



Mental Health Services



Updates

Billing Guide for Medication Services – MD billing

QA has developed a Billing Guide for Medication Services for MDs/prescribers which outlines the allowable services that can be included in service time when claiming an E& M service. This document was presented at the November QIP Meeting on 11/29/23 and has been uploaded to the Optum Website under the References tab. Programs are advised to review and provide a copy of this billing guide to their MD's and prescribers.

For coding and billing purposes, service time claimed for Medication Services is the total time on the date of the encounter. This includes:

- both face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional (NP, PA) on the day of the encounter *when performed as part of a direct service to client on same day/as part of the scheduled service.*
- time in activities that require the physician or other qualified health care professional (*see activities list in guide*)
- it does **NOT** include time in activities normally performed by clinical staff.
- it does NOT include documentation or travel time.
- no time may be billed if client is a no-show or cancels appointment.

Service time claimed should be accurate for the total time claimed for both Face-to-Face and Non-Face-to-Face time. Provider must include breakdown in narrative of the progress note which specifies and separates Face-to-Face and Non-Face-to-Face time. Example: if claiming 45min total service time, indicate in narrative: *"30 minutes spent providing direct client care, 15 minutes spent reviewing chart and external records"*

Reminder: Telehealth Indicators require correction

Billing indicators for telephone and telehealth require correction when identified in program self-review or MRR reviews. Incorrect billing indicators for telephone and/or telehealth services will result in billing to suspend and/or be denied.

- Telephone is considered a Telehealth service, Provided At should be selected as either "Telehealth Home" or "Telehealth Outside Home"; Contact Type selected should be "Telephone."
- Telehealth services via two-way audio/video – Provided At should be selected as either "Telehealth Home" or "Telehealth Outside Home"; Contact Type selected should be "Telehealth."
- Provided At/Contact Type selection is based on where the client (*intended recipient of the service*) is located. If the client is participating face-to-face but another individual is participating in the service via telehealth, you should select actual location of client (Home, office, etc) as Provided At and Face to Face as Contact Type, you should indicate in narrative that the other individual participated via telehealth.

Beneficiary Materials in Threshold Languages

Beneficiary materials have been updated and are now available in all 10 required threshold languages on the Optum Website under the Beneficiary Tab in the MHP Documents page. Providers are reminded that required postings and materials must be posted and/or available/accessible to clients in all threshold languages at their program sites.

Medication Monitoring Screening Tool and McFloops Requirements

The QA Medication Monitoring Oversight Committee, in collaboration with our Medical Directors, are providing the following direction regarding McFloop requirements and questions on the Medication Monitoring Screening Tool completed by providers as part of their medication monitoring processes:

- For Question 2 – if labs were indicated but not obtained due to the client not completing lab work, providers should select Yes for “Were labs indicated” and selected “No” for 2a “where lab results obtained”, however this would not require a McFloop if labs were not obtained due to behavior/actions on the part of the client/family.
- For Adults, question 2e should be addressed and if “No” a McFloop would be required as this would be considered responsibility of the prescriber.
- For Youth, questions 2g and 2h should be addressed and if “No” a McFloop would be required, as this would be considered the responsibility of the prescriber.

An additional question will be added to the Screening tools which will read: “Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason.” This should be answered with a yes or no. If no, then a McFloop should be sent with the finding, and asking for an explanation, as this would be considered a responsibility of the prescriber. The updated tool will be available on the Optum Website under the Forms Tab.

Medication Monitoring Tools AOA and CYF Updates

The Medication Monitoring Tools for AOA and CYF have been updated to add a second Reviewer field so that another reviewer can sign if needed. We also added clarifying language to question #2 that a McFloop is not required when missing labs are due to the client noncompliance. The CYF Med Monitoring Tool was updated to add clarifying language to #4 that a McFloop is required if a follow up appointment is not completed within 30 days unless it was due to the client being a no-show or refusing.

My Safety Plan template update

The My Safety Plan template has been updated to include an additional question which addresses safety in the client’s environment and access to lethal means. This additional question was added in order to more clearly evidence that how to make the environment safe and reduce access to lethal means was addressed with the client as part of safety planning as part of feedback received from DHCS and M-TAC as part of the new Mobile Crisis Response Benefit Implementation Plan. The revised My Safety Plan form-fill is dated 11/30/23 and has been uploaded to the Optum Website, under MHP Documents in the UCRM tab. The electronic template is also being updated in CCBH. Programs are advised to utilize the revised My Safety Plan going forward as of 12/1/23.

