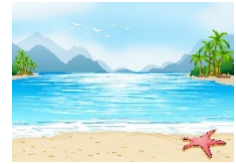




# Mental Health Services



## Updates

### BHA Timeline Requirements

BHA Timeline Requirements have been updated. Programs will now have 60 days to complete, and final approve BHA's in CCBH – date of opening assignment counts as Day 1. Programs will no longer have to complete annual BHA updates, rather BHA's will be required to be updated when clinically appropriate or at minimum, within 3 years of previous assessment by the program.

The 60day/3year timeline is effective 7/1/22 forward, following CalAIM Documentation Reform Requirements (BHIN 22-019).

Additionally, the AOA and CYF BHA's have been updated to reflect the required questions which capture the CalAIM standardized Domain requirements and are now live in CCBH, with form fill versions available on the Optum Website, under the UCRM Tab. Required Domain Questions which are required to be addressed in the BHA are identified by the following:

- Domain #
- Left Justification
- All CAPS

## Knowledge Sharing

### Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month! By September 2022, DHCS requires all County BH Plans to submit mental health services provider data using 274 reporting requirements on a monthly basis. Reporting requirements are still being developed for SUD.
- 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).

### Optum Website Updates MHP Provider Documents

#### **OPOH Tab:**

Section A –

- A.0 – Goal of CalAIM

Section C –

- C.1-3 – No Wrong Door IN

Section D –

- D.1-2 – Updates to timelines for BHA, CP, Problem List and Progress Notes
- D.3 – Long Term Client defined as 60 days
- D.6 – Update to BHA timeline
- D.25 – Update to Timelines
- D.36, D.37, D.48, D.56 – Change to Problem List from Client Plan language

Section L –

- L.1 – addition of Co-Occurring and No Wrong Door Language

#### **UCRM Tab:**

- The Form Fill versions of the AOA BHA and CYF BHA have been added to the UCRM Tab.
- The START, Walk In, and JFS STAT form fill BHA's have been removed from Optum.

### **Mega Regs/Network Adequacy: System of Care Application (SOC)**

- As part of Network Adequacy requirements (BHIN [22-032](#) and [22-033](#)), providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- Providers are required to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers and Program Managers are required to attest to all SOC information **monthly**.
- New hires and transfers are required to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

### **Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification**

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

### **Older Adult 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. In San Diego there was an over 300% increase in teletherapy services (telephone and telehealth) during the pandemic. There is evidence that when face-to-face services are less available, Older Adult clients utilize Teletherapy services less often than younger clients, and when they do access Teletherapy services it often through the use of Telephone based services. Most notably, feedback directly from consumers during an Older Adult Social Isolation and Loneliness Workgroup conducted from 2020-21 revealed that Older Adult clients' reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. Research has also shown that Older Adults have limited access to internet-based services due to low socioeconomic status, internet skills, and acceptance of technology (Hargittal et al., 2018).

Since the Older Adult's client feedback on telehealth services were finalized, HSRC is currently working with two programs that are collecting the client feedback. One of these programs is also working to translating the client feedback questions to collect information from non-English speaking Older Adult clients. Also in July, the HSRC PIP team conducted a review of other programs and counties who have implemented interventions for barriers with older adults utilizing telehealth services, along with online platforms used by mental health programs for telehealth services. The HSRC PIP team is still calling and reaching out to programs who serve older adults to help collect client feedback on older adult clients and their utilization of telehealth services.

#### **Next steps include:**

- Work with the programs to provide materials and guidance to support collecting client feedback.
- Work to schedule the next stakeholder workgroup meeting.
- Analyze the client feedback information received from programs.

### **Therapeutic Support for LGBTQ+ Youth Performance Improvement Project (PIP)**

Researchers from CASRC met with the CYF administration to discuss forming the PIP advisory group and collaborating with inpatient services on this PIP, focused on increasing therapeutic support for youth who identify as sexual and/or gender minorities. The group also discussed options for the first PIP intervention. Additionally, researchers from CASRC continued to analyze data on predictors of rehospitalization and timing of follow-up care for youth who identify as LGBTQ.

