



September 2023

New: Skill Building Workshops in September 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
 - **Monday, September 11, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Wednesday, September 20, 2023**, from 9:30 a.m. to 11:00 a.m.
 - [Please click here to register!](#)
- **Skill Building Workshops in October 2023**
 - Outpatient Quality of Care
 - **Tuesday, October 10, 2023**, from 1:00 p.m. to 2:30 p.m.
 - [Please click here to register!](#)
 - Residential Quality of Care
 - **Thursday, October 19, 2023**, from 1:00 p.m. to 2:30 p.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.



Root Cause Analysis (RCA) Training

- **Thursday, September 21, 2023**, from 9:00 a.m. - 12:00 p.m. via MS Teams. [Please click here to register!](#)

Reminder: CalMHSA Trainings

- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- Programs are responsible for ensuring staff complete required trainings. For more information see the [CalAIM for BHS Providers page on the Optum site](#).
- For those with individual staff logins to the CalMHSA training system, CalMHSA provides an on-demand report programs can run to confirm staff attendance for each training. It is recommended that programs select San Diego County before generating the report: <https://www.calmhsa.org/documentation-trainings/>
- 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: Required CalAIM Trainings



- Any questions regarding the required CalAIM trainings that are hosted by CalMHSA (i.e., questions about login in, proof of completion, etc.) should be directed to calaim@calmhsa.org
- The CalAIM for BHS provider website will be updated with this information.

Update: Workforce Training and Technical Assistance

- For training access and availability, please visit the updated [BHS Workforce Training and Technical Assistance](#) site under Professional Trainings.
- All live trainings will be announced via BHS communication.

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, September 28, 2023**
- 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 July-Sept (Q1) will be due by **Oct 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.

Update: SUDPOH

- The SUDPOH was updated on 08/04/23.
- The revision and Summary of Changes are posted on the Optum site under the “SUDPOH” tab.
- Next anticipated update is planned for 01/15/24.

Update: CalAIM Enhanced Care Management (ECM)

If you are currently serving justice-impacted individuals who are eligible for ECM, please see the phone numbers below to refer to the individual’s Medi-Cal Managed Care Plan for services. Please also find a link to the Department of Health Care Services ECM Policy Guide, which provides detailed information about eligibility criteria for ECM services: [CalAIM Enhanced Care Management Policy Guide](#).

Health Plans	Phone Number to Make a Referral
Aetna	1-855-772-9076
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Health Net	1-800-675-6110
Kaiser	1-800-464-4000
Molina	1-888-665-4621

CalMHSA Documentation Guides Update

- CalMHSA has updated the [Documentation Guides](#) that are available on their [website](#).
 - Remember that these have examples of documentation for many common services.
- A change log for each guide can be found at the end of each guide.
- All questions about the guides themselves should be sent to calaim@calmhsa.org

Update: Intake Process Documentation

- Simply completing intake documentation (i.e., ROIs, consent to treat, etc.) is not a claimable service by itself.
- However, the intake process involves gathering information that can be used to inform the assessment and/or problem list development during a direct service time with a client. If the collected information is used for purposes related to the service being claimed during the time spent directly with the client, it would not be “just paperwork” and could be billable.
- Best practice would be to indicate in the documentation how this information was used to inform the assessment and/or problem list.



Reminder: Access Times FAQ/Tip Sheets

- FAQ/Tip Sheets were sent to the system of care on 6/30/23 and are now available on the Optum site under the “Communications” tabs and all outdated tip sheets and messaging has been archived.
- Also linked here: [Access Times FAQ and Tip Sheet](#)
- Guidance outlined in the FAQ/Tip Sheet is effective 7/1/23.
- Email [QI Matters](#) with questions.

Reminder: Eligible “Target” Populations

- The County of San Diego’s DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
 - ✓ Adolescents age 12 – 17
 - ✓ Adults age 18 and over
 - ✓ Clients self-referred or referred by another person or organization.
 - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
 - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
 - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
 - ✓ No DMC/Low Income or no insurance:
 - Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
 - Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
 - Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
 - Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
 - ✓ Persons meeting DMC-ODS medical necessity criteria.
 - ✓ Justice Overrides
 - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.



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: 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.

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:
 - 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.
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises.
- Reporting methods include:
 - 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 DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)

Health Plan Administration (HPA)



Peer Support Services Implementation (Reminders!)

