTH OF CA** is valid until December 2023. Your claims must be billed to DMC within the 6-month billing period from the date of service.
- The 2024 letters to the health plans have been sent and are currently in process. The coverage certification approval is not yet available, but the ADS Billing Unit (county) will keep you updated.
- Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.
- We were informed that Aetna and Health Net may leave San Diego and move their clients to Blue Shield, Community Health Group, Molina, or Kaiser. The ADS Billing Unit will continue to provide you with updates as they become available.



Population Health - Network Quality and Planning



1. CalAIM FUA PIP/BHQIP

Goal: to increase the connection rate by 5% to a follow up appointment within 7 and 30 days after an ED visit for Alcohol and Other Drug Abuse.

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.

2. CalAIM POD PIP/BHQIP

Goal: Aim to increase the percentage of new pharmacotherapy for Opioid Use Disorder (OUD) treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.

The two pilot OTP sites have continued to participate by disseminating the California MAT Expansion Toolkit handout to clients and tracking the dissemination of the material electronically. The PIP Advisory group plans to expand the intervention to the other OTP sites in early 2024.

- ❖ **Next Steps:** Disseminate MAT education pamphlet upon approval, utilize SanWITS data from the OTPs to monitor intervention implementation, continue to monitor dissemination of California MAT Expansion Project handouts at the pilot sites.

Prevention and Support Services

ECCO Web-based Prevention Services Data Reporting System Update

- Thank you to the Primary Prevention Service Providers who were able to attend the TA session hosted in December. Corissa Saylor, the ECCO State representative, was able to provide guidance on Community-Based processing (CB) entries and answer provider questions.
- Please remember to continue to complete recording of service hour and activity numbers of data by the 5th of each month (including any month where the 5th may fall on a Saturday or Sunday) using your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicating with providers any corrections or changes needed. Final monthly data reports to the State are required to be submitted by the County on or before the 10th of each month.
- Tip: Community-Based data reports in ECCO are always accessible to providers. There is no need to reach out to ECCO administrators or BHS TA team to open a previous month that may need to be edited.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/dhcs/prevention-and-youth-branch)

Communication

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February 2024

Reminder: Skill Building Workshops in February 2024

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 - **Tuesday, February 13, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Register here!](#)
 - Residential Quality of Care
 - **Thursday, February 29, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Register here!](#)
- **New: Skill Building Workshops in March 2024**
 - Outpatient Quality of Care
 - **Monday, March 11, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Register here!](#)
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 - [Register here!](#)
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- Date: **Thursday, February 22, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

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 has not submitted by the due date, please do so as soon as possible.

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

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.



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](#).



Reminder: National Suicide Prevention Hotline number change

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

Health Plan Administration (HPA)

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](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 bhs-hpa.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.

Management Information Systems (MIS)

Important: Issue detected – Duplicate Client Profiles

- There should only be one client profile per agency.
- To avoid duplicate records, it is important to **always search several ways** to ensure a record does not already exist in the agency.
- Refer to the training manual “Client Search” page 9-11, [Intro to Admin Functions Training Manual 12.21.23.pdf \(optumsandiego.com\)](#)



Reminder: Closing Client Episode/Intake in SanWITS

- Client’s episode/Intake screen should be closed if the client is no longer receiving SUD treatment, Recovery Services, or Before Admission/After Discharge services.
- Before ending the episode/Intake screen:
 - Billing must be completed.
 - SanWITS records must be completed.
 - CalOMS errors must be completed.

Reminder: Do Not re-use an Episode

- If a client returns to the facility, open a new episode – do not re-open a closed episode.

Reminder: CalOMS Admission Record

- MIS is experiencing a high volume of request to delete admissions due to client not returning to complete the Intake Process.
- Do not enter the CalOMS Admission until the following criteria is met:
 - A SUD related problem
 - The client must have completed the intake process to the program (this does not refer to the SanWITS Intake Screen)
 - Treatment must have started
- **If an individual started the intake process, but did not return, the CalOMS admission record should not be entered in SanWITS.**

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 updates, and address User concerns.

