

Substance Use Disorders

Unless explicitly stated in other portions of the newsletter, only the information in this section will apply to SUD programs.

Correction Regarding ASAM Level of Care Form Information from Recent Training

- At the DMC ODS Residential Documentation Training on 7/9/18, there was an error on slide 19 regarding the ASAM LOC Recommendation form.
- The slide incorrectly indicated the form needed to be completed by the LPHA or Medical Director.
- This form can be completed by an AOD counselor, but requires the signature of the LPHA or Medical Director indicating agreement with the clinical information and ASAM level of care recommendations.
- We apologize for any confusion.

ASAM C Trainings Available

- ASAM C Training is scheduled for 7/18/18, 7/19/18, and 8/8/18
- Details on location and registration were emailed to all programs on 6/25/18 and 7/2/18
- Contact QIMatters.HHSA@sdcounty.ca.gov, if you did not receive those emails
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend.

ASAM Discussion Groups in July

- As a reminder, these are not trainings, but an opportunity to share with others about program successes, challenges, case presentations, and questions regarding ASAM Implementation.
- Groups will be limited to 25 participants and reservations are required by emailing QIMatters.HHSA@sdcounty.ca.gov
- We now have a meeting in North County at the North Inland Live Well Center
- July dates/times are: 7/12/18 at 10am, 7/20/18 at 2pm (North County location), and 7/26/18 at 2pm.
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend.

New SUDPOH and BHS DMC Billing Manuals Posted on Optum

- The SUDPOH and BHS DMC Billing Manuals have been updated and revised to accommodate new information regarding implementation of the DMC-ODS
- The new SUDPOH and the updated appendix forms have been posted on the SUDPOH tab of the DMC-ODS page on the Optum Website (<https://www.optumsandiego.com/>)
- The new BHS DMC Billing Manual is posted on the Manuals tab of the DMC-ODS page on the Optum Website (<https://www.optumsandiego.com/>)

Updated and New Client File Forms, Beneficiary Materials, and Guides were Posted on Optum

- New forms are posted on the Optum website (<https://www.optumsandiego.com/>) on the DMC-ODS page
- The current client file forms and instructions are located on the SUDURM Tab
- The beneficiary materials, including the grievance and appeal forms, are located on the Beneficiary Tab
- A One-Pager on the Medical Director in DMC-ODS and various quick guides (e.g., DSM 5/ICD 10 Guide, Minimum Quality Drug Treatment Standards, and Same Day Billing Matrix) were added to the Toolbox Tab
- If you have any questions about these new forms and resources on Optum, please contact QIMatters.HHSA@sdcounty.ca.gov

NAADAC Offers Free Upcoming Webinars

- NAADAC is offering several free, upcoming webinars with CE's available.
- Topics include Early Recovery Nutrition Education, Authentic Self-Care for Addiction Professionals, Cognitive Behavioral Therapy for Substance Use Disorders, and other topics.
- To register, go to <https://www.naadac.org/webinars> and select the July – September 2018 or October – December 2018 options.

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Handling the Transition from Treatment to Recovery Services in SanWITS

- When a client is ending treatment, the program enrollment must be end dated and a CalOMS Discharge completed and submitted to the state. If the same provider is going to engage the client for recovery services, the SanWITS episode/case can remain open. The client will need to have a Recovery Services program enrollment opened and recovery services can begin (no CalOMS is required for recovery services). If the client does not begin recovery services immediately, the client should still be opened to the Recovery Services program enrollment so that provider can claim direct contact with the client while following the guidelines for engaging clients in recovery services (see SUDPOH section D, pages D.20 and D.21 for guidelines on the process for engaging clients in recovery services and how to document). Please note: leaving voice mail messages for clients is not considered a “direct contact” and is never billable. Only actual discussions with the client are billable as recovery services when reaching out to clients to engage them in this “after care.”
- If the client is not engaged in recovery services per the timeframe guidelines in SUDPOH section D, (i.e. not heard from or made contact with the client for 30 calendar days after the last attempted contact) the Recovery Services program enrollment should be end dated and the SanWITS episode/case closed and no additional efforts to engage the client are required.
- Clients who reconnect more than three months after treatment discharge requesting recovery services must be screened to determine if this level of care continues to be appropriate for the client’s needs at that time. If the SanWITS episode/case is closed, the case would need to be reopened, and then Recovery Service program enrollment opened.

