

Mental Health Services



Updates

Update to Student Intern Credentials and Claiming for Services

DHCS has updated the credentials for unlicensed individuals enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional or Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provides rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements. **This addresses the previous issue of billing by practicum students (MSW, MFT, PCC) in our System of Care programs.**

Practicum students, or Clinical Trainees as they are now referred to as, are eligible to claim for SMHS services per State Plan Amendment (SPA) 23-0026. Services provided by Clinical Trainees are provided under the supervision of a licensed Clinical Supervisor and the Clinical Supervisor's NPI is required to be reported as part of the claim or the service(s) will be denied. Programs must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board.

Providers listed below are newly eligible to claim for services in the Specialty Mental Health Services (SMHS) effective as of July 1, 2023. When claiming for clinical trainees, MHP should report taxonomy code 1774 for medical students in clerkship or 3902 for all other clinical trainees, along with the appropriate procedure code modifier as indicated below to identify the type of clinical trainee (*taxonomy codes and procedure code modifiers are linked on the back end in billing set up*). In addition to using the appropriate taxonomy and procedure code modifier, the supervisor's National Provider Identifier (NPI) will also be required on all claims for services rendered by Clinical Trainees.

Provider types newly eligible to claim for services in the **SMHS** delivery system and corresponding taxonomy codes:

No.	Profession(s) Type	Taxonomy
1.	Medical Student in Clerkship	1744
2.	LCSW, MFT or LPCC Clinical Trainee	3902
3.	Psychologist Clinical Trainee	3902
4.	Registered Nurse Clinical Trainee	3902
5.	Vocational Nurse Clinical Trainee	3902
6.	Psychiatric Technician Clinical Trainee	3902
7.	Occupational Therapist Clinical Trainee	3902
8.	Nurse Practitioner/Clinical Nurse Specialist Clinical Trainee	3902
9.	Pharmacist Clinical Trainee	3902
10.	Physician Assistant Clinical Trainee	3902
11.	Medical Assistant*	363AM

***Medical Assistant:** State Plan Amendment (SPA) 23-0026 defines a Medical Assistant as an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

Short Doyle will utilize five-digit validation for the taxonomy code for Medical Assistants. Mental Health Plans (MHP), DMC-ODS counities, DMC counties and trading partners should use taxonomy codes in which the first five characters begins with 363AM for Medical Assistants. Please note that all taxonomy codes beginning with 363A where the fifth character is not "M" will continue to map to the physician assistant provider type in Short Doyle.

***PRIORITY ACTION REQUIRED BY PROGRAMS TO UPDATE STUDENT INTERN CREDENTIALS**

MIS has added the new credentials for Student Interns to identify them under the appropriate credential following DHCS requirements. MIS is waiving the requirement to submit the Modified ARF to update these credentials in CCBH to allow retroactive billing for all services provided since 7/1/23. Program PM's will need to submit a list to MIS with the following information for their current student interns:

- Staff Name
- Staff CCBH number
- Credential: MFT, SW, PCC or Psychology student (PhD or PsyD)
- Staff NPI number*
- Clinical Supervisor and clinical supervisor's NPI number

**Staff should ensure that they also update their NPI number to reflect the appropriate taxonomy code 3902 prior to program submitting the request to update their credential.*

This is a high priority request, as any claims which do not reflect the new credentials and required clinical supervisor NPI will be denied by the State. Any credential updates after March 29, 2024 will require the submission of a Modified ARF. This requirement is waived temporarily in order to reduce administrative burden to programs and ensure a more timely submission of the requested information to reduce disruption of billing. The Program must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board.

Changes to taxonomy code for Mental Health Rehabilitation Specialist (MHRS) Credential

As part of the changes to the above noted credentials, DHCS has removed the taxonomy code 3902 from the MHRS credential, as it is now reserved only for clinical trainees. MIS will be reaching out directly to programs which have been identified as having MHRS credentialed staff utilizing the 3902 taxonomy in order to update these taxonomies. Please note, upon notification from MIS, programs will need to ensure that these staff update their NPI to align with an appropriate taxonomy code. No action is needed unless your program is contacted by MIS as having identified MRHS staff in need of taxonomy change.

The current version of the SMHS billing manual 1.5, pg 77 indicates the allowable taxonomy codes for MHRS level staff. Please note that 3902 remains on that list, however an updated version is anticipated to be released. MHRS level staff should update their NPI to reflect an appropriate taxonomy other than 3902.

