Recovery Services Skill Building Workshop

- The BHS SUD QM team is pleased to announce the next Skill Building Workshop for Recovery Services. This workshop is an opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.

- Due to limited available seating for the training, registration is required, and capped to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.

    o Date: **Wednesday, April 20, 2022**
    o Time: 1:00 p.m. to 3:00 p.m.
    o Where: via WebEx – Please click here to register!

New: Upcoming Trainings in May 2022

- Please look out for future notice to register for the following virtual trainings:
    ❖ DMC-ODS Outpatient Documentation Training
        o Thursday, May 12, 2022, from 9:30 a.m. to 1:00 p.m.
        o A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
    ❖ Withdrawal Management Skill Building Workshop
        o Monday, May 23, 2022, from 9:30 a.m. to 11:30 a.m.
        o An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.

- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

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

    o Date: **Thursday, April 28, 2022**
    o Time: 10:00 a.m. to 11:30 a.m.
    o Where: via WebEx - Participation information sent by email prior to the meeting.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall
- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: National Suicide Prevention Hotline number changing
- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) will transition to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Once this system is online it will route seamlessly into the ACL.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders
- Providers are expected to attest monthly to maintain a current profile in the SOC application to comply with CMS network adequacy requirements.
- Program managers are expected to visit the SOC to review program's information and attest to information monthly.
- New hires and transfers are expected to register promptly, and attest to information once registration is completed.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

Update: Clinical Consultation
- Per DHCS Info Notice 21-075 Clinician Consultation replaces and expands the previous "Physician Consultation".
- Clinician Consultation consists of DMC-ODS LPHAs consulting with LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.
- Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries. DMC-ODS Counties may contract with one or more physicians, clinicians, or pharmacists specializing in addiction in order to provide consultation services. These consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems.
- UCSF continues to be a resource for the updated clinical consultation. This resource is available to all DMC providers until we have a local resource.
  - 855-300-3595
  - https://nccc.ucsf.edu/clinical-resources/substance-use-resources/?_cldee=a2l0YWhvLmthdG9AY21zLmhocy5nb3Y%3d
- Effective May 1, 2022, the current county billable Physician Consultation service will be removed and replaced with a new DMC billable service Clinician Consultation.
- The new service will be added to all programs.

State Campaign to Help Medi-Cal Clients Retain Health Coverage

- California is launching a statewide effort to help Medi-Cal beneficiaries keep their Medi-Cal coverage or be enrolled in other coverage.
- When the PHE ends, the state will resume normal Medi-Cal eligibility operations and the annual eligibility review. As a result of that process, two to three million beneficiaries could no longer be eligible for Medi-Cal.
- The state, along with its partners, are engaging in a comprehensive campaign to reach beneficiaries with information about what to expect and what they need to do to keep their health coverage.
- DHCS has launched a customizable Medi-Cal Continuous Coverage toolkit and webpage to help trusted entities and individuals act as DHCS Coverage Ambassadors to push communications to Medi-Cal beneficiaries to encourage them to update their contact information with their counties to ensure they receive important information about keeping their Medi-Cal coverage.

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: Discharge NOABD Timeline Requirements

- Programs should provide or mail the client an NOABD 10 days prior to discharge.
- The 10-day NOABD timeline may be exempt in very rare occasions (example: client exhibits violence at a residential program); however, the NOABD must still be provided, and programs must facilitate a warm hand off to appropriate services. The program must maintain adequate documentation justifying the reason to bypass the 10-day requirement.
- If a client appeals a discharge and an NOABD was not issued or did not follow the 10-day requirements, the client may access the State Fair Hearing appeal processes and bypass the County advocacy appeal processes.
- If a client AWOLs from the program and treatment, this is considered Termination of Services, and therefore both Outpatient and Residential programs are required to provide an NOABD. The NOABD may be sent to the client's emergency contact if an ROI is on file or may be issued to the client's last known address.
- Providers are required to log and maintain copies of NOABDs.
- Other types of NOABDs may have different timeline requirements. For more information, please see the NOABD Table in SUDPOH APPENDIX G.6. It is also available on the Optum website.
- Contact QI Matters for answers to your questions: QIMatters.hhsa@sdcounty.ca.gov

Reminder: Interim Services
- QM is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- 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.
- For more information on Interim Services, see the tip sheet posted on the Optum site under the "Monitoring" tab.

UTTM Tip of the Month
Treatment Plans, for dates of service on or after January 1, 2022:
- There will no longer be disallowances for:
  - Clinically appropriate and covered SUD prevention, screening, assessment, and treatment services due to lack of inclusion in an individual treatment plan.
  - Lack of client signature on the treatment plan.
- Best clinical practice would be to continue:
  - Developing the treatment plan with the client and identify those services to be provided and to obtain client signature.
  - Documenting reason for missing signature and engaging in reasonable efforts to obtain the client signature.

