

Mental Health Services

Updates

BHA Updates

As QA begins the initial phase of roll outs to align with CalAIMS Documentation Reform requirements, the updated AOA and CYF Behavioral Health Assessment(s) (BHA) will roll out and “Go Live” in CCBH on 7/22/22. This initial BHA revision will be utilized until we complete the transition to Millennium and are able to develop a new standardized BHA.

The updated BHA will address all required Domains as outlined in DHCS’s BHIN 22-019. The questions in the BHA which correspond to the required domain elements will identify the specific domain to which the question corresponds (“Domain #”) and be left-justified and in ALL CAPS. Any non-essential questions have been indented and will not be capitalized.

Additionally, in order to align with the spirit of CalAIMS initiatives to provide standardized Assessments and reduce redundancy and administrative burden to programs, we have reviewed and consolidated our BHA’s as follows:

- AOA BHA will now be utilized by all AOA Outpatient Programs, START Programs, and Walk-in Clinics.
 - START specific BHA will be inactive as of 7/22/22
 - Walk-in BHA will be inactive as of 7/22/22
- JFS STAT specific BHA will be inactive; JFS STAT will utilize the CYF BHA as of 7/22/22
- CSU, ESU, TBS, PERT, and CYF 0-5 – no changes to BHA/screenings utilized.

Detailed Explanation Sheets are being developed and will be provided to our SOC which provide instructions and helpful guidance to address the documentation requirements as these templates go live.

Please refer to screen shot for an example of how the Domain focused/required questions are identified in the BHA:

Optum Website Updates MHP Provider Documents

Forms Tab:

- BHS Serious Incident Report Form was updated 7/1/22.
- BHS Serious Incident Report Explanation was updated 7/1/22.

OPOH Updates:

- OPOH Sections: A, C, D, G, L, and M were updated to reflect the new CalAIM documentation requirements.

Peer Support Specialist Tab:

- BHS HPA Peer Support Specialist Services Q and A added 7/6/22.

References Tab:

- The FY 22-23 MRR Tool was posted 7/7/22.

UCRM Tab:

- UM Request Explanation Sheet was updated 6/22/22
- UM Request Form was updated 6/22/22.

Indented, not all CAPS = not required fields

Utilization Management (UM) Update: Shift to time-based program-level review

Effective July 1, 2022, all current and new mental health program admissions will be on a time-based Utilization Management (UM) cycle and reviews will occur within the program level Utilization Management Committee at each program's identified time-based interval. Session-based UM cycles and COR-level reviews will be sunset as of June 30, 2022. Outpatient programs will all transition to a six-month UM cycle, while STRTPs will continue with a three-month UM cycle.

As outlined in the Organizational Provider Operations Handbook (OPOH), the UM Committee operates at the program level and must include at least one licensed clinician. The UM Committee bases its decisions on whether medical necessity is still present and works with the treating clinician to ensure that the proposed services are set to promote meeting the client's goals. To assist in its determination, the UM Committee receives a UM Request Authorization form and a new Client Plan which covers the interval for which authorization is requested. Medication only clients are not included in the Utilization Management process as they are subject to medication monitoring. The UM cycle continues to be the timepoint for Client Plan updates and completion of the outcome tools.

The following time-based intervals shall apply to mental health treatment programs:

- Outpatient: 6-month UM cycle
- STRTP: 3-month UM cycle aligned with DHCS 90-day Clinical Review requirement

Utilization Review of Day Treatment Services continues to be delegated to Optum and prior authorization requests shall be submitted according to the timelines outlined in the OPOH.

Transitioning to a Six-Month Time-Based UM cycle:

Clients who started services prior to July 1, 2022, will transition to 6-month UM cycle based on their admission date. Clients with a UM due in July 2022 will have up to a 30-day transition period to complete the UM. The following three examples reflect timepoints for transitioning clients to the updated UM cycle:

Example 1: Client opened between 1.1.22 to 6.30.22: Initial UM to be completed within 6 months of admission

- 1.1.22 admission – UM completed by 7.31.22
- 4.1.22 admission – UM completed by 10.1.22

Example 2: Client opened between 7.1.21 to 12.30.21: UM to be completed within 12 months of admission

- 7.1.21 admission – UM completed by 7.31.22
- 10.1.21 admission – UM completed by 10.1.22

Example 3: Client opened between 1.1.21 to 6.30.21: UM to be completed based on 6-month interval from admission

- 1.1.21 admission – UM completed by 7.31.22 (based on the following interval 7.1.21; 1.1.22; 7.1.22)
- 4.1.21 admission – UM completed by 10.1.22 (based on the following intervals 10.1.21; 4.1.22; 10.1.22)
- Although unlikely, any admissions prior to 2021 will follow the same 6-month interval from admission.

