

# Mental Health Services

## Updates

### BHA Updates

As QA begins the initial phase of roll outs to align with CalAIMS Documentation Reform requirements, the updated AOA and CYF Behavioral Health Assessment(s) (BHA) will roll out and “Go Live” in CCBH on 7/22/22. This initial BHA revision will be utilized until we complete the transition to Millennium and are able to develop a new standardized BHA.

The updated BHA will address all required Domains as outlined in DHCS’s BHIN 22-019. The questions in the BHA which correspond to the required domain elements will identify the specific domain to which the question corresponds (“Domain #”) and be left-justified and in ALL CAPS. Any non-essential questions have been indented and will not be capitalized.

Additionally, in order to align with the spirit of CalAIMS initiatives to provide standardized Assessments and reduce redundancy and administrative burden to programs, we have reviewed and consolidated our BHA’s as follows:

- AOA BHA will now be utilized by all AOA Outpatient Programs, START Programs, and Walk-in Clinics.
  - START specific BHA will be inactive as of 7/22/22
  - Walk-in BHA will be inactive as of 7/22/22
- JFS STAT specific BHA will be inactive; JFS STAT will utilize the CYF BHA as of 7/22/22
- CSU, ESU, TBS, PERT, and CYF 0-5 – no changes to BHA/screenings utilized.

Detailed Explanation Sheets are being developed and will be provided to our SOC which provide instructions and helpful guidance to address the documentation requirements as these templates go live.

Please refer to screen shot for an example of how the Domain focused/required questions are identified in the BHA:

### Optum Website Updates MHP Provider Documents

#### Forms Tab:

- BHS Serious Incident Report Form was updated 7/1/22.
- BHS Serious Incident Report Explanation was updated 7/1/22.

#### OPOH Updates:

- OPOH Sections: A, C, D, G, L, and M were updated to reflect the new CalAIM documentation requirements.

#### Peer Support Specialist Tab:

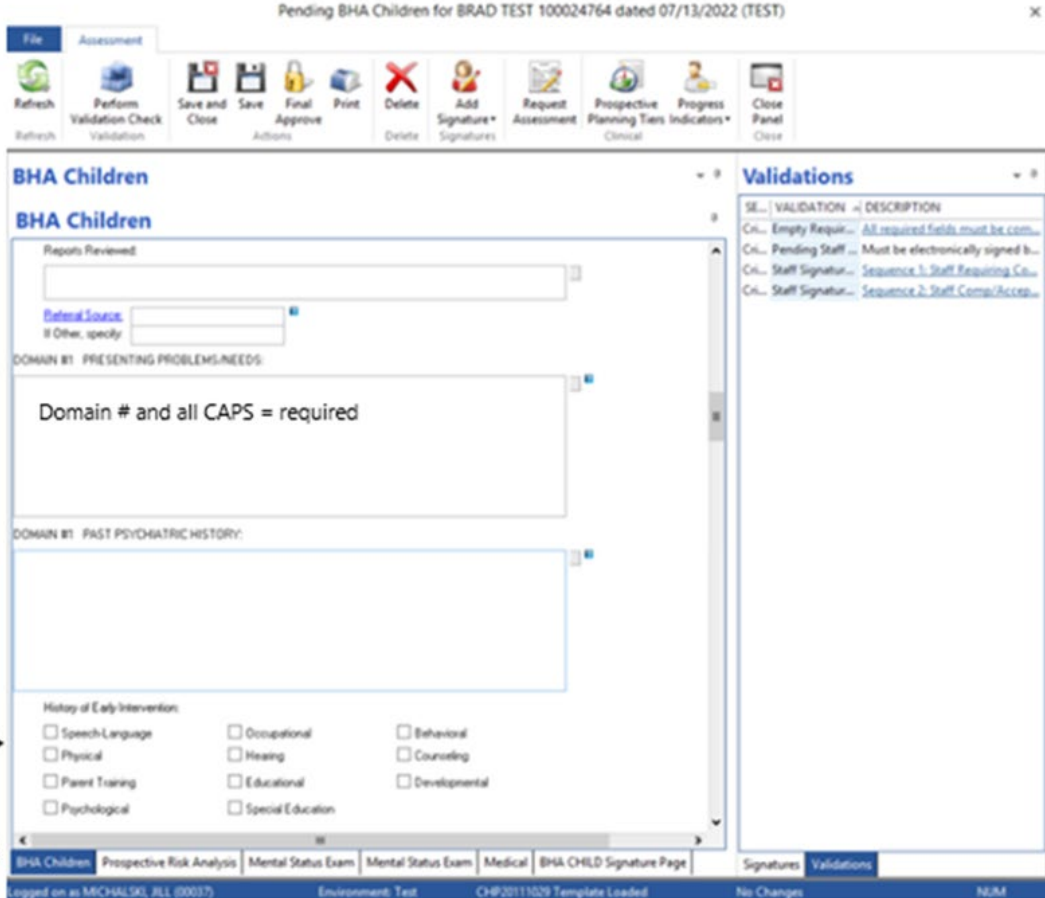
- BHS HPA Peer Support Specialist Services Q and A added 7/6/22.

#### References Tab:

- The FY 22-23 MRR Tool was posted 7/7/22.

#### UCRM Tab:

- UM Request Explanation Sheet was updated 6/22/22
- UM Request Form was updated 6/22/22.



Indented, not all CAPS = not required fields

**Utilization Management (UM) Update: Shift to time-based program-level review**

Effective July 1, 2022, all current and new mental health program admissions will be on a time-based Utilization Management (UM) cycle and reviews will occur within the program level Utilization Management Committee at each program’s identified time-based interval. Session-based UM cycles and COR-level reviews will be sunset as of June 30, 2022. Outpatient programs will all transition to a six-month UM cycle, while STRTPs will continue with a three-month UM cycle.

As outlined in the Organizational Provider Operations Handbook (OPOH), the UM Committee operates at the program level and must include at least one licensed clinician. The UM Committee bases its decisions on whether medical necessity is still present and works with the treating clinician to ensure that the proposed services are set to promote meeting the client’s goals. To assist in its determination, the UM Committee receives a UM Request Authorization form and a new Client Plan which covers the interval for which authorization is requested. Medication only clients are not included in the Utilization Management process as they are subject to medication monitoring. The UM cycle continues to be the timepoint for Client Plan updates and completion of the outcome tools.

The following time-based intervals shall apply to mental health treatment programs:

- Outpatient: 6-month UM cycle
- STRTP: 3-month UM cycle aligned with DHCS 90-day Clinical Review requirement

Utilization Review of Day Treatment Services continues to be delegated to Optum and prior authorization requests shall be submitted according to the timelines outlined in the OPOH.

