



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

QM ... UP TO THE MINUTE July 2020

- 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

QM ... UP TO THE MINUTE July 2020

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.

QM ... UP TO THE MINUTE July 2020

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

QM ... UP TO THE MINUTE July 2020

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

MENTAL HEALTH SERVICES

Updates!

UPDATE! FY 20/21 Medication Monitoring Submissions

As reported during the July QIP meeting, QM will resume Medical Monitoring for Quarter 1 of FY20-21.

Programs should resume submitting their medication monitoring forms quarterly by the 15th of each month following the end of each quarter via secure email QIMatters.hhsa@sdcounty.ca.gov or fax (619)236-1953.

UPDATE! Complaints to Board of Behavioral Sciences (AB630)

Effective on/after 7/1/20, mental health providers 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 the BBS receives and responds to complaints about licensees and tells clients how to contact BBS to file complaints.

Providers should have a Policy and Procedure in place addressing this regulation and QM will be monitoring this during the Medi-Cal site visits.

UPDATE! Parolee Tracking

Programs providing SMHS using MHSA funding to clients on parolee status will be required to track these clients in CCBH in Client Categories Maintenance, effective August 1, 2020. A **Client Category Parolee Tip Sheet** on how to enter into Client Categories Maintenance has been added to Optum under the References Tab for open clients on parolee status for tracking purposes. Programs are reminded to enter the effective date as **date of admission to program**, not probation date, and will need to enter the end date as the date when client discharges/closes from the program.

UPDATE! Access to Services Journal (ASJ) Expanded Data Collection

BHS Access to Services Memo 8.5.20 and ASJ Tip Sheet were sent out to MH Providers on 8/5/20 regarding System updates **which will take effect mid to late September**. An [Access To Services Journal \(ASJ\) Tutorial Video](#) has been uploaded to the Optum Website along with the ASJ Tip Sheet under the [Training Tab](#).

The State DHCS has directed counties to begin collection of expanded data elements in the Access to Services Journal in order to conduct in-depth analysis of access times for clients. The expanded data elements required by the state include 2nd and 3rd offered appointments, and treatment session dates.
UTTM August 2020

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section F:**
 - included AB630 Complaints to BBS requirement
 - removed language re: using NOABD Log to complete QSR
- **Section M:**
 - updated program requirements re: minimum ratio direct licensed staff to license-eligible staff
 - updated ratio unduplicated clients per direct clinical full time (FTE) employees

UTTM Tab:

- MH UTTM July 2019 – June 2020 Combined FY 19-20 added to UTTM Tab.

Training Tab:

- Access to Services Journal (ASJ) Video Tutorial
- Access to Services Journal Tip Sheet

Additional updates to the Access to Services Journal include requiring Referral Source in all cases, and Referral Destination in the event that a client does not accept an appointment. To better understand why a client does not schedule services with a program they contact, the Client Disposition options have been expanded.

If you have any questions, please contact the Optum Support Desk at 800-834-3792

UPDATE! YTSE Form Timeline Extensions

The Youth Transition Self-Evaluation (YTSE) Form timeline has been extended, requiring the YTSE to be completed **within 30 days** of client's 16th birthday, and within 30 days of turning 17, 17 ½, 18 and annually thereafter. The YTSE Explanation sheet will be updated to reflect these new timeline requirements and uploaded to the Optum Website.

OPOH Updates

Section F:

- Updated with the Complaints to the Board of Behavioral Sciences requirement (AB630) which was effective 7/1/20.
 - Providers should have a Policy and Procedure in place addressing this regulation and QM will be this during the Medi-Cal site visits.
- Updated to remove language regarding use of NOABD Log to complete the QSR. The tab has been removed from the QSR.

Section M: updates to ratio requirements for Full Time Employees (FTE)

- Contractor's program shall maintain a minimum ratio of **1 direct FTE Licensed clinician to 3 direct FTE license-eligible clinical staff** (including trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization
- Contractor shall **budget 40 unduplicated clients per direct clinical FTE** (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on 1:40 ratio shall be maintained.

The MH UTTM July 2019 – June 2020 Combined FY 19-20 has been uploaded to the Optum Website, in BHS Provider Resources, MHP Provider Documents, under the [UTTM Tab](#).

Knowledge Sharing:

Correcting Service Indicators – Telehealth

MHBU has confirmed that services billed without Telehealth in both the Contact Type and Provided To areas will bill as indicated and there will be no need to correct those services. Moving forward, however, please use the correct service indicator of Telehealth for the Contact Type and Provided To areas***. (QM Memo 12.6.19)

***Programs do not need to correct progress notes prior to 8/1/20, however any incorrect service codes for Telehealth **entered after 8/1/20** will need be corrected to indicate the correct service indicators for Telehealth.

Quick Tip for Locating Recent Uploads to the Optum Website

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QI Matters Frequently Asked Questions:

New! In order to provide our SOC providers with the most up-to-date valuable information, we will be including a new monthly segment of FAQ's received by QI Matters.

Q: Where do I send an NOABD for a client that has not returned to treatment, and they do not have an address on file due to being homeless?

A: For clients that are homeless, if you have a signed ROI for emergency contact, you may send the NOABD to that address on file. If you have no address on file, and no last known address for the client, document the inability to reach the client on the NOABD Log and place a copy of the NOABD in the log. *Please refer to the January 2020 UTTM and/or the NOABD Webinar available on the Optum Website for more information regarding NOABDs.*

Q: When providing Telehealth Services, what service indicators should I choose for "Provided At" and "Contact Type"?

A: When you provide a service via two-way audio/video platform (including zoom) then '**Telehealth**' is the correct selection for both the 'provided at' and 'contact type' billing indicators, regardless of location of the provider/client. *(QM Memo 12.6.19).*

If you are providing a service via **telephone** at either your office or home (remote office) then you would want to select 'telephone' for the contact type and 'office' for provided at.

Q: If the client plan has expired and we haven't been able to get the client to participate in treatment planning to update the client plan, are we able to open an interim folder until we can complete the client plan/update the client plan?

A: The interim folder is **ONLY** for use in the initial 30 days and not in lieu of a valid client plan when the client plan has expired or when an administrative client plan is utilized. *Please refer to the Clinical Standards for Client Plans and the CCBH Folders Tip Sheet.*

Resources and Links

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>

Management Information Systems (MIS)

Reminder: Citrix Receiver must be installed on your computer in order to launch CCBH. We recommend that you verify installation with your internal program IT staff (not the Optum Support Desk) prior to your training date to ensure a smooth training experience.

Instructions to download Citrix Receiver can be found here: <https://www.citrix.com/downloads/citrix-receiver/legacy-receiver-for-windows-ltsr/receiver-for-windows-ltsr-latest.html>

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Cerner Reminder

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Training and Events

Cancelled! Quality Improvement Partners (QIP) Meeting: Tuesday September 22, 2020 cancelled in lieu of the All Providers Meeting scheduled 9:00 AM to 12:00 PM.

Documentation Training

Documentation Trainings resume Quarter 1! Documentation trainings will be held online, via WebEx. Further instructions will be provided upon registration and notification of upcoming training dates.

Audit Leads Practicum: 8/28/20 9:00am to 12:00pm **via WebEx**. Focus of this training is to provide technical assistance to program level QI staff and PMs that conduct chart audits.

General Provider Practicum: September 9, 2020 from 12:30PM to 3:30PM **via WebEx**. This practicum is intended for all levels of direct service providers, focusing on Progress Note documentation.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Trainings **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](#)

QM ... UP TO THE MINUTE
August 2020



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MENTAL HEALTH SERVICES

Updates

UPDATE! SNF/Residential Setup & Bed Days for CSI

The description of SC 910 "Adult Residential" has been updated in CCBH to "Residential". For those residential programs who bill SC 910 for bed days, no action is needed as the SC update was solely to the description. Please continue to use SC 910 as it has always been used.

UPDATE! Access to Services Journal (ASJ) changes will Go Live! in CCBH on September 14, 2020.

As reviewed in the August QIP meeting - ASJ changes go live in CCBH on Monday, Sept. 14, 2020. The ASJ template will be updated and available on the Optum Website.

OPOH Updates

Section M:

- Updated to clarify that the FTE staffing ratio requirements of licensed to unlicensed staff applies to CYF SOC only as reported in August 2020 MH UTTM:
 - Contractor's program shall maintain a minimum ratio of **1 direct FTE Licensed clinician to 3 direct FTE license-eligible clinical staff** (including trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization
 - Contractor shall **budget 40 unduplicated clients per direct clinical FTE** (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on 1:40 ratio shall be maintained.

Optum Website Updates **MHP Provider Documents**

OPOH Tab:

- **Section M:**
 - Clarification of FTE staffing ratio requirements of licensed to unlicensed staff applies to CYF SOC only

References Tab:

- Crisis Intervention SC70 Guideline
- Process for Transferring Clients between Different Program Sites

Knowledge Sharing:

New! Crisis Intervention (SC70) Guideline

A helpful [guideline](#) to assist in a greater understanding of what is to be included when documenting a Crisis Intervention service SC70 has been developed and can be found on the Optum Website under the References Tab.

Crisis Intervention, or Service Code 70, is a response to an unplanned event that focuses on helping the client to cope with a crisis and maintain their functioning in the community. Crisis intervention may include assessment or evaluation of client's current level of risk to themselves or others, contacting collaterals, or providing therapeutic interventions to de-escalate the client. Crisis Intervention is only provided to the client or the client with family present.

Your documentation must clearly indicate that the client was in a crisis which there was a safety risk of Danger to self or others, therefore requiring a crisis intervention on your part. Service Code 70 should only be used when there is a safety risk for the client or for others.

