



# Mental Health Services



## Updates

### Peer Support Specialist Supervisor Training:

The "Supervision of Peer Workers" training course offered by California Mental Health Services Authority (CalMHSA) is now available. The training is free-of-charge, self-paced, and is approximately one hour.

- To register for the training, follow the instructions found [here](#).

The course focuses on the interactions between supervisor and supervisee with an aim of promoting effective practices and builds on the strengths and successes of the peer supervisee. The training is derived from [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. Please see the DHCS [Behavioral Health Information Notice 22-018](#) for additional information.

For questions, please contact CalMHSA directly at [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).

### Child and Adolescent Needs and Strengths (CANS) Coupon Procedure Changes:

As outlined in a recent Behavioral Health Services (BHS) Contractor Information Notice, effective April 1, 2023, Responsive Integrated Health Solutions (RIHS) will no longer be providing behavioral health training services to providers on behalf of BHS. We appreciate RIHS' service to our behavioral health community.

The distribution of CANS coupons for the Praed Foundation training and certification exam which was previously managed by RIHS will now be administered internally by the BHS Workforce Team, until further notice. **Children, Youth and TAY providers needing to obtain their certification or annual recertification can navigate to a webform on the BHS website and complete a request for a CANS coupon**, at [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf\\_outcomes.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf_outcomes.html)

Once a request is received, a coupon code and CANS assessment user guide will be emailed to the requestor within 24 hours. Additional information on the CANS, including manuals, explanation sheets, and forms is also available on the site.

### CANS Assessment Requirements for AOA System of Care:

TAY serving AOA programs will be required to complete a CANS assessment for all TAY-age participants, 18 to

### Optum Website Updates

#### MHP Provider Documents

#### TFC Tab:

On 3/2/23, updated TFC Daily Progress Note and the Explanation sheet was posted on the TFC Tab with updates to streamline them based on the TFC regulations and CalAIM. They went from multiple times per day assessment to once per day assessment.

On 3/2/23, TFC Prior Authorization Request Explanation, TFC Prior Authorization Request, TFC Daily Progress Note and Explanation Sheet were moved to the TFC Tab.

#### UCRM Tab:

On 3/3/23, the UM Request Form was updated to have the T-bar unlocked in the footer for providers to type into the fields.

On 3/13/23, the Consent for Services Form Rev 1/31/23 was updated in all threshold languages and posted on the UCRM Tab.

On 3/28/23, the CSU Episode Summary and Explanation sheet were posted on the UCRM Tab. This form replaced the CSU BHA and ESU BHA.

21 years-old, within 30 days upon intake, every 6 months, and at discharge. The CANS data must be entered into the mHOMS database. Initial CANS data must be entered into mHOMS database within 30 days of CCBH intake date and Discharge CANS must be entered within 7 days from CCBH discharge date. Youth who are within 6 months of turning 21 at intake are excluded from CANS assessment requirements.

**As of 05/01/2023 programs should begin process of getting staff trained and certified to complete the CANS.** The CANS can only be administered by staff who have completed the Certification process. In order to prepare for this requirement, programs may start the CANS certification process now. As staff are trained and become certified they should be administering and completing the CANS assessment. **All new admissions who are TAY ages 18-21 will be required to have the CANS assessment by 10/15/23.**

#### Access to Behavioral Health Provider Workforce Trainings:

As outlined in the recent Behavioral Health Services (BHS) Contractor Information Notices, effective April 1, 2023, Responsive Integrated Health Solutions (RIHS) will no longer be providing behavioral health training services to providers on behalf of BHS. BHS will continue to support the delivery of training to our system of care providers. Training announcements will be provided via the **BHS Workforce Education and Training website at [BHS Workforce Trainings \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)**. Update: BHS Training and Technical Assistance

- BHS training information can be found on the [BHS Training and Technical Assistance](#) website.
- Access to [Academy of Professional Excellence](#) eLearnings are available for: Implementing Harm Reduction, Pathways to Well-being, and Introduction to Trauma Informed Care
- Additional, system of care trainings will be announced through BHS email communication.

#### **The following trainings are currently accessible to system of care providers:**

- Child and Adolescent Needs and Strengths (CANS) coupons for Praed Foundation training and certification exam: [CANS coupon request](#)
- Disaster Training and Overview of AB 2083 are accessible via [BHS Workforce Training and Technical Assistance \(sandiegocounty.gov\)](#)

#### **The following trainings will be accessible mid-April:**

- Trauma Informed Care, Harm Reduction, and Pathways to Well-Being eLearnings can be accessed by sending an email to [BHSworkforce.hhsa@sdcounty.ca.gov](mailto:BHSworkforce.hhsa@sdcounty.ca.gov). CEs for these trainings will be available.