Medicare Coverage Updates

As reported in the January UTTM, as of January 1, 2024, Marriage and Family Therapists (MFT's) and Mental Health Counselors (MHC's) are able to submit Medicare enrollment applications and bill Medicare for services. Additionally, it has been proposed to allow addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC to enroll in Medicare as MHC's. Enrolled MFT's and MHC's are authorized to bill Medicare for services that are provided for the diagnosis or treatment of mental illnesses. Note: MHC's are identified as LPCC's in Medi-Cal, pursuant to the California Board of Behavioral Science (BBS).

For dual eligible beneficiaries that have access to behavioral health services covered by Medicare and Medi-Cal ("medi-medi" clients), Medicare will be the primary payer for behavioral health for inpatient and outpatient services. Medi-Cal will still also cover inpatient and outpatient behavioral health services as the payer of last resort.

DHCS encourages providers to enroll in Medicare through Provider Application and Validation for Enrollment (PAVE) in order to bill Medicare for services. PAVE Portal: [PAVE Provider Portal \(ca.gov\)](https://paveproviderportal.ca.gov/).

Beneficiary Handbook Update

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 ([BHIN 23-048](#)).
- A minor update was done in February 2024 to the handbook and the updated version is available on the Optum website.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 01/15/2024. If your program has not submitted by the due date, please do so as soon as possible.

Knowledge Sharing

Medi-Cal Transformation (aka CalAIM)

- Visit the [CalAIM Webpage for BHS Providers](#) for updates and information, including Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

DHCS Behavioral Health Information Notices (BHINs) provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

System of Care (SOC) Application

- Reminder for staff and program managers to attest in the SOC application monthly.
- **ALERT:** Programs that neither have an assigned “manager” nor an “alternate manager” in the SOC application will be contacted to provide this information.
- 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.

Electronic Health Record Updates

BHS and System of Care subject matter experts have begun the implementation process with CalMHSA and SmartCare. BHS would like to extend the invitation for a high level, introduction to the process and project via Teams.

- Tuesday, March 19, 2024, 1 pm – 2 pm
- If you are interested in attending, please use the link provided via email

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held virtually on Wednesday, March 27, 2024, from 1:00 pm to 3:00 pm**. These meetings are intended to update the system of care (SOC) with recent and/or upcoming changes or announcements, as well as provide a live channel for SOC staff regarding their questions and concerns. The intended audience of these meetings are SOC leadership and QA/QI/compliance staff.

If interested, please open the attached file to add a reminder to your calendar. The MS Teams virtual link will be in the calendar reminder. ASL interpreters are available every session.

If you experience any technical issues during the virtual session, please reply to this message or contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

NAMIWalks and Community Expo for Mental Wellness Kicks off May is Mental Health Matters Month

EVENT INFORMATION:

- **Date:** Saturday, April 27, 2024
- **Time:** 7:00 AM – 11:00 AM
- **Location:** [Preble Field](#) in NTC Park at Liberty Station: 2455 Cushing Road, San Diego, CA 92106
- **Cost:** FREE
- **Free Registration for the walk:** [NAMIWalks](#)
- **Flyer:** <https://bit.ly/NAMIWalksSD24>

Office Hours

Please see the schedule below for the March 2024 virtual Office Hours sessions. Office Hours are intended to be attended and utilized by line/direct service staff as well as proqram 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.

Registration is not necessary. To add a reminder to your calendar, please open any of the attached files that match your preferred session(s). 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. Sessions for future months are forthcoming.

March 2024 sessions:

- Tuesday, March 5, 2024, 9:00 am – 10:00 am
- Thursday, March 14, 2024, 3:00 pm – 4:00 pm
- Tuesday, March 19, 2024, 9:00 am – 10:00 am
- Thursday, March 28, 2024, 3:00 pm – 4:00 pm

Quality Assurance Training

Root Cause Analysis (RCA) Training: The next session is scheduled for **Thursday, March 21, 2024, from 9:00 am to 12:00 pm**. This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. **The intended audience of this training are program managers and quality improvement (QI) staff.**

Due to high demand, **all registration approvals will remain pending until space becomes available on the roster**. You will be admitted in the order that your registration was received. [Please click here to register.](#)

If you have any questions regarding your registration, please contact christian.soriano2@sdcounty.ca.gov. If you have any questions regarding the content of this training, please contact QIMatters.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

Clinical Trainee credentials have replaced the Student Intern credential. 390200000X Taxonomy requirement did not change. Continue to use for all clinical trainee staff.