QI Matters Frequently Asked Questions

**BHA – Diagnosis Related:**

**Q: Can the primary diagnosis be a Z-Code?**

A: Z-code Z03.89 may be utilized as a primary diagnosis during the assessment phase and/or ongoing for children/youth under age 18.

**Q: Who can enter/bill Z-codes?**

A: All provider credentials may bill Z-codes. PSS and MHRS may only bill the SDOH Z-codes (Z55 – 65).

**Q: If areas of the BHA does not have Bolded or Domain # listed, is NOT REQUIRED TO be completed?**

A: Only the questions indicated with Domain# and all CAPS need to be completed. The Bold/nonbold is not an indication of a required question. We were unable to change font formatting of bold/nonbold text.

**Q: Can you clarify whether the CRAFT table in the substance use section is required? The table looks bolded, but the text is grey.**

A: It is not required. Only items in ALL CAPS with the Domain# preceding it are required.

**Q: Following the new timelines, does this mean that any annual BHA that is due in August 2022 can now be completed before August 2025?**

A: No, that is incorrect as that would be four years. If the annual was supposed to be due in August 2022 (a year had already passed) so with the new 3-year requirement, the BHA would be due by August 2024. If a new admit opens in August 2022, then the 3-year update would be due by August 2025. The new timelines are effective as of 7/1/22; any BHA updates due after 7/1/22 will follow the new timeline and should be updated as clinically indicated or at a minimum of every 3 years from the previous BHA. BHA's that had required an update *prior* to 7/1/22 would still follow previous 30d/1yr timeline.

**Q: If BHAs are more like living documents and updated when clinically indicated - what is the stance on "cloning" in BHAs. Meaning, can staff just update 1 or more specific sections to the BHA when clinically indicated, or would the entire BHA (all domains) require an update?**

A: Cloning is considered as fraud/waste/abuse. When updating the BHA, you would follow the same clinical standards as previously required – review each section and update as applicable – indicate unit/subunit, date and either “reviewed with edits” or “reviewed without edits”. At minimum the clinical presentation, clinical formulation, MSE and PRA should be updated with new/current information if you are meeting with the client to update the BHA.

**Q: Will we be allowed to have a BHA and psych assessment open at the same time then?**

A: For now, you can only have one open as the BHA didn't change in the actual questions that were being asked.

**Q: Please provide written documents for all these changes.**

A: There will be a memo that goes out with the changes that are being implemented. The QIP minutes will also have all the answers to these questions. Additionally, information has also presented in our UTTMs ongoing and most recently in the July UTTM.

**Q: Could the MIS reports include a new report for client's approaching the 3-year mark?**

A: This request was taken to our PAC meeting on Thurs 7/28/22. MIS will update the MIS38 report to include a column for tracking 3 yr. date.

**Q: Is the SC10 note for the BHA still expected to be completed w/in 3 days of service even though we now have 60 days to complete the full BHA?**

A: Yes, a PN must be completed w/in 3 days of a service; however, you can continue to include doc time for BHA in following PN/service – you would just need to indicate additional time for doc of BHA.

**Q: Is template for MD psych assessment changing too?**

A: No changes to Psych Assessment, current remains “as-is”.

**Q: When will the new BHA roll out? When we transition to Millennium?**

A: The BHA that rolled out in CCBH on 7/22/22 is the “new” BHA. We will be developing a new template/BHA for Millennium and will be setting up work groups to include provider feedback an input.

**Q: It used to be that every time you update a BHA, you need to complete a new HRA. Is the HRA needed for the initial FA?**

A: There is no HRA in the BHA. The PRA is part of the BHA and must be completed as part of the BHA in order to be considered a complete assessment before final approval.

**Q: If we are completing a re-assessment due to a significant change/clinically indicated, can we just update that section of the BHA or do we have to update the entire BHA?**

A: The expectation is that all areas which need updating are addressed. Clinical standards re: completing an update or reassessment have not changed; all sections of the BHA should be reviewed and indicated as “reviewed with edits” or “reviewed without edits” and include unit/subunit and date.

