Up To The Minute... Up SUD Provider Edition





May 2022

Withdrawal Management Skill Building Workshop

- In the month of May, the County of San Diego HHSA Behavioral Health Services SUD Quality Management team is pleased to offer a virtual Skill Building Workshop. The focus this month is Withdrawal Management.
- 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.

o Date: Monday, May 23, 2022

- Time: 9:30 a.m. to 11:30 a.m.
- Where: via WebEx Email with registration information coming soon!

New: Upcoming Trainings for June 2022

- Please look out for future notice to register for the following virtual trainings:
 - DMC-ODS Residential Documentation Training
 - Wednesday, June 15, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - LPHA Meeting
 - Wednesday, June 22, 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 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.

RCA Documentation Training

- Date and Time: TBD
- Where: via WebEx. Registration Required. •

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, May 26, 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: DHCS Coverage Ambassador

- The COVID-19 PHE will end soon and the process of redetermining eligibility for millions of Medi-Cal beneficiaries will begin.
- To minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role.
- DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.
 - How you can help:

Be an ambassador!

- ✓ Become a DHCS Coverage Ambassador.
- Download the Outreach Toolkit on the <u>DHCS Coverage Ambassador webpage</u>
- The toolkit includes social media, call scripts, noticing, and website banners.
- Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available.

Encourage Beneficiaries to Update Contact Information

- Multi-channel communication campaign to encourage beneficiaries to update contact information with County offices.
- Flyers in provider/clinic offices, social media, call scripts, website banners.
- Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with County office if they have not done so yet.

Reminder: Network Adequacy Certification Tool (NACT) Submission

- Communication regarding the NACT submission was emailed to programs on Monday, May 2, 2022.
- All NACT information is submitted via System of Care (SOC) application.
- To register to the SOC application: visit <u>www.OptumSanDiego.com</u> and click on the "Register" link on the upper right corner of the webpage.
- Profile and site attestations by each provider and program manager are due by Monday, May 30, 2022.
- For tips, FAQs, and other resources on how to complete the registration and/or attestations, visit the <u>SOC</u> <u>Tips and Resources</u> website.
- 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 <u>sdhelpdesk@optum.com</u>.

Update: Mega Regs/Network Adequacy

- As part of Network Adequacy requirements, providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- There is a State-wide initiative to standardize the format, content and transmission of provider network data sent to DHCS, known as the 274 Expansion Project.
- The X12 274 (274) Health Care Provider Directory standard is a national Electronic Data Interchange (EDI) standard selected by DHCS to ensure all provider network data is consistent, uniform, and aligns with national standards.
- Once the transition plan to the use of the 274 standard is completed and San Diego begins production data submissions, DHCS will require provider network data to be submitted every month.
- To prepare for this new State requirement, BHS will be **requiring monthly attestations** in the SOC application **starting January 1, 2023**.
- As we prepare for this new requirement, BHS will begin ensuring there is an identified program manager registered to the SOC, who will receive a monthly report of staff who has not attested to their profiles in the SOC. This will help program managers identify internal processes to be able to ensure the monthly requirement is met.

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 <u>QIMatters.HHSA@sdcounty.ca.gov</u>.

Update: April Information Notices of interest

- 22-013: Adds additional z-codes that can be use during assessment period prior to diagnosis.
- 22-014: Specifies the dates for the Treatment Perception Survey as October 17-21, 2022, with submission due to UCLA no later than November 7, 2022.
- 22-018: Gives direction on the qualifications for Peer Support Specialist supervisors and options for the supervisor training curriculum.

Update: Documentation Reform, Information Notice 22-019

- DHCS released Information Notice 22-019, giving direction on documentation reform.
- Guidance is given related to:
 - o Standardized Assessment Requirements
 - Problem Lists
 - Programs may be subject to other regulations or funding sources which may require continued use of Treatment Plans, BHS is currently reviewing
 - Progress Notes
 - o Reasons for Recoupment focusing on fraud, waste, and abuse
- QM is both reviewing the Information Notice and partnered with the ADSPA QI Subcommittee to help collect and discuss questions from our providers.
 - If you are interested in participating in the meetings to discuss, or have questions or feedback for the committee, please contact Brian Bauers (<u>brian@thewaybacksd.org</u>) and/or Stephanie Smith (<u>ssmith@vistahill.org</u>)
- Providers are advised to make no immediate changes, but should be preparing and evaluating their workflow to the change to 3 business days for all progress notes and the move to daily progress notes for residential providers.

Smoking Cessation Information Notice Draft

- On August 31, 2021, the State of California enacted Assembly Bill 541, requiring SUD recovery or treatment facilities to assess for tobacco use disorders, and take actions if the client has a tobacco use disorder.
- DHCS has issued a draft Information Notice giving clarified guidance and resources to DMC-ODS programs.
- In addition to requiring assessment for tobacco use disorders, for those identified with a tobacco use disorder, the program will need to:
 - Provide information to the client on how continued use of tobacco products could affect their long-term success in recovery from a substance use disorder
 - o Recommend treatment for tobacco use disorder in the treatment plan
 - Offer either treatment, subject to the limitation of the license or certification issued by the department, or a referral for treatment for tobacco use disorder
- BHS is reviewing and preparing based on the draft information notice as we expect little to change. We will communicate further and anticipate implementation on 7/1/22.

