



MENTAL HEALTH SERVICES



Updates!

Update! New Contractor Orientation Resources

The New Contractor Orientation Resources list has been updated and is available for review on the Optum Website under the References Tab. This checklist provides information and links to assist in locating BHS Quality Improvement Documents, Bulletins and Communications, Resources, Trainings, Reports, and Points of Contact.

Update! An updated SIR will be live 8/1/20

In an effort to improve Serious Incident and Findings Reporting for all County of San Diego providers, the Mental Health and SUD Quality Management Units have updated both forms, to be used by all providers **as of August 1 2020**. We ask that all providers review the forms and explanation sheets prior to their effective date.

- The new SIR and SIROF forms will be available on the Optum website under the [Forms Tab](#) **as of 8/1/20**. Programs are to begin using the new forms at that time.
- There will also be Explanation sheets for both forms
- QM Memo 3.26.20 was sent out to programs, explaining the changes
- The forms are in PDF format and have dropdown menus to select from
- There are two separate selections for Mental Health and SUD programs
- The new SIR form includes the definition for Serious Physical Injury.
- The new SIROF includes the information regarding MAT referrals
- Both forms must include Program Manager contact information and signature

Update! Changes in PRA Language

The following change to clarify documentation requirements in the Prospective Risk Analysis (PRA) has been made and are effective going forward:

Optum Website Updates MHP Provider Documents

References Tab:

- Updated New Contractor Orientation Resources List

OPOH Tab:

- **Section D:**
 - Removed/replaced NOABD language
 - Correction to telehealth site descriptions
- **Section F:**
 - Included instructions on using NOABD log, quarterly submission of logs to QI
- **Section H:**
 - Updated New Employee Cultural Competency Training
- **Section L:**
 - Updated information on education on MAT as alternative to Pain
 - Management Training
 - Updated information on Naloxone for risk of overdose
 - Updated links

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- Any “yes” response should be addressed in the Overall Risk and Treatment Planning Section. For all unlicensed staff and trainees, documentation of a consultation with a **Program Manager or Licensed/Registered/Waivered designee** ~~licensed staff~~ is required.

Note: there has been no change to the following, which still remains in effect: **Any “yes” response for questions with an (*) should elicit enhanced precaution, which would require review and creation of a safety plan with a licensed supervisor prior to the end of session with client.**

Update! Board of Behavioral Sciences – Complaint Notification Requirements for Clients:

Complaints to Board of Behavioral Sciences (AB 630) Effective on or after 7/1/20, mental health professionals licensed or registered with the Board of Behavioral Sciences (BBS), prior to providing psychotherapy, must give clients a notice in at least 12-point font telling them that BBS receives and responds to complaints about licensees and tells clients how to contact BBS to file complaints.”

Programs will need to develop their own P&P and we will monitor this at site reviews.

UPDATE! FY 20/21 Medical Record Review (MRR)

As reported during the June QIP meeting, QM will resume Medical Record Reviews beginning Quarter one of this fiscal year. Due to COVID-19 concerns and safety measures, the MRR process will be a 100% Virtual MRR process.

QM specialists will begin contacting programs to schedule MRR’s and provide instructions of the specific requirements for the virtual MRR process and exit interview. Programs will have the option to submit required documents via either secure email or physical delivery to the Camino office.

While the MRR process will be 100% virtual, the current timeline for sending chart names, completing the self-review/attestation and exit interview remain unchanged. Chart names will be sent via secure means (fax or encrypted email) one business day prior to the start of the program self-review. Programs will be required to submit their self-review, attestation, and MRR Program Compliance and Hybrid Chart documents on or before Day 10 of their 10-day self-review period.

OPOH Updates

Section D:

- Removed/replaced outdated NOABD language
- Corrected Telehealth terms for “originating site” and “distant site”.

Section F:

- Updated to include instructions on using an NOABD log and quarterly submission of logs to QI

Section H:

- Updated New Employee Cultural Competency Training

Section L:

- Updated information on education on Medication Assisted Treatment (MAT) as alternative to pain management training.
- Updated information on Naloxone for risk of overdose.
- Updated broken links

Legislative Updates

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Child Abuse Mandated Reporting for Autism Service Providers (AB189)

- Effective 1/1/20, qualified Autism service providers, professionals and paraprofessionals are added to the list of mandated reporters under the CA Child Abuse and Neglect Reporting Act.

Reports of Sexual Misconduct by a Healthcare Provider (SB425)

- Effective 1/1/20, Healthcare facilities, health plans or other entities that grant privileges or hire healthcare professionals must file a report with that professionals licensing board within 15 days of receiving a written allegation of sexual abuse or sexual misconduct (inappropriate contact or communication of a sexual nature).
 - As an SIR will be submitted for the original report of abuse, please include the follow up on the SIROF.