New! Disallowance Reason Code

Beginning FY20-21, Disallowance Reason Code #37 has been added to the Medical Record Review (MRR) Tool and the Void/Replace Form. Disallowance Reason Code #37 will be utilized to disallow services which do not have prior authorization as required by DCHS (ie: START, TBS, Day Tx, IHBS, Adult Residential...)

Transferring Clients Between Different Program Sites

When a program has different sites and there is potential for clients to transfer between sites, there are certain documentation requirements which must be met. The documentation standard for this process, whether the program sites are under the same or different unit numbers, that programs are expected to follow can be found on the Optum Website under the [References Tab](#).

QI Matters Frequently Asked Questions:

New! FAQ's received by QI Matters.

Q: Can a clinician bill SC14 for reviewing the previous BHA, client plan, psychiatric assessments in Cerner for "assessment, diagnosis, and treatment purposes"?

A: If a clinician is just reviewing client records without conducting a session to complete the BHA, and they are records external from CCBH, including but not limited to Hospital Discharge Summary, Treatment Summary from an external provider, Conservator's Investigation Report or a previous BHA from another program, they can use SC14 to claim that time. If the clinician is conducting a BHA session in order to create the initial or update the BHA, then the time spent reviewing external records can be included in the service time of SC10. Reviewing Internal records would be considered cost of doing business and not a billable activity. (reference: [MH UTTM Sept 2018](#))

Q: I recently gained information in an individual therapy session that required an updated diagnosis and a need to update the BHA. Is it alright to bill for updating the BHA in documentation time of a SC 30 note?

A: Yes, you may add the documentation time to the SC30 note for the updating the BHA. You want to be sure that your documentation indicates the reason for the update was based on the new information that was gained during the session and how it informed the update to the BHA.

Q: During this pandemic era, we have been performing "No-Contact" drop offs of therapeutic supplies which would later be used for treatment sessions, resulting in travel time. Is this a billable or non-billable service?

A: Dropping off materials would not be a billable unless there was a specialty mental health service tied to it. For example, dropping off materials to the family and checking in with them or providing a rehab service utilizing the materials.

Management Information Systems (MIS)

Update on Electronically Prescribed Contracted Substances (EPCS)

Starting on January 1, 2021, the Every Prescription Conveyed Securely Act will require prescriptions for controlled substances covered under Medicare to be transmitted electronically. In addition to being more convenient for clients, E- Prescribing can improve safety by reducing the potential for harmful interactions between drugs. Prescribers will be required to use a security token to E-Prescribe controlled substances in Cerner Community Behavioral Health

(CCBH). Staff who prescribe in EHRs other than CCBH should reach out to their system administrators for further instructions on E-Prescribing.

- If a prescriber is not using E-prescriptions in CCBH, the prescriber must take the DHP training.
- If a prescriber is E-prescribing currently through CCBH, please have them contact MISHelpDesk.hhsa@sdcounty.ca.gov to request an EPCS token.

Definition of a Controlled Substance: A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed. Controlled Substances include opioids, stimulants, depressants, hallucinogens, and anabolic steroids. A complete list of DEA controlled substances can be located on the Optum Website in the MHP Providers Documents under the References Tab: [List of Controlled Substances 08.20.20](#).

Update on Access to Services Journal (ASJ)

The State DHCS has directed counties to begin collection of expanded data elements in the Access to Services Journal in order to conduct in-depth analysis of access times for clients. The expanded data elements required by the state include 2nd and 3rd offered appointments, and treatment session dates. Capturing 2nd and 3rd available appointment offered dates measures a programs availability to serve clients regardless of patient preferences.

Below are a few reminders to support our effort to collect the most optimal data for reports:

- First Offered Appointment Date must be on or after Contact Date.
- Second Offered Appointment Date must be after First Offered Appointment Date.
- Third Offered Appointment Date must be after Second Offered Appointment Date.
- Although the offered dates are not system required, all three dates are needed for reporting, even if the client accepts the first or second offered appointment date.
- First, Second and Third Offered Appointment Dates must be three different dates. This is the case even if multiple appointments are available within the same day. Only Contact Date and First Offered Appointment Date can occur on the same day.
- Offered dates for Treatment Services have the same requirements.

A memo, tip sheet and video tutorial are available on the Optum website at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs/asi.html>.

If you have any questions, please contact the Optum Support Desk.

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Training and Events

BHS Quality Improvement 7th Annual Mental Health Providers Knowledge Forum! Tuesday, **September 22, 2020 from 9:00 AM to 12:00 PM via WebEx.** PIT, MIS, QM will be reviewing data and MH SOC performance from the past fiscal year and share important updates for the new fiscal year. The intended audience is Program Management and Quality Improvement/Assurance Staff. Registration is required.

Cancelled! Quality Improvement Partners (QIP) Meeting: Tuesday September 22, 2020 cancelled in lieu of the All Providers Meeting scheduled 9:00 AM to 12:00 PM.

Support Partners Documentation Training: Monday, September 21, 2020 from 12:30PM to 3:30PM **via WebEx**. This practicum is intended for all levels of direct service providers, focusing on Progress Note documentation.

Root Cause Analysis Training: Friday, September 30, 2020 from 9:00AM to 12:00 PM **via WebEx**. This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. The intended audience of this training are program managers and QI staff.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Trainings UPDATE! Optum is transitioning to fully virtual training format. All CCBH trainings will be provided virtually and no longer provided in the classroom setting. This will allow for greater convenience in attending by eliminating travel and allowing for expanded registration for trainings which will continue to be provided on a scheduled basis.

Additional options and resources will be available:

- 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

Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

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



MENTAL HEALTH SERVICES

Update! Informed Consent for Psychotropic Medications Form

You asked, we listened! Due to provider feedback, the Informed Consent for Psychotropic Medications document (English, Spanish versions only) has been updated to include form fills for the Client Name, CCBH#, and Program Name and is available on the Optum Website, under the **UCRM tab** in MHP Documents.

As many program providers are currently working remotely and unable to print documents, it was requested to have the ability to utilize form fill to enter the client name and program information via form fill boxes. There have been no other changes to the content of this document and currently the 7.1.18 revision remains an accepted version. Programs may utilize either the current 7.1.18 rev or the updated 8.4.20 rev without risk of being marked out of compliance.

UPDATE! *CYF ONLY* mHOMS CANS/PSC Date Entered Field

In an effort to clearly identify the date programs enter Outcome Measures into mHOMS, an area for **Date Entered** on the Assessment Summary page has been added. This was effective on the form as of **9/25/20**. Programs should include the **Date Entered**, print the Assessment Summary page and maintain it in the hybrid chart as evidence of entry into mHOMS.

QM is continuing to work with the mHOMS team in attempts to make this mHOMS feature available for A/OA programs.

UPDATE! SIR and SIROF forms updated to Form Fill versions

The Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) have been updated to be Form Fill, which allows more room for documentation to be added. Additionally, the following changes have been made to the forms

- Addition of the following incident types:
 - “the event has resulted in death on program’s premises”
 - “the event has resulted in serious physical injury on program’s premises.”
 - “the event is associated with a significant adverse deviation from the usual process for providing behavioral health care”
- Item 14 changed to state “which may require hospitalization”
- The requirement of a wet signature has been removed from both forms

The updated Form Fills can be found on the Optum Website under the **Forms tab** in MHP Documents.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section G:**
 - Updated language regarding SIRs and Serious Bodily Injury
 - Updated information regarding Reports of Sexual Misconduct by a Healthcare Provider

UCRM Tab:

- Informed Consent for Psychotropic Medications Form Fill (English, Spanish only) now includes form fills for Client Name, CCBH #, and Program Name

References Tab:

- Contact Tip Sheet for QI, Optum, MHB, MIS, PIT
- Tip Sheet and Instructions for running the CCBH Active Parolee Report

Forms Tab:

- SIR and SIROF Form Fills updated

CCBH Active Parolee Report Template Tip Sheet

A Tip Sheet for programs with open active parolees in their programs (identified/opened in Client Categories) has been created and uploaded to the **References Tab** on the Optum website. The Tip Sheet includes instructions on how to run the Roster Report Template which can be found under the Client Roster Report in CCBH in order to allow programs to track how many active clients are parolees.

OPOH Updates

Section G:

- Updated language regarding SIRs and Serious Bodily Injury (as previously outlined in June 2020 MH UTTM).
- Updated information on (SB425, Business & Professions Code Section 805.8) Reports of Sexual Misconduct by a Healthcare Provider:
 - Effective 1/1/20, a healthcare facility, health plan, or other entity that grants privileges or employs healthcare professional must, within 15 days of receiving a written allegation of sexual abuse or sexual misconduct (inappropriate contact or communication of a sexual nature) against one of its healthcare providers, file a report with that professional's licensing board.

Knowledge Sharing:

Serious Incident Reports

When calling in a Serious Incident Report (SIR), please remember to speak slowly, spell out uncommon names and provide the following information:

- Date of Incident
- Date program informed of incident if different than the date of incident
- Name and phone number of caller
- Program Name
- Description of the incident with the client's name and CCBH/SanWIT's number
- Level One or Level Two SIR

Written SIRs are due within 24 hours of knowledge of incident for a Level One SIR and 72 hours for a Level Two SIR. Serious Incident Report of Findings (SIROF)'s is due within 30 days of knowledge of the incident.

