



December 2023

Important Reminder: [Behavioral Health Information Notice 23-054](#), Medications for Addiction Treatment Service Requirement

- Per Senate Bill 184, all licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy in compliance with HSC Section 11832.9 (c) and 11834.28 (c)
 - Details on what must be in this MAT policy are detailed in the [Information Notice](#).
- Initial applicants for SUD recovery or treatment centers shall submit a MAT policy and supporting documentation with their Initial Treatment Provider Notification.
- Existing licensed and/or certified SUD facility shall provide a MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of the IN (Publication date 10/6/23).
 - If the MAT policy is deemed incomplete, the facility will have the opportunity to submit missing information/documentation.
 - Failure to adhere to the Information notice within 90 days shall be subject to disciplinary action, including but not limited to civil penalties, license suspension, or license revocation.
- Any change to the MAT policy requires written notice to DHCS.
- Questions regarding this IN should be sent to SUD licensing and certification at LCDQuestions@DHCS.ca.gov
- Once the policy is submitted to your assigned DHCS analyst, please send an email with the date submitted and name of the analyst to QIMatters (QIMatters.HHSA@sdcounty.ca.gov)

FINAL REMINDER

Reminder: Skill Building Workshops in December 2023

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.

- Outpatient Quality of Care
 - **Tuesday, December 5, from 9:30 a.m. to 11:00 a.m.**
 - *This event has passed.*
- Residential Quality of Care
 - **Monday, December 11, 2023, from 1:00 p.m. to 2:30 p.m.**
 - *This event has passed.*

New: Skill Building Workshops in January 2024

- Outpatient Quality of Care
 - **Thursday, January 11, 2024, from 9:30 a.m. to 11:00 a.m.**
 - [Please click here to register](#)
- Residential Quality of Care
 - **Wednesday, January 31, 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.

Update: Annual DMC-ODS Training

- QA has posted the PowerPoint slides of the annual DMC-ODS training to the Optum site under the "Training" tab.
- Posting includes a document for Q&A related to topics shared during the training.
- Training attendance has been reviewed to ensure all programs participated. Programs identified with no attendees will be notified and reminded to review the training to remain compliant with the annual training requirement.

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, January 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.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by **January 15, 2023**.
- The tool has been updated to include a new question for checking the CURES database and adjusted consent to treat language for clients under 18 years of age.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab. Please ensure you are only using the most up to date form.
- Programs providing additional or extended MAT services will need to follow the Medication Monitoring process. Please reference the most recent SUDPOH for requirements.
- Reminder – Ensure all the fields are completed **on the submission form**, including contract number, DMC provider number, discipline (e.g., MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit **submission forms** to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Reminder: DHCS Behavioral Health Information Notice 23-008

- This Information Notice allows graduate students to provide counseling services in an AOD program and exempts them from the counselor registration and certification requirements.
- A graduate student providing counseling services in an AOD program shall:
 - Be enrolled as a university graduate student in psychology, social work, marriage and family therapy, or counseling.
 - Be completing their supervised practicum hours to meet graduate school requirements; and
 - Provide proof of enrollment as a graduate student to the AOD program on an annual basis.
- If a graduate student is no longer enrolled in a university program, they shall notify the AOD program in writing of their withdrawal within one working day, and the AOD program shall immediately remove the former graduate student from providing counseling services.
- Per the current billing manual, these students must “use a taxonomy code within the AOD Counselor or Certified Peer Specialist categories as appropriate based on the student’s education, training and experience.” This is different than how students have been on the Specialty Mental Health side.
- DHCS has promised an update that may change their taxonomy and codes, but we are still awaiting that decision. We will communicate out once that clarification is provided.

SUD Residential Payment Reform Transition: Bed-Hold Policy Impact

The bed-hold/weekend pass policy outlined in SUDPOH has not changed. If the provider follows the policy, BHS will reimburse for the Room & Board for those days.

➤ **SUDPOH D.16:**

Residential: Bed Holds and Weekend Passes: Providers may be reimbursed room and board for up to 7 days when a client is hospitalized, AWOL, incarcerated, or in crisis residential while in residential treatment. COR preapproval is required if a client is in need of a bed hold beyond 7 days (e.g., client at crisis residential). As soon as client returns to the program, the provider shall consider any revisions to the ASAM level of care determination, risk assessments and/or medical information to incorporate into the chart and/or treatment plan. Provider would not need to discharge/readmit client. The number of days in the hospital, AWOL, incarceration, or in crisis residential counts toward the client’s 90-day DMC reimbursable period.