- Next meeting: **Monday, April 15, 2024, at 9:00 a.m. – 11:00 a.m.**
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.



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

SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit (BU)

Billing Reminders and Announcements

- The Department of HealthCare services has recently extended the DMC late claim submission from 6 months to 12 months from the date of service 07/01/2023, and after. But we recommend continuing processing and submitting your claim batches to the ADS Billing Unit on the 10th of the following month or as soon as you complete them to avoid any invoicing delays.
- The claim replacements may no longer be due 6 months from the finalization of the claim or date of the denial. We are waiting for the Behavioral Health Information Notice to be issued by the State soon. If you have claims after the original six-month billing deadline (from the date of service), please contact the ADS Billing Unit.
- Make sure to review and use the SUD Billing Errors Guides that we provided to all the SUD programs. [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](http://optumsandiego.com) -BILLING tab

SUD Claim Errors and Guides	The purpose of this tip sheet is to give advice on how to avoid and fix both common and new billing errors.
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- The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C, AETNA BETTER HEALTH OF CA is valid until December 2023.
 - Your claims must be billed to DMC within the 6-month billing period from the date of service. San Diego County-BHS confirmed that the insurance companies have received our request for the 2024 coverage certification and are currently processing it internally. Updates will be provided by the County ADS Billing Unit as they become available.
 - Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.
- Continue to utilize the DMC Billing Manual version 1.4, that is posted on the San Diego Optum website, BHS Billing Resources.

DMC-ODS Billing Manual version 1.4 (pdf)	The DMC-ODS Billing Manual is a DHCS publication which outlines the processes and rules for SD/MC claims for DMC-ODS services.
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- For other billing or billing-related questions, please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov.

Population Health - Network Quality and Planning

1. CalAIM FUA PIP/BHQIP

Goal: *The goal is to increase the percentage by 5% of beneficiaries receiving a follow-up care appointment within 7 and 30 days after an ED visit for alcohol or other substance use.*

National Alliance on Mental Illness (NAMI) staff reported they received the first University of California San Diego (UCSD) Emergency Room (ER) referral to PeerLINKS navigation and support services. It was an important first step to establishing a workflow for the FUA BHQIP. HSRC processed responses received from the Managed Care Plans (MCP) and began outlining a workflow map for the MCP data exchange component. Telehealth options are being explored to use in the UCSD Emergency Department (ED) to meet service delivery requirements for follow-up within seven days.

2. CalAIM POD PIP/BHQIP

Goal: *Aim is to increase the percentage of new Opioid Use Disorder pharmacotherapy treatment events (i.e., MAT) among members aged 16 and older with an Opioid Use Disorder for at least 6 months by 5%.*

The California Medication Assisted Treatment (MAT) Expansion Toolkit handout was disseminated and electronically tracked by the remaining two OTPs (Opioid Treatment Programs) participating in this pilot. The educational pamphlets on Opioid Use Disorder for new MAT clients was recently finalized and will be provided to participants at OTP programs in early 2024. This intervention will be expanded to the other OTP sites in early 2024 as well.

Prevention and Support Services

SUD Primary Prevention Contractors-

ECCO Web-based Prevention Services Data Reporting System Update

- Primary prevention providers are expected to continue to record service hour and activity numbers data by the 5th of each month including the 5th of any month that may fall on a Saturday or Sunday using your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed as final monthly data reports to the State are due by the 10th of the month.
- Tip: Community-Based data reports in ECCO are always accessible to providers. If a previous month needs to be edited, the file can be opened by the providers rather than reaching out to the ECCO administrators or BHS TA team.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/preventionandyouth/)

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**



March 2024

Reminder: Skill Building Workshops in March 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - ❖ Outpatient Quality of Care
 - **Monday, March 11, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [This event has passed.](#)
 - ❖ Residential Quality of Care
 - **Wednesday, March 20, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register!](#)
- **NEW: Skill Building Workshops in April 2024**
 - ❖ Outpatient Quality of Care
 - **Tuesday, April 9, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register!](#)
 - ❖ Residential Quality of Care
 - **Thursday, April 18, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register!](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