- **Training Requirements** for Certified Peer Support Specialists: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
- **Billing Codes** for certified Peer Support Specialists: [San Diego Certified Peer Support Specialists – BILLING CODES](#)
- [Q&A on Peer Support Services](#)

Medi-Cal Peer Support Specialist Certification

- Click here for the [Medi-Cal Peer Support Specialist Certification Registry](#). For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- 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 month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Specialization Trainings for Certified Peer Support Specialists

- CalMHSA has announced the availability of areas of specialization for Certified Medi-Cal Peer Support Specialists. These specializations focus on additional training that builds on the knowledge, skills, and abilities of Peer Support Specialists that have already been certified.
- Certified Peer Support Specialists who are interested in working in one of these specialty areas are strongly encouraged to take the corresponding trainings:
 - Parent, Caregiver, and Family Member Peer
 - Peer Services – In Crisis Care
 - Peer Services for Unhoused
 - Peer Services for Justice Involved
- To [learn more](#) about these specializations and the availability of scholarships, please visit the CalMHSA website.

Supervision of Certified Peer Support Specialists

- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is 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. [Register](#) for the Supervisor Training at the CalMHSA website.

CalAIM Behavioral Health Payment Reform



- Please visit <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/calaim-for-bhs-providers.html> for information and updates on BH Payment Reform implementation.
- Please send general questions on local implementation of payment reform to BHS-PA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

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)

Reminder: CalOMS Open Admission Report

- MIS is receiving a high volume of errors for annual updates being completed after the client has been discharged from SUD Treatment.
- **Important** – check to make sure the client is actively receiving SUD Treatment before completing the Annual Update.
- If the client is scheduled to be discharged during the timeframe the annual update is due, **ONLY** complete the discharge.
- Annual update will be rejected if there is a preceding CalOMS discharge submitted.

Reminder: Monthly ASAM State Reporting

- All ASAM Assessments and Brief Initial Screening results must be entered in SanWITS under the ASAM Summary Screen.

Reminder: DATAR

- Submissions must be entered by the 1st and no later than the 7th of each month for the previous month.
- Make sure all facilities have at least two DATAR submitters, which includes a backup user.
- Email SUDEHRSupport.HHSA@sdcounty.ca.gov if a DATAR user needs to be added or removed as well as adding or removing DATAR facility access.
- The following information needs to be emailed for new DATAR user requests:
 - Staff Name:
 - Staff Business Email:
 - Facility Name and CalOMS#:37xxxx

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, October 16, 2023**, 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@sdcounty.ca.gov



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.

Reminder: SanWITS User Modification Termination Form

- All user modifications and terminations must be submitted to MIS using the User Modification Termination form located on Optum Website [SanWITS User Modification Termination Form](#)
- When completing the modification form, make sure to include the modifications being requested in the Comments text box as seen in the print screen below.

Comments: Type all modification requests in the box below



- Routine Terminations – Please ensure terminations are submitted within one business day of notice given.
- Quick Terminations – MIS should be notified immediately by calling 619-584-5040 (including after hours and weekends).

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)

A. As part of CalAIM Billing/Payment Reform requirements, the 'roll-up' functionality has been implemented and is now enabled and available in SanWITS.

- New claim item status: 'rolled-up'. ***Claim items are rolled up and combined for the same client, day, service, and rendering staff, including duration and unit-based services.***
- In SanWITS, "the primary claim item is the first of multiple claim items included in the roll-up" to be submitted to the State through the 837-file.
- Another claim item status: 'pending roll-up'. A claim item in a subsequent batch will be in "Pending Roll-Up" (secondary claim) status.
- "The secondary claim item in the pending roll up status should wait until the 835 (remittance advice from the State) is received and processed by the ADS Billing Unit (County Billing Unit) to be rolled up. The pending roll up status is not expected to occur when providers submit all their claims for the month in one provider batch.



An email with the subject line SUD Billing Unit Announcement: Roll-up Functionality in SanWITS was sent to all SUD Providers on August 24, 2023.

B. The CalAIM claim batches (starting with July 2023 service date) have been reviewed by the ADS Billing Unit and old and new billing errors have been identified. Our objective is to help providers prevent and fix these errors by listing the common errors and providing tips on how to prevent their occurrence. The finalization of this list is currently underway and will be emailed to all SUD Providers soon.