Reminder: Service/Travel/Documentation time in Encounters

- Programs are strongly recommended to continue adding travel time and documentation time (as applicable) in SanWITS encounters to accurately inform future rate discussions, both at a program specific and system-wide level and ensure all programs are accurately compensated for their services.
 - To clarify, these times are NOT to be added to the service time but entered as they were prior to 7/1/23.
- When encounters are submitted to the state through SanWITS, only the units based on the direct service time are used for compensation, but the travel/documentation time will be used for future rate discussions as described above.
- All times should be entered accurately (i.e., to the minute and not rounded) including any applicable travel and documentation time.

Update: SABG Renamed to SUBG

- The Substance Abuse and Mental Health Services Administration (SAMHSA) recently changed the name of SABG to “Substance Use, Prevention, Treatment, and Recovery Services Block Grant (SUBG)
- Effective **December 1, 2023**, DHCS will change SABG to SUBG on DHCS websites, county grant applications, and DHCS inboxes.
- This update will be part of a future SUDPOH update.

Optum Updates

- Items in additional threshold languages have uploaded to Optum (Chinese, Korean, Somali):
 - Beneficiary Materials: Grievance & Appeal Materials
 - ❖ Poster
 - ❖ Brochure
 - ❖ CCHEA & JFS Grievance & Appeal Forms
 - NOABD Tab: All NOABD templates

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align updates as specified in [BHIN 23-048](#) and are currently in the process of being translated into the County’s threshold languages.
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the January 1, 2024, effective date.
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 01/15/2024.

Health Plan Administration (HPA)

Medi-Cal Transformation (CaAIM)

- DHCS is rebranding the CaAIM initiative to [Medi-Cal Transformation](#) in response to feedback from members.
- Visit the [CaAIM Webpage for BHS Providers](#) for updates and essential information, including Certified Peer Support Services implementation and training resources, 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.

Medi-Cal Peer Support Specialist Certification RENEWAL

[Visit the CalMHSA website](#) for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)

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/provgovpart/Pages/2023-BH-Information-Notices.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.

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 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.

Management Information Systems (MIS)



Coming Soon: SanWITS Multi-Factor Authentication (MFA) early 2024.

- SanWITS will be enhanced to require multi-factor authentication for login.
- User name and Password will still be required, MFA will replace the pin#.
- Tip sheet with instructions will be sent to all SanWITS users and posted to the Optum Website.

New SSRS Report

- **SUDPI-20 Contact Type and Service Location Discrepancy – report located in the Provider Folder**
 - Report shows ALL encounters post 7/1/23 where Contact Type entered is "Phone" and the service Location selected is **NOT** one of the two Telehealth options.
 - Phone (audio only) and Telehealth (audio video) must have one of the Telehealth locations selected – "Telehealth Provided in Patient's Home" **OR** "Telehealth Provided Other than in Patient's Home"

Reminder: Encounter Screen Questions "In what language was service provided?" and "Was an Interpreter used?"



- The field In what language was service provided? populates with the client's preferred language and is editable if needed depending on the language used to provide the specific service.
- If the language used to provide the service was other than English, the field Was an Interpreter Used? should indicate YES.
 - If an external agency was contracted, select "Yes, External."
 - If the rendering staff was bi-lingual or another staff within the facility interpreted, select "Yes, Internal."

Unit based services – Only 1 unit per day

- Only one encounter/claim should be billed per day for unit-based services.
- Select the service with the appropriate duration based on the total direct service time with client.
 - Example: Provider met with client 10 min in am, and again 25 min in pm for the ASAM
 - Add 10 + 25 = 35 min total service time
 - Select **ASAM assessment 30+ min.**
- Unit based services are listed below:
 - G0396 ASAM assessment 15-30 min
 - G0397 ASAM assessment 30+ min
 - G2011 ASAM assessment 5-14 min
 - 99368 Clinical Consultation 30 min or more
- **The roll-up functionality is not applicable for unit based services.**