IOP & PHP Prior Authorization Day Services Request

BHS is preparing for the implementation of two new service levels of care, IOP and PHP, which are in active procurement and are to start 1/1/24. IOP and PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided. The IOP & PHP Prior Authorization Day Services Request Form is posted on the Optum Website under BHS Provider Resources>MHP Provider Documents>UCRM Tab. <https://www.optumsandiego.com/>

Medicare Billing by LMFT’s and Mental Health Counselors (MHC’s/LPCC’s)

Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023) establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFT’s and MHC’s. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

Medicare defines MFT services as services for the diagnosis and treatment of mental illnesses (other than furnished to an inpatient of a hospital). MFT’s are defined as individuals who possess a master’s or doctorate degree for licensure or certification as an MFT under State Law in the state in which they provide MFT services, are licensed or certified as an MFT by the State in which they provide MFT services, have performed at least 2 years of clinical supervised experience in marriage or therapy or mental health counseling after obtaining degree.

Medicare defines MHC services for the diagnosis and treatment of mental illnesses (other than furnished to an inpatient of a hospital). MHC’s are defined as individuals who possess a master’s or doctorate degree for licensure or certification as an

MHC, professional clinical counselor, or professional counselor under State Law in the state in which they provide MHC services, are licensed or certified as an MHC/professional clinical counselor/professional counselor by the State in which they provide MHC services, have performed at least 2 years of clinical supervised experience in marriage or therapy or mental health counseling after obtaining degree.

What does this mean for our SOC programs/providers? For programs that provide MH services, services provided by MFTs and MHC's are now billable and reimbursable from Medicare, Medicare and Medi-Medi clients continue to require an Individualized Treatment Plan. The plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. Services which may be billed and reimbursed by Medicare may only be provided by licensed LCSW's, LMFT's, or LPCC's. Services by registered ASW, MFT or PCC are not billable/reimbursable to Medicare.

MH Quality Improvement Partners (QIP) Meeting Update – Return to Virtual-Only Format

The MH QIP Meeting will be returning to a virtual-only format as of January 2024. The decision to return to an all-virtual format and discontinue in-person option was agreed upon with input from the SOC QI Partners and BHS QA due to challenges in developing a robust in-person attendance rate as well technology challenges in offering a hybrid in-person and virtual format. Feedback was also shared by our SOC QI Partners regarding a preference for the virtual format as it allows for a more efficient use of time and the ability for greater participation by program staff. While our return to in-person meetings was brief, it was a pleasure to have been able to put faces to names and engage 1:1 with those who were able to attend our in-person meetings.

QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only format. Please note, QIP Meeting will “go dark” for the month of December and resume January 31, 2023.

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align updates as specified in [BHIN 23-048](#) and are currently in the process of being translated into the County's threshold languages.
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the January 1, 2024 effective date.
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 01/15/2024.

Knowledge Sharing

CalAIM FUM PIP/BHQIP

Goal: *to increase the connection to follow up care within 7 and 30 days by 5% after ED visit for mental illness.*

PeerLINKS and UCSD ED stakeholders agreed to allow FUM-eligible patients to be referred to PeerLINKS for navigation services, despite not being enrolled in PeerLINKS. An updated referral form was sent to UCSD ED to distribute to their care teams. The UC San Diego Health Services Research Center (HSRC) sent a brief questionnaire to the 4 partner Managed Care Plans (MCPs) focused on consolidating information and identifying alignments and differences between the plans. Responses are pending.

Next Steps: Deliver resource cards to ED once printed, monitor responses to questionnaire, outline workflow map for the MCP data exchange component once received.

Youth Group Therapy PIP

In an effort to increase access and utilization of outpatient group therapy, the Child and Adolescent Services Research Center (CASRC) met with SchoolLink program managers to work on implementing school-based group therapy in San Diego schools. CASRC researchers met for a second time with State External Quality Review (EQR) evaluators to plan and receive feedback

for the planned 2024-2025 PIP. EQRO evaluators provided positive feedback and affirmed CASRC's aims and proposed timeline for the upcoming PIP.

Next Steps: The Group Therapy PIP community advisory committee plan to have the group therapy toolkit series completed and ready for dissemination in early 2024.