MANAGEMENT INFORMATION SYSTEMS (MIS)

SSRS Reports – Provider Folder (under Paginated Reports)
- New TUOS Summary Report– coming May 2, 2022 (existing TUOS report will be removed).
- New TOUS Detail Report– coming May 2, 2022 (existing TUOS report will be removed).
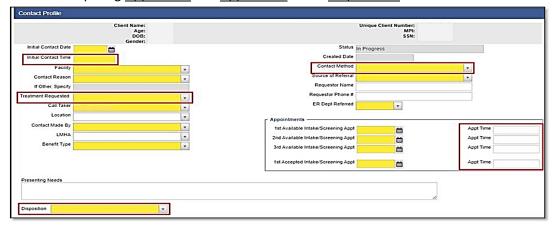
> NOTE: Please contact your assigned Fiscal Analyst for instruction on how to use the new TUOS for invoicing.

Tip Sheets Posted to Optum (under SanWITS tab)
- New TOUS Summary Report 2022.05.01_SUD MIS (description of report).
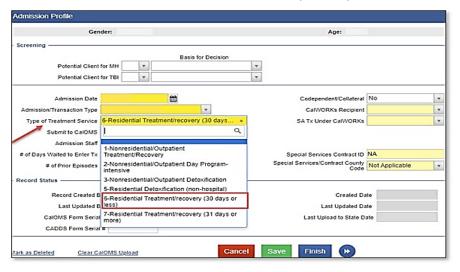- New TUOS Detail Claim Report 2022.05.01_SUD MIS (description of report).

New Data Fields Coming for Contact Screen
- The contact screen will be updated to include new required fields – expected date April 12th
  - Require - Initial Contact Time for all Contact Methods
  - New required field - Treatment Requested
  - New required field - Appt Time for all Appt dates
  - Requiring Appt Dates and Appt Times for all Dispositions

Reminder: Residential Treatment Services (refer to BHIN 21-075)
- Residential Treatment services are delivered to beneficiaries in a short-term residential program corresponding to at least one of the following levels: level 3.1, level 3.3, or level 3.5
- As part of DMC-ODS, a client receiving Residential services, <u>regardless of the length of stay</u>, is a "short-term resident" of the residential facility in which they are receiving the services.
- In SanWITS Admission Profile screen, under <u>Type of Treatment Services</u>, select 6- Residential Treatment/recovery (30 days or less) for all Residential clients receiving 3.1, 3.3, or 3.5
  - **Do Not** Select 7 -Residential Treatment/recovery (31 days or more)

Providers entering Assessments in SanWITS:

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

Initial Level of Care Assessments
- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List **ONLY until** the DDN is completed in SanWITS.

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

Prevent Billing Errors due to Duplicate ICD-10 codes
- Providers should not enter duplicate ICD-10 codes with different DSM5 descriptors in the Secondary or Tertiary fields when creating diagnosis. See example below – F11.21

- If a client has more than one of the same class of substance that would result in the same ICD code, this should be addressed in the Diagnosis narrative on the DDN – for questions please contact QIMatters.HHSA@sdcounty.ca.gov
- All diagnosis should be identified for the client and entered in SanWITS under the Behavioral Diagnosis category with one diagnosis identified as primary
- It is not required or encouraged to enter a diagnosis in the secondary or tertiary fields when creating the diagnosis as seen below (note in the future secondary and tertiary fields will be removed)

Reminder: Non-BHS Contracted Clients
- Non-BHS Contracted Clients are entered in SanWITS for CalOMS state reporting.
- Do not enter ASAM screen, Payor Group Enrollment/Benefit Plan, Encounters, Assessments, or Treatment Plans for Non-BHS contracted Clients.
- Non-BHS contracted clients should not be put in SanWITS beds.
- Please refer to the tip sheet "Non-BHS Contracted Client Program Enrollment/CalOMS Reporting" at Non-BHS Contracted Client Program Enrollment/CalOMS Reporting_rev_2020.10.22.pdf

Reminder: Client Address Requirement
- Client address should be collected and entered as part of the client profile.
- If the client does not have an address, the facility address should be used.
- Coming Soon – system will not allow a client profile to be saved if missing the client address.

Reminder: Group Errors
- When creating group sessions, always refer to the group sign-in sheet before marking clients present for the session.
- Clients should not be removed or added to the group after releasing any individual encounters (even one).
- **Important:** If mistakes are made, there is a sequence of steps needed to make the corrections to the group. If the steps are not completed in order, and all steps taken, the result will be over-billing to the state.
- Contact SUD Support for instructions or assistance SUD_MIS_Support.HHSA@sdcounty.ca.gov

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

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Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and address User concerns.
- Next meeting: Monday, April 18, 2021, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
  - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting

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

Billing Unit - SanWITS Billing Classes

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

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: https://www.regpack.com/reg/dmc-ods
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
    - Trainer email with training materials, resources, and specific instructions for virtual class.
    - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
    1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
    2. Residential Facilities - Bed Management & Encounter Training
    3. Outpatient / OTP Facilities – Group Module & Encounters Training
    4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC)assessments, Discharge Summary, and Risk and Safety Assessment
    5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the "Downloadable Forms" tab.**
  Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access**.**
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Reminder: For general information on COVID-19

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

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

Coronavirus Disease 2019
COVID-19

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

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

Communication
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

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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**