Creating, Adding or Ending a Diagnosis in CCBH:

Each program is responsible for ensuring that the client they are treating has the correct diagnosis included in the client's diagnostic profile (Diagnosis Form). All programs shall verify that the active diagnoses are in EHR as per guidelines. When multiple outpatient programs are concurrently serving a client, they shall coordinate care around diagnoses. (refer to [Diagnosis Practice Guidelines](#) on Optum Website under MHP Documents, References Tab)

- Diagnosis forms completed at time of admission should be dated to match the date the client was opened to program/date of admission
- When creating or updating a diagnosis form, remember not to change the begin date of a pre-existing diagnosis
 - This will cause all billing attached to that diagnosis to go into suspense and create errors within the system of care.
- If a client has only one open assignment (only open to one program):

- Staff may end a diagnosis if the client is no longer being treated for that diagnosis. The end date must be on or after the last date of service for that diagnosis.
- If the client has multiple open assignments (open to multiple programs):
 - Staff may end a diagnosis if the client is no longer being treated for that diagnosis at the program **and all programs concurrently serving the client have been contacted and agree to end the diagnosis.**
 - The end date must be on or after the last date of service for that diagnosis or this will cause all billing attached to go into suspense and create errors within the system of care.
 - Please note: Never delete a diagnosis, only end if appropriate.

QI Matters Frequently Asked Questions:

New! FAQ's received by QI Matters.

Q: When an Annual Review of a BHA is done, do all sections need to be reviewed and have a note, "Reviewed with edits" or "Reviewed without edits"?

A: "If the information that prepopulated is still current, well-documented and you are accepting the information without changes, type the heading "REVIEWED WITH NO CHANGES" at the top of the previous text. If you want to add to or edit the existing information, type the heading "REVIEWED WITH EDITS" on top of the previous text and then proceed with adding your new information. Please note: your signature on an assessment for a client that is new to your program indicates that you have reviewed all information, made the appropriate clinical revisions, additions and/or deletions, and are in agreement with the assessment."

We do need to see that your program has evaluated each section, and as a reminder the only sections that this does not apply to are the Presenting Problem and Clinical Formulation. These sections must reflect a current assessment of the client's symptoms, behaviors, functional impairment. Further, documentation should justify how the client meets or continues to meet medical necessity, establishment/acceptance of existing diagnosis, and your program's proposed plan for treatment. Please refer to the [Clinical Standards for Assessments 8.28.17](#) which can be found on the Optum Website under MHP Provider Documents under the References Tab.

Q: For documentation of verbal consent on client plans, is it enough to document in a progress note, and/or on the electronic client plan signature page that verbal consent was obtained due to COVID-19? Or do we also need to document this on a paper signature page?

A: For verbal consent to Client Plans during COVID, documentation must indicate that the client participated in and agrees to the Client Plan either in the SC 13 Progress Note, or on the CCBH Client Plan signature page. There is no need for a notation on the hardcopy client plan signature page if already documented as stated.

Management Information Systems (MIS)

EPCS Update:

Starting on January 1, 2021, the *Every Prescription Conveyed Securely Act* will require prescriptions for controlled substances covered under Medicare to be transmitted electronically. In addition to being more convenient for clients, E-Prescribing can improve safety by reducing the potential for harmful interactions between drugs. Prescribers will be required to use a security token to E-Prescribe controlled substances in Cerner Community Behavioral Health (CCBH). Staff who prescribe in EHRs other than CCBH should reach out to their system administrators for further instructions on E-Prescribing. **Programs need to ensure their billing departments are aware of this change in order to stay in compliance with Medicare billing guidelines and coordinate with BHS as needed.** A communication with UTTM October 2020

guidance on requesting tokens for CCBH will be forthcoming. (Refer to BHS Contractor Memo 9.29.20 Update on Electronic Prescription of Controlled Substances)

Access Request Form (ARF)

- Please remember to send to the address on the ARF form rather than to individual staff.
- All ARFs must be processed through our E-fax address: BHS-Accountrequest.HHSA@sdcounty.ca.gov
- Signatures: If you are unable to get a signature on an ARF due to the COVID-19 crisis, be sure to make a comment in the Comments section so the ARF will not be returned
- Signature forgiveness is temporary. At some point in time we will require them
- When completing an ARF for a new user, please be sure to make the **Effective Date** entered is the date the employee starts working at your program.

We are experiencing an increase in submissions. Please be patient. Contact MISHelpDesk.hhsa@sdcounty.ca.gov to ask for updates on ARFs after 3 days.

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

Quality Improvement Partners (QIP) Meeting: Tuesday October 27, 2020 from 2:00p-4:00p. Participants will be able to join the meeting via WebEx only. Email/invitation with WebEx log in to follow.

A/OA Documentation Training: Thursday October 29, 2020 from 9:00AM-12:00PM. Participants will be able to join the meeting via WebEx only. Registration required.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Trainings UPDATE! Optum is transitioning to fully virtual training format. All CCBH trainings will be provided virtually and no longer provided in the classroom setting. This will allow for greater convenience in attending by

QM ... UP TO THE MINUTE

October 2020

eliminating travel and allowing for expanded registration for trainings which will continue to be provided on a scheduled basis.

Additional options and resources will be available:

- 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 will be able to start documenting in CCBH.
- Please note, there are recorded trainings available on the Optum Website at MH_QM_Trainings

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website

Is this information filtering down to your clinical and administrative staff?
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Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov





MENTAL HEALTH SERVICES



The QM Team would like to take a moment, as we approach this Thanksgiving season, to express our heartfelt appreciation for the tremendous dedication and hard work that our Systems of Care have continued to display during this ongoing COVID pandemic. Your support of our clients is so vital and the resilience and patience each of you has displayed in your continued efforts to meet their needs during this ongoing pandemic has been truly amazing. Thank you!

Updates

Partial Focus Review Process Updated

As presented during the October QIP meeting, QM has temporarily revised the Focus Review process. QM will be conducting Partial Focus Review (PFR) for programs with MRR disallowance rates of **11% or above**. The PFR will solely address progress notes and billing. This PFR will be completed internally by the QM Specialist who conducted your program's MRR. Programs will not be required to complete a concurrent self-review. Programs will have the opportunity to appeal any disallowances within 14 business days. Appeals should be sent directly to the QM Manager, Heather Parson. Along with the PFR process, QM will be providing programs with a technical support training individualized to the specific compliance needs. The results of your PFR will determine next steps. If the disallowance rate is **5% or below**, no further action is needed until the 3-month QIP follow up date. If the disallowance rate is **6% or above**, a second PFR will be conducted.

Medical Record Review QIP Follow Up Form FY 20-21

With the start of FY20-21 Medical Record Review (MRR) process, QM developed a new Quality Improvement Plan (QIP) Form that is provided to programs with their final MRR Results. Programs are required to utilize this form when documenting their QIP and submit to QM in its **original Word doc format**. Programs are no longer required to submit their QIP on their legal entity's letterhead. This new QIP form was developed to provide a uniform and consistent process for monitoring/tracking/documenting the MRR QIP and any subsequent follow up requirements. The form is also available on the Optum Website under the Forms Tab.

EHR Training Survey

In an effort to obtain a better understanding of the training needs and address any concerns that the system of care may have, Optum will be sending out a survey question regarding training format. We highly encourage participation in this survey as it helps to inform the County of areas which we may be able to build upon.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section A:** removed outdated information for "Emergency Shelter Beds", updated Short Term & Bridge Housing information to include newest partner Rooted Life.
- **Section D:**
 - updated language re: Therapeutic Foster Care, updated CYF OP LOC session counts.
 - Added language re: Dual Track program enrollment
- **Section G:** updated SIR phone number

QM CCBH Training Pilot

In an attempt to provide more real time support for CCBH trainings, QM will be piloting a new process towards the end of November and early December. Staff that have signed up for Optum CCBH trainings will continue to complete the self-paced virtual learnings. On the same day, a live webinar will be offered as a drop-in support center where staff can attend and ask questions they may have along with get virtual assistance. The webinars will be offered for one hour. Surveys will be sent after the webinar closes to allow for feedback and additional information.

OPOH Updates

- **Section A:** Removal of outdated information for “Emergency Shelter Beds” and updated Short Term & Bridge Housing information to include newest partner, Rooted Life.
- **Section D:**
 - updated language in Therapeutic Foster Care and CYF Outpatient Session counts.
 - added new language regarding Dual Track Programs enrollment and coordination of service delivery.
- **Section G:** Updated SIR phone number

Knowledge Sharing

Reminder! Programs should be submitting their NOABD Logs to QM quarterly, on the 15th of the month following the end of the quarter. This was resumed at the start of the new FY 20-21. Programs submit their Logs via our secure fax 619-236-1936 or via encrypted email to QIMatters.HHSA@sdcounty.ca.gov

BBS Required Documentation for Telehealth Services

The BBS requires that all licensed or license-eligible/registered clinicians must indicate they have verbally confirmed client’s full name and address of present location at the beginning of each telehealth session. This will need to be documented in each progress note for services that are delivered by licensed or license-eligible/registered clinicians.

Claiming Time for Chart Review in the Case of a “No Show”

If the MD is reviewing the client’s chart in preparation for a medication service, and the client is a “no show”, it is allowable for the MD to claim service time for the chart review. The medication service should still be coded as the “no show” with the Appt Type billing indicator 5- No Show. While the time spent reviewing the chart is captured in a separate SC 14 (Eval of Record for Assessment) along with the billing indicator for Contact Type, N-No Contact. This decision was made due to the infrequency of MD’s client contact (i.e. once every 30 days).

Reminder! SIR and SIROF forms updated to Form Fill versions

The Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) have been updated to be Form Fill, which allows more room for documentation to be added. Additionally, the following changes have been made to the forms

- Addition of the following incident types:
 - “the event has resulted in death on program’s premises”
 - “the event has resulted in serious physical injury on program’s premises.”
 - “the event is associated with a significant adverse deviation from the usual process for providing behavioral health care”
- Item 14 changed to state “which may require hospitalization”
- The requirement of a wet signature has been removed from both forms

The updated Form Fills can be found on the Optum Website under the Forms tab in MHP Documents.

QI Matters Frequently Asked Questions

New! FAQ's received by QI Matters.