Root Cause Analysis Training

The next **Root Cause Analysis (RCA) Training** session is scheduled for **Thursday, March 21, 2024, from 9:00 a.m. to 12:00 p.m.** 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!](#)

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, March 28, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

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](#)
- **Flyers:** <https://bit.ly/NAMIWalksSD24>



Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Jan-Mar (Q3) will be due by **April 15, 2024**.
- The tool has been updated to include a new question for checking the CURES database and adjusted consent to treat language for clients under 18 years of age.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab. Please ensure you are only using the most up to date form.
- Programs providing additional or extended MAT services will need to follow the Medication Monitoring process. Please reference the most recent SUDPOH for requirements.
- Reminder – Ensure all the fields are completed on the submission form, including contract number, DMC provider number, discipline (e.g., 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 submission forms to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.



Reminder: Naltrexone Treatment Certification

- A reminder that if a program is prescribing Naltrexone, it must be added to their Drug Medi-Cal Certification.

Updates to Medicare Coverage

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 \(ca.gov\)](https://www.dhcs.ca.gov/PAVE)

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](#)).
- 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.

Update: 42 CFR Regulations

- 42 CFR privacy regulations have been updated to more closely align with the Health Insurance Portability and Accountability Act (HIPAA) rules, effective **April 16, 2024**.
- Information on the changes can be found here: [Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)
- Programs should be working with their privacy, compliance, and/or legal counsel to ensure all documents and practices are updated and reflect the changes in their practices and documentation.



Reminder: DMC-ODS Eligibility

- The County of San Diego’s DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
 - ✓ Adolescents age 12 – 17
 - ✓ Adults age 18 and over
 - ✓ Clients self-referred or referred by another person or organization.
 - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
 - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
 - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
 - ✓ No DMC/Low Income or no insurance:
 - Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
 - Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
 - Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
 - Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
 - ✓ Persons meeting DMC-ODS medical necessity criteria.
 - ✓ Justice Overrides
 - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.



Reminder: 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: [Access Times FAQ and Tip Sheet](#)
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/23.
- Email [QI Matters](#) with questions.

Update: Clinical Quality Assessment Timelines

- In alignment with the discussion in the January 2024 Quality Improvement Partners (QIP) meeting, unanimous provider feedback was that the previously required timelines for assessments are still being used in the system as minimum clinical quality standards:
 - Outpatient is 30 days of admission, or 60 days for those under 21 or experiencing homelessness.
 - Residential is 10 days of admission.
- Per DHCS BHIN [23-068](#), DHCS requires that Medi-Cal Behavioral Health delivery systems shall monitor timely completion of assessment to ensure appropriate access to, and utilization of, services, however, these standards shall not enforce standards for timely initial assessments or reassessments, “in a manner that fails to permit adequate time to complete assessments when such time is necessary due to a member’s individual clinical needs”.
- Programs should document clinical rationale when they are unable to complete a timely assessment within the above quality guidelines.



Optum website update to DMC-ODS Serious Incident Reporting tab

- The SIR tab has been updated to include the latest versions of the SIR and SIROF forms for ease of reporting. In addition, the tab also holds the SIR and SIROF FAQ/Tip Sheets and RCA worksheet.
- Please stay tuned for the addition of a dedicated SIR/SIROF recorded training and accompanying visual slides.

Update: FY2324 SUDPOH (Q2)

- The SUDPOH was updated on 12/18/23.
- This edition and its Summary of Changes are now posted on the Optum site.
- The next update is planned for release on 04/15/24.

Health Plan Administration (HPA)

DMC-ODS External Quality Review (EQR)

- 
- The FY23/24 DMC-ODS External Quality Review (EQR) will take place virtually from 3/19/24 – 3/21/24.
 - EQR is the State’s process to analyze and evaluate information related to quality, timeliness, and access to DMC-ODS services rendered to Medi-Cal members.
 - The review process consists of consumer (Medi-Cal member) focus groups, provider/staff focus groups, data analysis and reporting, information system reviews, and the evaluation of DMC-ODS Performance Improvement Projects (PIPs). A copy of last FY’s EQR report is available online: [San Diego County FY2022-23 Final Report \(DMC-ODS\)](#)
 - The organization conducting the review is Behavioral Health Concepts (BHC), Inc.

