**RESCHEDULED: DMC-ODS Residential Documentation Training**

- Please note the DMC-ODS Residential Documentation Training (announced in the January 2022 UTTM) will no longer take place on February 16, 2022.
- The DMC-ODS Residential Documentation Training has been rescheduled to Thursday, February 17, 2022, from 9:30 a.m. to 1:00 p.m.

**DMC-ODS Residential Documentation Training**

- We are pleased to announce a DMC-ODS Residential Documentation Training from our SUD QM team. Targeted population is all DMC-ODS residential treatment provider: program managers, counselors, case managers, and administrative staff involved in providing SUD treatment services.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
  - Date: **Thursday, February 17, 2022**
  - Time: 9:30 a.m. to 1:00 p.m.
  - Where: via WebEx – Please click here to register!

**Progress Notes Skill Building Workshop**

- In the month of February, the County of San Diego HHSA Behavioral Health Services SUD Quality Management team is pleased to offer the next virtual Skill Building Workshop. The focus this month are Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
  - Date: **Wednesday, February 23, 2022**
  - Time: 1:00 p.m. to 3:00 p.m.
  - Where: via WebEx – Please click here to register!

**New: Upcoming Trainings in March 2022**

- Please look out for future notice to register for the following virtual trainings:
  - ❖ DMC-ODS Outpatient Documentation Training
    - Monday, March 14, 2022, from 1:00 p.m. to 4:30 p.m.
    - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
  - ❖ Discharge & Care Coordination Skill Building Workshop
    - Thursday, March 17, 2022, from 9:30 a.m. to 11:30 a.m.
    - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

**Update: Peer Support Specialists Workshop**
- Empowering Success Workshop- **Wednesday, March 30, 2021** @1pm
- Supervisors of Peer Support Specialist, this workshop will provide hands on information to optimize the unique skills of Peer Support Specialists.
- Invest time in learning how to best support this role in your programs.
- See the event flyer attached to the UTTM email for more information and 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 Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.
- Date: **Thursday, February 24, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- 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: Peer Support Services**
- A program integrity report was created to ensure peer services are being rendered and billed based on the guidance released for FY21-22.
- A review of the report indicates peers are rendering services (individual and group) to clients within a treatment LOC out of their scope and these services are being billed to DMC.
- QM is in the process of contacting programs about incorrectly billed services rendered by peer staff with guidance for disallowing.
- The program integrity report is expected to be included in the 3/2022 PI Reports package for corrections. Programs shall disallow services and submit evidence to QI Matters using the Self-Identified Disallowance Tool.
- **NEW** –
  - ❖ Effective 1/1/22, the Recovery Services peer service "Recovery Monitoring/Substance Abuse Assistance" is no longer a billable service. The grid on the Optum site is in the process of being updated to reflect this change.
  - ❖ Effective 7/1/22, peer services will no longer be an option within Recovery Services. Peer Services will become a standalone treatment service for all levels of care. New guidance, including services and billing codes, are expected before the effective date. We will continue to share updates once DHCS makes more information available.

**Reminder: DHCS Reviews/Audits**
When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QM.
- QM will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QM will work with programs directly and will submit finalized CAP's to DHCS on behalf of the program.
- QM can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

**Update: Documentation requirements due to COVID related staff shortages**
- DHCS recently clarified that due to the Executive Order expiring, many flexibilities are expired and are not expecting to return.
- A reminder that requirements and timelines for staff signatures on all documentation remain in place and no flexibilities have been granted during the Public Health Emergency
  - Staff and provider signatures during the Public Health Emergency are still required and must be completed within the standard timelines for all documentation.
  - Signatures can be a "wet" signature or a digital signature; however, a copy/pasted scan of a signature is not considered a digital signature.
  - If the staff that provided created the documentation and/or provided the service are unable to sign the documentation, the following guideline should be followed:
    - ✓ The Counselor/LPHA should document in the narrative of the note that he or she is unable to sign and the reason.
    - ✓ If an LPHA who is the Counselor/LPHA's supervisor or the program Director has access to the note to print, sign, date, and enter into the client record, he or she may do so and should document "signing on behalf of [Counselor/LPHA name]".
    - ✓ In this situation, the Counselor/LPHA who provided the service should document in the note that the LPHA Supervisor/Program Director will sign on his/her behalf.
  - Documentation that is not signed, not signed within timelines, or does not follow this guideline is at risk for being disallowed or out of compliance.