Q. With many people using their home as office space for travel in documentation, is it allowed to document "therapist traveled from home office in [location] to client home in [location], round trip xx mins" as home office is now our actual home location (if we do not go to the office due to COVID)?

A. Travel time may be claimed when starting or ending the workday at home. In order to claim, the time must be the same or less than normal travel time from office to client's location. Please review attached our Travel Time Guidelines (2-01-18) which provide further explanation and examples, which can be found on the Optum Website under the [References Tab](#).

Management Information Systems (MIS)

MIS Questions?

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

Audit Leads Practicum: Thursday December 3, 2020 scheduled 12:30PM to 3:30PM via WebEx. Registration required. Focus of this training is to provide technical assistance to program level QI staff and PMs that conduct chart audits.

Quality Improvement Partners (QIP) Meeting: Tuesday, **December 15, 2020** from **2:00p – 4:00p** via Webex. As discussed during October's QIP meeting, there will not be a QIP meeting in November.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
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If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Training UPDATE!

- Optum has transitioned to a **fully virtual training format**, thus eliminating travel and allowing for expanded registration.
- Continue to enroll through www.regpacks.com/Optum.
- Most courses include a video tutorial which orients attendees to training and illustrates successful completion of the practice exercises. Video tutorials are available at <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs.html> under the Training tab.
- The courses which do not yet include a video tutorial offer a 1-hour live Webex instead.
- Attendees contact trainers for support via phone or email as they complete the practice exercises. A screensharing option is also available.
- Once attendee practice exercises are complete and accurate, they are granted access to begin documenting in the live environment.
- Please email sdu_sdtraining@optum.com if you have any questions about the process.

CCBH Training Reminder- View Only Assessments and Reports

Please note that View Only Assessments and Reports classes were retired in March 2020 upon the cessation of classroom training. Access to View Only Assessments is granted in conjunction with successful Account Request Form (ARF) submission. When MH MIS notifies an individual that his or her account has been created, login information is provided, as well as a [Resource Packet](#) which illustrates how to navigate CCBH. With Reports, everyone with a CCBH account has access to certain reports based upon the menu group selected on the ARF. The [Reports Manual](#) provides step-by-step instructions to run reports. No information is entered into the CCBH system with View Only Assessments access or when generating reports; therefore, users are not required to demonstrate competency.

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

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MENTAL HEALTH SERVICES



Updates

System of Care Application (SOC): Registration

The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Medicaid and Children's Health Insurance Plan (CHIP) Managed Care Final Rules, also known as the Mega-Regs.

- The SOC Application will also be used to view, verify, and update your program's Network Adequacy Certification Tool (NACT) data and Provider Directory information.
- Having one portal to manage all Mega-Reg requirements will streamline workflow and enhance accuracy of the submitted information. It will also reduce administrative burden and redundancy by combining several separate submissions into one system.
- Program managers and service providers **must first register** through Optum in order to access the SOC Application.
- **To register:** visit www.OptumSanDiego.com and click on the "Register" link on the upper right corner of the webpage.
- To access a Registration Tip Sheet: visit the BHS Provider Resources page at www.OptumSanDiego.com and click on the "Optum San Diego Registration Tip Sheet" link towards the bottom of the page. You may also click [here](#) to access the tip sheet directly.
- Once registration is approved by the Optum Support desk, you will be able to access your profile and site attestation. Profile and site attestations should be completed via the SOC application now, and again prior to the next NACT submission due April 2021.
- A memo regarding the SOC Application with additional details was emailed to BHS providers on 11/23/2020. It has also been posted to www.OptumSanDiego.com under "Communications". You may also click [here](#) to access the memo directly.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section G:**
 - updated 30 day extension of SIROF submission when CME report is pending.
 - Updated to clarify access time definitions.

EHR Training Survey

As we plan for the future, we are considering various EHR training formats, and would very much appreciate your input. Please respond to our [survey](#).

OPOH Updates

- **Section G:**
 - Updated information to indicate the 30 day extension for SIROF submission when CME is pending.
 - Updated to clarify access time definitions.

Welcome Our New QM Specialist!

BHS QM Team welcomes Michelle Hemmings, Psy.D.! Michelle joined BHS in November 2020, bringing her experience as a Program Manager with Palomar Health in both Inpatient and Outpatient Behavioral Health settings. Michelle has extensive experience with Utilization Review, working for several private sector companies, as well as with Quality Review, working for Optum as a TERM Team Psychologist. Michelle's past clinical experience includes working as a Clinical Supervisor for Heritage Clinic (an FSP program for Older Adults) and Manager of the Therapeutic Behavioral Services Program at Mental Health Systems. When not working on QM matters, Michelle enjoys spending her time with her family and pets, going to the beach, and swimming! You can find Michelle at Michelle.Hemmings@SDCounty.ca.gov

Knowledge Sharing

Effective Jan 1, 2021: New Laws Regarding Security Prescription Form Requirements and CURES Reporting:

Starting January 1, 2021, [California state law](#) requires 15 elements to appear on California Security Prescription Forms.

State law also requires California Security Prescription Forms to be produced by printers licensed by the California Department of Justice's [California Security Prescription Printers Program](#). Beginning January 1, 2021, the only California controlled substances prescription forms that will remain valid and acceptable by pharmacies will be those possessing a 12 character serial number and corresponding barcode compliant with the requirements introduced in Assembly Bill 149.

California-approved security printers have been issuing these prescription pads since the beginning of 2020. **Starting January 1, 2021, except for [limited emergency situations](#), pharmacists will be unable to fill a controlled substances prescription that is not on a compliant form.**

The new security form requirements are specified [in Health and Safety Code \(HSC\) section 11162.1](#), which was enacted by [AB 149](#) (Cooper, Chapter 4, Statutes of 2019).

For more information about these requirements, please review the following bulletin, which has been jointly released by the California Department of Justice and the California Department of Consumer Affairs: [AB 149 – New Requirements for Rx Forms](#).

Reminder! SIR and SIROF forms updated to Form Fill versions

The Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) have been updated to be Form Fill, which allows for more documentation room. **The current forms can be found on the "Forms" tab on the Optum website and are dated 10/5/20.** Additionally, the following changes have been made to the forms

- Addition of the following incident types:
 - "the event has resulted in death on program's premises"
 - "the event has resulted in serious physical injury on program's premises."
 - "the event is associated with a significant adverse deviation from the usual process for providing behavioral health care"
- Item 14 changed to state "which may require hospitalization"
- The requirement of a wet signature has been removed from both forms

When calling in an incident to the SIR line, be sure to indicate the **date the incident occurred**, the **date program was informed of the incident** and the **client CCBH number**.

If the incident is a Level One incident, please provide detailed information regarding the incident. If the incident occurred in the media, indicate the media link.

SIROF Extensions

- In the event a program is awaiting final cause of death determination from the CME report, the program may be granted an additional 30 days to complete the SIROF.
- If you need an extension, please reach out via QIMatters and the request will be processed.

Emailing Serious Incident Reports (SIRs)

When emailing Serious Incident Reports (SIRs), programs are to ensure documents are sent via **secure email encryption** in order avoid the risk of a privacy breach. (*Programs also have the option to submit their SIR's via secure fax to 619-236-1953.)

- Programs that have partnered with the County to establish a secured email connection "tunnel" (TLS), emails will automatically be encrypted in transit and no additional action would need to be taken by the provider.
- If the provider is unable to confirm their program's participation in TLS email encryption or for programs not participating in TLS encryption, the provider must ensure that their email account is set up with email encryption to send an encrypted email when submitting their SIR document(s).

Providers are encouraged to reach out to their Program Manager and/or their Program IT for any questions regarding their participation in County TLS Email Encryption or email encryption options.

QI Matters Frequently Asked Questions

Q. When is a Discharge Summary required in to be completed in CCBH versus a Discharge Note?

A. A Discharge Summary is required to be completed when the client has received 5 or more direct client contact services. If they have received 4 or less direct client contact services, then a Discharge Note is sufficient.

Management Information Systems (MIS)

MIS Questions?

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

Support Partners Documentation Training: Tuesday, December 22, 2020 scheduled from 9:00AM to 12:00PM. This training will be held online, via WebEx. Further instructions will be provided upon registration.

- This training is specifically designed for Support Partners – Adult Peer, Child/Youth & Parent Partners and Employment Specialists who bill Medi-Cal. Covered objectives: service codes, documenting notes to acceptable Medical Necessity standards, non-billable direct client services that may not be claimed to Medi-Cal.

Quality Improvement Partners (QIP) Meeting: Tuesday, **December 15, 2020** from **2:00p – 4:00p** via Webex.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Training UPDATE!

- Optum has transitioned to a **fully virtual training format**, thus eliminating travel and allowing for expanded registration.
- Continue to enroll through www.regpacks.com/Optum.
- Most courses include a video tutorial which orients attendees to training and illustrates successful completion of the practice exercises. Video tutorials are available at <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs.html> under the Training tab.
- The courses which do not yet include a video tutorial offer a 1-hour live Webex instead.
- Attendees contact trainers for support via phone or email as they complete the practice exercises. A screensharing option is also available.
- Once attendee practice exercises are complete and accurate, they are granted access to begin documenting in the live environment.
- Please email sdu_sdtraining@optum.com if you have any questions about the process.

CCBH Training Reminder- View Only Assessments and Reports

Please note that View Only Assessments and Reports classes were retired in March 2020 upon the cessation of classroom training. Access to View Only Assessments is granted in conjunction with successful Account Request Form (ARF) submission. When MH MIS notifies an individual that his or her account has been created, login information is provided, as well as a [Resource Packet](#) which illustrates how to navigate CCBH. With Reports, everyone with a CCBH account has access to certain reports based upon the menu group selected on the ARF. The [Reports Manual](#) provides step-by-step instructions to run reports. No information is entered into the CCBH system with View Only Assessments access or when generating reports; therefore, users are not required to demonstrate competency.

