



Mental Health Services



Updates

Reminder Timeline - CANS Assessment Requirement for TAY Serving Contractors:

Programs should be in the 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. 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.** The CANS Explanation Sheet can be found under the UCRM Tab and the TAY CANS Memo 9.12.23 can be found under the Communications Tab on the Optum Website on the [MHP Documents Webpage](#).

Reminder – Telehealth Consent Requirements

Programs are reminded that per BHIN 22-019 consent for services to be provided via Telephone or Telehealth must be obtained prior to first meeting via telephone or telehealth. Programs are reminded to ensure their written consent forms/verbal processes for obtaining consent adhere to the requirements outlined in the BHIN.

Consent may be obtained in writing or verbally* and must be documented in the client chart and must include the following explanations noted below:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face to face visit.
- Use of telehealth is voluntary and consent for the use of telehealth may be withdrawn at any time without ability to access covered Medi-Cal Services in the future

Optum Website Updates MHP Provider Documents

Cerner Millennium Tab:

- On 09/18, the [Cerner Millennium Town Hall](#) presentation was uploaded.

OPOH Tab:

- On 09/01, [OPOH Section M – Staff Qualifications](#) was updated due to adding *Other Qualified Provider* description. Co-Signature Requirements table on pg M was modified.
- On 09/15, [OPOH Section H – Cultural Competency](#) was uploaded as removal of RHIS, added BHS Workforce Education & Training Website, and the Academy of Professional Excellence LMS information.
- On 09/15, [OPOH Section B – Compliance Confidentiality](#) was updated due to Service Code language changed to Service Code Title to align with CPT Crosswalk language and replaced Service Code Definitions Appendix III language with CPT Crosswalk.
- On 09/19, [OPOH Section C – Accessing Services](#) was uploaded to include BHIN Link for Network Adequacy to BHIN 23-041 Link with the updated Network Adequacy Requirements.
- On 09/29, [OPOH Section G – Quality Improvement](#) & [OPOH](#) were updated due to new Medication Monitoring Process. Removed Informed Consent for Psychotropic Medications Form as a requirement of programs when submitting Med Monitoring to QIMatters, as form is no longer required per SB184. And removed language from QA monitoring the compliance section (pg. G12) "as well reviewing all medication services for the given quarter for the charts identified in the med Monitoring submission."

UCRM Tab:

- On 09/08, [IHBS Prior Authorization Web Based Submission Form Instructions](#) was uploaded due to now being able to complete IHBS authorization requests online.
- On 09/11, [CANS Explanation](#) sheet was updated due to include use of CANS by TAY programs and added MHRS as allowable disciplines to complete CANS.

Communications Tab:

- On 09/12, [BHS Contractor Memo #2 TAY CANS](#) was uploaded as a reminder of upcoming CANS requirements by providers who render services to TAY population.
- On 09/14, [BHS Contractor Memo Changes to Informed consent Requirements of Psychotropic Medications](#) was uploaded as the form is no longer a requirement per SB184.

- Explanation of availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- Potential limitations or risks related to services received via telehealth as compared to an in-person visit, to the extent that any limitations or risks are identified by the provider.

**If verbal consent was obtained, documentation of the verbal consent/agreement must include the above explanations documented in a progress note.*

ICD-10 Diagnosis Changes in CCBH:

Effective 10/1/23, the following diagnosis changes have been updated in CCBH. Please note, this includes updates to Z codes within the Problem List. Reminder: clients receiving SMHS must have a Mental Health ICD10 diagnosis as their primary diagnosis.

ICD-10	Description	DX ACTION	REPLACED BY
G20	Parkinson's disease	INACTIVATE/DELETE	
I20.8	Other forms of angina pectoris	INACTIVATE/DELETE	
I47.1	Supraventricular tachycardia	INACTIVATE/DELETE	
Q75.0	Craniosynostosis	INACTIVATE/DELETE	
Q87.40	Marfan's syndrome, unspecified	REVISE DESCRIPTION	
T74.91XA	Unspecified adult maltreatment	REPLACED	T74.A1XA Unspec. Adult Financial Abuse, initial encounter
T74.92XA	Unspecified child maltreatment	REPLACED	T74.A2XA Child Financial Abuse, initial encounter
T76.91XA	Unspecified adult maltreatment	REPLACED	T76.A1XA Adult Financial Abuse, initial encounter
Z55.8	Other problems related to educ	REPLACED	Z55.6 Problems related to health literacy
Z62.819	Personal history of unspecified	REPLACED	Z62.814 Personal history of child financial abuse Z62.815 Personal history of intimate partner abuse in childhood
Z91.419	Personal history of unspecified	REPLACED	Z91.413 Personal history of adult financial abuse Z91.414 Personal history of adult intimate partner abuse

Knowledge Sharing

CalAIM FUM PIP/BHQIP:

Goal: to increase follow up within 7 and 30 days by 5% after a mental health ED visit.