**Transitioning to a Six-Month Time-Based UM cycle:**

Clients who started services prior to July 1, 2022, will transition to 6-month UM cycle based on their admission date. Clients with a UM due in July 2022 will have up to a 30-day transition period to complete the UM. The following three examples reflect timepoints for transitioning clients to the updated UM cycle:

Example 1: Client opened between 1.1.22 to 6.30.22: Initial UM to be completed within 6 months of admission

- 1.1.22 admission – UM completed by 7.31.22
- 4.1.22 admission – UM completed by 10.1.22

Example 2: Client opened between 7.1.21 to 12.30.21: UM to be completed within 12 months of admission

- 7.1.21 admission – UM completed by 7.31.22
- 10.1.21 admission – UM completed by 10.1.22

Example 3: Client opened between 1.1.21 to 6.30.21: UM to be completed based on 6-month interval from admission

- 1.1.21 admission – UM completed by 7.31.22 (based on the following interval 7.1.21; 1.1.22; 7.1.22)
- 4.1.21 admission – UM completed by 10.1.22 (based on the following intervals 10.1.21; 4.1.22; 10.1.22)
- Although unlikely, any admissions prior to 2021 will follow the same 6-month interval from admission.

**Outcomes and UM Cycle**

In CYF mHOMS, “Assessments Due by Staff” and “Assessment Status Reports” can be used to help determine UM and Assessment schedules for all new clients open on or after July 1, 2022. Please do not use these reports for clients open prior to July 1, 2022, as they will not properly align with the new time-based UM cycle; they are based on assessment dates rather than admission dates. The UM transition will also impact CASRC trainings as documentation is revised to match a 6-month UM cycle. Trainings will be updated to reflect the shifts in FY 22-23. If you need assistance, please contact CASRC at [CYFmHOMS@health.ucsd.edu](mailto:CYFmHOMS@health.ucsd.edu).

**For More Information:**

- Review the updated Organizational Provider Operations Handbook (OPOH)
- Contact your Contracting Officer’s Representative (COR)

**Updated Serious Incident Report SIR/SIROF Form and Explanation Sheets:**

The SIR form has been updated to include the following changes:

- “written and verbal” drop down selection for Type of Notification added
- Time of incident prompt box with “unknown” option check box added
- The SIR Explanation Sheet was updated as of 7/1/22 to include information on how to utilize the drop-down selections

The SIROF form dated 7/7/22 has been updated to include the following changes:

- Questions 5-8 added to Serious Incidents related to an overdose
- The SIROF Explanation Sheet was updated to include this information

The most recent version of the SIR form was posted on Optum as of 7/1/22. The SIROF forms are in the process of being posted on the Optum Website. Programs will need to utilize the updated forms.

### **SIR reporting timelines**

As a reminder, the timelines for reporting a SIR to the SIR line and sending in the report are as follows:

- A Level One Incident is to be called into the SIR Line **immediately** upon knowledge of the incident. A Level Two incident is to be called into the SIR Line within **24hrs** of knowledge of the incident.
- A Level One SIR is to be faxed in within **24 hours** of knowledge of the incident. A Level Two SIR is to be faxed in within **72 hours** of knowledge of the incident
- These timelines include weekends and holidays

### **SIR Report of Findings (SIROF)**

- A Serious Incident Report of Findings (SIROF) shall include a thorough review of the serious incident and the events leading up to the incident as well as all 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.
- 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 by emailing QI Matters to request an extension.
- Due to the CME report taking on average 9 months to complete, programs will now only need to request an SIROF extension every 90 days following your initial 30-day request.

### **County Threshold Languages**

Per Board Policy A-139, Language Access, a review of current federal Census data has determined additional languages now meet the requirements needed to be added to the County's threshold languages. The languages of Somali, Persian (including Farsi, Dari) and Korean have been identified as having a Substantial Number of Limited English-Speaking Persons as defined by the policy.

Please note that beginning July 1, 2022, all County departments and County Contracted Providers should provide language access services in the following languages (a total of 8 Threshold Languages):

- Somali
- Arabic
- Chinese (Mandarin)
- Korean
- Persian (including Farsi, Dari)
- Spanish
- Tagalog (including Filipino)
- Vietnamese

BHS is working to update the versions of all documents that contain the threshold languages. Once this is completed, they will be available on the Optum Website and providers should replace all prior versions in their programs with the most current versions.

### **Update: Timely Access Reporting**

- We are aware of ongoing challenges and barriers with reporting access time data and that that the timely access data is not reflective of the community experience.
- The QA team will be reaching out to programs individually as part of a performance improvement project to get your feedback about processes, barriers, and recommendations for accurately reporting access times at your program.
- This is not related to contract compliance; there will be no corrective action based on feedback provided.
- If you have questions or information you would like to share, please email [QI Matters](#).

Knowledge Sharing

**CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.californiahealthservices.org/calaim). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials (new additions)**

- Communication Materials for Staff
- Communication Materials for People in Care

**CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

**Documentation Guides (new additions)**

- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRs & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

**Training Dashboard (new additions)**

- New option to "Download data" (into an Excel spreadsheet) at the bottom of the webpage

**CalAIM Policies & Procedures and Attestations (new additions)**

- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

**CalAIM Communication Materials for Providers and for People in Care**

CalMHSA recently released two communiques intended for different audiences. [CalAIM Made Easy](#) is a quick resource intended for providers, and it summarizes what CalAIM is, when the changes are slated to happen, and includes an outline of these changes and what providers need to know. Another informational page intended for [individuals in care](#) is available, and it includes a brief description of CalAIM, its goals, and what it means for individuals. The page is also available in [Spanish](#). Both informational documents include links to further resources. Please feel free to distribute within your organizations and at your sites.

**Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification – until July 31, 2022, for legacy applicants**

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination. Individuals who would like to apply for certification scholarship through the legacy process must [fill out the online interest form](#) before July 31, 2022, to be considered. The Q&A page is in the process of being posted on the Optum Website and will contain a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

### **Older Adult Telehealth Performance Improvement Project (PIP)**

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy. In San Diego there was an over 300% increase in teletherapy services (telephone and telehealth) during the pandemic. There is evidence that when face-to-face services are less available, Older Adult clients utilize Teletherapy services less often than younger clients, and when they do access Teletherapy services it often through the use of Telephone based services. Most notably, feedback directly from consumers during an Older Adult Social Isolation and Loneliness Workgroup conducted from 2020-21 revealed that Older Adult clients' reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. Research has also shown that Older Adults have limited access to internet-based services due to low socioeconomic status, internet skills, and acceptance of technology (Hargittal et al., 2018).

The first stakeholder PIP workgroup meeting was held in April with participants from UPAC EMASS, CRF Douglas Young Clinic, Telecare Agewise, and Vista Hill Smart Care, along with two contract monitors. The discussion revolved around the lack of access to technology, the barriers their clients might be experiencing when utilizing telehealth services, along with any recommendations on ways to address these barriers. In May, questions were developed to gather Older Adult's client feedback on telehealth services. Currently, the HSRC PIP team is reaching out to the members of the stakeholder group to work with the programs with developing a timeframe and process that is most conducive for the program to gather their client's feedback. The HSRC PIP team has prepared all the materials for the programs to support collecting the client feedback and will be offering a souvenir pen to client's who participate in providing feedback.

Next steps include:

- Work with the programs to provide materials and guidance to support collecting client feedback.
- Work to schedule the next stakeholder workgroup meeting in July.