C. The billing training's format and content will be modified, with the addition of CalAIM changes to the topics.

- D. The ADS Billing Unit has made changes to the Provider Drug Med-Cal Payment Recovery Report/PRF (Void/Disallowance) form to reflect the changes in disallowance or adjustment reasons.
- The disallowance/adjustment reasons have been changed or updated from 25 to 6 reasons.
 - The form is now available on the Optum website.

[Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Name	Description	Date
Payment Recovery Form revised 08.2023 (.xlsx)	The Payment Recovery Form is used by DMC Provider to report adjustable units of service. Tab 2- Instructions. Tab 3- Summary of Changes.	2023-08-24

- E. Some changes have been made to the Payor Group Enrollment screen.
For programs releasing encounters for a client with dual coverage (OHC or Medicare Part C as primary) and Medi-Cal as the secondary insurance.

Payor-Type: Group Insurance then select the appropriate Plan-Group:

- I. OHC/Medicare Risk - OHC: select this option if the client has a commercial or private insurance. This option applies to Residential and Outpatient programs, except for OTP programs.
- II. OHC/Medicare Risk - Part C: select this option if the client has Medicare Risk/Medicare Part C coverage. This option applies to all programs but please consider these important reminders:
 - a. **Reminder to Residential and Outpatient programs, except OTP**
 - Your program is not required to obtain an Evidence of Coverage (EOC) or bill the insurance to get an Explanation of Benefits (EOB) for the following Medicare Advantage plans: 1- Medicare Part C-Blue Shield Promise Health Plan (BSP), 2-Health Net of CA, 3- Aetna Better Health of CA and 4- Molina Healthcare of CA.
 - b. **Reminder to OTP programs**
 - Please continue billing Medicare Risk (Part C) and Medicare Part B.
 - c. **Reminder to all programs**
 - If you determine that the claim or balance needs to be billed to Medi-Cal (secondary insurance), you must submit the Evidence of Coverage (EOC), Explanation of Benefits (EOB), or any valid proof of billing (whichever applies) to ADSBillingUnit.HHSA@sdcountry.ca.gov.
 - If 90 days have passed after the claim submission to the insurance, the provider can batch and bill the claims to DMC under the following conditions: Providers will submit proof of billing or any form of communications with the insurance to the ADS billing Unit and providers will continue working with the insurance until the final or appropriate determination is obtained.
 - DMC claims must be submitted to the State on time.
 - The revised OHC tip sheets will be posted on the Optum website once they are completed.

Population Health - Network Quality and Planning



1. CalAIM FUA PIP/BHQIP

Goal: to increase the percent of clients ages 18+ receiving a follow up within 7 and 30 days after a mental health ED visit by 5% from baseline.

Logistics are being discussed between NAMI, BHS and UCSD regarding having peer support staff in the UCSD ED for navigation assistance. Communication team is working to finalize a card that will be provided to patients that are at the ER with direct ACL and NAMI contact information.

Next Steps: Finalize intervention implementation plan with UCSD ED & NAMI staff; generate handout to ED patients with NAMI and Access & Crisis Line contacts; outline workflow map for MCP data exchange; present to Hospital Partners for support and implementation.

2. CalAIM POD PIP/BHQIP

An educational pamphlet on OUD (opioid use disorder) for new MAT clients, which outlines basic information including the benefits of MAT, is being distributed to providers.


Next Steps: Based on stakeholder feedback, will consider possible follow-up interventions to the pamphlet: educational video, cell phone charging stations while receiving services, coordinating transportation to OTP's.

Prevention and Support Services

SUD Primary Prevention Contractors

The State of California DHCS is transitioning to a new primary prevention data reporting system to replace the PPSDS (Primary Prevention SUD Data Service System). The new primary prevention data system will be Prospectus Group's ECCO Web-based Prevention Services Data Reporting System.

ECCO Web-based Prevention Services Data Reporting System Updates

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- Trainings available to County Coordinators and SUD Primary Prevention Providers in July 2023.
 - County Coordinators received initial ECCO training to support training of SUD Prevention Providers in attending DHCS-sponsored sessions.
 - County Coordinators will work with Prevention Providers to learn the new data reporting system in July-August 2023.
 - Prevention Services unit data will be recorded for the 1st Quarter of the fiscal year 2023-24 and will be due 10/1/23. Future reporting will be due monthly by 10th of each 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/preventionandyouth/)

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