



April 2024

Reminder: Skill Building Workshops in April 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
 - ❖ Outpatient Quality of Care
 - **Tuesday, April 9, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
 - ❖ Residential Quality of Care
 - **Thursday, April 18, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- **NEW: Skill Building Workshops in May 2024**
 - ❖ Outpatient Quality of Care
 - **Monday, May 13, 2024, from 1:00 p.m. to 2:30 p.m.**
 - [Please click here to register](#)
 - ❖ Residential Quality of Care
 - **Wednesday, May 29, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- 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.

Reminder: Annual Addiction Medicine Training Requirement



- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per calendar year.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QA continues to provide support for COR teams monitoring this requirement.
- The web-based submission form has been recently updated to assist with ease in reporting trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- The [Annual CME-CEU Requirement Tip Sheet](#) has been updated for this calendar year and posted to the Optum site under the “Monitoring” tab.

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.

- Date: **Thursday, April 25, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

NAMIWalks and Community Expo for Mental Wellness Kicks off *May is Mental Health Matters Month*

EVENT INFORMATION:

- **Date:** Saturday, April 27, 2024
- **Time:** 7:00 AM – 11:00 AM
- **Location:** [Preble Field](#) in NTC Park at Liberty Station: 2455 Cushing Road, San Diego, CA 92106
- **Cost:** FREE
- **Free Registration for the walk:** [NAMIWalks](#)
- **Flyers:** <https://bit.ly/NAMIWalksSD24>



SmartCare

- Upcoming Town Halls
 - Monday 4/29/24 from 1-2 pm
 - [Click here to join the meeting](#)
- Optum SmartCare Tab has been updated to include-
 - [BHS – Information Notice – Important SUD EHR Project Status Update](#)
 - [SmartCare Hardware, Software, and Network Requirements](#)
 - [BHS – Information Notice – SmartCare Implementation Updates](#)
 - [March 2024 Town Hall](#)

Update: New HCPCS and CPT codes coming

- Additional CPT and HCPCS codes are being added to SanWITS to align with the codes available in SmartCare once that EHR is active.
- New crosswalk and codes expected to be available by mid-May. Further details will be provided in this month's QIP and the May UTTM.
- The new crosswalk will contain billing code definitions and providers will need to familiarize themselves with these definitions, as well as the available places of service and lockouts in the billing manual.
- Providers will continue to need to use their best judgement on which is the more appropriate service based on the service provided, the discipline of who provided the service, and how it is documented.

Reminder: Running Medi-Cal Eligibility is required

- Programs are required to run Medi-Cal eligibility and complete the financial responsibility form at admission. Medi-Cal eligibility must be run monthly for as long as the client is at the program.
- If the client meets FPL as described in the SUDPOH but does not have Medi-Cal, the provider must make every effort to assist the client to apply for Medi-Cal.
 - These services may be claimable as care coordination depending on the service provided and how it's documented.
- Providers will also want to note the expanded eligibility item in this month's UTTM.
- Resources and tips on how to get clients enrolled in Medi-Cal are available in SUDPOH Section E.

Medi-Cal Adult Expansion

- As part of a new California law AB 184, beginning January 1, 2024, the Ages 26 through 49 Adult Expansion will allow adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status. [Adult-Expansion \(ca.gov\)](#)
- All other Medi-Cal eligibility rules, including income limits, will still apply.
- The two populations impacted will be:
 - New enrollees, ages 26 through 49 who meet all eligibility criteria for full scope Medi-Cal except satisfactory immigration status (SIS).
 - It will also impact current Medi-Cal recipients ages 26 through 49, and are currently enrolled in restricted scope Medi-Cal because they do not have an SIS or are unable to establish SIS for full scope Medi-Cal.
- General information about the Age 26-49 Adult Expansion Eligibility and Enrollment Plan can be found here: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Adult-Expansion-Eligibility-and-Enrollment-Plan.pdf>



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: 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.

Health Plan Administration (HPA)

Licensing and Certification Division Offers New Online Payment System

Beginning on March 20, 2024, DHCS Licensing and Certification Division (LCD) will accept online payments using electronic money transfers processed through an Automated Clearing House (ACH) network for the following providers that are licensed and/or certified by LCD:

- SUD Licensed Residential Facility or SUD Outpatient Facility
- Driving-Under-the-Influence Program (DUI)
- Narcotic Treatment Program (NTP)
- Mental Health Licensing Program (MH)
- Psychiatric Residential Treatment Facilities (PRTF)
- Lanterman-Petris-Short (LPS) Act Data and Reporting Oversight



All fees payable through the online portal include Initial Application for Licensure and/or Certification Fees; Extension Application Fees; Supplemental Application Fees; Biennial Fees; Civil Penalties; Quarterly Enrollment Fees; Annual Fees; Patient Slot Fees/Capacity; Relocation Fees; Annual Bed Count Capacity; Structured Outpatient Services (SOPS) Permit Application Fees; Structured Outpatient Services (SOPS) Annual Permit Fees; Other/Miscellaneous. Online payment for these fees will be available by accessing the online portal:

<https://www.govone.com/PAYCAL/DHCS/Account>

Medi-Cal Transformation (aka CalAIM)

- Visit the [CalAIM Webpage for BHS Providers](#) for updates and information, including Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

DHCS Behavioral Health Information Notices (BHINs) provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to BHS-HPA.HHSA@sdcounty.ca.gov

System of Care (SOC) Application

- Reminder for staff and program managers to attest in the SOC application monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.
- **Note:** Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.