### **Therapeutic Support for LGBTQ+ Youth Performance Improvement Project (PIP)**

Researchers from CASRC met with the CYF administration to discuss forming the PIP advisory group and collaborating with inpatient services on this PIP, focused on increasing therapeutic support for youth who identify as sexual and/or gender minorities. The group also discussed options for the first PIP intervention. Additionally, researchers from CASRC continued to analyze data on predictors of rehospitalization and timing of follow-up care for youth who identify as LGBTQ.

### **NOABD review process change**

This process change is primarily internal within QA however programs should be aware of the monitoring processes that have been implemented as a result of our recent Triennial and CAP to the State.

Going forward, QA Specialists will review the ASJ monthly for urgent/emergent and verify the timelines. If outside of the timelines the specialists will verify that a NOABD has been sent within the required timeframe. The specialist will reach out to the program to send in verification. If a program is found out of compliance the specialist will issue a QIP for NOABD.

DHCS is heavily monitoring beneficiary rights, and this is area of increased focus and monitoring. On a quarterly basis the specialists will check routine timelines and verify NOABD's. If continued compliance issues are found, this will result in COR involvement to assist in mitigating issue and support program. Please note there are no changes to the process for program submission; the majority of this process will be conducted internally by QA.

### **Mega Regs/Network Adequacy: System of Care Application (SOC)**

- As part of Network Adequacy requirements (BHIN [22-032](#) and [22-033](#)), providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.

- Providers are required to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers and Program Managers are required to attest to all SOC information **monthly**.
- New hires and transfers are required to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- 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](mailto:sdhelpdesk@optum.com).

### QI Matters Frequently Asked Questions

#### **NOABD Related:**

**Q: How would we submit proof of NOABD was sent?**

A: Copies of NOABD kept in a binder with NOABD log.

#### **ARF Requirement Related:**

**Q: Can you provide the rationale as to why the date of birth/age of our providers is now being collected and where/how it is being used? I have been asked by some of my staff.**

A: DHCS is requesting this information and it will be part of provider data collection.

#### **CCBH Related:**

**Q: Given the recent issues with slowness in Cerner, if the slowness caused notes to be final approved >14 days, will this be a consideration?**

A: No, even with slowness, still able to access CCBH and should be entering notes within timely manner.

#### **CalAIM Related:**

**Q: Do we know which programs/services will require client plans?**

A: Yes, this is outlined in BHIN 22-019; TCM, ICC, IHBS, TFC, and TBS all require the completion of a client plan. QA is currently collaborating with CYF for developing new client plan format that is more user friendly. Deliverables are due Sept 30, 2022.

**Q: Are there any new updates to three-day requirement when notes needs final approval/co-signature?**

A: The Progress Note needs to be entered within 3 days, and the co-signature can be after 3 days as clinically appropriate.

**Q: What is the timeline for the alternative plans? or- Until the client plans are changed to the problem plans- - do we continue opening regular plans? what is the expectation?**

A: Every client requires problem list – separate and distinct from the client plan. Specific service lines require client plans as outlined in BHIN 22-019 and we are working on formatting client plans for those services. We will use the current client plan in the interim of the problem list and new client plans go live – likely in August. The focus is BHA first, then problem list/client plan, then progress notes – all by 9/1/22.

### Management Information Systems (MIS)

Please make sure to enter the correct Zip Codes in the Demographic Form. The Billing Unit reports that errors are escalating. Do not put in “zzzzz” or “Unknown”. This stops claims from going up to the State and the Billing Unit has to correct them manually. And that means each claim for a client must be corrected manually, so if it’s wrong on the Demographic form, and a client has multiple claims, it is a lot of work for them. Please save them time by looking up the Zip Code and entering it correctly.

#### **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](mailto: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](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

### Training and Events

#### **Quality Assurance Trainings**

Audit Leads Practicum: Friday, **August 5, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Children, Youth, and Families (CYF): Friday, **August 12, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Support Partners: Tuesday, **August 16, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

Adult/Older Adult (A/OA): Thursday, **August 18, 2022**, from **12:30pm-3:30pm** via WebEx. *Registration Required.*

Progress Notes Practicum: Thursday, **September 15, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

RCA Documentation Training: Thursday, **September 29, 2022**, from **9:00am-12:00pm** via WebEx. *Registration Required.*

**Quality Improvement Partners (QIP) Meeting:** Tuesday July 26, 2022, from **2:00pm – 4:00pm** via Microsoft Teams.

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.

**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](mailto:QIMatters.hhsa@sdcounty.ca.gov)**





# Mental Health Services



## Updates

### BHA Timeline Requirements

BHA Timeline Requirements have been updated. Programs will now have 60 days to complete, and final approve BHA's in CCBH – date of opening assignment counts as Day 1. Programs will no longer have to complete annual BHA updates, rather BHA's will be required to be updated when clinically appropriate or at minimum, within 3 years of previous assessment by the program.

The 60day/3year timeline is effective 7/1/22 forward, following CalAIM Documentation Reform Requirements (BHIN 22-019).

Additionally, the AOA and CYF BHA's have been updated to reflect the required questions which capture the CalAIM standardized Domain requirements and are now live in CCBH, with form fill versions available on the Optum Website, under the UCRM Tab. Required Domain Questions which are required to be addressed in the BHA are identified by the following:

- Domain #
- Left Justification
- All CAPS

## Knowledge Sharing

### Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month! By September 2022, DHCS requires all County BH Plans to submit mental health services provider data using 274 reporting requirements on a monthly basis. Reporting requirements are still being developed for SUD.
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

### Optum Website Updates MHP Provider Documents

#### **OPOH Tab:**

Section A –

- A.0 – Goal of CalAIM

Section C –

- C.1-3 – No Wrong Door IN

Section D –

- D.1-2 – Updates to timelines for BHA, CP, Problem List and Progress Notes
- D.3 – Long Term Client defined as 60 days
- D.6 – Update to BHA timeline
- D.25 – Update to Timelines
- D.36, D.37, D.48, D.56 – Change to Problem List from Client Plan language

Section L –

- L.1 – addition of Co-Occurring and No Wrong Door Language

#### **UCRM Tab:**

- The Form Fill versions of the AOA BHA and CYF BHA have been added to the UCRM Tab.
- The START, Walk In, and JFS STAT form fill BHA's have been removed from Optum.

### **Mega Regs/Network Adequacy: System of Care Application (SOC)**

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### **Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification**

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### **Older Adult Telehealth Performance Improvement Project (PIP)**

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy. In San Diego there was an over 300% increase in teletherapy services (telephone and telehealth) during the pandemic. There is evidence that when face-to-face services are less available, Older Adult clients utilize Teletherapy services less often than younger clients, and when they do access Teletherapy services it often through the use of Telephone based services. Most notably, feedback directly from consumers during an Older Adult Social Isolation and Loneliness Workgroup conducted from 2020-21 revealed that Older Adult clients' reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. Research has also shown that Older Adults have limited access to internet-based services due to low socioeconomic status, internet skills, and acceptance of technology (Hargittal et al., 2018).