SIR Forms Update

- SIR forms updated to reflect the following changes:
 - SIR form includes clarifying language: “*Serious physical injury to a client requiring hospitalization where the injury is directly related to the client’s **mental health or substance use functioning and/or symptoms.***”
 - Privacy Incidents will no longer be reported to QM through an SIR (see below)
- Updated SIR forms are available on Optum website, DMC-ODS Page on the SUDPOH Tab.

Privacy Incident Report (PIR) Updates

- As of July 1, 2018, Privacy Incidents will no longer be reported to QM through a Serious Incident Report (SIR).
- This information will be documented in a PIR and sent only to the County Compliance Officer. All suspected and actual privacy incident reports must be submitted via the online web portal effective August 1, 2018.
- As of 8/1/2018, the PIR Word document will no longer be accepted. Go to www.cosdcompliance.org for the latest version of the form.
- Any questions or technical issues with the web form, contact Frank Larios at 619.338.2231 or via email at Frank.Larios@sdcounty.ca.gov

Travel Time Guidelines (Memo 7/5/18)

- As part of the Drug Medi-Cal Organized Delivery System, some services may be provided in appropriate settings in the community (i.e. where client confidentiality can be maintained).
- When this occurs, travel time to direct services can be claimed when meeting the standards described in the attached memo that went out on July 5th.
- In addition to the documentation standards for claiming travel time as described in the memo, please note that documentation of services provided in the community must identify the location and how the provider ensured the client’s confidentiality was safeguarded.
- Please refer to the current version of the SUDPOH for specific services that may be appropriately provided in the community.
- The memo is posted on the Optum website, Drug Medi-Cal Organized Delivery System page, on the Communications Tab. If you have any questions, please contact QIMatters.HHSA@sdcounty.ca.gov

Knowledge Sharing

A/OA Patient Medication Agreement

- This is **NOT** a required form and will not be monitored as a part of the Medical Record Review (MRR). It is intended to be used as a tool to support good clinical practices when prescribing controlled substances.
- When it is used, it should be filed with the Informed Consent for Psychotropic Medication document as a part of the uniformed medical record.
- Form available on Optum website, Org Provider Docs, UCRM tab.

Update to Co-Practitioner Memo

- For group services with a co-practitioner, the lead server shall document presence and contribution of the co-practitioner in the group progress note narrative.
- It is not necessary for the co-practitioner to document their service time in a separate 815 group progress note. Instead, their service time can be entered as a SC 815 group service by Admin Staff via Group Service Maintenance.
- Individual and Group Progress Notes in CCBH and form fill are being updated to remove the collateral server service line

SIR Update

- SIR form updated to reflect the following changes:
 - SIR form includes clarifying language, *“Serious physical injury to a client requiring hospitalization where the injury is directly related to the client’s **mental health OR SUBSTANCE USE** functioning and/or symptoms.”*
- Updated SIR form available on Optum website, Org Provider Docs, Forms tab.

Progress Notes

- Utilize the *Progress Note Correction Informational Note* when applicable rather than the *Never Billable Informational Progress Note* when documenting Progress Note corrections.

Mailing Address Issue on Demographic Form

- There are errors on claims when the mailing address on the Demographic is a PO Box and a progress note indicates place of service as client’s “HOME.”
- This happens frequently with our homeless population. Programs will be contacted by QI to correct these occurrences. Demographic forms shall be updated to reflect changes (i.e. client moves or become domiciled).
- If a client is homeless or refuses to give their home address and only a PO Box is on the Demographic Form, please select “OTHER COMMUNITY/FIELD BASED” as place of service in lieu of “HOME.”

Pathways to Well-Being (PWB)

CFT Meeting Note and ICC Note Templates

On June 20, 2018, Providers received the PWB **Bulletin 2018-4, Progress Note Template Update: CFT Meeting Note and ICC Note**

The new templates include:

- **CFT Meeting Note template:** focuses on the elements associated with CFT meetings and is utilized for documenting all CFT Meetings, including Wraparound CFT meetings.