**Q: What do you recommend for discharge summaries and billing for doc time to complete them? For discharging there would be no other point of contact to capture the doc time at a later time?**

A: Nothing has changed with discharge summaries. If you are able to meet with the client prior to discharge in a face-to-face session, you may bill the documentation time for the discharge summary.

**Problem List/Client Plan Related:**

**Q: Should we still continue updating and renewing client plans until this rolls out? or is there permission to stop doing them now? Optum has told us to stop signing staff up for those trainings?**

A: You must update as necessary until the problem list rolls out. Optum has not advised providers to stop signing up for CPPN trainings, they are providing a notice to review if your program will require use of CP's in order to ensure staff are taking the appropriate trainings going forward.

**Q: Is the problem list supposed to be completed/updated with the client?**

A: Items should be added/ended on the problem list as they are identified by the provider and the beneficiary and/or significant support person on an ongoing basis to reflect the current presentation of the beneficiary.

**Q: How often do we update the problem list? For example, if a client/family shows improvement in a Z code impairment, we update the problem list as clinically indicated I assume. Will the problem list at a minimum be required to be completed at intake and discharge?**

A: The updates would be expected/required as there are new problems introduced or ones that no longer apply.

**Q: Do we need to obtain signatures from client/family for the problem list?**

A: The Problem List does not require client/family signatures.

**Q: Are the only Z codes shown on the Problem List the only ones that can be added? What if we wanted to add one that is not included here?**

A: The available/applicable Z-codes were identified by CalMHSA in conjunction with DHCS.

**Q: Is this a document that is "living" i.e., we don't final approve it? or does it get final approved each time you touch it?**

A: The Problem List is considered a "living document" in that the expectation is that it will be updated anytime a new problem is identified or determined to be resolved by the provider, beneficiary and/or their significant support person. It is required to be signed and final approved with each update.

**Q: Will all this information regarding the problem list be in the CalMHSA LMS trainings ?**

A: Yes, CalMHSA provides a Problem List Training as part of their LMS Trainings.

**Q: For walk ins, screenings can we still use a LSL?**

A: Yes, LSL (Limited Service Log) are still to be utilized for walk-in screenings.

**Q: Will STRTP's be required to complete treatment plans in progress notes, in addition to the client plan and problem list?**

A: This is being addressed by DHCS in a FAQ which is pending.

**Q: Will we still need to add interventions to the client plans? What about the problem lists?**

A: Only the intervention(s) which require a client plan will need to be added to the client plan, you will not need to add any other interventions/service codes. The problem list does not include any interventions. Please refer to BHIN 22-019 for problem list requirements.

**Q: In the current client plan, is it still a requirement to complete the narrative section for each intervention?**

A: You will need to include only the Intervention(s) that require the use of a client plan (ICC, IHBS, TFC, TBS). We are currently working on revising the Client Plan format and narrative requirements— more to come when the revised Client Plans and Problem List templates roll out 8/15/22.

**Q: Will the timeline for the client plans and problem lists be the same 60 days/3 years as BHA's, or will they be different?**

A: The BHA timelines do not impact Client Plans – only programs that will need to complete a client plan are those providing services which require the CP (ICC, IHBS, TBS, TFC).

**Q: Just want to confirm: a client will need a problem list even if your program requires the client plan?**

A: Yes, a Problem List is required for ALL clients, regardless of whether your program also requires a client plan.

**Q: Will STRTPs will have to do CP's treatment plan, AND problem list?**

A: Yes, STRTPs will still require use of a client plan and will also need to include the Problem List.

**Q: Can you clarify why most children's programs are still going to have to do client plan?**

A: Programs that provide ICC, IHBS, TBS or TFC services are required to have a client plan.

**Q: After the Problem List is implemented, do we still have access to view old client plans? Or will they be erased?**

A: Existing client plans will remain in CCBH and will not be removed at this time.

**Q: Does the diagnosis form need to be final approved to populate a problem list? do we do dx form and problem list? or does the problem list replace the dx form?**

A: Yes, the Diagnosis form is still required, it would need to be completed/final approved first, in order to prepopulate into the Problem List.