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 BHS-HPA.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.

Management Information Systems (MIS)

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

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Prevention and Support Services



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ECCO Web-based Prevention Services Data Reporting System Update

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- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit [Prevention and Youth Branch \(ca.gov\)](http://Prevention and Youth Branch (ca.gov))

Communication

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- 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

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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**



April 2024

Reminder: Skill Building Workshops in April 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - ❖ Outpatient Quality of Care
 - **Tuesday, April 9, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
 - ❖ Residential Quality of Care
 - **Thursday, April 18, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- **NEW: Skill Building Workshops in May 2024**
 - ❖ Outpatient Quality of Care
 - **Monday, May 13, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - ❖ Residential Quality of Care
 - **Wednesday, May 29, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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 QA continues to provide support for COR teams monitoring this requirement.
- The web-based submission form has been recently updated to assist with ease in reporting trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order 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.
- The [Annual CME-CEU Requirement Tip Sheet](#) has been updated for this calendar year and 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 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, April 25, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

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](#)
- **Flyers:** <https://bit.ly/NAMIWalksSD24>



SmartCare

- Upcoming Town Halls
 - Monday 4/29/24 from 1-2 pm
 - [Click here to join the meeting](#)
- Optum SmartCare Tab has been updated to include-
 - [BHS – Information Notice – Important SUD EHR Project Status Update](#)
 - [SmartCare Hardware, Software, and Network Requirements](#)
 - [BHS – Information Notice – SmartCare Implementation Updates](#)
 - [March 2024 Town Hall](#)

Update: New HCPCS and CPT codes coming

- Additional CPT and HCPCS codes are being added to SanWITS to align with the codes available in SmartCare once that EHR is active.
- New crosswalk and codes expected to be available by mid-May. Further details will be provided in this month's QIP and the May UTTM.
- The new crosswalk will contain billing code definitions and providers will need to familiarize themselves with these definitions, as well as the available places of service and lockouts in the billing manual.
- Providers will continue to need to use their best judgement on which is the more appropriate service based on the service provided, the discipline of who provided the service, and how it is documented.

Reminder: Running Medi-Cal Eligibility is required

- Programs are required to run Medi-Cal eligibility and complete the financial responsibility form at admission. Medi-Cal eligibility must be run monthly for as long as the client is at the program.
- If the client meets FPL as described in the SUDPOH but does not have Medi-Cal, the provider must make every effort to assist the client to apply for Medi-Cal.
 - These services may be claimable as care coordination depending on the service provided and how it's documented.
- Providers will also want to note the expanded eligibility item in this month's UTTM.
- Resources and tips on how to get clients enrolled in Medi-Cal are available in SUDPOH Section E.

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>



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: Dependent vs Independent Living

- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. **Note:** Recovery Residences and Sober Living should be considered "dependent" living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Health Plan Administration (HPA)

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>

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 BHS-HPA.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.

Billing Unit (BU)

Non-OTP Programs:

Medicare Advantage (Medicare Part C or Risk) Plans for:

The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: Blue Shield Promise -Part C, Health Net-Part C, Molina-Part C, AETNA BETTER HEALTH OF CA is valid until December 2023. Your claims must be billed to DMC within the 6-month billing period from the date of service. Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.

For 2024, the FFS certified Medicare Advantage Plans are as follows:

- 1.) Molina-Part C
- 2.) Community Health Group-Part C.

The claims can be directly billed to Medi-Cal by non-OTP providers for dually covered beneficiaries if the primary insurance is one of these two Medicare Risk or Part C plans. The ADS Billing Unit will continue to provide you with updates on Medicare Advantage Plans as they become available.