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: 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.
 - o SABG Policy Manual
 - o SABG Document Links



Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination.

Reminder on Certification Requirements:

- Must be at least 18 years of age. Proof of age is required (state or government-issued photo identification, such as driver's license, identification card, or passport).
- Possess a high school diploma, general equivalency degree (GED), or college degree. Submission of diploma or transcripts are required.
- Self-identify as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer.
- Be willing to share one's experience as a person with lived experience and recovery to help others.
- Have a strong dedication to recovery.
- Agree, in writing, to the Medi-Cal Code of Ethics.
- Watch the Orientation and Self-Assessment video prior to submitting application (approximately 30-minutes in length).
- Submit a complete application within the open scholarship application timeframe. Responses to the narrative question will be evaluated.
- Pass the state exam.

Processing Scholarships:

- The California Mental Health Services Authority (CalMHSA) as the certifying entity for certification of Medi-Cal Peer Support Specialists will process all applications.
- CalMHSA will receive scholarship applicant names from the County BHS liaison.

How to Apply?

Use the online Application Form.

Scholarship Application Timeline:

| May 2 – July 31, 2022 | Scholarship applications are open for individuals seeking certification under the legacy process. Individuals must be employed as a peer as of 1-1-2022. |
|-----------------------------|--|
| July 1 – September 30, 2022 | Scholarship applications for individuals seeking initial certification, not through the legacy process. |
| November 30, 2022 | Applicant must be registered for the exam by 11-30-2022. Expired scholarships will be forfeited and considered expired/invalid. No extensions will be granted for expired scholarships. |

For more information visit the certification program website at CalMHSA.org. For questions, contact <u>Ezra.Ramirez@sdcounty.ca.gov</u>.

UTTM Tip of the Month: Progress Notes

- A progress note shall be created for the provision of all DMC-ODS services. Required elements of the progress note include:
 - ✓ Date of service
 - ✓ Start & Stop time of service
 - ✓ Contact type & service type
 - ✓ Topic of session or purpose of visit
 - ✓ An INDIVIDUALIZED narrative
 - ✓ Printed name/title, signature/credentials, date of completion
- REMINDER: Keep a look out for changes/additions to progress note requirements effective 7/1/22.



PERT PIP March 2022

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,
- 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 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 March 31, 2022, 38 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 36 of the 38 clients. Of the 38 clients enrolled, 16 (42%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact 15 of the 16 SUD clients. Five of these 15 clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During March 2022, the team at HSRC continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard and populated the PIP Submission tool for the annual EQRO review in April 2022.

Next steps include:

- Updating the PIP Submission Tool and supporting documentation with the most up-to-date enrollment numbers.
- Presenting the PIP during the EQRO visit at the end of April.

Connections PIP March 2022

Proposed Outcomes:

1. 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%.

The Connections PIP intervention ultimately included 150 clients discharged with referral from five pilot programs. During March 2022, HSRC continued to analyze connection rates and level of client engagement and its correlation with a successful and timely connection. HSRC also completed analysis of responses from the Provider Feedback survey to providers who participated in the PIP Pilot. HSRC also made final revisions to the PIP Submission Tool and sent to BHS for submission to EQRO.

Next steps include:

- Continuing to accept and enter MEET forms received after January 31, 2022, for inclusion in updated analyses later, after the April EQRO review (if needed).
- Sending a summary of findings to all participants of the Connections PIP Meet Workgroup.
- Presenting the PIP during the EQRO visit at the end of April.

Future PIPs

The proposals for the new SUD PIPs were presented to the EQRO representative in early March and both ideas were approved. The new PIPs will focus on:

- 1. implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder who are dual enrolled in SUD treatment and medication assisted treatment; and
- 2. increasing the proportion of clients in the DMC-ODS meeting urgent access compliance.



New TUOS is Here!

- The new TUOS report is now available and meant to be used for all TUOS reporting.
- Enter date parameters for specific report period.

Revised Information: 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.

Revision –

- The state's CalOMS system has not been updated to accept 6-Residential Treatment/recovery (30 days or less)
- Until further notification from MIS, on SanWITS Admission Profile screen, under <u>Type of Treatment Services</u>, continue selecting 7- Residential Treatment/recovery (30 days or more) for all Residential clients receiving 3.1, 3.3, or 3.5
- If you have selected 6-Residential Treatment/recovery (30 days or less) in any admissions since our Users group meeting on April 18th, please make the corrections, and notify the SUD MIS support at <u>SUD MIS Support.HHSA@sdcounty.ca.gov</u>