Medi-Cal Transformation (CalAIM)

- DHCS is rebranding the CalAIM initiative to [Medi-Cal Transformation](#) in response to feedback from members.
- Visit the [CalAIM Webpage for BHS Providers](#) for updates and essential information, including Certified Peer Support Services implementation and training resources, 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.

Medi-Cal Peer Support Specialist Certification RENEWAL

[Visit the CalMHSA website](#) for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)

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/provgovpart/Pages/2023-BH-Information-Notices.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.

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.
- 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

New Electronic Health Record (EHR) Townhall

The next session is TBA. If you have any questions regarding future sessions, or the content of these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

New ARFs Available

The New User, Modify, and DHP Account Request Forms (ARF) have been updated. Please go to www.regpack.com/reg/optum, to download current forms dated 10/25/23. New forms must be used, effective immediately. After 12/1/23, MIS will not accept any old forms.

MIS Staff

CCBH is now 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 and Michael Maroge, (619) 548-8779.
Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.

Stephanie Hansen, IT Analyst for Millennium.

MIS Support Emails

As a reminder, all ARFs should be sent to MHEHRAccessRequest.HHSA@sdcounty.ca.gov.

Any questions related to CCBH access should be sent to MHEHRSupport.HHSA@sdcounty.ca.gov.

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

Training and Events

Quality Improvement Partners (QIP) Meeting

QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only format. Please note, QIP Meeting will “go dark” for the month of December and resume January 31, 2023

Office Hours

Please see the schedule below for the December 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) 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. Sessions for future months are forthcoming.

December 2023 sessions:

- Thursday, December 14, 2023, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, December 19, 2023, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Thursday, December 28, 2023, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

Quality Assurance Trainings

Mental Health Progress Notes Practicum: The next session is scheduled for **Thursday, December 14, 2023, from 12:30 pm – 3:30 pm**. This practicum is an interactive, collaborative training that allows Mental Health Providers to practice completing clinical documentation to Medi-Cal standards with the assistance of Quality Assurance Specialists. It is designed to supplement the Mental Health Documentation trainings, with all Mental Health provider staff as the intended audience. [Click here to register](#)

If you need to cancel, or experience any technical difficulties with registration, please contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding the content of these trainings, please contact QIMatters.HHSA@sdcounty.ca.gov. We hope to see you there.

QI Matters Frequently Asked Questions

Q: Our program needs reminders on the various timelines for submitting the different Serious Incident Reports (SIR), and the Report of Findings. Can these be clarified for when extensions are involved?

A: The timelines are identified on the SIR form:

Level one: Report by phone immediately, upon knowledge of the incident. Fax/email within 24 hours.

Level two: Report by phone within 24 hours, upon knowledge of the incident. Fax/email within 72 hours.

The Reporting of Findings (SIROF) is due to QA within 30 days of knowledge of the incident. If an extension is needed, please

reach out to QI Matters.

For SIROFs on the death of a client when the program is awaiting a County Medical Examiner (CME) report, extensions are possible for up to six months. The program must request their first extension within 30 days of knowledge of the incident. Subsequent extensions must be submitted prior to the expiration of current extensions. Once the program receives the CME report, the SIROF must be completed and submitted in a timely manner.

For assistance, please contact the SIR line at 619 584-3022 and/or email QI Matters.

For additional details, [SIR and SIROF Tipsheets](#) are available on the Optum site under the forms tab, [MHP Provider Documents \(optumsandiego.com\)](#) “BHS SIR FAQ and Tipsheet”, “BHS SIROF FAQ and Tipsheet”.

Q: The updated CAL AIM Training modules as of February 2023 reference an Adult and Youth Screening tool. Is this something our outpatient program needs to complete?

A: Module 8 is specific to the Access and Crisis Line screening tool and does not need to be completed by the system of care providers. Module 13 is specific to DMC and DMC-ODS providers. All other modules must be completed by staff providing SMHS and using Cerner. [Documentation Trainings - California Mental Health Services Authority \(calmhsa.org\)](#)

Optum Website Updates: MHP Provider Documents

NOABD Tab:

- On 12/01, the **NOABD Grievance and Appeal Timely Resolution Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/01, the **NOABD Financial Liability Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/01, the **NOABD Authorization Delay Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/01, the **NOABD Denial of Authorization Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/04, the **NOABD Your Rights Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#); in both docx and pdf versions.
- On 12/04, the **NOABD Timely Access Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/04, the **NOABD Termination Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/04, the **NOABD Payment Denial Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/04, the **NOABD Modification Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#).
- On 12/04, the **NOABD Delivery System Notices** were posted to include [Chinese](#), [Korean](#) and [Somali](#); in both docx and pdf versions.

