

SUDPOH Summary of Change – August 2018

Section:	Revision:	What has changed:
Section A: Organized Delivery System	Updated information	<ul style="list-style-type: none"> • Updated Physician Consultation service as County billable (A.12) • Updated language from Dual Diagnosis to Co-occurring (A.18)
Section B: Continuum of Care & Services	Updated information	<ul style="list-style-type: none"> • Corrected language regarding recovery monitoring and the use of the internet (B.6) • Corrected language regarding group counseling (B.5)
Section D: Service Delivery	Updated information	<ul style="list-style-type: none"> • Added SanWITS support desk business hours: 7:00 am to 4:30 pm, M-F (D.5) • Hyperlinked the Beneficiary Handbook (D.9, D.13) • Hyperlinked Provider Directory (D.9) • Updated to align with DMC-ODS beneficiary materials (D.9) • Removed language for documenting the applied ASAM Criteria to determine placement (D.10) • Updated verbiage regarding client’s ability/inability to pay for services to be consistent with County of San Diego SUD Services target populations definition (various locations in Section D) • Replaced Recovery/Discharge plan with “treatment plan for recovery services” (D.18) • Updated verbiage and training requirements regarding Substance Abuse Assistance for Recovery Services (D.18) • Removed ICD-10 Code requirement for Initial/Updated Treatment Plan (D.24) • Updated language for template for group sign-in sheet with appendix (D.27)
Section E: SUD Program Requirements	Updated information	<ul style="list-style-type: none"> • Updated language from Dual Diagnosis to Co-occurring (E.8)
Section F: Provider Contracting	Updated information	<ul style="list-style-type: none"> • Hyperlinked the BHS Billing Manual (various locations) • Updated verbiage regarding client’s ability/inability to pay for services to be consistent with County of San Diego SUD Services target populations definition (F.3) • Replaced Form 5035C – Claims Adjustment with updated name, Payment Recovery Form, with hyperlink to appendix (F.9-F.10) • Added requirement for recovery form to be sent encrypted (F.10) • Re-worded steps for disallowances (F.10) • Added requirement for providers to review Remittance Advice list with hyperlink to appendix for the form (F.10) • Property Inventory Form changed from Appendix F.3 to Appendix F.6. (F.14) • Removed location to find DPC forms; added forms as appendices with hyperlinks to each form in the appendix (F.14) • Removed DPC Phone Pricing List
	Moved section to combine related DMC topics	<ul style="list-style-type: none"> • Moved “Medi-Cal Billing to the State” under the DMC section (F.8-F.9) • Added reference to DMC Same Day Billing Matrix with hyperlink to appendix (F.9);

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Section G: Quality Management	Updated information	<ul style="list-style-type: none"> • Updated verbiage regarding client’s ability/inability to pay for services to be consistent with County of San Diego SUD Services target populations definition (G.6) • Removed 5035C Form • Removed QAR steps for processing potential DMC denials and reference the steps outlined in Section F under Provider Requirements • Updated Privacy Incident Reporting process; included appendix to outline the process (G.18) • Added LPHA to who shall document the basis for diagnosis (G.6) • Added LPHA to who shall sign treatment plan (G.7) • Renumbered appendices; G.4 is now the HHS Privacy Incident Reporting Process; G.5 is now the SUD Complaint Report Form; G.6 is now the NOABD Table. • Removed privacy incident from the Serious Incident Categories (G.14) or Updated Serious Incident Categories (G.14) • Updated SIR Reporting procedures (G.15) • Removed major privacy incident from RCA requirement (G.16) • Removed Privacy Incident from Level One Serious Incident Classifications (G.16) • Updated to align with DMC-ODS beneficiary materials (G.21, G.27) • Added provider must contact QM when client refuses utilizing the advocacy organization; added requirement for completing the SUD Compliant Form with or without the client present; added process when client contacts BHS directly (G.21) • Replaced therapist with counselor (G.23) • Removed screening from when NOABD form shall be issued (G.26) • Added clients rights if client is a Medi-Cal beneficiary (G.27) • Added adolescents to the annual client satisfaction survey conducted during October each year (G.27)
Section H: Administrative Oversight	Updated information	<ul style="list-style-type: none"> • Hyperlinked the BHS Billing Manual (H.3)
Section I: Resources	Updated information	<ul style="list-style-type: none"> • Added SanWITS support desk business hours: 7:00 am to 4:30 pm, M-F (I.2) • Updated Provider Directory hyperlink (I.3)

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Appendices	Updated information	<ul style="list-style-type: none"> • “Optum Website Tip Sheet” was updated (Appendix D.2) • “Group Sign-In Sheet” was added (Appendix D.4) • “PWD Program Referral List” was updated (Appendix E.5) • “DMC ODS Same Day Billing Matrix” was added (Appendix F.3) • “Payment Recovery Form” was added (Appendix F.4) • “Claim Adjustment Form” was added (Appendix F.5) • “BHS Inventory Report Form” was updated (Appendix F.6) • “DPC 203 Form” was added (Appendix F.7) • “DPC 203 Mobile Devices Form” was added (Appendix F.8) • “DPC 203 Mobile Devices Supplemental Form” was added (Appendix F.9) • “SIR RCA Worksheet” was updated (Appendix G.1) • “SIROF” was updated (Appendix G.2) • “SIR” was updated (Appendix G.3) • “HSA Privacy Incident Reporting Process” was added (Appendix G.4)