CalOMs forms are updated and uploaded to Optum website under "SanWITS" tab

SUDPOH	SUDURM	Forms	Communications	QA Training	Manuals	Toolbox	Beneficiary	NOABD	UTTM	SanWITS	Billing	PC1000
Medical Director Info	Recovery Residences	Monitoring	Training - SanWITS	Contracts/Fiscal Admin Svcs								
SanWITS												
Name	Description	Date										
Forms - CalOMS_Profile_S108A_and_S108B (pdf)	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Contact_S109 (pdf)	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Encounter_S113 (pdf)	Revised 10/19/2023	2023-10-24										
Forms - SanWITS_Intake_S110 (pdf)	Revised 10/19/2023	2023-10-24										

Forms - CalOMS Discharge_S703 (pdf)	Revised 10/19/2023	2023-10-24
Forms - CalOMS Annual Update_S112 (pdf)	Revised 10/19/2023	2023-10-24
Forms - CalOMS Admission_S111 (pdf)	Revised 10/19/2023	2023-10-24

Group Session Note Screen

- Must enter the session start date first to ensure the # of units calculation is correct.
- Service dropdown will populate all group types pre and post 7/1/23.
- Groups with Date of Service 7/1/23 forward – User must select new groups starting with hash sign (#) followed by discipline (top of list).
- The Lead Staff discipline must match the discipline on the Service.
- Groups with Date of Service pre-7/1/23 – User must select groups starting with two asterisks (**)

Phone Services are Considered Telehealth Services

- Phone (audio only) and Telehealth (audio video) must have one of the Telehealth locations selected – “Telehealth Provided in Patient’s Home” **OR** “Telehealth Provided Other than in Patient’s Home”
 - On the encounter screen, If phone is selected under the Contact Type, the Location must be one of the two Telehealth locations.
- A new SSRS report has been developed to help Providers monitor these services and make corrections before billing.
- The report name is – **SUDPI-20 Contact Type and Service Discrepancy** – and is located in the SSRS Provider Folder.
 - Report shows ALL encounters post 7/1/23 where Contact Type entered is “Phone” and the service Location selected is **NOT** one of the two Telehealth options.

Reminder: Work Email Address for SanWITS Access and Training

- Provider staff must have the contracted Provider’s business email address.
- This is required for both live and train sites.

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, January 22, 2024, at 9:00 a.m. – 11:00 a.m.**
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - 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@sdcountry.ca.gov

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email ADSBillingUnit.HHSA@sdcountry.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.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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)

All providers were notified of the SanWITS Payor Group Enrollment (PGE) changes or updates in August 2023. Here are additional information and reminders:

I. Payor Group Enrollment

A. OTP Providers

- OTP providers are required to bill Medicare Part B and Part C (Medicare Risk/Medicare Advantage) as the primary insurance for clients with dual coverage (Medi-Cal as secondary).
- OTP providers should submit the Evidence of Coverage (EOC) or Explanation of Benefits (EOB) to the ADSBillingUnit.HHSA@sdcounty.ca.gov showing non-coverage or partial payment from the primary insurance.
- If Medicare Part B or C (whichever applies) denies the claims in full or only covers a portion of the service charge, please ensure that these claims are entered in SanWITS and are released and batched to the correct PGE. See the SanWITS PGE guides below. The county billing team will process these claims and bill the unpaid balance to Medi-Cal. The county billing team will handle the process of billing unpaid DMC billable claims to Medi-Cal.
- Entering the encounters in SanWITS is not required if Medicare Part B or C fully pays the service charge and your provider is satisfied with the payment received. The former OTP lead sent a similar email reminder to OTP providers in the past.



Note: OTPs must enter the units of services that will not be paid by Medicare in SanWITS for invoicing final settlement and for DMC claiming.

SanWITS PGE for OTP Providers:

- 1) Medicare: Medicare B- Part B should be used for Medicare Part B billing.

Benefit Plan/Private Pay Billing Information					
Payor-Type	Medicare	Plan-Group	Medicare B-Part B	Policy #	
Payor Priority Order	1	End		Payment Scale	
Coverage Start		End		Relationship to Subscriber/ Responsible Party	Self
Aid Code					

- 2) Group Insurance: OHC/Medicare Risk-Part C should be used for Medicare Part C billing.