Since the Older Adult's client feedback on telehealth services were finalized, HSRC is currently working with two programs that are collecting the client feedback. One of these programs is also working to translating the client feedback questions to collect information from non-English speaking Older Adult clients. Also in July, the HSRC PIP team conducted a review of other programs and counties who have implemented interventions for barriers with older adults utilizing telehealth services, along with online platforms used by mental health programs for telehealth services. The HSRC PIP team is still calling and reaching out to programs who serve older adults to help collect client feedback on older adult clients and their utilization of telehealth services.

#### **Next steps include:**

- Work with the programs to provide materials and guidance to support collecting client feedback.
- Work to schedule the next stakeholder workgroup meeting.
- Analyze the client feedback information received from programs.

### **Therapeutic Support for LGBTQ+ Youth Performance Improvement Project (PIP)**

Researchers from CASRC met with the CYF administration to discuss forming the PIP advisory group and collaborating with inpatient services on this PIP, focused on increasing therapeutic support for youth who identify as sexual and/or gender minorities. The group also discussed options for the first PIP intervention. Additionally, researchers from CASRC continued to analyze data on predictors of rehospitalization and timing of follow-up care for youth who identify as LGBTQ.

QI Matters Frequently Asked Questions

**BHA – Diagnosis Related:**

**Q: Can the primary diagnosis be a Z-Code?**

A: Z-code Z03.89 may be utilized as a primary diagnosis during the assessment phase and/or ongoing for children/youth under age 18.

**Q: Who can enter/bill Z-codes?**

A: All provider credentials may bill Z-codes. PSS and MHRS may only bill the SDOH Z-codes (Z55 – 65).

**Q: If areas of the BHA does not have Bolded or Domain # listed, is NOT REQUIRED TO be completed?**

A: Only the questions indicated with Domain# and all CAPS need to be completed. The Bold/nonbold is not an indication of a required question. We were unable to change font formatting of bold/nonbold text.

**Q: Can you clarify whether the CRAFT table in the substance use section is required? The table looks bolded, but the text is grey.**

A: It is not required. Only items in ALL CAPS with the Domain# preceding it are required.

**Q: Following the new timelines, does this mean that any annual BHA that is due in August 2022 can now be completed before August 2025?**

A: No, that is incorrect as that would be four years. If the annual was supposed to be due in August 2022 (a year had already passed) so with the new 3-year requirement, the BHA would be due by August 2024. If a new admit opens in August 2022, then the 3-year update would be due by August 2025. The new timelines are effective as of 7/1/22; any BHA updates due after 7/1/22 will follow the new timeline and should be updated as clinically indicated or at a minimum of every 3 years from the previous BHA. BHA's that had required an update *prior* to 7/1/22 would still follow previous 30d/1yr timeline.

**Q: If BHAs are more like living documents and updated when clinically indicated - what is the stance on "cloning" in BHAs. Meaning, can staff just update 1 or more specific sections to the BHA when clinically indicated, or would the entire BHA (all domains) require an update?**

A: Cloning is considered as fraud/waste/abuse. When updating the BHA, you would follow the same clinical standards as previously required – review each section and update as applicable – indicate unit/subunit, date and either “reviewed with edits” or “reviewed without edits”. At minimum the clinical presentation, clinical formulation, MSE and PRA should be updated with new/current information if you are meeting with the client to update the BHA.

**Q: Will we be allowed to have a BHA and psych assessment open at the same time then?**

A: For now, you can only have one open as the BHA didn't change in the actual questions that were being asked.

**Q: Please provide written documents for all these changes.**

A: There will be a memo that goes out with the changes that are being implemented. The QIP minutes will also have all the answers to these questions. Additionally, information has also presented in our UTTMs ongoing and most recently in the July UTTM.

**Q: Could the MIS reports include a new report for client's approaching the 3-year mark?**

A: This request was taken to our PAC meeting on Thurs 7/28/22. MIS will update the MIS38 report to include a column for tracking 3 yr. date.

**Q: Is the SC10 note for the BHA still expected to be completed w/in 3 days of service even though we now have 60 days to complete the full BHA?**

A: Yes, a PN must be completed w/in 3 days of a service; however, you can continue to include doc time for BHA in following PN/service – you would just need to indicate additional time for doc of BHA.

**Q: Is template for MD psych assessment changing too?**

A: No changes to Psych Assessment, current remains “as-is”.

**Q: When will the new BHA roll out? When we transition to Millennium?**

A: The BHA that rolled out in CCBH on 7/22/22 is the “new” BHA. We will be developing a new template/BHA for Millennium and will be setting up work groups to include provider feedback an input.

**Q: It used to be that every time you update a BHA, you need to complete a new HRA. Is the HRA needed for the initial FA?**

A: There is no HRA in the BHA. The PRA is part of the BHA and must be completed as part of the BHA in order to be considered a complete assessment before final approval.

**Q: If we are completing a re-assessment due to a significant change/clinically indicated, can we just update that section of the BHA or do we have to update the entire BHA?**

A: The expectation is that all areas which need updating are addressed. Clinical standards re: completing an update or reassessment have not changed; all sections of the BHA should be reviewed and indicated as “reviewed with edits” or “reviewed without edits” and include unit/subunit and date.

**Q: What do you recommend for discharge summaries and billing for doc time to complete them? For discharging there would be no other point of contact to capture the doc time at a later time?**

A: Nothing has changed with discharge summaries. If you are able to meet with the client prior to discharge in a face-to-face session, you may bill the documentation time for the discharge summary.

**Problem List/Client Plan Related:**

**Q: Should we still continue updating and renewing client plans until this rolls out? or is there permission to stop doing them now? Optum has told us to stop signing staff up for those trainings?**

A: You must update as necessary until the problem list rolls out. Optum has not advised providers to stop signing up for CPPN trainings, they are providing a notice to review if your program will require use of CP's in order to ensure staff are taking the appropriate trainings going forward.

**Q: Is the problem list supposed to be completed/updated with the client?**

A: Items should be added/ended on the problem list as they are identified by the provider and the beneficiary and/or significant support person on an ongoing basis to reflect the current presentation of the beneficiary.

**Q: How often do we update the problem list? For example, if a client/family shows improvement in a Z code impairment, we update the problem list as clinically indicated I assume. Will the problem list at a minimum be required to be completed at intake and discharge?**

A: The updates would be expected/required as there are new problems introduced or ones that no longer apply.

**Q: Do we need to obtain signatures from client/family for the problem list?**

A: The Problem List does not require client/family signatures.

**Q: Are the only Z codes shown on the Problem List the only ones that can be added? What if we wanted to add one that is not included here?**

A: The available/applicable Z-codes were identified by CalMHSA in conjunction with DHCS.

**Q: Is this a document that is "living" i.e., we don't final approve it? or does it get final approved each time you touch it?**

A: The Problem List is considered a "living document" in that the expectation is that it will be updated anytime a new problem is identified or determined to be resolved by the provider, beneficiary and/or their significant support person. It is required to be signed and final approved with each update.

**Q: Will all this information regarding the problem list be in the CalMHSA LMS trainings ?**

A: Yes, CalMHSA provides a Problem List Training as part of their LMS Trainings.

**Q: For walk ins, screenings can we still use a LSL?**

A: Yes, LSL (Limited Service Log) are still to be utilized for walk-in screenings.