**Update: CalAIM highlights**
- CalAIM is a multi-year initiative by DHCS to improve life and health outcomes and reform payment across the Medi-Cal system
- DHCS released Information Notice 21-075 that outlines changes in DMC-ODS counties, with further information expected from DHCS. Some changes such as removing residential limitations on treatment episodes, clarifying Recovery Services, and changes to Medical Necessity are currently implemented, while others are in the planning or identification stage.
- Documentation Redesign is currently expected to be implemented on 7/1/22, and an Information Notice with details is expected to be available in the near future.
- Behavioral Health Payment Reform is currently expected to be implemented in July 2023. This will include a transition to cost-based reimbursement and use of CPT codes
- We are also anticipating more Information Notices from DHCS regarding: Peers, Prior Authorization for Residential programs, Justice-Involved initiatives, Traditional Healers and natural helpers for those receiving services through Indian health care providers, and more
- All of these will be discussed in the monthly Quality Improvement Partners meetings, future UTTMs, and other meetings.

**Reminder: Reporting Requirement – Self-Identified Disallowances**
- DHCS requires timely reporting of overpayments in writing with reason for overpayment within 60 calendar days after the overpayment was identified.
- Programs shall respond to monthly request from QM regarding self-identified disallowed services to confirm either no disallowances were identified or to provide the tool listing those disallowed services.
- QM will be reaching out to COR teams to assist with non-responsive programs.
- A copy of the tool and tip sheet is posted on the Optum website, on the DMC-ODS page, under the "Monitoring" tab.

**Reminder: Common Disallowance Reasons**

SUD QM is mid-way through this fiscal year's review season. Here are the most common disallowance reasons and strategies for improvement:

- **Reason # 13: Treatment Plan does not contain all required elements.**
    - The diagnosis on the treatment plan must be an *exact* match to the DDN. The treatment plan diagnosis should be updated when the diagnosis on DDNs change.
    - The goal "to obtain a physical examination" must remain on the treatment plan unless both 1) the physical examination results within 12-months of admit are present in the chart, and 2) documentation of the program MD's review of the results with adjacent signature, name, and date.
- **Reason # 9: Initial Treatment Plan not completed within timelines.**
    - Initial treatment plans are due within 30 days (day of admit +29) for residential programs and within 10 days (day of admit +9 days).
- **Reason # 10: Treatment Plan was not updated within timelines.**
    - Treatment plan updates for outpatient programs are due within 90 days of completion of the previous treatment plan (counselor signature date on previous plan +89 days). For residential, within 30 days of completion of the previous plan (counselor and LPHA signature date on previous plan +29 days).
- **Reason # 4: Residential Bed Day does not meet required level of service activity.**
    - Programs must provide clients with at least 1 hour of structured daily activity per day in order to be reimbursed (SUDPOH B.2).
- **Reason # 7: Documentation does not establish medical necessity criteria/MD or LPHA did not substantiate the basis of the SUD diagnosis.**
    - Ensure both Severity and Remission status are substantiated for each diagnosis.
    - Use client quotes and real examples from the client's life to support individualization of DDN narratives.
    - Ensure signatures are complete, dated, legible, meet all standards (wet or electronically certified). Pre-printed dates on signatures risk disallowance.
    - A new DDN should be completed:
        - within 30 days of admit (day of admit + 29 days) for outpatient
        - within 10 days of admit (day of admit + 9 days) for residential
        - within 30 days of admit to RS (day of admit to RS +29 days)
        - As soon as possible when there is a change in the client's diagnosis.

**Triggers in Discharge Plans:**

Discharge plans are to be developed with the client. When reviewing discharge plans with clients, note that DHCS has indicated relapse triggers need to be well explained and need to be more than one word. For example:

- Friends vs being around my friends who use
- Lying vs being dishonest with myself and/or others
- Alcohol vs the smell of alcohol or seeing alcohol in supermarkets/liquor stores

Description of Relapse Triggers

| a. | d. |
|----|----|
| b. | e. |
| c. | f. |

*Tip of the month*

**Reminder: SABG Information & Resources**
- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
  - SUDPOH
  - Program Specifications are in the process of being posted on the Optum site under the "Manuals" tab.
  - SABG Policy Manual
  - SABG Document Links

**Management Information Systems (MIS)**

**Very Important Notice - 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

**Revised Tip Sheets Posted to Optum**
- SanWITS - Creating Diagnosis through Diagnostic Determination Notes DDN Creating Diagnosis through Diagnostic Determination Note DDN
- Recovery Residence Tracking Tip Sheet Recovery Residence Tracking
- SanWITS Telehealth and Telephone Service Encounter Tip Sheet  SanWITS Telehealth and Telephone Service Encounter Tip

**SSRS Reports Available – Provider Folder (under Paginated Reports)**
- Active Clients has been revised.
- Telehealth Services (for QSR Reporting) has been revised.
- 3-04 Recovery Residence Report has been revised.

**Reminder to run the Unfinished Client Activity Report**
- Unfinished Client Activities Report will identify client records that are *"In Progress"* on the Client Activity List.
- **Why this is important** – If the client record remains "*In Progress*", it will not be submitted to CalOMS and will become noncompliant with the state.
- Report is located under "Reports" on the SanWITS Menu Pane.
- It is recommended to run the report twice a month, before the 1st and 15th, to ensure all CalOMS records get uploaded to the State on time.

**NOTE:** For clients with an OS, IOS, OTP, 3.1, 3.2, 3.5, or Non-BHS Program Enrollment, the Intake and Client Profile must be completed before the completed CalOMS Admission, Discharge, or Annual Updates will upload to the State.

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

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

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and assist with User concerns
  - o Next meeting: Monday, April 18, 2021, at 9:00 a.m. – 11:00 a.m.
  - o RSVP please, WebEx invite will be sent
  - o At least one representative from each facility is highly recommended
  - o Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
    - ❖ Jul, Oct, Jan, Apr
  - o ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
  SUD_MIS_Support.HHSA@sdcounty.ca.gov

## 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 lntro 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 in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
  - o Trainer email with training materials, resources, and specific instructions for virtual class
  - o 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.

### Resources:
- Optum - Optum
- Billing Unit - ADSBillingUnit.HHSA@sdcounty.ca.gov
- MIS Support - SUD_MIS_Support.HHSA@sdcounty.ca.gov
- SanWITS Training Registration - Regpacks
- CalOMS Tx Data Collection Guide - DHCS CalOMS Tx Data Collection Guide
- SanWITS – SanWITS
- SSRS Report Request Form - SanWITS Report Request Form.

---

**Performance Improvement Team (PIT)**

**PERT PIP December 2021**
**Proposed Study Question:** Will improving identification of substance use disorders (SUDs) and strengthening connections to treatment during a contact with the Psychiatric Emergency Response Team (PERT)
1. increase the proportion of clients with a PERT service who are admitted to a SUD program by 5% and/or,
2. decrease the mean length of time between when a client with a SUD concern receives a PERT service and is admitted to a SUD treatment program by 5% and/or,
3. decrease the proportion of clients with a PERT service and a SUD concern who are admitted to a SUD program more than 30 days after their PERT contact by 5?

The PERT Performance Improvement Project (PIP) intervention has been live since March 31, 2021, when the first PERT clinician began to screen her client caseload for appropriateness for the intervention. As of December 31, 2021, 24 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 21 of the 24 clients. Of the 24 clients enrolled, nine (38%) of them were identified as having a SUD concern at the time of their PERT contact, and the Peer Support Specialist attempted to contact eight of the nine SUD clients. Five of these eight clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During December 2021, the PIP team at the UC San Diego Health Services Research Center (HSRC) continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard, and the slight increase in clients enrolled observed last month continued during December. During discussions with stakeholders, it was proposed that a non-peer from RI might be the best person to solicit feedback from clients who received the peer support intervention, as opposed to someone from the research team, due to constraints related to data sharing of the clients' contact information.

**Next steps include:**
- Work with stakeholders to collect client feedback from those who receive the intervention.
- Analyze the second timepoint of client data from the TPS supplemental survey.

**Connections PIP December 2021**
Proposed Outcome:
- Increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care (LOC)s for clients discharged with referral by 5%.
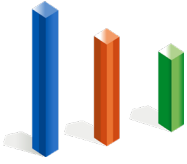
HSRC has continued to collect and enter submitted MEET and client questionnaires and provide support to pilot programs. There was not a SUD Clinical PIP Stakeholder Workgroup in December, but the next point of analysis will be comparing connection rates between clients who received an intervention and those who did not. HSRC will also be measuring the level of client engagement and its correlation with a successful and timely connection.

**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.

**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
**C🦠VID-19**

---

**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**