Outcomes and UM Cycle

In CYF mHOMS, “Assessments Due by Staff” and “Assessment Status Reports” can be used to help determine UM and Assessment schedules for all new clients open on or after July 1, 2022. Please do not use these reports for clients open prior to July 1, 2022, as they will not properly align with the new time-based UM cycle; they are based on assessment dates rather than admission dates. The UM transition will also impact CASRC trainings as documentation is revised to match a 6-month UM cycle. Trainings will be updated to reflect the shifts in FY 22-23. If you need assistance, please contact CASRC at CYFmHOMS@health.ucsd.edu.

For More Information:

- Review the updated Organizational Provider Operations Handbook (OPOH)
- Contact your Contracting Officer’s Representative (COR)

Updated Serious Incident Report SIR/SIROF Form and Explanation Sheets:

The SIR form has been updated to include the following changes:

- “written and verbal” drop down selection for Type of Notification added
- Time of incident prompt box with “unknown” option check box added
- The SIR Explanation Sheet was updated as of 7/1/22 to include information on how to utilize the drop-down selections

The SIROF form dated 7/7/22 has been updated to include the following changes:

- Questions 5-8 added to Serious Incidents related to an overdose
- The SIROF Explanation Sheet was updated to include this information

The most recent version of the SIR form was posted on Optum as of 7/1/22. The SIROF forms are in the process of being posted on the Optum Website. Programs will need to utilize the updated forms.

SIR reporting timelines

As a reminder, the timelines for reporting a SIR to the SIR line and sending in the report are as follows:

- A Level One Incident is to be called into the SIR Line **immediately** upon knowledge of the incident. A Level Two incident is to be called into the SIR Line within **24hrs** of knowledge of the incident.
- A Level One SIR is to be faxed in within **24 hours** of knowledge of the incident. A Level Two SIR is to be faxed in within **72 hours** of knowledge of the incident
- These timelines include weekends and holidays

SIR Report of Findings (SIROF)

- A Serious Incident Report of Findings (SIROF) shall include a thorough review of the serious incident and the events leading up to the incident as well as all relevant findings and interventions/recommendations.
- The Report of Findings shall be submitted **within 30 days** of the reported incident. If an RCA was completed, then complete the RCA section only.
- SIROF Extensions - In the event a program is awaiting final cause of death determination from the CME report, the program may be granted an additional 30 days to complete the SIROF by emailing QI Matters to request an extension.
- Due to the CME report taking on average 9 months to complete, programs will now only need to request an SIROF extension every 90 days following your initial 30-day request.

County Threshold Languages

Per Board Policy A-139, Language Access, a review of current federal Census data has determined additional languages now meet the requirements needed to be added to the County's threshold languages. The languages of Somali, Persian (including Farsi, Dari) and Korean have been identified as having a Substantial Number of Limited English-Speaking Persons as defined by the policy.

Please note that beginning July 1, 2022, all County departments and County Contracted Providers should provide language access services in the following languages (a total of 8 Threshold Languages):

- Somali
- Arabic
- Chinese (Mandarin)
- Korean
- Persian (including Farsi, Dari)
- Spanish
- Tagalog (including Filipino)
- Vietnamese

BHS is working to update the versions of all documents that contain the threshold languages. Once this is completed, they will be available on the Optum Website and providers should replace all prior versions in their programs with the most current versions.

Update: Timely Access Reporting

- We are aware of ongoing challenges and barriers with reporting access time data and that that the timely access data is not reflective of the community experience.
- The QA team will be reaching out to programs individually as part of a performance improvement project to get your feedback about processes, barriers, and recommendations for accurately reporting access times at your program.
- This is not related to contract compliance; there will be no corrective action based on feedback provided.
- If you have questions or information you would like to share, please email [QI Matters](#).