Contact Screen Changes

 SanWITS Contact screen was updated Thursday, April 14, 2022. An Issue has been identified with the <u>1st</u> <u>Accepted Intake/Screening Appt</u> field

| | pow states? | creening Appointment are showing as required fields, regardless of the Disposi | tion. These two fields should ONLY show as |
|---|---|--|---|
| required for a disposition of "Made an | Appointment" | | |
| e Appointments | ~ | | |
| tel Arailable Infale Screening Appl | Appt Time | | |
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| How to Complete Workshould | If the Disperition is NOT "Made on A | Annalational " (such as "blo Annalational Biola" as "Dealined Annalational" | as well as sofereds), these fields should be |
| provide for the second s | en e e l'est sub pour l'évant sub d' | Appointment" (such as "No Appointment Made" or "Declined Appointment", | as well as referrals), these fields should be |
| completed as follows, with a date of 0 | 1/01/2025 and a time of 12:00 AM. | | |
| | | | |
| | | 4 | |
| | <u> </u> | <u>✓</u> | |
| | | | |
| 1st Accepted Intake/Screening A | ppt 1/1/2025 🛗 | Appt Time 12:00 AM | |
| | 1112023 | 12:00 Panj | |
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| | | | |
| This issue will be fixed in a later releas | e and the temporary date/time of 1/1 | /1/25, 12:00 am will be removed from the Contact screen. | |

Treatment Plan

- Generate Report function issue –Generate Report is not functioning properly if used to print the finalized treatment plan after a new DDN is created. The report will show multiple diagnosis, duplicate interventions or proposed services and client signature boxes. If you need to print a finalized treatment plan, this must be done immediately after the treatment plan is finalized, and before a new DDN is created in the system to avoid incorrect data showing on the report. This issue will be fixed in a later release.
- Treatment Plan finalization requirement issue The treatment plan allows the user to finalize the treatment plan without completing the following questions under the Client information section. <u>Please</u> make sure to enter data on these fields before finalizing the Treatment Plan
 - Was a physical exam completed in the last 12 months?
 - Has client provided a copy of the results?
 - o If client's preferred language is not English, were linguistically appropriate services provided?
- Although the Interventions section does not show under completion requirements on the right side of the screen, it is required to complete one or more type of services under the Interventions section - <u>DO NOT</u> <u>finalize the treatment plan without adding one or more type of services.</u>

Reminder: Residential Providers - entering Treatment Plans in SanWITS

- <u>When changing LOC between 3.5 & 3.1</u>, **DO NOT click "Yes"** on the question to pull forward data from previous treatment plan. It was identified that the system populates the incorrect LOC under the Interventions section when pulling forward from the previous plan.
- To populate the correct LOC in the updated Treatment plan, Click **"No"** on the question as seen below.
- Verify the correct LOC under Interventions "Daily Residential Treatment" before signing or finalizing the treatment plan.

| Carlos I Carlos | | | |
|-------------------|---|----------------|---|
| Treatment Plan | Date: | | |
| | <u>신</u> | | |
| interventions fro | oblems, goals, action om the most recent fir | nalized plan?: | - |
| | 1 | | |
| O No | | | |
| O Yes | l. | | |
| | | | |

Tips – How to avoid errors with diagnosis on DDN and Treatment Plan:

- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List ONLY until the DDN is completed.
- When creating a DDN, under the diagnosis section, it is required to <u>always create a new Diagnosis with</u> <u>the effective date the same as the DDN.</u>
- Once a client has a DDN in SanWITS, any changes to a diagnosis must be done by creating a new DDN DO
 NOT change a diagnosis through the admission diagnosis screen or the diagnosis list screen.
- If the DDN is completed the same day as the admission, there is no need to enter a diagnosis through the admission diagnosis screen or the diagnosis list screen.

NOTE: Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan

Prevent Billing Errors due to Duplicate ICD-10 codes

 Providers should not enter duplicate ICD-10 code Diagnoses with different DSM 5 descriptors as seen below



- It is not required or encouraged to enter a diagnosis in the secondary or tertiary fields when creating the diagnosis (note in the future secondary and tertiary fields will be removed)
- 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

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 address User concerns.

- Next meeting: Monday, July 18, 2022, 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 <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u>.
- 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: <u>https://www.regpack.com/reg/dmc-ods</u>
- 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
 - \circ ~ Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email <u>sdu_sdtraining@optum.com</u> 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.

SUD Billing Unit

Update: DMC Organizational Providers Billing Manual

- The DMC Organizational Providers Billing Manual- Samples of Medi-Cal Eligibility (Medi-Medi) portion has been updated.
- The updated billing manual is posted on the Optum website under BHS Provider Resources, Billing.
- Please discard previous version of the manual and use the 04-2022 version, effective immediately.

| Billing | | | | | |
|--|--------------------|----------------|--|--|--|
| Name ¢ | Description | Date 🗸 | | | |
| DMC Organizational Providers Billing Manual (pdf). | Revised 04/20/2022 | 2022-04- 25 | | | |

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 <u>BHS Provider Resources Page</u> 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 <u>County of San Diego COVID-19 webpage</u>.



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: <u>https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx</u>

Communication

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

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