**Q: Will STRTP's be required to complete treatment plans in progress notes, in addition to the client plan and problem list?**

A: This is being addressed by DHCS in a FAQ which is pending.

**Q: Will we still need to add interventions to the client plans? What about to the problem lists?**

A: Only the intervention(s) which require a client plan will need to be added to the client plan, you will not need to add any other interventions/service codes. The problem list does not include any interventions. Please refer to BHIN 22-019 for problem list requirements.

**Q: In the current client plan, is it still a requirement to complete the narrative section for each intervention?**

A: You will need to include only the Intervention(s) that require the use of a client plan (ICC, IHBS, TFC, TBS). We are currently working on revising the Client Plan format and narrative requirements— more to come when the revised Client Plans and Problem List templates roll out 8/15/22.

**Q: Will the timeline for the client plans and problem lists be the same 60 days/3 years as BHA's, or will they be different?**

A: The BHA timelines do not impact Client Plans – only programs that will need to complete a client plan are those providing services which require the CP (ICC, IHBS, TBS, TFC).

**Q: Just want to confirm: a client will need a problem list even if your program requires the client plan?**

A: Yes, a Problem List is required for ALL clients, regardless of whether your program also requires a client plan.

**Q: Will STRTPs will have to do CP's treatment plan, AND problem list?**

A: Yes, STRTPs will still require use of a client plan and will also need to include the Problem List.

**Q: Can you clarify why most children's programs are still going to have to do client plan?**

A: Programs that provide ICC, IHBS, TBS or TFC services are required to have a client plan.

**Q: After the Problem List is implemented, do we still have access to view old client plans? Or will they be erased?**

A: Existing client plans will remain in CCBH and will not be removed at this time.

**Q: Does the diagnosis form need to be final approved to populate a problem list? do we do dx form and problem list? or does the problem list replace the dx form?**

A: Yes, the Diagnosis form is still required, it would need to be completed/final approved first, in order to prepopulate into the Problem List.

**Q: What if we are a Specialty Mental Health Program and we are not providing ICC services to a client, will we still need to complete a client plan in addition to problem list?**

A: No, if your program does not provide ICC or IHBS services, you will not complete a client plan. You will be expected to have TCM and/or Peer Services documented in a Progress Note plan.

**Progress Note Related:**

**Q: Do we change to 802 notes past 14 days still?**

A: No, the 14-day timeline is no longer in effect/no longer exists. There is no recoupment for notes F/A past 14 days. You do not need to make them nonbillable. This is no longer monitored as a compliance concern. There is no mark out or disallowance.

**Q: Can you review the 3-day requirement? Does that apply to entering and saving the note in CCBH or to the final approved date?**

A: The progress note must be entered into CCBH and completed in full within 3 days. If a co-signature is required, the expectation is that it will be co-signed/final approved within a reasonable time frame. The 3-day requirement is not a reason for recoupment and would not result in disallowance or require use of a nonbillable service code. Currently this is a survey question on our MRR tool, any mark out of compliance would not impact your MRR score.

**Q: What will the 800 codes be used for going forward?**

A: The 800 codes will be used primarily for instances relate to fraud/waste/abuse.

**Q: Would we use nonbillable at all? like if the CP is expired?**

A: An expired or missing client plan is no longer reason for recoupment and would not require use of a nonbillable 800 code

**Q: Can we still use 815s?**

A: There has been no change to the use of 815s. They may continue to be utilized following the same criteria as previously allowed.

**Other Frequently Asked Questions:**

**Q: When will we find out if MHRS staff need to be cosigned by a licensed staff?**

A: At this time, continue to follow current guidelines, MHRS currently do require co-signature, which is important to continue.

**Q: Question about the new attestation tool for MRR - Do we document trends and patterns from the whole tool or just they hybrid missing items?**

A: You only need to add comments where applicable for missing items or if there is relevant information you wish to provide related to the hybrid items.

**Q: The hybrid documents should be included for all 10 charts, correct?**

A: That is correct, you will review/attest and provide requested documents for all charts in your review.

**Q: Will the demographic form still require annual updates?**

A: Demographic Form timelines have not changed, the Demographic Form is required to be updated when there is a change to information, or at minimum annually.

**Q: Will the CANS and PSC requirements also follow suit with new BHA timeframes? And will there be any changes with these measures...especially the PSCs where the wording is outdated?**

A: The BHA timelines do not change/impact Outcome Measure requirements/timelines.

**Q: To participate in the trainings, where do we sign up?**

A: The trainings are provided by CalMHSA and you would register via their website. Information and links were provided in the July 2022 MH UTTM. Once on the CalMHSA website, go to the CalAIM tab and you will see documentation guides and below, a link to the CalMHSA LMS Instructions to register you and your staff for trainings. The guide has step-by-step instructions including screenshots to make it an easy process to register and then to sign up for the classes. [CalMSHA.org](https://www.calmsa.org).

**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](mailto:MISHelpDesk.HHSA@sdcounty.ca.gov)

**Cerner Reminder**

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**Training and Events**

**CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmsa.org\)](https://www.calmsa.org). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials (new additions)**

- Communication Materials for Staff
- Communication Materials for People in Care



[CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard](#)

**Documentation Guides** (*new additions*)

- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

**Training Dashboard** (*new additions*)

- New option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

[CalAIM Policies & Procedures and Attestations](#) (*new additions*)

- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

**Quality Assurance Trainings**

Children, Youth, and Families (CYF): Friday, **August 12, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Support Partners: Tuesday, **August 16, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

Adult/Older Adult (A/OA): Thursday, **August 18, 2022**, from **12:30pm-3:30pm** via WebEx. *Registration Required.*

Progress Notes Practicum: Thursday, **September 15, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

RCA Documentation Training: Thursday, **September 29, 2022**, from **9:00am-12:00pm** via WebEx. *Registration Required.*

**Quality Improvement Partners (QIP) Meeting**: Tuesday August 23, 2022, from **2:00pm – 4:00pm** via Microsoft Teams.

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.

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

#### **Changes to Progress Notes Once Final Approved**

Changes to progress note narratives and/or information that does *not* impact billing once a progress note has been final approved should be indicated via an addendum entered in a never billable note dated for the same date of service as the note in question. Changing information in a progress note narrative once it has been final approved risks the integrity of the information and could be cause for concern of potential fraud. Only errors which would impact billing would be considered allowable reasons to “re-open” a progress note for correction and must first be approved by Optum and/or QI Matters.

For paper progress notes stored in hybrid charts, incorrect information is to be lined through, dated, and initialed. If there is a need for an addendum, it may be added using the Never Billable Progress Note form fill, which should be filed behind the original progress note.

#### **DHCS has released the CalAIM Behavioral Health Initiative**

**FAQ**, which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.

#### **Office Hours**

We would like to introduce our new, ongoing virtual **Office Hours** to our providers. Each session will be hosted by two of our Quality Assurance Specialists and will usually be held twice a week on Tuesdays, from 9 am to 10 am, and Thursday, from 3 pm to 4 pm, unless we have an event/training scheduling conflict or during County of San Diego observed holidays.

**Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

#### **Optum Website Updates** **MHP Provider Documents**

##### **OPOH Section L:**

- Addition of Co-Occurring and No Wrong Door Language.

##### **OPOH Section H:**

- Update of PIT email address to HPA address.

#### **Case Management - Peer Support** **MHSA CP Explanation Sheet**

- Updated to include Peer Support Specialist as able to complete plan
- Updated to include Peer Support Plan must be completed prior to providing Peer Support Services

#### **Demographic Form**

- The updated Demographic Form has been added to the Optum Website under the UCRM tab.

**September 2022 Office Hours:**

- Tuesday, 9/6/2022, 9 am to 10 am:  
[Click here to join the meeting](#)
- Thursday, 9/8/2022, 3 pm to 4 pm:  
[Click here to join the meeting](#)
- Tuesday, 9/20/2022, 9 am to 10 am:  
[Click here to join the meeting](#)
- Thursday, 9/22/2022, 3 pm to 4 pm:  
[Click here to join the meeting](#)
- Tuesday, 9/27/2022, 9 am to 10 am:  
[Click here to join the meeting](#)
- Thursday, 9/29/2022, 3 pm to 4 pm:  
[Click here to join the meeting](#)

**Important! Reporting Demographic Form Data for Gender Resulting in Billing Errors**

MHBU has encountered more than the usual denials from the State due to the gender of the client on the demographic form not matching data within MEDs or on the client's Medi-Cal card. When completing or updating the Demographic Form, if a client identifies as other than their assigned gender at birth or as noted on their Medi-Cal Card and an option other than "Male" or "Female" is selected on the Demographic Form, programs will need to enter the legal gender which matches the State's MEDs database on the 3<sup>rd</sup> Party Coverage Menu for billing to the State in order for the service to be reimbursed. Unfortunately, the MEDs database only identifies Male or Female, if the entry in the Demographic Form does not match, this will result in a denial and MHBU must replace the service which creates increased workload and risks denials or delays in reimbursement for rendered services, therefore the 3<sup>rd</sup> Party Coverage must be completed and submitted with the legal/assigned gender at birth.

Please note, programs are reminded that they should not make any changes to gender, date of birth, SSN and/or CIN on the client's demographic form – programs should complete a Form A and submit to County Medical Records (HIMS) to update.

**Demographic Form Update**

The Demographic Form has been updated to include two additional options when selecting Race. Providers may now offer/select 1-Middle Eastern Other and/or 2-North African Other when completing the demographic form. This has been updated both in CCBH and on the Form Fill available on the Optum Website in MHP Documents in the UCRM Tab.

**Update: CA Managed Care Plans (MCP)**

- DHCS announced changes to its Managed Care Plans (MCP) this week.
- Effective 1/2024, the MCP's will change from 7 plans to 3 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 16 months, DHCS will develop a transition plan ensuring no client lapses.
- This change will reduce the number of MCP's programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.

New: CalMHSA Trainings for MHP for CalAIM

- All clinical registered CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered users are required to complete the following CalMHSA trainings:
  - CalAIM Overview
  - Screening
  - Assessment
  - Transition of Care Tool
  - Diagnosis & Problem List
  - Progress Notes
  - Discharge Planning
  - Access to Service
  - Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

**Knowledge Sharing**

**MRR Billing Corrections Reminder:**

Programs are reminded that any billing corrections which are identified in their Medical Record Review are required to be reviewed and completed within a timely manner to ensure successful completion of their fiscal year MRR requirements. Initial billing corrections should be completed and copies of the Billing Summary Sheets, with the program required section completed, along with any Void/Replace Request forms sent to MHBU are required to be submitted to the assigned QA Specialist who provided the program MRR **within 10 business days** of receipt of the final MRR Report.

Your assigned QA Specialist will follow up at the time of your 3-month QIP (if applicable) and/or as needed throughout the fiscal year regarding the status of any outstanding billing corrections, however the expectation is that programs will continue to monitor, complete, and submit any pending/outstanding billing corrections in a timely manner in order for all billing corrections to be adjudicated by the close of the fiscal year.

**Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders**

- Don't forget to attest to your profile in the SOC application this month! By September 2022, DHCS requires all County BH Plans to submit mental health services provider data using 274 reporting requirements on a monthly basis. Reporting requirements are still being developed for SUD.
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

**Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification**

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Remember to complete your certification application on [CAPeerCertification.org](http://CAPeerCertification.org) for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

CalMHSA has released a [guide](#) to help prepare certification applicants for taking the Medi-Cal Peer Support Specialist certification exam. It includes test taking strategies, knowledge to be tested, and examples of test questions. Please note: the guide is meant to help applicants prepare for the exam by highlighting what to expect and is not intended to be used as study material.

### **Please welcome our new QI Specialists!**

Brianna Gilbert is a Licensed Professional Clinical Counselor who has experience in both the AOA and CYF System of Care. Brianna joins us from Optum where she worked as a Clinical Care Advocate on the SUD side of Utilization Management. Brianna also worked in Wraparound holding various roles as a Clinician, QA Supervisor and Regional Supervisor. Brianna's clinical focus has been on crisis intervention and working with severe mental illness where she has also held clinical roles as a mental health clinician for higher level of care residential facilities, crisis house, and community-based outpatient programs. Brianna also brings experience serving as an ERMHS therapist to youth in a Charter school setting. Brianna is a Southern California native who enjoys outdoor activities such as running, hiking, skateboarding, beach volleyball, snowboarding and going to the beach. Brianna loves to travel having mostly recently ventured to Hawaii, Tahiti, New Zealand, Germany, and Austria. Brianna also became a mama this year to her 4-month-old daughter and 10-month-old goldendoodle.

Krystal is a first generation to college Latina who was born and raised in San Diego, CA. Krystal has her degree in Psychology from SDSU and her MSW from USC. Krystal's work experiences vary across the life span from 0-5 programs to working with the elderly as a clinical case manager at TBS, Bilingual Therapist at MHS, FHCS, and in Washington State and more recently, as a Clinical Supervisor at SDYS. Krystal enjoys listening to a variation of music such as Low-fi beats, Salsa, Bachata, Banda, Cumbias, Oldies, 90 & Early 2000s Hip Hop and Christmas music while at work to get her flow going. When not at work, Krystal loves hanging out with her family and friends. You can catch her on the weekend going to different, local coffeeshops, surfing the web for new food recipes, and dreaming of/planning her next travel destination.

### **Management Information Systems (MIS)**

Changes to ARF for requesting accounts to CCBH – encourage providers to go to Regpack site and download the most current ARF – now has included paragraph re: client plan training requirements vs problem list/progress notes.

New variables for referred to/referred from including ASJ, Screening,  
This is part of CalAIM BHQIP requirement to track referrals to/from MCP – MHP, please be aware when completing forms.

### **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](mailto:MISHelpDesk.HHSA@sdcounty.ca.gov)

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**QI Matters Frequently Asked Questions**

**Q: When will we find out if MHRS staff need to be cosigned by a licensed staff?**

A: At this time, continue to follow current guidelines, MHRS currently do require co-signature, which is important to continue.