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

QM MH... UP TO THE MINUTE
December 2020



Is this information filtering down to your clinical and administrative staff?
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Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



MENTAL HEALTH SERVICES



QM would like to wish our Systems of Care a Healthy and Happy New Year!

Updates

CURES Update

Starting **January 1, 2021**, the dispensing of a controlled substance must be reported to the Controlled Substance Utilization Review and Evaluation System (CURES) **within one working day** after the medication is released to the patient or the patient's representative. (Previously, the deadline to report was seven days after dispensing.) Additionally, this law requires reporting the dispensing of Schedule V drugs, in addition to Schedules II, III, and IV. This requirement applies to pharmacists and prescribers who dispense controlled substances. Providers can find the List of Controlled Substances (8.20.20) on the Optum Website in MHP Provider Documents under the [References Tab](#).

Medical Record Review Extensions

Based on feedback received from the SOC, QM is now extending the MRR self-review period. Programs will receive the MRR chart names one week earlier to allow additional time to gather and submit the required Hybrid Chart documents and program policies to their assigned QI Specialist.

This new process begins for the MRRs that are scheduled after January 1st. Please note that the exit date and time will remain as scheduled.

Please reach out to your program's assigned QI Specialist if you have any additional questions or concerns.

Demographic Form Update – Living Arrangement field

The Demographic form has been updated and includes a new option for the Living Arrangement field.

- Living Arrangement field of **N – Residential Tx Ctr – Child STRTP** has been added.
- This new option is utilized by the CYF STRTP and STRTP/Day Treatment Hybrid models only.

Updates to mHOMS IMR and RMQ Assessments (AOA Programs)

In response to the shift in how services are provided to clients, mainly with an increase in telehealth services due to the pandemic, an additional question has been added to both the IMR and RMQ to document the administration method of the assessment.

The available administration methods will be face to face visit, telehealth visit or other. The PDF versions of the assessments have also been updated with this additional question and can be found on the Optum website under the UCRM Tab.

OPOH Updates

- **Section L:** updated the Controlled Substances Utilization Review and Evaluation System (CURES) deadline for reporting the dispensing of a controlled substance.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section L** – updated CURES reporting deadline
- **Section M** – updated professional license waiver information

References Tab:

- Updated Professional License Waiver Requirements (DHCS Information Notice 20-069)

- Must be reported **within one working day** after medication is released to patient or patient's representative.
- **Section M:** the professional license waiver information has been updated per DHCS IN 20-069 which addresses eligibility, application requirements and the approval process for a Mental Health Professional Licensure Waiver.
 - Replaces/supersedes DMH Letter 10-03
 - DHCS IN 20-069 Professional License Waiver Requirements can be found on the Optum website, under the References Tab.

Knowledge Sharing

Adult Walk-in BHA – A/OA Programs

All A/OA programs can continue to utilize the Adult Walk-In BHA, even after the COVID Pandemic, until the roll out of Millennium.

Completing the NOABD Log

MHP Programs shall maintain a monthly NOABD log on site. Programs are **required** to utilize the Excel NOABD log developed by County QM to ensure all required elements are documented. The [Excel NOABD Log](#) can be found on the Optum Website, in MHP Provider Documents, under the NOABD Tab.

A new tab has been added to the Excel NOABD Log titled "Column Key" which provides instructions for completing the Log and explanation of following required elements:

- **Indicate if "No NOABD Issued" (Column A)** – check box to reflect if no NOABD's issued within the month. If NOABDs were issued, ensure that this column is left unmarked.
- **Beneficiary Name/CCBH number (Column B)** – include full name as it appears in CCBH with client's CCBH number
- **NOABD Issuance Date (Column C)** – this is the date the NOABD was issued to the client (i.e.: date provided to client if face to face or date mailed) Please refer to the [NOABD Table](#) for Timing of Notice requirements.
- **Type of NOABD (Column D)**– Select the appropriate NOABD notice via the dropdown menu options, i.e.: Delivery System Notice, Termination Notice, Timely Access Notice. Please refer to the [NOABD Table](#) or the NOABD webinar which explain the different NOABD types. The NOABD Table and Webinar are both available on the Optum Website in the MHP Provider Documents.
- **Beneficiary Request/Response (Column E)** – document any client response to the issued NOABD, requests made after NOABD was issued, provisions for second opinions or indicate N/A or None
- **Has the Grievance/Appeal Process been initiated (Column F)** – Select Yes or No via the dropdown menu options
- **Has the Beneficiary Requested a State Fair Hearing (Column G)** – Select Yes, No, Unknown, via the drop-down menu options
- **Additional Comments (Column H)** – Enter any additional comments here
- **Mode of Delivery (Column I)** – Select Mail, Phone or Other from drop down menu options
- **Other Column (Column J)** – If Other was selected for Mode of Delivery, please include the mode here.

Please refer to the [NOABD Log QM Memo 1.31.20](#) for additional information and submission requirements. The memo can be found on the Optum Website, MHP Provider Documents, under the NOABD Tab.

QI Matters Frequently Asked Questions

Q. Could you tell me which individuals are able to final approve their own notes without a co-signature?

A. Co-signature is based on credentials. Co-signature requirements are outlined in our [OPOH, section M, pages M.7-8](#) which can be found on the Optum Website in MHP Provider Documents under the OPOH Tab.

Management Information Systems (MIS)

MIS Questions?

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Cerner Reminder

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Training and Events

1. **Quality Improvement Partners (QIP) Meeting:** Tuesday, **January 26, 2021** from **2:00p – 4:00p** via WebEx.
2. **CYF Documentation Training:** Tuesday, **February 2, 2021** from **9:00a – 12:00p** via WebEx.
3. **AOA Documentation Training:** Wednesday, **February 3, 2021** from **9:00a –12:00p** via WebEx.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
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If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Training: Optum has transitioned to a **fully virtual training format**. Please email sdu_sdtraining@optum.com if you have any questions about the process.

BHS COVID-19 Resources and Links

For the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

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MENTAL HEALTH SERVICES



Updates

CFT Progress Note Template Updated

The CFT (Child Family Team) Progress Note Template has been updated both in CCBH and the Form Fill available on the Optum Website. Please be sure you are utilizing the most current templates when documenting paper progress notes.

Form Fill Template:

- Removed EBP selection for CFT Meeting
- Removed collateral server information
- Added CANS information into the functional impairments and Meeting Summary prompts

CCBH Template:

- Added CANS information into the Functional Impairment and Meeting Summary prompts within the template.

STRTP Transition Determination Timeline Change (CYF Programs)

The STRTP Transition Determination timeline has changed. It is now required that the STRTP Transition Determination form is completed within 14 days prior to the client's discharge from the STRTP. The updated form fill version can be found on the Optum website on the STRTP Tab.

Clarification – Informed Consent for Psychotropic Medications Form

The October 2020 MH UTTM announced an update to the Informed Consent for Psychotropic Medications Form (rev 8.4.20 – English/Spanish only) which included form fills for the client Name, CCBH #, and Program Name. No other changes were made to this form in terms of content and programs were not required to update their forms if using Rev 7.1.18. However as discussed during January's QIP Meeting, going forward Programs will be required to utilize the most current version Rev.8.4.20 (English and Spanish Only) of the form. Previous versions will be removed from the Optum Website.

All other threshold languages remain unchanged at this time and should continue to use most current version on the Optum Website.

NACT Submission

Programs and facilities who are required to complete the NACT submission have until 2/26/2021 to complete updates in the SOC application in www.OptumSanDiego.com. Providers and program managers will need to register in www.OptumSanDiego.com to access personal and site information to review and/or update.

Optum Website Updates MHP Provider Documents

References Tab:

- CSI Correction Guide – Frequent Errors added
- DHCS and COSD Guidelines for Billable Services

PWB Tab:

- CFT Progress Note Form Fill Template update.

UCRM Tab:

- IRM form fill version update
- RMQ form fill version update

STRTP Tab

- Transition Determination Plan Update

QM MH... UP TO THE MINUTE February 2021



If you are not sure if this applies to your program or facility, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com for assistance and information.

IMR and RMQ Outcome Measure Form Fill Revisions

Form Fill versions of the IMR and RMQ have been updated and available on the Optum Website under the UCRM tab. These are the same forms that are on the mHOMS site. Programs are reminded that they *should not change or alter* the forms when utilizing them.

Knowledge Sharing

Telehealth for Assessment of 72-hour Involuntary Detentions (5150 and 5151 Assessments)

Per DCHS BHS Information Notice 21-003 (1.11.21), AB 3242 now allows examinations or assessments under W& I Code Sections 5150 and 5151 to be conducted via face-to-face via Telehealth using synchronous audio and visual components.

- DCHS recommends that providers review the new and amended W&I Code sections to ensure compliance and note important changes in the law at the following link:

https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB3242

CSI Validation Report

The CSI Validation Report is sent out monthly, as part of the MIS Accountability Package. Programs are to be correcting the CSI errors each month. If you do not have a CSI Report attached to the Accountability Package, this most likely means that you have no CSI errors to correct. However, should there be several months without a report, please check with your COR to ensure the report is most up to date.

If you need assistance in correcting the errors, please refer to the “CSI Correction Guide – Most Frequent Errors” which can be found on the Optum Website under the [References Tab](#). There is also an extended version of the reference which includes additional, less common errors, should this be needed (“CSI Correction Guide – Full Version”).

Clarification of Service Indicators for Lockout Settings

When providing telehealth services when the client is in a **lockout setting**, the “Provided At” should be coded with the appropriate lockout setting and not coded as Telehealth. The “Contact Type” would still be coded as “Telehealth”.