Beneficiary Tab:

- On 11/06, the **Access and Crisis Line Posters** were updated to include all threshold languages: [Arabic](#), [Chinese](#), [Dari](#), [English](#), [Farsi](#), [Korean](#), [Somali](#), [Spanish](#), [Tagalog](#) and [Vietnamese](#).
- On 11/06, the **Quick Guide to MH Services** brochures were updated to include all threshold languages: [Arabic](#), [Chinese](#), [Dari](#), [English](#), [Farsi](#), [Korean](#), [Somali](#), [Spanish](#), [Tagalog](#) and [Vietnamese](#).
- On 11/09, the **Notice of Privacy Practices** were posted to include [Chinese](#), [Dari](#), [Korean](#), and [Somali](#), and the **Notice of Privacy Practices Acknowledgement** in [Chinese](#), [Dari](#), [Korean](#), and [Somali](#).
- On 11/09, the **Physician Notice to Patients CA Regulation** was posted to include [Dari](#) and [Somali](#).
- On 11/15, the **Grievance and Appeal Forms for CCHA OP** were uploaded in [Chinese](#), [Korean](#) and [Somali](#), **Grievance and Appeal Forms for JFS Advocacy** in [Chinese](#), [Korean](#) and [Somali](#).
- On 11/15, the **SD Grievance – Appeal Posters** were uploaded in [Chinese](#), [Korean](#), and [Somali](#), and the **SD Grievance – Appeal Brochures** were uploaded in [Chinese](#), [Korean](#), and [Somali](#).
- On 11/30, the **Beneficiary Non Discrimination Notice** were posted in [Chinese](#), [Korean](#), and [Somali](#); in both docx and pdf versions.
- PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided.
- On 11/30, the **NAR Adverse Benefit Determination Overturned Notice** were posted in [Chinese](#), [Korean](#), and [Somali](#).
- On 11/30, the **NAR Adverse Benefit Determination Upheld Notice** were posted in [Chinese](#), [Korean](#), and [Somali](#).

- On 11/30, the **NAR Your Rights State Hearing** brochures were posted in [Chinese](#), [Korean](#), and [Somali](#); in both docx and pdf versions.
- On 11/30, the **Notice of Grievance Resolution** were posted in [Chinese](#), [Korean](#), and [Somali](#).

Forms Tab:

- On 11/09, a new [5150 form](#) was uploaded to incorporate changes created by AB-2275. The changes to the form include additional fields on the front of the form that indicate when the individual was first detained.

OPOH Tab:

- On 11/28, [OPOH](#) & [Section D](#) was updated due to renaming of CWS and corresponding forms had language change; revised definition of IHBS and include Web-based form for services; updated training information for Pathways to Well-being and added AB2083 information; updated access time language and align with Section C.

References Tab:

- On 11/28, a new [MIS-25 Program Listing report](#) was updated to capture current programs.
- On 11/28, a [New Contractor Orientation Resources](#) packet was updated to include the updated QA leadership for both MH and SUD teams.
- On 12/04, the [Billing for Medication Services](#) tip sheet was uploaded.

UCRM Tab:

- On 11/02, the [PRA Explanation Sheet](#) was updated to align dates for admission and subsequent updates with new BHA timelines.
- On 11/09, the [Discharge Summary Paper Form Instructions](#) was revised to remove Client Plan language as most programs no longer are required to have Client Plans due to CalAIM.
- On 11/17, the [Discharge Summary Form Fill](#) was updated to remove previous LPCC requirements and add Master level Student interns.
- On 11/28, both [IHBS Authorization Request Form Fill](#) and [Explanation Sheet](#) were revised.
- On 12/04, both the [My Safety Plan Form Fill](#) and [Explanation Sheet](#) were updated to include one new question related to lethal means.
- On 12/04, a new [Service Indicator Outside Facility ID](#) listing was posted to capture current programs.
- On 12/04, a new form [IOP & PHP Prior Authorization Day Services Request](#) was posted as these two new service levels of care are scheduled to start 01/01/24. IOP and PHP will be providing Day Intensive services (half and full) which will require prior authorization before services can be provided.

EHR Implementation Tab:

- On 11/28, the [EHR Town Hall](#) presentation and [BHS Memo](#) regarding an EHR Implementation Update were posted.

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