**Q: What if we are a Specialty Mental Health Program and we are not providing ICC services to a client, will we still need to complete a client plan in addition to problem list?**

A: No, if your program does not provide ICC or IHBS services, you will not complete a client plan. You will be expected to have TCM and/or Peer Services documented in a Progress Note plan.

**Progress Note Related:**

**Q: Do we change to 802 notes past 14 days still?**

A: No, the 14-day timeline is no longer in effect/no longer exists. There is no recoupment for notes F/A past 14 days. You do not need to make them nonbillable. This is no longer monitored as a compliance concern. There is no mark out or disallowance.

**Q: Can you review the 3-day requirement? Does that apply to entering and saving the note in CCBH or to the final approved date?**

A: The progress note must be entered into CCBH and completed in full within 3 days. If a co-signature is required, the expectation is that it will be co-signed/final approved within a reasonable time frame. The 3-day requirement is not a reason for recoupment and would not result in disallowance or require use of a nonbillable service code. Currently this is a survey question on our MRR tool, any mark out of compliance would not impact your MRR score.

**Q: What will the 800 codes be used for going forward?**

A: The 800 codes will be used primarily for instances relate to fraud/waste/abuse.

**Q: Would we use nonbillable at all? like if the CP is expired?**

A: An expired or missing client plan is no longer reason for recoupment and would not require use of a nonbillable 800 code

**Q: Can we still use 815s?**

A: There has been no change to the use of 815s. They may continue to be utilized following the same criteria as previously allowed.

**Other Frequently Asked Questions:**

**Q: When will we find out if MHRS staff need to be cosigned by a licensed staff?**

A: At this time, continue to follow current guidelines, MHRS currently do require co-signature, which is important to continue.

**Q: Question about the new attestation tool for MRR - Do we document trends and patterns from the whole tool or just they hybrid missing items?**

A: You only need to add comments where applicable for missing items or if there is relevant information you wish to provide related to the hybrid items.

**Q: The hybrid documents should be included for all 10 charts, correct?**

A: That is correct, you will review/attest and provide requested documents for all charts in your review.



**Q: Will the demographic form still require annual updates?**

A: Demographic Form timelines have not changed, the Demographic Form is required to be updated when there is a change to information, or at minimum annually.

**Q: Will the CANS and PSC requirements also follow suit with new BHA timeframes? And will there be any changes with these measures...especially the PSCs where the wording is outdated?**

A: The BHA timelines do not change/impact Outcome Measure requirements/timelines.

**Q: To participate in the trainings, where do we sign up?**

A: The trainings are provided by CalMHSA and you would register via their website. Information and links were provided in the July 2022 MH UTTM. Once on the CalMHSA website, go to the CalAIM tab and you will see documentation guides and below, a link to the CalMHSA LMS Instructions to register you and your staff for trainings. The guide has step-by-step instructions including screenshots to make it an easy process to register and then to sign up for the classes. [CalMSHA.org](https://www.calmsa.org).

**Management Information Systems (MIS)**

**MIS Questions?**

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

**CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmsa.org\)](https://www.calmsa.org). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials (new additions)**

- Communication Materials for Staff
- Communication Materials for People in Care



[CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard](#)

**Documentation Guides** (*new additions*)

- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

**Training Dashboard** (*new additions*)

- New option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

[CalAIM Policies & Procedures and Attestations](#) (*new additions*)

- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

**Quality Assurance Trainings**

Children, Youth, and Families (CYF): Friday, **August 12, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Support Partners: Tuesday, **August 16, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

Adult/Older Adult (A/OA): Thursday, **August 18, 2022**, from **12:30pm-3:30pm** via WebEx. *Registration Required.*

Progress Notes Practicum: Thursday, **September 15, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

RCA Documentation Training: Thursday, **September 29, 2022**, from **9:00am-12:00pm** via WebEx. *Registration Required.*

**Quality Improvement Partners (QIP) Meeting:** Tuesday August 23, 2022, from **2:00pm – 4:00pm** via Microsoft Teams.

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. We hope to see you there.

Is this information filtering down to your clinical and administrative staff?  
Please share UTTM with your staff and keep them *Up to the Minute!*  
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov