

January 2022

RESCHEDULED: Treatment Planning Skill Building Workshop



- Please note the Treatment Planning Skill Building Workshop (announced in the December 2021 UTTM) will no longer take place on January 17, 2022.
- The Treatment Planning Skill Building Workshop has been rescheduled to Monday, January 31, 2022, from 9:30 a.m. to 11:30 a.m.

Treatment Planning Skill Building Workshop

- In the month of January, the County of San Diego HHS Behavioral Health Services SUD Quality Management team is pleased to offer a virtual Skill Building Workshop. The focus this month is Treatment Plans. Participants will refresh their skills in building client-centered treatment plans and review the regulations and standards.
- 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: **Monday, January 31, 2022**
- Time: 9:30 a.m. to 11:30 a.m.
- Where: via WebEx – [Please click here to register!](#)



New: Upcoming Trainings for February 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Residential Documentation Training
 - Wednesday, February 16, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - ❖ Progress Notes Skill Building Workshop
 - Wednesday, February 23, 2022, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you.

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, January 27, 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: Confidentiality Training

- The annually required Confidentiality training is in the process of being revised and is not available on the RIHS site at this time.
- The BHS website for DMC-ODS Required Trainings is in the process of being updated to reflect the status of the training.
- Once the revised training is available, we will share it with the system of care.

Update: 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.

Update: CalAIM 2022-2026

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the MC program. QM will be discussing and providing guidance on changes as more guidance becomes available.

- *Recent changes*
 - Removing residential limitations & clarifying length of stay
 - Clarifying RS
 - Reimbursement during and after assessment period
 - DMC-ODS medical necessity
 - Expanded access to MAT
- *Upcoming changes – all pending additional guidance*
 - Early Intervention (ASAM Level 0.5)
 - Clinician consultation
 - Documentation redesign
 - Prior authorization for residential
 - Payment reform (including updated DMC Billing Manual)



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.

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: LOC Recommendation and Discharge



- According to SUDPOH A.7: “Assessments based on the ASAM Criteria ensure that necessary clinical information is obtained in order to make appropriate level of care determinations. Assessments must be appropriately documented, reviewed, and updated on a regular basis, including at every care transition...”
- Additionally, SUDPOH A.17 states: “To document and communicate the client’s readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the client should be discharge or transferred...”
- Therefore, programs are reminded to complete an updated LOC Recommendation prior to or on the date of discharge for planned discharges.

Update: SUDPOH

- The SUDPOH was updated and emailed to the system of care on 12/28/21.
- The revision and Summary of Changes are in the process of being posted on the Optum site.
- Next anticipated update is planned for 4/2022.

Update: Medical Director One Pager

- The Medical Director One Pager has been revised to include a reminder that Physicians must follow the “Stark” Law.
- The revision is located on the Optum site under the “Medical Director Info” tab.

Management Information Systems (MIS)

Effective immediately - Changes to SanWITS Access for Peer Support Specialist



- PSS will now be granted read only access for clients and be able to enter encounters for the services the PSS provides after successfully completing the required SanWITS trainings.
- Please visit RegPack at <https://www.regpack.com/reg/dmc-ods> to register staff for trainings
 - Intro to Admin Functions (IAF) (prerequisite to either of the encounter trainings)
 - RES -Bed Management and Encounter training
 - Outpatient/OTP Group module and Encounter training
- The SanWITS user form is being modified to include Peer Support Specialist. In the meantime, please type Peer Support Specialist in the comments section of the SanWITS user form and select which trainings that are requested.
- Forms are located on Optum website under the “SanWITS” tab and on RegPack.

Staff Termination Process for SanWITS

- **Routine User Termination** – In most cases, staff employment is terminated in a routine way in which the employee gives advanced notice. Within one business day of employee termination notice, the program manager shall fax to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov a completed SanWITS User Modification or Termination Form with the termination date (*will be a future date*). The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination. The user will also be added to the terminated staff log.
- **Quick User Termination** – In some situations, a staff person’s employment may be terminated immediately. In this case, the program manager must immediately call the SUD MIS Unit at (619) 584-5040 to request the staff account be inactivated immediately. Within one business day, the program manager shall fax a completed SanWITS User Modification and Termination Form to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov.

Reminder: CalOMS Admission and Discharge

- CalOMS Admission and Discharges should only be created for clients with Level of Care program enrollments such as: OS, IOS, OTP, 3.1, 3.2, 3.5
- DO NOT create CalOMS Admissions and Discharges for clients with TCS program enrollment, Courtesy Dosing program enrollment, or Recovery Service program enrollments.

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

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users, and assist with User concerns.
 - Next meeting: Monday, Jan 24, 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
 - Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
SUD_MIS_Support.HHSA@sdcounty.ca.gov



SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com 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.

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.