For services provided in non-lockout settings, the correct service indicator selections remain “Telehealth” for both “Provided At” and “Contact Type”. (*QM Memo 12.6.19*)

DHCS and COSD Guidelines for Billable Services

The DHCS and County Guidelines for Billable Services provides a reference of billable services allowable by DHCS vs the COSD MHP was developed during the AOA Workgroups. It highlights some services and activities that DHCS allows as billable, that are not allowed by the MHP, or may be allowed in a limited capacity. It will be available on the Optum Website, under MHP Documents under the References Tab (DHCS and COSD Billing Guidelines).

Your QI Specialist = a Valuable Resource!

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, documentation feedback and/or education and staff

QM MH... UP TO THE MINUTE February 2021



training needs. Programs are encouraged to reach out to your assigned QI Specialist directly, we are here to support you and your staff! If you are unsure who your assigned QI Specialist is, please reach out to QI Matters.

Optum CCBH Trainings – Video Tutorials Available

All trainings now have a video tutorial that is posted on the [Training Tab](#) on the Optum website. While the View-Only and Reports Trainings no longer have class trainings, there have also been videos created for these to help assist staff and programs that may need to use them for reference.

QI Matters Frequently Asked Questions

Q. Can clinicians bill for the entire time they are in a CFT meeting or only for the time they contributed during the meeting?

A. Clinicians can bill for the entirety of the **CFT meeting**. If it is an *outside ICC service*, aside from CFT or WRAP meeting, then they would only be able to claim time for the service provided/unique contribution to the meeting. Please refer to the [CFT Meeting Note Explanation](#) and [ICC Note Explanation](#), which can be found on Optum under MHP Provider Documents, under the [PWB Tab](#).

Management Information Systems (MIS)

MIS Questions?

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Cerner Reminder

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Training and Events

Quality Improvement Partners (QIP) Meeting: Tuesday, **February 23, 2021** from **2:00p – 4:00p** via WebEx.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

QM MH... UP TO THE MINUTE February 2021



Optum CCBH Trainings: Optum has transitioned to a **fully virtual training format**. All Trainings now have a video tutorial that is posted on the Training Tab on the Optum Website. While the View-Only and Reports Trainings no longer have class trainings, there have also been videos created for these to help assist staff and programs that may need to use them for reference.

Please email sdu_sdtraining@optum.com if you have any questions about the process.

Please note: RegPack, the event management application used for CCBH training registration, has migrated to <https://www.regpack.com/reg/optum>. If you have the previous link saved as a favorite, please update it.

Resources and Links

BHS COVID-19 Resources and Links

For the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

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MENTAL HEALTH SERVICES



Updates

Program Summary-Attestation Form

Due to COVID protocols, and to decrease the workload placed on programs during the Medical Record Review (MRR) process, the completion and submission of the Program Summary-Attestation form will be **optional** at this time.

Programs are still required to complete their self-review of the identified client charts in preparation for their MRR and may continue to utilize and submit the Attestation form as part of their self-review along with their hybrid chart documents if they choose, however submission of the Attestation form is optional until further notice.

Informed Consent for Psychotropic Medication – Form Update

In response to significant feedback from our SOC providers, the Informed Consent for Psychotropic Medications (English/Spanish), which was recently updated to a form fill version, has been revised to condense the form from 3 pages to 2 pages in length to allow for ability for programs to print double-sided and conserve paper waste. The revised form can be accessed via the Optum Website, MHP Provider Documents, under the UCRM Tab.

Updates to Client Plans for Significant Changes in Beneficiary's Life

DHCS indicates that there should be an update to a client plan when there is a significant change in the beneficiary's condition. DHCS defines a "significant change" as *Major life events that might lead to a change in the beneficiary's condition which include, but are not limited to:*

- job loss,
- birth of a child,
- death of a family member or significant other,
- change in relationship status,
- change in residence/living situation.
- An example may also include a beneficiary who has never been suicidal makes a suicide attempt or someone that regularly participates in treatment suddenly stops coming to appointments.

Client Plans will be monitored for updates when significant changes are noted within the client's record. If the program determines that a change is not needed, the rationale must be indicated in a progress note as to why the plan is not being updated. (ref: *QIP Meeting Minutes February 2021*)

Optum Website Updates MHP Provider Documents

References Tab:

- DHCS and COSD Billing Guidelines
- Service Code Definitions (rev 9.23.20)

UCRM Tab:

- Informed Consent for Psychotropic Medications form updated

Knowledge Sharing

Serious Incident Reporting

- Incidents involving social media
 - For incidents reported in **social media** please contact QM to consult as to whether or not the incident is reportable as a serious incident or an unusual occurrence. Programs may send a request for a consult by emailing QIMatters or calling the SIR line.
- Incidents involving death of a client
 - When reporting the death of a client, programs may contact the County Medical Examiner's Office to confirm the client is deceased and the date of death.
 - Programs may also request the CME Report. This report may assist you in completion of your Serious Incident Report of Findings Report (SIROF), especially when the death is due to unknown circumstances.
 - The report often takes the Medical Examiner 60-90 days to complete.
 - Contact the Medical Examiner at 858-694-2895 to confirm client's death, date of death and receive CME case number. May ask for preliminary cause of death if known. Document this information in the SIR.
 - Email the Medical Examiner at records.mx@sdcounty.ca.gov to obtain the CME report.
- SIROF Extensions
 - In the event a program is awaiting final cause of death determination from the CME report, the program may be granted an additional 30 days to complete the SIROF.
 - If you need an extension, please reach out via QIMatters and the request will be processed.

Use of SC14 by programs for chart review

As reviewed during the February QIP Meeting, MHP has determined that claiming for chart review can only occur under the following circumstances. Documentation must include how the chart review informs treatment:

- If documents being reviewed are external from CCBH (i.e. hospital discharge summary, conservator's investigation report, summary of treatment from outside provider).
- If documents within CCBH being reviewed were not generated by the program conducting the chart review.
- If the client changes therapist within the same program, and the new therapist is reviewing the previous therapist's documentation.
- MD's preparing for upcoming session, due to length of time between contacts.
- Nursing staff preparing for upcoming session.
- Clinician to review new psychiatric assessment to inform treatment
- Clinician to review previous BHAs (internal or external) in order to complete annual assessment
- Review of documentation for Crisis Intervention related services.

Programs are encouraged to review the **DHCS and COSD Billing Guidelines** which can be found on the Optum Website under MHP Documents under the [References Tab](#) for further clarification and information.

QI Matters Frequently Asked Questions

Q. Do Service Indicator Errors for Telehealth require a "Void & Replace" or can I just enter an informational note to resolve the error?

A. The required correction will be dependent on the claim status of the service and which service indicator was incorrect:

- If the service has been paid by the state, the correction would be to enter an informational note.
- If the service is still in the unclaimed status, programs would need to correct the service indicator for **Contact Type**, as this is the modifier that alerts to the Telehealth Service and needs to be accurate. The service indicator for Provided At would not require a correction.

Q. Can I bill an SC14 during the first 30 days of opening a new client?

A. Yes, SC14 can be used prior to the completion and final approval of the client plan.

Q. Can a Clinician bill SC14 for reviewing the previous year's BHA if they were not the clinician who completed the previous BHA?

A. Yes, if the review of the previous BHA is being done to enhance the current assessment and documents how it will inform treatment, this can be claimed using SC14.

Q. Are Program Psychiatrists able to use SC14 when a client No-Show's for their scheduled appointment?

A. Yes, they would document the originally scheduled service as a no-show and then could complete an SC14 for the review of records in order to prepare for the session.

Q. Can Support Staff bill SC14 for reviewing past client plans and/or other documentation to help them prepare for upcoming services like psychiatrists can now bill for upcoming appointments?

A. No, this would still be considered "cost of doing business" when a clinician or support staff member is preparing for an upcoming session/service with a client.

Q. Can SC14 be used for review of Discharge Paperwork when a client is released from a recent psychiatric hospitalization?

A. Yes, the SC14 can be used for review of recent hospital records.

Management Information Systems (MIS)

MIS Questions?

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Training and Events

Support Partners Documentation: Monday, **March 22, 2021**, from **12:30p to 3:30p** via WebEx.

Root Cause Analysis (RCA) Training: Thursday, **March 25, 2021** from **9:00a to 12:00p** via WebEx.

- The intended audience of this training are Program Managers and QI Staff
- Waitlisted registrants from the last session will have priority for admission, all new registrants will be accepted to waitlist only.
- Initial confirmations were sent out March 8, 2021.

Quality Improvement Partners (QIP) Meeting: Tuesday, **March 23, 2021** from **2:00p – 4:00p** via WebEx.

Important information regarding training registrations:

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MENTAL HEALTH SERVICES

Knowledge Sharing

New Collateral Contact Progress Note Template

In an effort to better support providers' documentation needs, a new progress note template for service code SC33 Collateral Contact has been created to assist service providers when documenting Collateral services.

The template will be available in CCBH and on the Optum Website in MHP Provider Documents as a form fill document under the [UCRM tab](#). The template will "go live" in CCBH on 5/15/20.

Collateral services involve providing the client's significant support person(s) with education and training so that they can better understanding the client's mental health diagnosis and related impairments.

- Providing this education to the support person will assist them with understanding and accepting the client's mental health diagnosis.
- By understanding and accepting the client's mental health diagnosis, the support person is better able to assist the client in meeting their client plan goals.
- A key element is that the support person is able to work **with** the client around the client plan as a result of the collateral contact.
- The service is provided to client's significant support person(s).

NOABD Webinar

The Notice of Adverse Benefit Determination (NOABD) Webinar has been uploaded to the Optum Website on the Training Tab. This webinar was developed in order to assist providers in understanding the different types of NOABDs and the situations to which they may be applicable. Additionally, it reviews situations which may have exceptions to issuing the NOABD as well as most frequently asked questions. Programs are encouraged to review this webinar with their providers.