Minors and Intimate Partner Violence (Family Code 6930)

- Effective 1/1/19, minors age 12y and older who state they are injured as a result of intimate partner violence (IPV) may consent to medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the IPV. Minor consent does not change child abuse reporting responsibilities – IPV is reportable as child abuse.

Right to Amend/Append Records (A2088)

- Effective 1/1/19, minors are permitted to provide a written addendum of up to 250 words to his/her record if the minor believes the record to be incomplete or incorrect. (*Adults already had this right).
- This applies only to minors who have the right to consent to their care (emancipated, self-sufficient, sensitive cases), who have the right to access their records under HSC 123110.
- HIPAA also gives patients the right to “correct” their record.

Access to Providers’ Own Patient List in CURES (AB2086)

- Effective 1/1/19, prescribers are allowed to receive a list on CURES of the patients for whom they are listed as the prescriber in the CURES system.

Naloxone for Risk of Overdose (AB2760, AB714)

- Effective 1/1/19, prescribers are required to offer a prescription for naloxone hydrochloride or similar drug to patients and/or family when the patient is at a high risk for overdose:
 - Patient is taking 90 mme/day or more
 - Patient risk is increased due to prior high dose with no tolerance now, or prior overdose
 - Patient is currently prescribed an opioid and a benzodiazepine
- As of 9/5/19, the risk factor related to opioids and benzodiazepines only applies when prescribing an opioid within a year from the date a prescription for benzodiazepines has been dispensed to the patient
- AB714 also added patient history of opioid use disorder (OUD) to the list of risk factors for overdose

Multi-Disciplinary Teams (MDT) and Sharing Information for Treatment Purposes

- HIPAA: provider may share with other providers for “treatment purposes” (see 45 CFR 164.506 for definition of “treatment purposes”)
- Civil Code 56.10 (c)(1) (physical health): disclosure is permitted for “diagnosis and treatment” of the patient
- Health & Safety 120985 (HIV test results): HIV test results may be documented in the chart and may be disclosed to patient’s healthcare providers
- W&I Code 5328 (a)(1) (mental health): disclosure is permitted to a provider who has a “medical or psychological responsibility for the care of the patient”
- 45 CFR 2.12 (c)(3) (SUD): Disclosures are allowed among providers within the SUD program only for diagnosis, treatment, or referral of treatment. Otherwise, written consent is needed.

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Knowledge Sharing

Reminder!

Quick Tip for Locating Recent Uploads to the Optum Website

The Optum website has valuable information for providers, most of which is located in the “MHP Provider Documents” . In this section, under each Tab, there is a “date” column on the right which lists the date each item was uploaded to the site. If you click on the arrows at the top right of that date column, you can organize the documents. Select the option that lists most recent postings first and you’ll easily find the newest uploads to the website!

California DHCS New 24-hr Advice Line

The California Department of Health Care Services has launched a new 24/7 advice line that can connect individuals with a nurse to answer questions about COVID-19, including symptoms, testing, and treatment; and connect individuals with resources. The Medi-Nurse line is (877) 409-9052. It is recommended that providers share this resource with their clients. For more information about the line, or resources to share visit [their website](#).

BHS COVID-19 Resources and Links

There has been a new [COVID-19 tab](#) added to the Optum Website where providers can find current and updated information regarding COVID-19 as well as QM updates and memos.

COVID-19 BHS Provider Resources Website:

<https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHSCOV19Information.html>

There are resources for families, caregivers, and parents around managing mental health and coping on the front page of our BHS public site [here](#).

DCHS BHS FAQ's: <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-for-Behavioral-Health.pdf>

Management Information Systems (MIS)

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

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

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Documentation Training

**Due to the COVID-19 concerns, Classroom-based CCBH trainings will be suspended until further notice. (ref: 2020-3-19 BHS Provider Notice #3)

- A self-paced, virtual model consisting of resource packets plus practice exercises will be available. Please contact sdu_sdtraining@optum.com . This includes virtual Doctor's Homepage training to ensure physicians have EHR access.
- If you need additional staff trained for billing purposes, please contact sdu_sdtraining@optum.com to discuss further.
- Once staff pass the self-guided trainings, they are able to start documenting in CCBH.

Please note, there are recorded trainings available on the Optum Website at [MH QM Trainings](#) . We will be resuming documentation trainings via Webex beginning Q1, be on the look-out for emails!

Quality Improvement Partners (QIP) Meeting: Tuesday July 28, 2020 from 2:00PM – 4:00PM, Participants will be able to join meeting via WebEx only. Email/invitation with WebEx log in to follow.

- **Please note we have adjusted the start/end time for the QIP Meetings. Meetings will occur the fourth Tuesday of every month from 2:00 PM to 4:00 PM**

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