The following trainings will be coordinated by BHS in the near future. Communications will be sent when registration is open:

- Motivational Interviewing
- Relapse Prevention
- Foundations in Case Management
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy

In partnership with Southern Counties Regional Partnership (SCRIP), free trainings with CEs will be provided and shared with the behavioral health system of care. These trainings will include but are not limited to: Trauma Informed Care, DSM-5-TR, and Suicide Awareness.

Thank you for your patience as we navigate this transition in the delivery of training and support to our system of care providers.

**REMINDER! Telehealth Consent Requirements:**

Per BHIN 22-019, effective **July 1, 2022**, Health Care Providers are required to confirm consent for telehealth or **telephone services**, in writing or verbally, at least once prior to initiating applicable health care services via telehealth to a Medi-Cal beneficiary. The provider must document in the patient record provision of this information and the beneficiary's verbal or written acknowledgement that the information was received. System of Care providers are encouraged to develop their own processes and/or written consent forms in order to adhere to this mandate, however the consent for telehealth services **must** contain the following explanations:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit
- The use of telehealth is voluntary, and consent may be withdrawn at any time by the beneficiary without affecting their ability to access covered Medi-Cal services in the future
- The availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- The potential limitations and risks related to receiving services through telehealth as compared to an in-person visit to the extent that any limitations or risks are identified by the provider

Compliance will be monitored as part of Program Compliance during the Medical Record Review beginning Quarter 1 of FY 23-24. Programs will be required to submit evidence of their Telehealth P&P's and Telehealth Consent. (Ref: [BHIN 22-019](#), [DHCS Telehealth Resources Page](#), MH UTTM June 2022, MH QIP May 2022, March 2023)

**Reminder: Attestation for Beneficiary Handbook Changes:**

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 3/15/23. There are several outstanding attestations. Please complete and submit to QI Matters as soon as possible.

**Knowledge Sharing**

**Denial NOABD vs Delivery System NOABD Clarification:**

**NOABD Denial:** Plan has been asked to approve services and the approval request has been denied. Our approval process is the authorization process and is only relevant to specific levels of care deemed mandatory by DHCS as follows:

- Psychiatric Inpatient Hospital Services,
- Psychiatric Health Facility Services
- Crisis Residential Services
- Adult Residential Treatment Services
- Intensive Home-Based Services
- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care

**NOABD Delivery System:** Mental health condition does not meet the medical necessity criteria to be eligible for specialty mental health services. If individual referred within the MHP for specialty mental health services, this does not apply and would not be required.

#### Data Entry Standard for ASJ Records:

Data entry standard for ASJ records is **5 business days**. QI will be monitoring this standard as a component of our enhanced ASJ data quality initiative. Questions regarding this standard should be addressed to Data Sciences.

#### Telehealth Performance Improvement Project (PIP):

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy (telephone and telehealth). Feedback directly from older adult consumers revealed that older adult client's reluctance or inability to access telehealth services was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology.

After sending the translated telehealth informational guides that the PIP team developed to the participatory program UPAC EMASS, the program provided feedback and requested informational guides about how to access the video telehealth appointments through receiving text messages. The PIP evaluation team created the new text message slide and submitted a request for the translation company to translate the new slide as well as make the requested updates to the Pashto slides. In the spring of 2023, the PIP evaluation team will schedule a training and plan to implement this intervention. The PIP evaluation team is in the process of soliciting additional programs to participate in this PIP.

Next steps include:

- Continue to work with UPAC EMASS to develop how trainings will be implemented and informational materials will be distributed to older adult clients.
- Continue to implement and collect pre and post questionnaires from clients to gather information for clients who received the intervention.
- Send a monthly follow-up to Vista Hill SmartCare who have implemented the pre-post questions.
- Reach out to any new programs recommended by the County.
- Recruit a stakeholder workgroup.

#### Therapeutic Support for LGBTQ+ Youth PIP:

Increasing Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy is MH PIP for 2022-2024.

- The updated It's Up to Us LGBTQ+ resource pages intervention has been active as of October 2022.
  - It's Up to Us LGBTQ+ Resource Page: <https://up2sd.org/resources?list=lgbtq>
  - From October 27, 2022 to January 27, 2023 there were 105 unique page views. The next report for page view will be available after April 27, 2023.
- On March 2, 2023, Responsive Integrated Health Solutions (RIHS), in partnership with the County of San Diego Behavioral Health Services (SD-BHS) and the Child and Adolescent Services Research Center (CASRC) at UC San Diego held a training for providers working in BHS Children, Youth, and Families (CYF) to increase providers' knowledge and skill concerning the provision of affirming therapeutic support for youth who identify as LGBTQ+ receiving services across the San Diego County system of care. Approximately 170 San Diego providers attended the training. The feedback surveys data will be analyzed in March 2023.
- A final PIP Advisory Board meeting will be held in early April 2023 to update members about the data collected from the training and provide an opportunity for community feedback.