NOABD Log Updated!

The NOABD Log has been updated to include a column to indicate "Type of NOABD" and can be found on the Optum Website under the [NOABD tab](#). Providers are advised to be sure that their program(s) are using the most current version of the NOABD Log.

Optum Website Updates MHP Provider Documents

UCRM tab:

- SC33 Progress Note form fill template added.

NOABD Tab:

- Updated NOABD Log to include "Type of NOABD"

Training Tab

- New NOABD Training Webinar

QM ... UP TO THE MINUTE May 2020

SIR Report of Findings (SIROF)

A Serious Incident Report of Findings (SIROF) shall include a thorough review of the serious incident and relevant findings and interventions/recommendations.

The Report of Findings shall be submitted **within 30 days** of the reported incident. If an RCA was completed, then complete the RCA section only.

New Definition for Serious Bodily Injury

A **Serious Bodily Injury** means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, limb, organ or of mental faculty (i.e. fracture, loss of consciousness), or requiring medical intervention, including but not limited to, hospitalization, surgery, transport via ambulance, or physical rehabilitation.

Reminder! For the most current and updated information regarding COVID-19 as well as QM updates and memos, be sure to check the added [COVID-19 tab](#) on the Optum Website and the COVID-19 [BHS Provider Resources Website](#).

The QM Team would once again, like to thank our SOC programs and providers for their continued hard work and dedication in providing consistent care to our clients during these challenging times. Your efforts are greatly appreciated!

Meet the New QM Specialist!

The QM team is pleased to welcome **Kristi Jones, LMFT** as our newest Mental Health QM Specialist.

Kristi comes to us from Optum where she was the Manager of Utilization Management. Kristi managed 39 clinicians and clinical administrative coordinators in reviewing for medical necessity and authorization for Inpatient Psychiatric Hospitalization, FFS Outpatient Treatment, Long Term Care, Day Treatment, TBS, IHBS and Residential Substance Use Disorder Programs, in San Diego County. Prior to Optum, Kristi was the Clinical Director of New Alternatives Day Treatment Intensive Program at the CATS residential treatment center. Kristi supervised multiple clinicians and mental health workers in providing day treatment services to severely emotionally disturbed children living in the residential program. She is looking forward to taking on new challenges as a part of HHSA with the QI Team! When not at work, Kristi enjoys being a mom to her two children who are 6 and 9 years old. She also loves her two pugs and English bulldog and considers them her fur babies. She spends most of her free time outside in beautiful sunny San Diego whether it's at the beach or going to her favorite hiking spots. She loves to spend time with her friends and traveling.

Management Information Systems (MIS)

Access Request Form (ARF)

When completing an ARF for a new user, please make sure the **Effective Date** entered is the date the employee starts working at your program.

During the COVID-19 crisis, we want to make sure providers have the access they need quickly. If you are having problems getting signatures for ARF paperwork due to telework, we will accept the form without staff signature.

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Indicate in the Comments section that staff signature could not be obtained due to telework. Then, obtain staff signature when you are able. Remember, we still need the provider's correct credentials, NPI, and Taxonomy.

For programs needing the 24-hour clinical menus: If your staff will only need the full client look-up, and will NOT be adding new clients, please mention that in the Comments Section of the ARF. MIS will give them the access they need, but they will not need to take the more confusing CHA Class. They can take the Assessments class. If you have questions, please contact us as MISHelpDesk.HHSA@sdcounty.ca.gov.

We realize that the remote trainings and long wait times have been challenging for some new staff. Alternatively, some Program Managers have chosen to train staff themselves or have Lead staff support them during an Optum training. If you would like to train your staff, please contact us at MISHelpDesk.HHSA@sdcounty.gov. We will make sure you get the training packets you need. After you are confident that your new staff can complete their tasks satisfactorily, contact us to activate their Live accounts.

If you need a quick add of a Unit/SubUnit, send the request to MISHelpDesk.HHSA@sdcounty.gov. We will try to accommodate urgent needs as quickly as possible.

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

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Training and Events

**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 can start documenting in CCBH.

Please note, there are recorded trainings available on the Optum Website at [MH_QM Trainings](#)

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



MENTAL HEALTH SERVICES



Updates

CURES 2.0 Database

On **July 1, 2021**, the mandatory consultation requirement will change. California licensed health care practitioners shall consult the CURES database to review a client's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance for the first time and at least **once every 6 months thereafter** if the medication remains a part of their treatment.

CURES consultation shall continue to be documented in a medication progress note, when applicable, attesting to the review of a client's CURES history in order to demonstrate compliance within the required timelines.

Additionally, access to the CURES database will change on **July 1, 2021**. Physicians without a DEA registration may submit an application to the Department of Justice to obtain approval to electronically access information regarding the controlled substance history of a client.

New! Case Management vs Collateral Guidelines

A Case Management vs Collateral Guideline (BHS QM 03.11.2021) can be found on the Optum Website under the [References Tab](#). This Guideline is provided to assist providers in differentiating between case management and collateral services in order to ensure billing to the appropriate service code.

OPOH Updates

Section C: Pages C.17-C.18, were updated with the following information – language was updated from old DSM-IV-TR to current DSM-V language.

Section D: Pages C.22-D.23 updated language to AOA Outpatient Guidelines for Brief Solution-Focused Outpatient Services

- Updated language referencing initial Behavioral Health Assessment and Client Plan shall be completed and final approved within 30 days of program assignment.
- Removed language referencing 12 session count
- Removed language referencing requests for exception to UM process. UM is a State requirement.
- Updated language referencing NOA-A to NOABD

Section G: Section G, Page G.10 updated reference for Medication Monitoring to the MHP contract with DHCS from Ex. A, Att. 1, App. A, B.4 to Ex. A, Att 5, 1.H

Section M: Section M, Page M.9-M.10 updated staffing ratios:

Optum Website Updates MHP Provider Documents

References Tab:

- Case Management vs Collateral Guidelines

OPOH Tab:

- **Section C:** pages C.17-18 updated language from DSM-IV-TR to DSM-V
- **Section D:** pages D.22-23 updated language to A/OA Outpatient Guidelines for Brief Solution-Focused Outpatient Services
- **Section G:** page G.10, updated reference for Medication Monitoring
- **Section M:** page M.9-M.10 update to staffing ratios

- Removed 1:3 ratio of licensed staff to Masters Level Student Intern and reverted to previous language “Outpatient providers’ ratio of clinicians/therapists to Masters Level Student Interns shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per 3 FTE Masters Level Student Interns. Masters Level Student Interns may provide psychotherapy services, under the close supervision of the clinician/therapist.”
- Added STRTP client to staff ratios 1 MH staff to every 6 clients.

Meet Our New QM Specialist!

The QM team is pleased to announce Olivia Martinez, LMFT as our newest Mental Health QM Specialist.

Olivia comes from Mental Health Systems, Inc. Families Forward -Wraparound Program. Olivia held various roles with MHS Families Forward Wraparound by starting as a bilingual Wraparound Facilitator, promoting to Program Admin Supervisor, and promoting again to Regional Supervisor. Olivia supervised Family and Youth Support Partners, BA level Counselors, and MA licensed-eligible staff as well as completing County mandate monthly reports. Olivia also, worked at New Alternatives, Therapeutic Behavioral Services as a bilingual Case Manager. Olivia has a passion to support military service members and their families, she held a role as a Clinical Counselor with the Psychological Health Outreach Program. When not at work Olivia enjoys spending time with her family and pets. Olivia has two boxers named Pebbles and Bam Bam along with 7 rescued cats named Tucker, Minks, Papi, Nola, Sonny, Mama Cat, and Cooper. Olivia enjoys traveling with her husband, shopping, and nature walk/hikes.

Knowledge Sharing

Grievances & Appeals Reminder

In accordance with 42 CFR and Title 9, the MHP Quality Management Unit distributes the Guide to Medi-Cal Mental Health Services, which contains information on client rights, as well as a description of the services available through the MHP, and the avenues to obtain resolution of dissatisfaction with MHP services. **Note:** *New clients must receive a copy of the Guide to Medi-Cal Mental Health Services when they first obtain services from the provider and upon request, thereafter. (Handbooks are available in threshold languages.)*

Programs are reminded that the Grievances & Appeals information needs to be sent out to clients when initial intakes are conducted via Telehealth to ensure clients receive their important beneficiary rights information. At all times, Grievance and Appeal information must be readily available for clients to access without the need for request, therefore grievance/appeal forms (*in threshold language*) along with addressed envelopes should be provided to clients.

Social Security Number (SSN) Reminder:

Enter the Social Security Number (SSN) of the client. The SSN should be requested. If the client does not provide a SSN, this field shall be left blank. If the SSN provided by the client is already in the system, the number will not be accepted. If a prompt indicates that the SSN already exists, locate and review that the other client’s Demographic form/screen to ensure that the client name associated with that SSN is not an alias of the presenting client.

Cloned Documentation Reminder

Reminder, Program Staff are cautioned about the use of "cloned documentation" as it fails to substantiate medical necessity and risks disallowance. (*Compliance Bulletin #30 10/17/2011 Cloned Documentation*)

“When documentation is worded exactly like or similar to previous entries, the documentation is referred to as cloned documentation.

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Whether the cloned documentation is handwritten, the result of pre-printed template, or use of Electronic Health Records, cloning of documentation will be considered misrepresentation of the medical necessity requirement for coverage of services. Identification of this type of documentation will lead to denial of services for lack of medical necessity and recoupment of all overpayments made.

It would not be expected that every patient had the same exact problem, symptoms, and required the exact same treatment. Cloned documentation does not meet medical necessity requirements for coverage of services rendered due to the lack of specific, individual information for each unique patient.