A resource card was developed to provide to individuals in the ER that contains direct ACL and NAMI contact information. HSRC facilitated an in-service between UCSD providers and NAMI PeerLINKS staff, where available services were reviewed, inclusion criteria and specific instructions for patient referral were presented. HSRC designed a tracking log for referrals received from UCSD ED's.

Next Steps: Begin distributing resource cards. Present at next Hospital Partners Meeting on referral process, complete updated FUA template for review prior to DHCS submission.

Youth Group Therapy PIP:

The CASRC team and San Diego County leadership met for the first Community Advisory Committee to collaborate on the planning proposed for the FY 2024-2025 PIP focused on group therapy. Feedback was provided by programs regarding increases in school-based group therapy in the San Diego CYF system of care.

Next Steps: CASC researchers will continue to meet with local experts and County leadership to help develop an effective PIP intervention and plan for psychoeducation surrounding group therapy use and modalities.

CalAIM:

- Visit the [CalAIM Webpage for BHS Providers](#) for the newest updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required CalAIM Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please visit <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff--providers/calaim-for-bhs-providers.html> for information and updates on BH Payment Reform implementation.
- 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):

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

Cerner Millennium Updates

Cerner Millennium Town Hall:

BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams.

- Tuesday, October 17, 2023, 1:00 pm – 2:00 pm
- If you are interested in attending please use the following link: [Click here to join the meeting](#)

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.

Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779. Stephanie Hansen is mainly working with Millennium and is not easily reachable. Thank you!

Please remember our new emails:

For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov

For Help Desk: 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

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 Improvement Partners (QIP) Meeting:

This is a live hybrid session **held simultaneously onsite and virtually on Wednesday, October 25, 2023, 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.

The onsite session will be held in the Mission Valley Public Library's Community Room. Please click on the following link for directions: <https://goo.gl/maps/P7F85cp8AE5cMZLN9>, and please be advised that space and parking may be limited, so please plan accordingly. **The virtual session will be held via MS Teams:** [Click here to join the meeting](#). ASL interpreters are only available virtually.

Office Hours:

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

October 2023 sessions:

- Thursday, October 12, 2023, 3:00 pm - 4:00 pm: [Click here to join the meeting](#)
- Tuesday, October 17, 2023, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Thursday, October 26, 2023, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, October 31, 2023, 9:00 am – 10:00 am: [Click here to join the meeting](#)

QI Matters Frequently Asked Questions

Q: Does the new waiver (referenced in the September UTTM) mean that effective immediately, we can discontinue use of the Case Management Client Plan Note?

“CMS has approved the TCM waiver to clarify that “stand alone” care plans are not required for Targeted Case Management (TCM) and Intensive Care Coordination (ICC) services. Services must be documented consistent with 22 C.C.R. §51351 and 42 CFR § 440.169(d)(2). The approved waiver 1915(b) can be found on the DHCS 1915(b) Waiver website”. [CalAIM 1115 and 1915\(b\) Waiver Renewals](#).

A: That is correct. CMS has approved a TCM waiver that “stand alone” care plans are no longer required for Targeted Case Management and Intensive Care Coordination.

An update to BHIN 22-019 reflecting DHCS final guidance is forthcoming, however the MHP will move forward with removing the CM progress note care plan/ICC client plan requirements effective [9/15/23](#). For services **prior** to September 15th, we will still be looking for a case management plan. All other Client Plan requirements remain in effect for Certified Peer Support Services, IHBS/TBS/TFC, STRTP and Medicare/Medi-Medi clients as previously indicated.

Q: Previously, our program used the Place of Service indicator, 'Other/Community' for services provided to client at their placement when at an ILH/ILF since it was considered temporary housing. Now that we have transitioned to using 'Telehealth Home' or 'Outside Home' when providing service over Telephone, what would we use when the client is staying at the ILH/ILF?

A: For clients receiving telephone services while in temporary housing facilities, the selection would be "Telehealth – Outside Home" for Place of Service. Contact Type would be "telephone". Please reference the Billing Indicators tab and Place of Service Reminders in the CPT Code Crosswalk for additional guidance.

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