Benefit Plan/Private Pay Billing Information					
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-Part C	Policy #	
Payor Priority Order	2	End		Payment Scale	
Coverage Start		End		Relationship to Subscriber/ Responsible Party	Self
Aid Code					

B. Outpatient and Residential Providers

- ❖ Outpatient and Residential providers are required to bill Other Health Insurance (private insurances) and Medicare Part C (Medicare Risk/Medicare Advantage) with some exceptions. The four (4) listed Medicare Part C plans below are effective until 12/31/2023 based on the date of service on the claim. DMC billable claims for clients with dual coverage (Medicare Part C and Medi-Cal) can be billed straight to Medi-Cal.

1. Medicare Part C-Blue Shield Promise Health Plan (BSP)
2. Health Net of CA
3. Aetna Better Health of CA
4. Molina Healthcare of CA



Note: Every December, the county must renew the Medicare Advantage FFS-Equivalent Coverage Certification with the state. The approval from the state for next year's certification may not be available immediately in January of next year. In this case, the County billing unit will email outpatient and residential providers with additional billing instructions for clients with these coverages.

- ❖ Outpatient and Residential providers should submit the Evidence of Coverage (EOC) or Explanation of Benefits (EOB) to the ADSBillingUnit.HHSA@sdcountry.ca.gov showing non-coverage or partial payment from the primary insurance.

SanWITS PGE for Outpatient and Residential Providers:

- 1) Group Insurance: OHC/Medicare Risk-OHC should be used for OHC (private insurance) billing.

Benefit Plan/Private Pay Billing Information			
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-OHC
Payor Priority Order	2	Policy #	
Coverage Start		End	
Aid Code		Relationship to Subscriber/ Responsible Party	

- 2) Group Insurance: OHC/Medicare Risk-Part C should be used for Medicare Part C billing.

Benefit Plan/Private Pay Billing Information			
Payor-Type	Group Insurance	Plan-Group	OHC/Medicare Risk-Part C
Payor Priority Order	2	Policy #	
Coverage Start		End	
Aid Code		Relationship to Subscriber/ Responsible Party	Self

II. Diagnosis Codes Used in Billing DMC

- The ICD-10 list is available on the Optum website under the “Billing” tab.
- Some Z codes may not be included in the list. Per direction from the QI Matters team:
 - Any Z- code found within the DSM-5 is billable by the LPHA.
 - Please refer to the [Substance Use Diagnosis Guide \(SDOH\)](#) for more information.
 - For additional questions or concerns about the diagnosis codes, please contact qimatters.hhsa@sdcountry.ca.gov.

Population Health - Network Quality and Planning

1. CalAIM FUA PIP/BHQIP

Goal: to increase connection to a follow up appointment within 7 and 30 days by 5% after an ED visit for Alcohol or Other Drug abuse.

- PeerLINKS and UCSD ED stakeholders agreed to allow FUA-eligible patients to be referred to PeerLINKS for navigation services, despite not being enrolled in PeerLINKS. An updated referral form was sent to UCSD ED to distribute to their care teams. The UC San Diego Health Services Research Center (HSRC) sent a brief questionnaire to the 4 partner Managed Care Plans (MCPs) focused on consolidating information and identifying alignments and differences between the plans. Responses are pending.
 - **Next Steps:** Deliver resource cards to ED once printed, monitor responses to questionnaire, outline workflow map for the MCP data exchange component once received.



2. CalAIM POD PIP/BHQIP

Goal: Aim to increase the percentage of new pharmacotherapy for Opioid Use Disorder treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.

- Two of the three pilot OTP sites have been providing the California MAT Expansion Toolkit handout and electronically tracking the dissemination of the materials. Ease of intervention implementation and tracking was reported. A short video-based educational intervention in 2024 is planned. Refinements were made to the submitted MAT educational pamphlet and it is expected to be finalized soon. Expansion was discussed to include other OTP sites.
 - **Next Steps:** Continue to monitor dissemination of California MAT Expansion Project handouts at the pilot sites, disseminate MAT education pamphlet once approved, utilize SanWITS data from the OTPs to continue monitoring implementation.

Prevention and Support Services



ECCO Web-based Prevention Services Data Reporting System Update

- Thank you to all the SUD Primary Prevention Service Providers for completion of their November entries for program service hours into ECCO.
- Reminder to Primary Prevention Service Providers to continue to record service hour data each month using your ECCO program account. Service hour data in ECCO program accounts is due by last day of the calendar month reporting. BHS staff will be reviewing ECCO program accounts and communicate with providers any corrections or changes needed by the 5th of the month. Final reports to ECCO due by the 10th of the month.
- 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