Documentation exactly the same from patient to patient is considered cloned and often occurs when services have a specific set of limited or select criteria. Cloned documentation lacks the patient specific information necessary to support services rendered to each individual patient.”

QI Matters Frequently Asked Questions

Q. How would I claim time for SC14 when I reviewed records/documentation before a session but then the client was a no-show?

A. You would document the No-Show Progress Note indicating 0:00 service time and correct service code for intended service and no-show indicators. You would then enter an SC14 Progress Note with the service time accurately for time spent reviewing the documents/records.

Q. What are the basic limits for time being claimed for reviewing materials in an SC14?

A. QM has not set basic limits, but service time claimed should be evidenced in the documentation and how it informs treatment.

Q. Is the SC14 included in productivity or is it similar to SC815 (which is not included)?

A. QM would need to look at set-up and contract. If you have program specific questions, please write to QI Matters.

Q. Can the Program RN review progress notes for SC14?

A. Yes, prior to a meeting, the RN can review recent notes and document how this will inform treatment.

Management Information Systems (MIS)

MIS Questions?

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

Child, Youth & Families Documentation Training: Monday, **April 26, 2021** from **12:30p – 3:30p** via WebEx. Registration Required.

Audit Leads Practicum: Thursday, **April 29, 2021** from **12:30p – 4:00p** via WebEx. Registration Required. Focus of this training is to provide technical assistance to program level QI staff and PMs that conduct chart audits
UTTM MH April 2021

Quality Improvement Partners (QIP) Meeting: Tuesday, April 27, 2021 from 2:00p – 4:00p via WebEx.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

Optum CCBH Trainings: Optum has transitioned to a **fully virtual training format**. All Trainings now have a video tutorial that is posted on the Training Tab on the Optum Website. While the View-Only and Reports Trainings no longer have class trainings, there have also been videos created for these to help assist staff and programs that may need to use them for reference. Please email sdu_sdtraining@optum.com if you have any questions about the process.

Resources and Links

Your QI Specialist = a Valuable Resource!

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, documentation feedback and/or education and staff training needs. Programs are encouraged to reach out to your assigned QI Specialist directly, we are here to support you and your staff! If you are unsure who your assigned QI Specialist is, please reach out to QI Matters.

BHS COVID-19 Resources and Links

For the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

Is this information filtering down to your clinical and administrative staff?
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MENTAL HEALTH SERVICES



Updates

CURES Database

Effective as of **July 1, 2021**, prescribers must check the CURES database upon initial prescription and every **6 months** thereafter if a controlled substance remains a part of the client's treatment. Previously this was required every 4 months. (*Refer to OPOH update Section L, pg L.7*)

Medi-Cal Site Recertification Visits to Resume

QM will resume onsite Medi-Cal Site visits to complete site recertifications which were placed "on hold" during the previous FY20-21 due to COVID protocols, as well as scheduling site visits for programs that will be due for recertification for FY 21-22. Programs will be contacted by the assigned QI Specialist to schedule their site visit; all COVID protocol requirements in effect at the time of your scheduled site visit will be observed by program and QI staff.

Updating Diagnosis Forms

For any client that has not been open in the system of care for 12 months or more will require a new diagnosis form to be completed upon admission to a new program.

OPOH Updates

- **Section D:** pgs D.42-56 edits to the PWB/CCR/TFC sections – added language regarding AB2083, CFT Facilitation program, RHIS training for new hires, and various other minor edits.
- **Section G:** pg G.20 un-bolded "Reports of Sexual Misconduct by a Healthcare Provider"
- **Section L:** pg L.7 updated to reflect change effective July 1, 2021 prescribers must check the CURES database every 6 months if a controlled substance remains part of the client's treatment. Previously this was every 4 months.
- **Section M:** pg M.7 updated to indicate that the DHCS 1739 Mental Health Professional Licensing Waiver Request form can be found on the Forms tab of the Optum website.

Optum Website Updates MHP Provider Documents

OPOH Tab:

- **Section D:** pg D.42-56 edits to PWB/CCR/TFC sections
- **Section G:** pg G.20 un-bolded "Reports of Sexual Misconduct by a Healthcare Provider"
- **Section L:** pg L.7 updated to reflect change requiring prescribers to check CURES database every 6 months, effective 7/1/21
- **Section M:** pg M.7 update to indicate Professional Licensing Waiver Request form

Forms Tab:

- Updated DHCS 1739 Mental Health Professional Licensing Waiver form

Knowledge Sharing

Aid Paid Pending (APP)

When a client receives a notice of adverse benefit determination (NOABD) which terminates, reduces or suspends services they have the right to appeal the decision if they are not in agreement. In addition, clients also have the right to request APP pending the appeal determination. APP indicates that the client's benefits shall continue pending resolution of the appeal. Clients qualify for APP when all of the following criteria are met:

1. The client files the appeal request in a timely manner;
2. The appeal involves the termination, suspension, or reduction of previously authorized services;
3. The services were ordered by an authorized provider;
4. The period covered by the original authorization has not expired; and
5. The client requests APP within 10 calendar days of the NOABD, or before the intended effective date of the proposed adverse benefit determination, whichever is later.

If an appeal is submitted to one of the advocacy agencies with a request for APP, they will be responsible for determining the client's eligibility and notifying the provider. Once the provider is informed of the client's APP eligibility, services must continue or resume pending the appeal determination. While it is required that APP be requested by the client in a timely manner, there are times when a client may be eligible for APP even though it has been more than 10 calendar days from the date they received the NOABD. For example, if the provider did not issue the NOABD in a timely manner the client would still qualify for the APP benefit.

Reminder: Use of Interim Folders

Interim Folders are only to be created and utilized for services or documented activities from the client assignment date until the Client Plan Folder is opened and the plan developed. The Interim Folder is not to be used at any other time. An Interim Folder should never be used if a Client Plan folder expires. Its purpose is to only provide a pre-Client Plan folder for holding notes within the first 30 days of admission to the program.

Resources for Assistance with Billing Corrections

When completing Billing Corrections that are required as a result of Medical Record Reviews, QM provides a variety of Billing Correction Tutorials and Guides to assist programs to complete all disallowances/corrections accurately. Please be sure to review the following resources listed below when completing billing corrections. As always, programs may reach out to their assigned QI Specialist with any questions and additional assistance.

- For assistance with Billing Corrections please use the following link to access the Billing Correction Tutorials which will walk through the process step-by-step. <https://sdoh-tres-stage.uhc.com/tres3/public/decisiontree/progressnotes.html>
- Progress Note Correction Resources on the Optum Website > BHS Provider Resources > MHP Documents > Training Tab:
 - Individual Progress Note Corrections for Administrative Staff ([pdf manual](#))
 - Individual Progress Note Corrections for Clinical Staff ([pdf link](#))
 - Group Progress Note Corrections for Clinical Staff ([pdf manual](#))
 - Group Progress Note Corrections for Administrative Staff ([pdf manual](#))
 - Progress Note Corrections for Admin and Clinical Staff ([presentation](#))

QI Matters Frequently Asked Questions

Q. Is there a “rule” regarding the amount of time that can be billed for documentation when completing progress notes?

A. There is no set amount of time that needs to be entered and billed for on your progress notes. The expectation is that the service time, travel time and documentation time for any progress note is claimed accurately to the minute and there is no trend or pattern of services being rounded or “same time” claimed across progress notes. The time billed for service time, travel time or documentation time should be substantiated in the documentation.

Q. When claiming travel time, am I able to claim all time, from the time leaving the office until meeting client and time leaving client to time returning to desk – including time spent walking to/from parking to car or client? Can a clinician claim travel time when using public transportation such as the bus or trolley?

A. Travel time should be calculated based on the time you spend traveling in your vehicle as billing for travel time is solely dedicated to vehicle commute time which is needed to provide a specialty mental health intervention. Time spent walking to/from office or parking cannot be claimed as travel time. Thus, modes of transportation like public transit and walking are not included in billable travel time (Reference: *Travel Time Guidelines Final 2.01.18* found on the Optum Website, under [References Tab](#))

Management Information Systems (MIS)

MIS Questions?

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Cerner Reminder

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Training and Events

A/OA Documentation Training: Monday, **June 21, 2021** from **12:30p – 3:30p** via WebEx. Registration Required.

Support Partners Documentation Training: Wednesday, **June 23, 2021** from **12:30p – 3:30p** via WebEx. Registration required.

Quality Improvement Partners (QIP) Meeting: Tuesday, **June 22, 2021** from **2:00p – 4:00p** via Webex.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

CCBH Training :

- Optum has transitioned to a **fully virtual training format**, thus eliminating travel and allowing for expanded registration.
- Continue to enroll through www.regpacks.com/Optum.

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- Most courses include a video tutorial which orients attendees to training and illustrates successful completion of the practice exercises. Video tutorials are available under the Training tab at: <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff--providers/orgpublicdocs.html>
- The courses which do not yet include a video tutorial offer a 1-hour live Webex instead.
- Attendees contact trainers for support via phone or email as they complete the practice exercises. A screensharing option is also available.
- Once attendee practice exercises are complete and accurate, they are granted access to begin documenting in the live environment.
- Please email sdu_sdtraining@optum.com if you have any questions about the process.

Helpful Tips to Consider Prior to CCBH Training:

- Set up dual monitors to make it simpler to toggle between handouts, a video tutorial, and the CCBH application.
- Review/print the training resources prior to training. The resources are located on the Optum website; click [HERE](#) and then click on the “Training” tab. Please note: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.
- Ensure the computer you will be using for training has the Citrix Receiver installed. If your computer does not have the Citrix Receiver installed, contact your program IT department for assistance.
 - Link to Citrix Receiver for Windows click [HERE](#).
 - Link to Citrix Receiver for Mac click [HERE](#).

Resources and Links

BHS COVID-19 Resources and Links

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