New User and Modify ARF's have been updated to include these new credentials. Revised ARF's will be enforced 4/1/24. New ARF's can be downloaded in Optum's Regpack website: [Optum-Regpack](#)

MIS Staff

CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: We have clients who are Medication-only. Do we need to complete the routine Utilization Management review?

A: "Medication only" clients are exempt from the UM processes as they are subject to **Medication Monitoring** – a separate process and required quarterly. Programs are required to review 1% (one percent) of their active medication caseload each quarter. See the **OPOH Sections D and G** for information on Medication Only clients and the Medication Monitoring process.

Q: What should we do with BHA's that are partially completed at intake but not fully completed because the client discharged prior to the 60-day completion timeline?

A: If the client was provided an initial mental health assessment you will want to document this by completing the BHA and corresponding progress note, regardless of how long the assignment was open. If you were only able to gather some of the information during your first assessment appointment, and the client is no longer engaging in services, you would still complete the BHA and final approve with the information you were able to gather and document as appropriate.

Q: When staff are working on a BHA with a client and only partially complete it, should they still approve the BHA even though it is incomplete? At the next session, should they open a new BHA, allow the information to prepopulate, and complete the additional sections?

A: QA strongly recommends final approving the assessments rather than leaving them open as they are at risk of being deleted if they are not final approved. Programs are allowed to have multiple partial BHAs while completing the assessment process. During the MRR, QA will review the last completed BHA covering the review period.

Optum Website Updates: MHP Provider Documents

Serious Incident Reporting Tab:

- Visit Optum's MH Provider Documents hub for the dedicated Serious Incident Reporting (SIR) tab. On this tab you can access the latest versions of the SIR and SIROF Forms for ease of reporting. Additionally, a quick stop for the SIR SIROF and Tip sheets, and RCA Worksheet. Stay tuned for additional updates, including the addition of a

dedicated SIR/SIROF recorded Training and accompanying visual slides, as we continue to enhance the SIR process and add resources.

Communications Tab:

- The [2024-02-06- BHS Info Notice - Prior Authorization Request Form Alignment with CalAIM Update](#) was uploaded 02/09/24 to provide SOC with CalAIM Updates related to TFC, IHBS, STRTP, TBS, and IOP-PHP.

OPOH Tab:

- [Section E](#) – Integration with Physical Healthcare was updated on 03/04/24 due to update on the MCP Contact Card website, added ECM description and Referral Form Chart.
- [OPOH](#) and [Table of Contents](#) were updated 03/04/24 to account for most recent OPOH changes.

References Tab:

- The [MIS-25 Program Listing Report](#) was updated on 2/15/24.
- The [MH CPT Crosswalk](#) was updated 02/29/24 due to changes in Student Intern taxonomies/credentials & scope of practice, reminder of their co-signer requirements. Also expanded on the definitions of Certified Peers services.

UCRM Tab:

- [General Progress Note](#) and [Daily Progress Note](#) Explanation Sheets were updated 02/06/24 due to align with BHIN 23-068.
- [IHBS Prior Authorization Request Explanation](#) was posted 02/19/24 due to updates related to Medi-cal Transformation Documentation Reform.
- [IHBS Prior Authorization Web Based Submission Form Instructions](#) was updated 02/12/24 due correspond with the IHBS Authorization Request and Explanation forms.
- [IHBS Prior Authorization Request Form Fill](#) was uploaded on 02/12/24 to correspond with recent Medi-cal Transformation Documentation Reform.

TFC Tab:

- TFC Prior Authorization [Request](#) and [Explanation sheet](#) were updated on 02/01/24 to correspond with recent Medi-cal Transformation Documentation Reform.

SmartCare Tab:

- An [EHR Implementation FAQ](#) was posted 02/16/24.
- A new [BHS Provider Memo EHR Update](#) was uploaded on 02/16/24 to introduce rationale for semi-statewide EHR, go-live planned date, and how the SOC can be involved with this process.
- The most recent [EHR Town Hall](#) presentation was posted 02/21/24.
- A [SmartCare Hardware Software and System Requirements](#) handout was posted on 03/04/24.
- A new [BHS Provider Memo EHR Update](#) was uploaded on 03/06/24 to remind providers of Hardware, Software & Networking requirements. Encourage providers to identify who will serve as their site leads, and other reminders to prepare for SmartCare shift.

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