A. SUD Billing Training



- Effective immediately, the SUD Billing Unit will be conducting a post-billing training survey after every **training session** (e.g., 1st time billing training, refresher course, or other billing-related classes).
- We value you as our customers, and we believe that the learners’ feedback will help us identify the effectiveness of our training program, and whether the trainees receive the knowledge and skills needed to perform their regular billing functions.
- The billing training is on a per request basis or as needed. We also prefer providing training per Agency/Facility to ensure the curriculum fits the unique needs and objectives of your program, and that the confidential handling of all protected health information (PHI) is observed.
- Please remember to complete the prerequisite training prior to scheduling/attending the billing training:

Prerequisites include successful completion of:	<ul style="list-style-type: none"> • SanWITS Intro to Admin Functions (IAF) AND • Res - Encounter and Bed Mgmt. OR • OS/OTP - Group Module & Encounter
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The current virtual billing training covers the following topics:

- 1) SanWITS billing workflow (from encounters release to billing to submission of Provider Batches to the Clearing House and/or Government Contract).
- 2) Troubleshooting billing errors
- 3) Medi-Cal eligibility verification review and examples
- 4) Post-billing processes (claim denials review, required actions, and service replacement overview)
- 5) Void or disallowance process, including instructions on how to complete the Payment Recovery Forms
- 6) Late billing (Delay Reason Code, additional paperwork, and more)

Note: Please send an email to ADSBillingUnit.HHSA@sdcounty.ca.gov if you have a specific billing training request that is not listed above.

B. Medicare Advantage

The Medicare Advantage FFS-Equivalent Coverage Certification has expired on 12/31/2021 for these three (3) Medicare Part C insurances. The letters are good thru Dec. 2021, and we are waiting for the renewal letters for this year. We are still able to bill thru Dec. 2021.

Medicare Advantage: Clients with dual eligibilities (those with Medicare Part C and Medi-Cal)

A. Outpatient and Residential Providers are NOT required to bill Medicare Part C if a client has the following:

- 1) Blue Shield Promise Health Plan- Part C
OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.
- 2) Health Net- Part C
MEDI-CAL OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.
- 3) Molina Healthcare of California- Part C

B. OTP Providers MUST bill Medicare, including all Medicare Part C/Medicare Risk Plans/Cal Medi-Connect risk insurance.

In the meantime, the OUTPATIENT AND RESIDENTIAL PROVIDERS are advised to put the January 2022 claims on hold if the client has dual coverage with Blue Shield Promise Part C, Health Net Part C, and Molina Health Part C until we get the renewal letters. Billing Unit will email you as soon as the 2022 letters are available so we can continue billing to DMC.

***NOTE:** OTP PROVIDERS “must” continue billing Medicare, including Medicare Part C/Medicare Risk Plans/Cal Medi-Connect risk insurance.

Performance Improvement Team (PIT)

Non-Clinical PIP: Improving client linkages to services following a PERT contact

Proposed Outcomes:

- increase the proportion of clients with a PERT service who are admitted to a SUD program by 5% and/or,
- 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,
- 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 PIP intervention went live on March 31, 2021, with a PERT clinician beginning to screen her client caseload for appropriateness for the intervention. As documented during previous months, enrollment into the project has been challenging. As of November 30, 2021, 21 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 19 of the 21 clients. Of the 21 clients enrolled, eight (38%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact seven of the eight SUD clients. Five of these seven clients with an SUD concern were successfully contacted and two were referred to a SUD treatment service.

During November 2021, the PIP team at UC San Diego-HSRC (HSRC) reached out to PERT’s management to discuss continued low client enrollment and barriers to enrollment, and a slight increase in clients enrolled was observed. Lastly, the Treatment Perceptions Survey (TPS) team continued data entry of the second timepoint of client data from the TPS supplemental survey during the month of November. These data will be analyzed in early 2022.

Next steps include:

- ✓ Continuing to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard to the team and brainstorm ways to course correct, if needed.
- ✓ Continue to brainstorm ways to collect client feedback from those who receive the intervention.
- ✓ Analyze the second timepoint of client data from the TPS supplemental survey.

Clinical PIP: Improving connections to services after discharge with referral

Proposed Outcomes:

- 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%.

A SUD Clinical PIP Stakeholder Workgroup occurred on November 2, 2021. At the meeting, program representatives reviewed ongoing successes and barriers with implementing the MEET intervention, and HSRC staff presented interim connection rate data. The analysis was shown both by pilot program and comparing pilot programs to non-pilot programs within the DMC-ODS. Overall, as of the July data extract analyzed, connection rates have improved across the system. HSRC asked the workgroup members if they were aware of another intervention within the system that might account for this wider improvement, but nothing was shared to indicate that. The next step in the analysis will be to compare connection rates for clients who received an intervention as compared to those who did not.



HSRC has continued to collect and enter submitted MEET and client questionnaires and provide support to pilot programs. The next SUD Clinical PIP Stakeholder Workgroup meeting will be on January 4, 2022.

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**.



**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**