#### 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.
  - 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 in order to proceed. For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The *Supervision of Peer Workers Training* 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.
  - [Register](#) for the Supervisor Training at the CalMHSA website.
- The following information are also available on the CalMHSA website for peers:
  - 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 month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

#### Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines:

Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

#### Transportation Benefit for Medi-Cal Beneficiaries:

- As a reminder, Medi-Cal beneficiaries may avail of non-medical transportation (NMT) or non-emergency medical transportation (NEMT) from their Medi-Cal Managed Care Plans ([BHIN 22-031](#)). Transportation to Mental Health and SUD treatment appointments are included in this benefit.
- To access transportation benefits, BHS providers and/or beneficiaries can call the health plans’ member services department found in the linked [FAQs](#).

#### CalAIM Behavioral Health Payment Reform:

Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto: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](mailto:sdhelpdesk@optum.com).

#### Provider Directory Application Programming Interface (API) coming soon!

- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible, standards-based Provider Directory API ([BHIN 22-068](#)). This upcoming change may result in potential administrative relief, would create more efficient coordination of care between MCPs and BHS programs, and even possibly allow clients to look up BHS network providers’ information on phone applications.
- To help prepare for this change, staff providers are asked to:

- Update provider directory information in the SOC Application as changes occur.
- Attest to the accuracy of provider directory information on the SOC Application monthly.
- Are you a program manager? Remember to attest to your program's information on the SOC Application monthly.
- Please be on the lookout for further announcements and additional information for provider directory requirements.

### Management Information Systems (MIS)

The revised ARFs requesting Date of Birth rather than the SSN are now on the Optum RegPack site:

[https://www.regpack.com/reg/templates/build/?g\\_id=100850646](https://www.regpack.com/reg/templates/build/?g_id=100850646). Please download and save on your computers for requesting access for staff. After March 1<sup>st</sup>, using an outdated ARF will be rejected.

#### Please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### Cerner Reminder:

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

### Training and Events

#### Quality Improvement Partners (QIP) Meeting:

Tuesday, April 25, 2023, from **2:00pm – 4:00pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. [Click here to join the meeting](#). If you have any questions, or if you are having difficulty with registration, please reply to this email or contact [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

#### Office Hours:

Please see the schedule below for the April 2023 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

**Registration is not necessary. Please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session. If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov).**

#### April 2023 Office Hours:

- Thursday, April 13, 2023: [Click here to join the meeting](#)
- Tuesday, April 18, 2023: [Click here to join the meeting](#)
- Thursday, April 27, 2023 [Click here to join the meeting](#)



QI Matters Frequently Asked Questions

**Q: Occasionally, we will have a client open to our program with full scope Medi-Cal and during our monthly audits we find that they have dropped Medi-Cal and obtained private health insurance, such as Kaiser comprehensive. Would this require a transition of care tool if we refer them to Kaisers behavioral health services?**

A: The Transition of Care tool is only used by MHP programs when referring to outpatient providers through the MCP (the grid below shows which plans fall within the MCP). Referrals to other providers within the MHP, such as TBS or Nueva Vista, do not require the form.

**Q: I saw in the UTTM, it identifies that all new staff hired on or after 3/1/23 need to complete the Cal AIM trainings. Is this correct? All new staff need to complete those 8 modules upon hire, within 90 days?**

A: Correct, staff are required to complete the entire CalMHSA training modules. As of 03/01/23, programs will be responsible for ensuring staff complete the required CalMHSA trainings. This includes current staff and new staff hired on or after 03/01/23. New staff are to complete the CalMHSA required trainings during the onboarding process and no later than 90 days from the hire date.

**Q: If a clinician is meeting a client out in the field and is providing multiple services such as a SC50 and SC13, would the travel time be divided in half for each SC note or would the travel time be added only to one SC note?**

A: It is best to put all the travel time into one service. In the other service, you can reference that the travel time was put into the other progress note.

**Q: Do we still need to complete treatment plans for those members with Medi-Medi?**

A: The Medicare requirements have not changed. Client Plan requirements for Medicare and Medi-Medi clients continue to remain in effect due to applicable federal regulations/guidance and have not been superseded by the CalAIM documentation reforms. If a client has Medicare or Medi-Medi services that are billed to Medicare are the ones that need to be on the client plan. This would include medication services provided by an MD, NP, RN, and an LCSW providing psychotherapy, as those providers are billable to Medicare.

**Q: I have a staff member who is on a leave of absence (LOA) but has an unsigned note. I am his co-signature that he needs for his notes. Am I able to sign his note for him or what is the procedure that needs to be taken? We are unsure if he will return from his LOA.**

A: When a program has staff that that are on leave or no longer with the program, the program manager is the person with the authority to sign the progress note(s). They can include a never billable progress note to explain the situation.

**Q: If a staff spends substantial time without the client, searching for housing, shelter placement, etc. What service code would be appropriate?**

A: With new CalAIM changes and CalMHSA feedback, time spent directly communicating with housing/placements/needed resources to confirm client eligibility or availability of shelter are billable as a SC 50. However, time dedicated to researching or looking up resources continues to be a never billable activity.