Billing Unit (BU)

Non-OTP Programs:

Medicare Advantage (Medicare Part C or Risk) Plans for:

The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: Blue Shield Promise -Part C, Health Net-Part C, Molina-Part C, AETNA BETTER HEALTH OF CA is valid until December 2023. Your claims must be billed to DMC within the 6-month billing period from the date of service. Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.

For 2024, the FFS certified Medicare Advantage Plans are as follows:

- 1.) Molina-Part C
- 2.) Community Health Group-Part C.

The claims can be directly billed to Medi-Cal by non-OTP providers for dually covered beneficiaries if the primary insurance is one of these two Medicare Risk or Part C plans. The ADS Billing Unit will continue to provide you with updates on Medicare Advantage Plans as they become available.

OTP Programs:

Please review the email with a subject line Medicare Medi-Cal and Tip Sheet that was sent by the ADS Billing Unit to all OTP providers on 03/01/2024. The email contains helpful tips and guides in handling or processing claims for clients with dual coverage (Medicare Part B or Part C Medicare Risk). **The tip sheet can now be found on the Optum website, under the “Billing” tab.**

The screenshot shows a navigation menu with various tabs. The 'Billing' tab is highlighted in orange. Below the menu is a table with the following content:

Name	Description	Date
OTP: Encounter Entry for Medi-Medi Methadone Claims v. 03.2024 (pdf)	The purpose of this tip sheet is to provide guidance to OTP programs on entering Medi-Medi Methadone claims in 7-day increments in SanWITS if Medi-Cal needs to be billed for unpaid costs by the primary insurance. This tip sheet is subject to change	2024-04-01

General Reminders: All Programs

For clients with dual coverage (primary insurance and Medi-Cal), the following insurance documents or proof of billing can be accepted:

1. Evidence of Coverage (EOC) from the primary insurance indicating that SUD services are not covered, so we can proceed with billing the secondary plan, which is Medi-Cal.
2. Explanation of Benefits (EOB) indicating full or partial payment from primary insurance.
3. Valid proof of billing if you billed the primary insurance (Medicare B or C) and have not responded within 90 days.

Note: While the provider continues to follow up on the status with the primary insurance, the County SUD Billing Unit team can proceed with billing the secondary insurance (Medi-Cal). If Medi-Cal pays the cost of service in full and OTP receives payment from primary insurance, the provider must submit the valid EOB to the ADS Billing Unit. The payment for primary insurance will be posted in SanWITS and any excess amount paid by Medi-Cal will be voided and returned to the State by my team. If your program has this scenario, please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov immediately for further guidance. The completed Payment Recovery Form (PRF) may be required from the provider.

Population Health – Network and Quality Planning

1. CalAIM FUA PIP/BHQIP

Goal: *To increase the percentage of beneficiaries receiving follow-up care within 7 and 30 days after an ED visit for alcohol or other substance use by 5%.*



- Resource cards were developed and approved for distribution in ED's in February. The final BHQIP submission to the state occurred in March. Since the implementation of navigation support services in October 2023, there has been a 14% increase in follow-up care after an ED visit, thus meeting the goal of increasing by 5%.

2. CalAIM POD PIP/BHQIP

Goal: *To increase new Opioid Use Disorder pharmacotherapy treatment events (i.e., MAT) among members aged 16 and older with an Opioid Use Disorder for at least 6 months by 5%.*

- The final BHQIP submission to the state occurred in March. Pilot providers are handing out the California MAT Expansion Toolkit and the MAT tri-fold pamphlet, which are proving to help maintain engagement. An extension is being proposed to allow current beneficiaries to pass the 180-day retention mark, translation into multiple languages, enrollment of more beneficiaries, expansion of educational interventions to other OTPs, and a third MAT video intervention.



If you have questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

Prevention and Support Services

SUD Primary Prevention Contractors:

ECCO Web-based Prevention Services Data Reporting System Update

- Primary prevention providers are expected to continue to record service hour and activity numbers data by the 5th of each month including the 5th of any month that may fall on a Saturday or Sunday using your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed as final monthly data reports to the State are due by the 10th of the month.
- Community-Based data reports in ECCO are always accessible to providers. If a previous month needs to be edited, the file can be opened by the providers rather than reaching out to the ECCO administrators or BHS TA team.
- No Activity for the Month: As a reminder, when inputting in no activity for any given month, you must include a statement that states at a minimum “No activities for this month” and make sure you select No as the option when asked if activities were performed so that comments field will show. Otherwise, if you select option for Yes, continue to complete remaining entries for that activity.
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
- For information regarding DHCS Primary Prevention, please visit: [Prevention and Youth Branch \(ca.gov\)](https://www.sdcounty.ca.gov/dhcs/prevention-and-youth-branch)



Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
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**