





June 2023

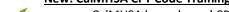
# New: Skill Building Workshops in June 2023

- Please look out for future notice to register for the following virtual trainings:
  - Recovery Services
    - o Thursday, June 15, 2023, from 9:30 a.m. to 11:00 a.m.
    - The goals of this workshop are:
      - Review the purpose of Recovery Services in DMC-ODS.
      - Discuss ongoing assessment and the admission process.
      - Practice skills to assist in transition of care.
      - Offer a forum for LPHAs and AOD Counselors to discuss best practices.
  - Withdrawal Management
    - o Thursday, June 22, 2023, from 1:00 p.m. to 2:30 p.m.
    - The goals of this workshop are:
      - Review the Withdrawal Management standards in DMC-ODS.
      - Discuss ongoing assessment and documentation.
      - Practice skills to assist in transition to a lower level of care.
      - Offer a forum for LPHAs and AOD Counselors to discuss best practices.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

# **Root Cause Analysis (RCA) Documentation Training**

Monday, June 26, 2023, from 9:00 a.m. - 12:00 p.m. via WebEx. Registration Required. Please click here to register.

#### **New: CalMHSA CPT Code Trainings**



- CalMHSA has released CPT Code trainings geared towards direct service providers.
- There are separate trainings for both SMHS and DMC/DMC-ODS.
- You can find both trainings under the "CalAIM Training" heading (where the required documentation trainings are) on the CalMHSA LMS.
  - If you have not previously registered, log-in instructions are found <a href="maileo-here">here</a>, and questions can be emailed to <a href="maileo-here">calaim@calmhsa.org</a>
- As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.

#### **Reminder: Annual Addiction Medicine Training Requirement**

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per calendar year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be
  providing support for COR teams monitoring this requirement by managing the <u>web-based submission</u>
  form for reporting and reviewing evidence submitted to QI Matters to confirm the training meets the
  requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is <u>posted to the Optum site under the "Monitoring" tab.</u>



### SUD Quality Improvement Partners (QIP) Meeting

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

o Date: Thursday, June 22, 2023

o Time: 10:00 a.m. to 11:30 a.m.

o Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

#### **Annual DMC-ODS Training**

- The Annual DMC-ODS Training will be held on 8/24/23 at 10:00 a.m.
- At least one member of leadership per program is required to attend.
- More information will be communicated out separately in the near future.



# **Reminder: DMC Recertification Requirements**

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.

#### **Reminder: Payment Reform Crosswalk**

- The <u>Payment Reform Crosswalk memo</u> was sent out on 5/19/23 and is available on the Optum site under the "Communications" tab.
- The Crosswalk itself is available on the Optum site under the "Toolbox" tab.
- A reminder that the codes and services on the crosswalk are not active until 7/1/23, and services such as screening cannot be claimed until that date.
- Any further updates to the crosswalk will be communicated through the UTTM and QIP.

#### **Update: ASAM at discharge**

- Effective 7/1/23 we will be ending the county-requirement that an updated ASAM is done as part of discharge.
- Programs need to continue updating ASAM assessments "as clinically appropriate when the beneficiary's condition changes" as stated in <u>Information Notice 22-019</u>.
- This will no longer be part of any County Medical Record Review tools starting in FY 23-24.

#### **Reminder: Group size**

- Group counseling (clinical/therapeutic) is limited to no more than 12 participants in Outpatient and Residential settings. (SUDPOH, Appendix A.2)
- In residential programs, only patient education (non-clinical) groups may exceed 12 participants. Please refer to the <u>Residential Service Programming Requirements</u> tip sheet for more information.

#### **SUDURM: Upcoming Updates**

- Forms to be updated to include new Level of Care discrepancy reasons: Adult ASAM Criteria Assessment (AACA), Adolescent Initial Level of Care Assessment, Brief Level of Care Screening
- Discharge Summary: Added sections for CalOMS discharge date and Program's discharge date. Updated
  reasons for discharge to align with Mental Health reasons and to identify true discharge reasons. Update
  will also include drop-down for types of NOABD provided to client.
- Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs: Form will be updated to include two new sections.
  - o Advance Directive Right to advance directive and brochure must be discussed with client.
  - Open Payments Notice If applicable, written notice but be signed and dated at initial visit (If your Medical Director or other licensed physician does not provide direct services to clients, there is no requirement to post this notice or the Physician's Notice to Clients).



