SUDPOH Summary of Changes – January 2025

SECTION	REVISION	WHAT HAS CHANGED
		(Section page number in parenthesis)
Cover Page	N/A	
Table of Contents/Appendix	N/A	
Section A:	Updated	• Updated link for "BHIN 23-001" to "24-001" [A.2]
Organized Delivery System	Information	
Section B: Providing DMC Services	Added Information	 Included Peer Support Services for services offered under section "Recovery Services" [B.14]
Section C: Prevention Services & Specialty Programs	N/A	
Section D: Practice Guidelines	Added Information	 Added "In addition, all providers must follow clinical documentation standards as outlined in BHIN-23-068" [D.9]
Section E: Access to Service	N/A	
Section F: Compliance/ Confidentiality	N/A	
Section G: Beneficiary Rights	N/A	
Section H: Cultural Competence	N/A	
Section I: Quality Assurance	Updated and Removed Information	 Updated information to align with the new Critical and Non-Critical Incidents Reporting, replacing the previous Serious Incidents Reporting [I.16-I.23]
Section J: Management Information Systems (MIS)	N/A	
Section K: Data Requirements	Added Information	 Added "In Accordance with BHIN 24-020, Behavioral Health Plans (BHPs) are required to have a system in place for tracking and measuring timeliness of care. To align with the Department of Health Care Services (DHCS) documentation requirements recorded inquiries should be documented within three (3) business days of the request for services in the electronic health record, with the exception of emergent or urgent type which shall be completed within one (1) calendar day. Please refer to embedded links for step by step guide on documenting timely access to OTPs, How to Complete the DMC Opioid Timeliness Record - 2023 CalMHSA, Outpatient, and Residential treatment How to Complete the DMC Outpatient and Residential Timeliness Record - 2023 CalMHSA" [K.1]
Section L: Training	N/A	

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Section M: Staff Qualifications & Requirements Section N: Facility Licensing, Certification, & Other Requirements	N/A N/A		
Section O: Provider Contracting	Updated Information	 Replaced "Medical Record Review (MRR)" with "Quality Assurance Program Review (QAPR)" [0.11] 	
Section P: Funding Source Requirements	Updated Information	 Added "for Cost Reimbursement payment type contracts", "to assist in defining". Added "Contract" and removed "Agreement" in two areas. Added "Template" [P.1] Replaced: "purposefully" with "intentionally", "reduce" with "less". Added "of the highest salary range" [P.2] Added "with the added information of the salary ranges," of the highest salary range, "Contract", removed "Agreement", AAR is applicable to Cost Reimbursement payment type contracts only"[P.3] Added "Contract", removed "Agreement" three times on this page. Added "(under Cost Reimbursement type contracts only" [P.4] Added "or Ancillary funding", removed "funds", added "part of procurement", replaced "available" with "availability", replaced "maintain" with "keep", added "Contract" [P.5] Added "Contract", removed "Agreement", added link "BHS Technical Resource Library", added link "Financial Eligibility and Billing Manual (pdf) (optumsandiego.com)". Under Multiple Programs: replaced "Contracts" with "agreements". Added "payment type", "to assist in defining", "invoicing", "Contract Exhibit", "or amendment", "rate as established". Removed "Fee for Service (FFS) Net Negotiated Rate (NNR)", "expenditures", "or NNR", "or agreed", "Contract", "for discretionary variance", "or NNR set and the rate" [P.6] Replaced "reimbursable" with "invoice", "cost". Added "contract", "FFS contract", "payment". 	

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SECTION	REVISION	WHAT HAS CHANGED
		(Section page number in parenthesis)
		 Added "Behavioral Health Services Funding Source
		Requirements – Applicable to All Contract Payment
		Types (Contractor Instructions)". Replaced "agreement"
		with "contract" four times [P.8]
Section Q: Quick Reference	N/A	
Appendix	N/A	
All Sections	N/A	