**Addendum to August UTTM:** It is important to specify that MHRS's require co-signature by a licensed staff in the AOA system of care for BHA's, Client Plan's, and Discharge Summaries. MHRS's require co-signature by a licensed staff in the CYF system of care for Client Plan's.

**Q: It seems like many of the new CalAIM updates do not apply to STRTPs. Is this accurate?**

A: Yes, unfortunately many of the STRTP regulations are not superseded by the new CalAIM changes; However, we are working with CYF and there may be some changes forthcoming.

**Q: Are timelines for CANS/PSCs going to change? Can we now turn them in within 60 days of intake/UM? Are programs still required to submit the PWB progress report in 30 days or in 60 days?**

A: These requirements have not changed. DHCS has not made any updates to these timelines.

**Q: Can a new CCBH report be created for progress note timeliness tied to business days instead of calendar days?**

A: This will go to MIS for consideration.

**Q: Is there a way to be able to get prints-outs from the information on CalAIM training? I did the training and there was a LOT of information but no way to print that I could find.**

A: There are webinars linked to the trainings which can be downloaded/printed out.

**Q: For STRTP's will the problem list be relevant due to the fact we are still are required to use client plans?**

A: Yes, ALL clients in all programs are required to have a Problem List. The Problem List is not in lieu of a client plan, it is a separate document required regardless of whether or not a client plan is needed.

**Q: When a Z-code is added or removed, does an update to the BHA need to take place?**

A: The BHA continues to be viewed as a "living document" and should be updated as clinically relevant/appropriate.

**Q: For the problem list - does a Diagnosis Form have to be final approved to populate diagnoses into the problem list?**

A: Yes, the Diagnosis Form must be final approved in order to prepopulate into the Problem List.

**Q: For Problem List Dates: When this goes into effect Friday 8/26 should be we adding these Z-codes and SDOH codes for as of the intake date, or as of the date of the onset of that Problem List?**

A: The begin date for Z-codes added to the problem list should align with when they were identified/added.

**Q: Is a Diagnosis Form still required at intake?**

A: Yes, this requirement has not changed. The Diagnosis Form is required at intake and must be final approved in order to prepopulate into the Problem List.

**Q: The memo stated that we have time to transition all clients to problem list (by 10/15/22). Now that we are required to have a treatment plan for TCM and PSS documented within the specific note template, will there be a grace period for when these treatment plans be completed and final approved?**

A: Yes, we will allow a grace period for the development of the TCM/PSS plan note – however the suggestion is that it should be completed at the next session with the client; expectation is that the TCM/PSS plan note will be completed by 10/15/22 in line with the Problem List deadline/ending of the client plan.

**Q: Does a children's program who occasionally provides ICC and IHBS services need to create a Client Plan for all clients or just for those clients who receive ICC and/or IHBS?**

A: The client plan is only required for those clients receiving ICC/IHBS services.

**Q: Can we bill for Problem Lists?**

A: No, this is not a billable service.

**Q: For clients that don't require a client plan, will we need a signature page for the problem list? Or for a LSL plan?**

A: Client plans no longer require a signature and problem lists do not require a signature.

**Q: Do you know how it will work for when we do a UM update of client plan for clients who are currently open and have an original client plan under the old format (aka all tiers)? Do we only update the remaining needed tiers?**

A: You will begin using the new template and update tiers as clinically appropriate.

**Q: Will clinicians need to get signatures for the closing of the CPs?**

A: No, signatures are no longer required.

**Q: For existing clients who are being transitioned to a problem list, are we required to have fact to face contact to update them to a problem list?**

A: The expectation is that the problems identified on the Problem List are done so in collaboration with the client. It should be reviewed with eth client.

**Q: Are we using Interim folder or LSL to attach notes? I believe the previous AOA doc training mentioned LSL.**

A: The LSL should be utilized for notes.

**Q: How often does the problem list need to be updated?**

A: The problem list should be updated as clinically appropriate when identifying new problems, resolving problems.



**Q: Since we are no longer adding medication and therapy codes to client plans, would we need to update clinical formulation of BHA to update the plan of care?**

A: The BHA should be updated as clinically appropriate

**Q: On the client plan, if a youth receives ICC and case management, would we need to add both ICC and TCM as interventions on the client plan?**

A: No, you will only document services requiring a client plan on the client plan – ICC, IHBS, TBS, TFC, STRTP, START; TCM would require documentation in the TCM/PSS/MHSA plan note.

**Q: Do we need to document in a note the client agreement with the client plan and/or problem list?**

A: Yes, your progress note should indicate collaboration with the client and agreement by the client.

**Q: For the Objective tier of the Client Plan, do we need to explain how an intervention will be used similar to the current intervention narrative or merely indicate which intervention(s) will be used to support the youth with each objective?**

A: Your interventions will be documented in the Objective, including description of how the interventions will support the client plan goals and behavioral health needs. The explanation sheet will have additional details.

**Q: Does frequency and duration need to be specified in the objective tier narrative?**

A: No, frequency/duration are no longer required.

**Q: Do case manager have to complete the Case Mngt/PSS/MHSA Plan upon first meeting with the client THEN completing the General Progress Note for subsequent sessions thereafter?**

A: The CM/PSS/MHSA plan note is utilized when completing the TCM/PSS plan, then the General PN is utilized.

**Q: For existing clients that already have a written client plan with TCM, and PSS codes already included, do they still need to complete the Progress note client plan?**

A: Yes, TCM/PSS require the plan note.

**Q: Will CYF client plans be shared between programs that require a client plan?**

A: Yes.

**Q: Regarding the three-day final approval rule, if someone provided a service on a Monday, would the state expect the note be final approved by Thursday? or would they count day 1 as date of service and so it is due Wednesday?**

A: Date of service is Day 1; the note should be final approved by Wednesday.

**Q: For progress notes that are crisis related and are to be final approved within 24 hours, can you please clarify if this pertains to a particular billing code?**

A: This pertains to START program notes and SC70s provided by OP programs.

**Q: For TBS, would the TCM/PSS/CP progress note be completed along with the Client Plan?**

A: The TCM plan note would be completed if TCM or PSS services were to be provided.

**Q: Would this TCM/PSS/CP note be completed by any provider who will be providing the service (i.e.: case manager or PP, or clinician, or all)?**

A: The TCM/PSS plan note may be completed by any provider within their scope of practice

**Q: Service code for this has to be SC 50 or rehab code, or any other SC such as individual or family?**

A: TCM services would be SC50.

**Q: Would it be okay if the "goal of service" was just around the purpose of the visit that day of what the client wanted to accomplish that day, or does it need to be bigger picture goal? we have a shared caseload so a peer for example may just be one staff who happens to see the client for a visit that week.**

A: The goal of service would be the overall "big picture" goal that is the focus of treatment.

**Q: The Case Manager will complete the Case Mngt/PSS/MHSA Plan Note at initial session. Will they need to complete this note again during treatment if goals change or just when they are completing services to identify the transition plan?**

A: The CM/PSS plan note is required to be updated annually – and clinically appropriate

**Q: Would we bill using an SC13 for the CM/PSS/MHSA Plan PN since it's a "client plan note"?**

A: You will bill for the intended service – if the intent/focus of the service is to review/develop the plan, then you should bill SC13, if the intended service is a case management service and discussion of treatment goals is included to develop the plan, you may bill SC50.