• A formal communication will go out to the System of Care once these updates are completed and will include all updated forms, a summary of changes, and notice of effective date. Thereafter, they will be available on the Optum website under the "SUDURM" tab.

#### **Reminder: Missed Appointments**

- **For new referrals**: When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
  - o Additionally, the referral source, if available, should be informed.
- **For current clients**: When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
      - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.
  - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

### **Reminder: CalFRESH Benefits for Residential Clients**

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client's
   CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client's CalFRESH benefits for food purchases on behalf of a client without having the DHCS
  designation as an authorized food retailer may result in residential SUD programs being held liable for
  misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See All County Letter 19-51 for more information.

# **Reminder: Residential and Counselor Complaints**

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
  - o Death of any resident from any cause, even if death did not occur at facility.
  - Any facility related injury of any resident which requires medical treatment.
  - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department.
  - o Poisonings
  - Natural disaster
  - o Fires or explosions which occur in or on the premises.
- Reporting methods include:
  - o Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
  - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.



- Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>.
- Form 5079 Unusual Incident/Injury/Death Report

#### Reminder: Record Retention

- Per WIC 14124.1, records are required to be kept and maintained under this section shall be retained:
  - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
  - from the date of completion of any audit,
  - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

# Health Plan Administration (HPA)

### **Peer Support Services Implementation**

- Update: As previously shared, positions that have been identified as requiring behavioral health lived experience must be filled with Certified Peer Support Specialists who are trained and certified per the process defined on the CalMHSA website. Programs may hire individuals working toward peer certification within 90 days of hire. COR approval is needed for situations that the timeline cannot be met by a peer. For additional information,
  - o MH UTTM: 2023-05-17-BHS Memo-Update on Peer Support Services Implementation
  - DMC-ODS UTTM: 2023-05-17-BHS Memo-Update on Peer Support Services Implementation
- **Training Requirements** for certified Peer Support Specialists:
  - o MH UTTM: San Diego Certified Peer Support Specialist TRAINING REQUIREMENTS
  - o DMC-ODS UTTM: San Diego Certified Peer Support Specialist TRAINING REQUIREMENTS
- **Billing Codes** for certified Peer Support Specialists:
  - o MH UTTM: San Diego Certified Peer Support Specialists BILLING CODES
  - o DMC-ODS UTTM: San Diego Certified Peer Support Specialists Billing Codes
- Q&A
  - o MH UTTM: Q&A on Peer Support Services
  - DMC-ODS UTTM: Q&A on Peer Support Services

# Medi-Cal Peer Support Specialist Certification

- The Medi-Cal Peer Support Specialist Certification Registry is now online.
- The Legacy (grandparenting) pathway for certification has been extended through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
  - o Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
  - No changes to application instructions and certification standards.
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the application portal. Applicants with the status "In Revision" must complete additional requests for information to proceed. For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The following information are also available on the CalMHSA website for peers:
  - o A searchable Resource Library that includes application information, exam guides, procedures, and FAQs.
  - Information on training providers
  - An updated Exam Accommodations Policy
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and meets virtually every
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.



### **Supervision of Certified Peer Support Specialists**

- Per <u>BHIN 22-018</u>, Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county's regular continuing training requirements.
- Supervisors do not need to complete the training prior to PSS billing.
- The Supervision of Peer Workers Training is a 1-hour recorded training that is now available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
  - o <u>Register</u> for the Supervisor Training at the CalMHSA website.



<u>CalAIM Behavioral Health Payment Reform:</u> Please send questions on local implementation of payment reform to <u>BHS-HPA.HHSA@sdcounty.ca.gov</u>.

# Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email <a href="mailto:sdhelpdesk@optum.com">sdhelpdesk@optum.com</a>.

# <u>Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines</u>

<u>Reminder:</u> Please review DHCS guidance <u>Behavioral Health Information Notice 23-014</u> for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

Management Information Systems (MIS)

# Important: Provider Changes to be Reported to PED (Provider Enrollment Division)



- All SUD Treatment Providers that have a DMC certification are responsible for keeping their Director information current with PED.
- Providers must use the PED's electronic PAVE system to submit an update within 30 days of a change.