OTP Programs:

Please review the email with a subject line Medicare Medi-Cal and Tip Sheet that was sent by the ADS Billing Unit to all OTP providers on 03/01/2024. The email contains helpful tips and guides in handling or processing claims for clients with dual coverage (Medicare Part B or Part C Medicare Risk). **The tip sheet can now be found on the Optum website, under the “Billing” tab.**

The screenshot shows a navigation menu with the following items: SUDPOH, SUDURM, Forms, Communications, QA Training, Manuals, Toolbox, Beneficiary, NOABD, UTTM, SanWITS, **Billing**, PC1000, Medical Director Info, Recovery Residences, Monitoring, Training - SanWITS, Contracts/Fiscal Admin Svcs, Serious Incident Reporting, SmartCare.

Name	Description	Date
OTP: Encounter Entry for Medi-Medi Methadone Claims v. 03.2024 (pdf)	The purpose of this tip sheet is to provide guidance to OTP programs on entering Medi-Medi Methadone claims in 7-day increments in SanWITS if Medi-Cal needs to be billed for unpaid costs by the primary insurance. This tip sheet is subject to change	2024-04-01

General Reminders: All Programs

For clients with dual coverage (primary insurance and Medi-Cal), the following insurance documents or proof of billing can be accepted:

1. Evidence of Coverage (EOC) from the primary insurance indicating that SUD services are not covered, so we can proceed with billing the secondary plan, which is Medi-Cal.
2. Explanation of Benefits (EOB) indicating full or partial payment from primary insurance.
3. Valid proof of billing if you billed the primary insurance (Medicare B or C) and have not responded within 90 days.

Note: While the provider continues to follow up on the status with the primary insurance, the County SUD Billing Unit team can proceed with billing the secondary insurance (Medi-Cal). If Medi-Cal pays the cost of service in full and OTP receives payment from primary insurance, the provider must submit the valid EOB to the ADS Billing Unit. The payment for primary insurance will be posted in SanWITS and any excess amount paid by Medi-Cal will be voided and returned to the State by my team. If your program has this scenario, please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov immediately for further guidance. The completed Payment Recovery Form (PRF) may be required from the provider.

Population Health – Network and Quality Planning

1. CalAIM FUA PIP/BHQIP

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



- Resource cards were developed and approved for distribution in ED's in February. The final 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. CalAIM POD PIP/BHQIP

Goal: *To increase new Opioid Use Disorder pharmacotherapy treatment events (i.e., MAT) among members aged 16 and older with an Opioid Use Disorder for at least 6 months by 5%.*

- The final BHQIP submission to the state occurred in March. Pilot providers are handing out the California MAT Expansion Toolkit and the MAT tri-fold pamphlet, which are proving to help maintain engagement. An extension is being proposed to allow current beneficiaries to pass the 180-day retention mark, translation into multiple languages, enrollment of more beneficiaries, expansion of educational interventions to other OTPs, and a third MAT video intervention.



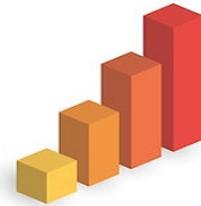
If you have questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

Prevention and Support Services

SUD Primary Prevention Contractors:

ECCO Web-based Prevention Services Data Reporting System Update

- Primary prevention providers are expected to continue to record service hour and activity numbers data by the 5th of each month including the 5th of any month that may fall on a Saturday or Sunday using your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed as final monthly data reports to the State are due by the 10th of the month.
- Community-Based data reports in ECCO are always accessible to providers. If a previous month needs to be edited, the file can be opened by the providers rather than reaching out to the ECCO administrators or BHS TA team.
- No Activity for the Month: As a reminder, when inputting in no activity for any given month, you must include a statement that states at a minimum “No activities for this month” and make sure you select No as the option when asked if activities were performed so that comments field will show. Otherwise, if you select option for Yes, continue to complete remaining entries for that activity.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit: [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/dhcs/prevention-and-youth-branch)



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



May 2024

Reminder: Skill Building Workshops in May 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - Outpatient Quality of Care
 - **Monday, May 13, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - Residential Quality of Care
 - **Wednesday, May 29, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- **New: Skill Building Workshops in June 2024**
 - Outpatient Quality of Care
 - **Tuesday, June 11, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - Residential Quality of Care
 - **Thursday, June 20, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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, May 23, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