Optum Website Updates
Org. Provider Docs

Beneficiary Tab

- Beneficiary Problem Resolution Process

Communications

- Billing for Co-practitioners Memo 07.02.18
- AOA Outpatient Utilization Management Memo 06.29.18

Forms

- BHS Serious Incident Report
- BHS Serious Incident Report of Findings
- CYF Med Monitoring Submission Form

OPOH

- Section B - Update to PIR policy
- Section C - Change to urgent clinical contact timeline requirement
- Section D - Updates to AOA service language and UM procedure
- Section G - Updated SIR requirement language and CYF Outcome measures
- Section J - Updated information regarding disclosure agreements
- Section N - Updated LOCUS timeline requirement, and inclusion of CANS & PSC 35 requirements

References

- Client Categories Maintenance

UCRM

- PSC-35 & CANS Explanation
- Intensive Service Request (ISR) Explanation and Form Fill
- Informed Consent Psych Meds Spanish
- AOA Patient Med Agreement Explanation and Spanish version
- AOA Outpatient UM Explanation and Form Fill

Training

- Access to Service Journal

PWB

- Child and Family Team (CFT) Meeting Note Form Fill
- Intensive Care Coordination (ICC) Note Form Fill

- **Intensive Care Coordinator (ICC) Note template:** utilized for all ICC services that occurs outside of the Child and Family Team (CFT) Meeting.

Providers will complete the CFT Meeting Note and the ICC Note electronically in CCBH. All programs should use the new templates effective July 1, 2018. Please communicate with your COR if there are challenges with this timeline.

PWB Outreach

- PWB Liaisons support providers by attending various CFT meetings including Child Welfare Services facilitated Continuum of Care Reform (CCR) CFT meetings, assist in the transition from facilitating CFT meetings to utilizing the CFT Meeting Facilitation Program, and provide information about other BHS resources.
- PWB Liaisons provide technical assistance onsite at provider locations. This includes new documentation and procedures as well as working with all new Program Managers and clinical staff.

Information Reminder

- Please disseminate all PWB announcements, bulletins, forms, and training schedules to your clinical and quality improvement/assurance staff.
- PWB announcements, bulletins, forms, explanation sheets, and training announcements/material along with contact information for PWB Liaisons can be found on BHETA website:
<https://theacademy.sdsu.edu/programs/BHETA/pathways/>

Management Information System (MIS)

Access to Services Journal

- For resources related to entry into the journal, please contact the Optum Support desk at sdhelpdesk@optum.com, or refer to the Optum website for webinar and/or data entry guidelines.
- For reporting and compliance questions, please contact Tesra Widmayer at Tesra.Widmayer@sdcounty.ca.gov.
- For system enhancement inquiries, please contact Kris Summit at Kristopher.Summit@sdcounty.ca.gov.

Taxonomies

- Taxonomies can be confusing for some credentials. MIS has developed Guidelines for Choosing Taxonomies. Please contact MH_MiS_SystemAdmin.HHSA@sdcounty.ca.gov and we will send you the document.

Training and Events

Documentation Trainings

- **Root Cause Analysis Training** - August 20, 9 am to 12 noon
- **Support Partner Documentation Training** - August 30, 9 am to 12 noon
- An email will go out in July with details. Registration will open 30 days prior to each training
- If you cannot attend, cancel registration at BHS-QITraining.HHSA@sdcounty.ca.gov to allow those waitlisted to attend.

Annual QI Knowledge Forum

- **Audience:** Program Management & QM/QA staff
- **Date:** Wednesday, July 25, 2018
- **Time:** 9:00 a.m. to 1:00 p.m.
- **Location:** Scottish Rite Event Center - Claude Morrison Room - 1895 Camino Del Rio South, San Diego, CA 92108



Quality Improvement Partners (QIP) Meeting

- QIP will be dark for the month of July
- Please send any questions and/or comments to the QI Matters email: QIMatters.HHSA@sdcounty.ca.gov

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