### Coming Soon – Payment Reform Changes to SanWITS anticipated June 29, 2023

- Training Materials are being updated anticipate posting to Optum by June 14<sup>th.</sup>
  - SanWITS users who enter encounters/billing should review new training materials/videos prior to July 1<sup>st</sup>.
- Trainings are to be updated beginning late June outpatient encounter training June 27<sup>th</sup> and Residential encounter training June 29<sup>th</sup>.
- Some of the expected Changes on the Encounter screen are:
  - Rendering staff field moved to top of screen and to be entered first (services now will be filtered per discipline)
  - Date should be entered second (there are pre- July 1<sup>st</sup> services and services from July 1 forward)
  - Service field entered third.
  - Total Service Duration Field (only direct service time, do not round up or down)
  - Session field has been removed.
  - o Travel and Documentation fields are now optional.
  - New Group bundles (post July) have been added to the Group session field preceded by hashtag #

### Change: CalOMS Admission "Current Living Arrangements" effective July 1, 2023

- Current Living Arrangements field will be updated by removing the value <u>Homeless</u> and replacing it with more specific values as seen below:
  - o Homeless/In Shelter
  - Homeless/Out of Shelter
  - Homeless/Living w Other(s)

### **Reminder: CalOMS Open Admissions Report**

- The Open Admissions Report is a state compliance report showing all clients that have an open account with the state.
  - Clients receiving SUD treatment are required to be opened and closed with the state through CalOMS Admission and CalOMS Discharge records.
  - If a client has been in SUD treatment 10 -11 months from admission date, and each anniversary after, the client is required to have an CalOMS Annual Update.
- After each CalOMS extract is submitted to Department of Health Care Services (DHCS), an Open Admissions report is generated from the state site.
- This report shows all clients that have an open account with the state, admission date, date of last annual update.
- Providers must determine if the client is still actively receiving SUD treatment and needs an annual update or should be discharged.
- Do not enter an CalOMS Annual Update after a CalOMS Discharge has been submitted, as the record will be rejected with an error.

# Reminder: Closing Clients Episode/Intake in SanWITS

- Client's episode/intake should be closed if the client is no longer receiving SUD Treatment, Recovery Services, or Before Admission/After Discharge services.
- Make sure the billing has been completed, SanWITS records have been completed, and the CalOMS errors have been completed.

# **Reminder: SanWITS Account**

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

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

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QA updates, and address User concerns.

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



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

# **SanWITS Virtual Trainings Provided**

- Register online with RegPacks at: <a href="https://www.regpack.com/reg/dmc-ods">https://www.regpack.com/reg/dmc-ods</a>
- Type of Training Classes:
  - 1) SanWITS Intro to Admin Functions (IAF) SanWITS functions that are applicable to All program types.
  - 2) Residential Facilities Bed Management & Encounter Training
  - 3) Outpatient / OTP Facilities Group Module & Encounters Training
  - 4) SanWITS Assessments (SWA)—designed for direct service staff who complete Adolescent Initial Level of Care (LOC)assessments, Discharge Summary, and Risk and Safety Assessment
- Please remember, if unable to attend class, cancel the registration as soon as possible.

#### Billing Unit (BU) - SanWITS Billing Classes

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

**Network Quality and Planning - Population Health** 

#### 1. POD PIP

The PIP evaluation team has continued to analyze the claims data and await clarity on methodology from DHCS. The team reviewed the updated CalAIM BHQIP template from DHCS and provided feedback and analyzed baseline data from the OTP programs.

• The PIP evaluation team presented data with a status update to the DMC- EQR representatives at the annual site visit and received positive feedback.



**POD Goal:** Aim to increase the percentage of new OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

#### Next steps include:

 Monthly CalAIM PIP meetings, analyze claims data, begin intervention design, and hold next stakeholder workgroup meeting.

# 2. CalAIM FUA PIP

HSRC presented the FUA PIP progress at the DMC-EQR session. The planned interventions were supported and well-received. The bi-monthly FUA/FUM Stakeholder Workgroup convened, and the stakeholders contributed to an implementation plan which included recruiting ED pilot sites.

• The HSRC evaluation team proceeded with calculating HEDIS measure benchmarks from the claims data, basing value sets used on the MY 2022 Quality Rating System Value Set Directory.

#### Next steps:

 Recruit ED pilot sites, confirm baseline claims data, finalize FUA intervention, re-engage MCPs on data exchange, and hold monthly CalAIM PIP meetings.

# Communication

- Billing questions? Contact: <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u>
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: <a href="mailto:bhs-hpa.hhsa@sdcounty.ca.gov">bhs-hpa.hhsa@sdcounty.ca.gov</a>
- SanWITS questions? Contact: <u>SUDEHRSupport.HHSA@sdcounty.ca.gov</u>

SUDEHRTraining.HHSA@sdcounty.ca.gov SUDEHRFax.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?

Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!

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