SmartCare

- ✚ Upcoming Town Halls (combined MH & SUD)
 - **Tuesday, 5/21/24, from 1-2 p.m.**
 - [Click here to join the meeting](#)
- ✚ Optum SmartCare Tab has been updated to include:
 - [SmartCare FAQs as of 4/10/2024](#)
 - [2024-04-10 EHR Town Hall](#)
 - [2024-04-29 EHR Town Hall](#)



Update: FY2324 SUDPOH (Q3)

- The SUDPOH was updated on 02/02/24.
- This edition and its Summary of Changes are now posted on the Optum site.
- The next update is planned for release on 07/15/24.

Update: New HCPCS and CPT codes

- Additional CPT and HCPCS codes will be available in SanWITS on 5/20/24. These codes will largely align with the codes that will be available in SmartCare once we are live in the system on 9/1/24.
- Please note that the services will not be available in SanWITS before 5/20/24 and cannot be used for services provided prior to 5/20/24.
- The new crosswalk with the codes, service definitions, names in SanWITS/SmartCare, and allowable disciplines will be posted to the [Optum website](#) under the “Toolbox” tab.
- Providers will continue to need to use their best judgement on which is the most appropriate service based on the service provided, the discipline of who provided the service, and how it is documented.

Update: New/Updated provider types

- On December 5, 2023, DHCS received approval for [State Plan Amendment \(SPA\) 23-0026](#). DHCS has since requested feedback on a draft Information Notice based on the SPA. The SPA was effective 7/1/23.
- The SPA adds the following Provider Types to DMC ODS: Licensed Vocational Nurses (LVNs), Licensed Psychiatric Technicians (LPTs), Licensed Occupational Therapists (LOTs), Medical Assistants (MAs), and Clinical Trainees (CTs)
- They have also updated guidance that the definition of “registered” now includes individuals who are in the process of obtaining registration for licensure types that have been approved by the Board of Behavioral Sciences
- While the final BHIN is still pending, we are also waiting for DHCS guidance on how these new disciplines can be billed, including what billing codes they can use, taxonomies, and scope.
- We will communicate further with providers once this guidance is given.

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

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.



Health Plan Administration (HPA)

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.

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.

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Management Information Systems (MIS)

New: SSRS Report Available in Provider’s Folder

- Report Name: 10-07 SUD No Show Report
- Report Description: This report shows percentage of “No Show” Contacts by pulling Contacts that have Accepted Appointment dates but do not have Encounter(s) created. The report only pulls Contacts that have a disposition of ‘Made an Appointment’.

Reminder: Unfinished Client Activity Report

- Providers should run the Unfinished Client Activity Report twice a month before the state extracts for CalOMS.
- Highly suggest 13th and 25th of each month.

Reminder: DATAR

- Please make sure facilities have at least 2 users with access to submit DATAR.
- DATAR numbers must be submitted by the 1st and no later than the 7th of each month. A facility will not be in compliance with the State if submitted after this.
- Please email SUDEHRSupport.HHSA@sdcounty.ca.gov if a DATAR user needs to be added or removed or to update a DATAR user's facility access.
- The following information needs to be emailed to SUDEHRSupport.HHSA@sdcounty.ca.gov for new DATAR user requests: Name, Business Email and Facility number.

Important Notice: SanWITS Quarterly User Group

- With the transition to SmartCare EHR, the quarterly user group will be re-evaluated.
- Last meeting for SanWITS will be on **Monday, July 15, 2024, at 9:00 a.m. – 11:00 a.m.**
- ASL Interpreter by request.



Important Notice: Final SanWITS Training Dates

- SanWITS classes will not be offered after the following dates, with registration closing 7 days prior to the training date:
 - Assessments (SWA)- 6/27 (registration will close 6/20)
 - Introduction to Admin Functions (IAF)- 7/10 (registration will close 7/3)
 - Outpatient/OTP Encounters and Group Modules- 7/16 (registration will close 7/9)
 - Residential Encounter and Bed Management- 7/17 (registration will close 7/10)



SanWITS Virtual Trainings Provided – (See last dates for SanWITS Trainings above)

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

Billing Unit (BU)

I. DMC-ODS Billing Manual v-1.5 and Service Table v-1.5

The latest DMC-ODS Billing Manual and Service Table version 1.5 have been published on the Optum website [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](http://DrugMedi-Cal.Organized.Delivery.System(optumsandiego.com)) under the “Billing” tab.

Name	Description	Date
DMC-ODS Service Table- v. 1.5 (.xlsx)	The DMC-ODS Service Table consists of service code, modifiers, lockouts, allowable place of service, and more.	2024-04-15
DMC-ODS Billing Manual v-1.5 (.pdf)	The DMC-ODS Billing Manual is a DHCS publication which outlines the processes and rules for SD/MC claims for DMC-ODS services.	2024-04-11

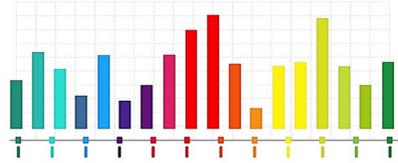
II. Non-OTP Provider Billing Reminders:

- a) The following Medicare Part C plans with Medicare Advantage FFS-Equivalent Coverage Certification are valid through December 2023:
 - 1) Blue Shield Promise, Part C
 - 2) Health Net, Part C
 - 3) Molina, Part C,
 - 4) Aetna Better Health of CA, Part C
- b) The following Medicare Part C plans with Medicare Advantage FFS-Equivalent Coverage Certification valid until December 2024:
 - 1) Molina, Part C
 - 2) Community Health Group (CHG), Part C
 - 3) Blue Shield, Part C

III. Place of Service (POS)

- Please review the DMC-ODS Billing Manual v-1.5 for more information.
- The January 2024 UTTM includes information about the available SSRS report: Contact type and service location discrepancies report for SUDPI=20.

Prevention and Support Services



SUD Primary Prevention Contractors-

ECCO Web-based Prevention Services Data Reporting System Update

- Primary prevention providers are expected to continue to record service hours and activity numbers data no later than the 5th of each month, this includes any 5th of the month whether it may fall on a weekend or holiday by logging in to your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes if needed, before BHS finalizes and submits the monthly data reports to the State.
- Community-Based data reports in ECCO are always accessible to providers. If a previous month needs to be edited, the file can be opened by the providers. There is no need to reach out to the ECCO administrators or BHS TA team.
- No Activity for the Month: As a reminder, when entering in no activity for any given month, a statement must include at a minimum, “No activities for this month” and to ensure to select “No” as the option when prompted so the comments field will show. If not selected, the option for “Yes” will appear and therefore will continue to ask the User to complete the remaining entries for that activity.
- ****Please note change for technical assistance requests or other questions will now be Rea Alvarez at rea.alvarez@sdcounty.ca.gov ****
- For information regarding DHCS Primary Prevention, please continue to visit [Prevention and Youth Branch \(ca.gov\)](#)

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**



June 2024

Reminder: Skill Building Workshops in June 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - Outpatient Quality of Care
 - **Tuesday, June 11, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [This event has passed](#)
 - Residential Quality of Care
 - **Thursday, June 20, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
- **New: Skill Building Workshops in July 2024**
 - Outpatient Quality of Care
 - **Wednesday, July 17, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - Residential Quality of Care
 - **Monday, July 22, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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, June 27, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

SmartCare

- Upcoming Town Hall (combined MH & SUD)
 - **Tuesday, June 18, 2024, from 1:00 p.m. to 2:00 p.m.**
 - [Click here to join the meeting](#)
- Optum SmartCare Tab has been updated to include-
 - [2024-05-21 EHR Town Hall](#)