Knowledge Sharing

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 \(calmhsa.org\)](https://www.calhhsa.org/California-Mental-Health-Services-Authority-CalAIM). 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)

CalAIM Communication Materials for Providers and for People in Care

CalMHSA recently released two communiques intended for different audiences. [CalAIM Made Easy](#) is a quick resource intended for providers, and it summarizes what CalAIM is, when the changes are slated to happen, and includes an outline of these changes and what providers need to know. Another informational page intended for [individuals in care](#) is available, and it includes a brief description of CalAIM, its goals, and what it means for individuals. The page is also available in [Spanish](#). Both informational documents include links to further resources. Please feel free to distribute within your organizations and at your sites.

Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification – until July 31, 2022, for legacy applicants
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. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination. Individuals who would like to apply for certification scholarship through the legacy process must [fill out the online interest form](#) before July 31, 2022, to be considered. The Q&A page is in the process of being posted on the Optum Website and will contain 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).

The first stakeholder PIP workgroup meeting was held in April with participants from UPAC EMASS, CRF Douglas Young Clinic, Telecare Agewise, and Vista Hill Smart Care, along with two contract monitors. The discussion revolved around the lack of access to technology, the barriers their clients might be experiencing when utilizing telehealth services, along with any recommendations on ways to address these barriers. In May, questions were developed to gather Older Adult's client feedback on telehealth services. Currently, the HSRC PIP team is reaching out to the members of the stakeholder group to work with the programs with developing a timeframe and process that is most conducive for the program to gather their client's feedback. The HSRC PIP team has prepared all the materials for the programs to support collecting the client feedback and will be offering a souvenir pen to client's who participate in providing feedback.

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 in July.

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.

NOABD review process change

This process change is primarily internal within QA however programs should be aware of the monitoring processes that have been implemented as a result of our recent Triennial and CAP to the State.

Going forward, QA Specialists will review the ASJ monthly for urgent/emergent and verify the timelines. If outside of the timelines the specialists will verify that a NOABD has been sent within the required timeframe. The specialist will reach out to the program to send in verification. If a program is found out of compliance the specialist will issue a QIP for NOABD.

DHCS is heavily monitoring beneficiary rights, and this is area of increased focus and monitoring. On a quarterly basis the specialists will check routine timelines and verify NOABD's. If continued compliance issues are found, this will result in COR involvement to assist in mitigating issue and support program. Please note there are no changes to the process for program submission; the majority of this process will be conducted internally by QA.

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.

QI Matters Frequently Asked Questions

NOABD Related:

Q: How would we submit proof of NOABD was sent?

A: Copies of NOABD kept in a binder with NOABD log.

ARF Requirement Related:

Q: Can you provide the rationale as to why the date of birth/age of our providers is now being collected and where/how it is being used? I have been asked by some of my staff.

A: DHCS is requesting this information and it will be part of provider data collection.

CCBH Related:

Q: Given the recent issues with slowness in Cerner, if the slowness caused notes to be final approved >14 days, will this be a consideration?

A: No, even with slowness, still able to access CCBH and should be entering notes within timely manner.

CalAIM Related:

Q: Do we know which programs/services will require client plans?

A: Yes, this is outlined in BHIN 22-019; TCM, ICC, IHBS, TFC, and TBS all require the completion of a client plan. QA is currently collaborating with CYF for developing new client plan format that is more user friendly. Deliverables are due Sept 30, 2022.

Q: Are there any new updates to three-day requirement when notes needs final approval/co-signature?

A: The Progress Note needs to be entered within 3 days, and the co-signature can be after 3 days as clinically appropriate.

Q: What is the timeline for the alternative plans? or- Until the client plans are changed to the problem plans- - do we continue opening regular plans? what is the expectation?

A: Every client requires problem list – separate and distinct from the client plan. Specific service lines require client plans as outlined in BHIN 22-019 and we are working on formatting client plans for those services. We will use the current client plan in the interim of the problem list and new client plans go live – likely in August. The focus is BHA first, then problem list/client plan, then progress notes – all by 9/1/22.

Management Information Systems (MIS)

Please make sure to enter the correct Zip Codes in the Demographic Form. The Billing Unit reports that errors are escalating. Do not put in "zzzzz" or "Unknown". This stops claims from going up to the State and the Billing Unit has to correct them manually. And that means each claim for a client must be corrected manually, so if it's wrong on the Demographic form, and a client has multiple claims, it is a lot of work for them. Please save them time by looking up the Zip Code and entering it correctly.

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

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. Please do not call Cerner directly!

Training and Events

Quality Assurance Trainings

Audit Leads Practicum: Friday, August 5, 2022, from 9:00am – 12:00pm via WebEx. *Registration Required.*

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 July 26, 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