Update: New HCPCS and CPT codes

- Additional CPT and HCPCS codes are available in SanWITS. These codes will largely align with the codes that will be available in SmartCare once we are live in the system on 9/1/24.
- These new codes are effective 5/20/24. Services provided on or after 5/20/24 can be claimed using the new codes.
- The new crosswalk with the codes, service definitions, names in SanWITS/SmartCare, and allowable disciplines is now posted to the [Optum website under the Toolbox tab](#).
- Providers will continue to need to use their best judgement on which is the most appropriate service based on the service provided, the discipline of who provided the service, and how it is documented.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of **April-June (Q4)** will be due by **July 15, 2024**.
- The tool has been updated to include a new question for checking the CURES database and adjusted consent to treat language for clients under 18 years of age.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab. Please ensure you are only using the most up to date form.
- Programs providing additional or extended MAT services will need to follow the Medication Monitoring process. Please reference the most recent SUDPOH for requirements.
- Reminder – Ensure all the fields are completed on the submission form, including contract number, DMC provider number, discipline (e.g., 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 submission forms to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

SUD NOABD Webinar



- The SUD NOABD webinar is currently being recorded.
- When the recording is completed, the webinar, PowerPoint, and webinar transcript will be posted soon on the Optum website and available on the QA Training Tab.

Reminder: 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: [Access Times FAQ and Tip Sheet](#)
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/23.
- Email [QI Matters](mailto:QIMatters) with questions.

Health Plan Administration (HPA)

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.

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

Medi-Cal Transformation (aka CalAIM)

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

Management Information Systems (MIS)

Reminder: Entering a Program Enrollment End Date

- Program end-date must be entered when the client is no longer receiving the services for the specific program. Please see sample scenarios below.
 - If client has been admitted into a treatment program and is no longer receiving Before Admission/After Discharge services, enter an end date on the Before Admission and After Discharge program enrollment.
 - If a client is no longer receiving Courtesy Dosing.

Reminder: CalOMS

- When correcting or updating a Client Profile, Admission, Annual Update or Discharge record that has been sent to the State, please notify SUD MIS Support at SUDEHRSupport.HHSA@sdcounty.ca.gov to avoid the record from being rejected.

Important Notice: Final SanWITS Training Dates

- SanWITS classes will not be offered after the following dates, with registration closing 7 days prior to the training date:
 - Assessments (SWA)- 6/27 (registration will close 6/20)
 - Introduction to Admin Functions (IAF)- 7/10 (registration will close 7/3)
 - Outpatient/OTP Encounters and Group Modules- 7/16 (registration will close 7/9)
 - Residential Encounter and Bed Management- 7/17 (registration will close 7/10)



Reminder: SanWITS User Modification Termination Form

- All user modifications and terminations must be submitted to MIS using the User Modification Termination form located on Optum Website [SanWITS User Modification Termination Form](#)
- When completing the modification form, make sure to include the modifications being requested in the Comments text box as seen in the print screen below.

Comments: Type all modification requests in the box below



- Routine Terminations – Please ensure terminations are submitted within one business day of notice given.
- Quick Terminations – MIS should be notified immediately by calling 619-584-5040 (including after hours and weekends).

Prevention and Support Services

SUD Primary Prevention Contractors - ECCO Web-based Prevention Services Data Reporting System Update

- Only report hours and activities occurred within the reporting month.
- For reporting “No Activity” for the month, please select, “NO” and indicate in free-text field, “No activities for this month.”
- ****Please note, contact for technical assistance requests or other questions will now be Rea Alvarez at rea.alvarez@sdcounty.ca.gov ****
- For information regarding DHCS Primary Prevention, please continue to visit [Prevention and Youth Branch \(ca.gov\)](#)

Thank you from Michael Blanchard, SUD QA BHPC

Although it's been announced in QIP, I wanted to thank all of our providers once again as I leave the County of San Diego to move out of state, with my last official day being 6/27/24. I'll be taking a brief career pause while we get settled.

While we are not able to announce my successor yet, they come with years of experience in QA, and I have complete confidence that they will continue the high standard QA has set and help everyone navigate the continued changes and focus on quality of care. I look forward to you all meeting them and building strong relationships with them in the near future.

Getting to know you and work with you all over the years has been a pleasure, and the hard work you all do to help our beneficiaries and understand the frequently changing state requirements is to be admired. Thank you again for your years of hard work, collaboration, and dedication.



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