**Q: If we start adding interventions and goals as treatment proceeds, we will put it in general progress notes or do we need to continue to make a new CM/PSS/MHSA Plan PN.**

A: If you are making changes to the focus of TCM goals/plan, you would want to update the CM/PSS plan note.

**Q: Can multiple areas that needed to be addressed be in 1 TCM PN?**

A: you may identify areas that will be addressed via case management in one TCM PN

**Q: Can we still keep the intervention and objective narratives separate in the client plan rather than combining them (as described in most recent info notice dated 8/15/2022), or would we be marked out of compliance?**

A: You will be required to utilize and follow the prompts/requirements of the updated client plan template.

**Q: For UM's going forward, we just do the UM form and update outcomes, but not revise the client plan? (unless they are receiving ICC) (asking for a CYF program)**

A: If the client is not receiving services that require a client plan, you would not have a client plan to update, however you will still need to complete the UM form and Outcome Measures at 6months. If there is an active client plan, then you would update the client plan.

**Q: Are there still WRAP client plans?**

A: This is no longer a WRAP specific client plan, if you are providing ICC, IHBS then you would add that to a CYF plan.

**Q: Will CYF client plans be shared between programs that require a client plan?**

A: If both programs are providing ICC services, then yes, the plan can be shared, and programs should ensure no duplication of services.

**Q: If a client is receiving medication services, do they still need to be on the client plan.**

A: Medication services are no longer required to be on a client plan. This could be reflected in the proposed services in the BHA – if added medication services for existing client, this would clinically warrant an update to the BHA.

**Q: Although the client response is included in the progress note template, we are not required to complete this section, right?**

A: You would be required to complete the note as a whole.

**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](mailto:QIMatters.hhsa@sdcounty.ca.gov)**



## Mental Health Services



### Updates

#### **Mental Health Diagnosis Updates in CCBH:**

CMS released new Diagnosis Code changes effective 10/1/2022; the list can be accessed via CMS here: [2023 ICD-10-CM | CMS](#). These codes are to be used for client encounters occurring from October 1, 2022 through September 20, 2023. **Diagnosis Code F43.8 Other Reactions to Severe Stress was changed to F43.89 Other Reactions to Severe Stress and F43.81 Prolonged Grief Disorder was also added.**

#### **Medicare/Medi-Medi Client Plan Requirements:**

Client plan requirements for Medicare and Medi-Medi clients continue to remain in effect due to applicable federal regulations/guidance and have not been superseded by the CalAIM documentation reforms. Medicare standards for client plans remain as follows:

Individualized Treatment Plan: Services must be prescribed by a physician and provided under an individualized written plan of treatment established by a physician after any needed consultation with appropriate staff members. The plan must store the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. (A plan is not required if only a few brief services will be furnished.) (CMS Publication 100-02. Medicare Benefit Policy Manual. Chapter 6. Section 70.1).

#### **Client Plan Folders vs Limited Service Logs:**

Programs that require a client plan for specified services (IHBS, ICC, TBS, TFC, STRTP) should continue to utilize a client plan folder and do not need to open a Limited Service Log. Only those programs/service lines that do not require a client plan will need to open a Limited Service Log in order to hold their progress notes. This information has been updated on the Client Plan Explanation Sheet and uploaded to the Optum Website.

#### **Corrections to the Client Plan Explanation Sheet:**

The Client Plan Explanation Sheet has been updated to remove instructions regarding the requirement of signatures for client plans; this requirement was removed as part of the CalAIM documentation reform (BHIN 22-019). Additional language updates were made to further clarify client plan requirements for Medicare beneficiaries and the use of client plan folders vs limited service logs for clients requiring a client plan. The updated Explanation Sheet has been uploaded to the Optum Website.

### **Optum Website Updates** **MHP Provider Documents**

#### **UCRM Tab:**

- The Case Management-Peer Support CP PN Form-Fill has been posted.
- The Case Management-Peer Support MHSA CP Explanation Sheet has been posted.
- The General Progress Note Explanation Sheet has been posted.
- The Client Plan Form-Fill version has been posted.
- The Client Plan Explanation Sheet has been posted.

#### **UTTM Tab:**

- The FY 21-22 Combined UTTM PDF has been posted.

**Certified Peer Support Specialist Certification Exam:**

- CalMHSA, in partnership with DHCS, is releasing the initial administration of the Medi-Cal Peer Support Specialist Examination. The initial administration of the exam is for *early test takers* who met certification requirements and elected to participate in the initial administration phase of the exam between **September 23 – October 14, 2022.**
- The Certification Exam will be made available for ALL test takers starting **December 2022.** For more information on the exam, please refer to the [Preparation Guide](#).

**Errors with the Problem List:**

Some providers have reported issues when attempting to create their problem list. QA has consulted with MIS and the direction is to open a new diagnosis form. Providers should review all diagnoses, update as appropriate, enter a comment in the box regarding the reason for the update (i.e., Diagnosis Form update being completed administratively in order to create the problem list), Final Approve it, and then hit refresh. This should resolve the issue. Note: It is important to refresh in order for the update to fix the error!

**Knowledge Sharing**

**CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](#). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials (new additions)**

- Communication Materials for Staff
- Communication Materials for People in Care

**CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

**Documentation Guides (new additions)**

- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

**Training Dashboard (new additions)**

- New option to "Download data" (into an Excel spreadsheet) at the bottom of the webpage

**CalAIM Policies & Procedures and Attestations (new additions)**

- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#), which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.

**Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders**

- As part of Network Adequacy requirements (BHIN [22-032](#) and [22-033](#)), providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- Providers are required to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers and Program Managers are required to attest to all SOC information **monthly**.
- New hires and transfers are required to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- 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](mailto:sdhelpdesk@optum.com).

**Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification**

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Kindly note the extended **application deadline** for certification is **November 30, 2022**. Remember to complete your certification application on [CAPEerCertification.org](http://CAPEerCertification.org) for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

**Management Information Systems (MIS)**

**New ARF and new addresses:**

New ARF's are available now on the Optum's RegPacks site: [www.regpack.com/reg/optum](http://www.regpack.com/reg/optum)

Please download and use these ARFs immediately. We will be denying any ARFs not current after 11/1/22. The new ARFs have information on them for the Certified Peer Support Specialists. If you have a staff who has been certified by the State, please select the correct Credential from the drop-down menu:

**CREDENTIAL AND CERTIFICATION INFORMATION** (Select one option and provide licensi

Administrative Staff

Unlicensed Clinical Staff: Select for Unlicensed Staff

Program Manager attests to Use

Licensed Clinical Staff: S

License or Registration #:

NPI #:

If User is a Medical certified pro

Next, you must click the checkbox below and enter the Program Manager's name to attest that the staff is Certified:

**CREDENTIAL AND CERTIFICATION INFORMATION** (Select one option and provide licensing information as appropriate.)

Administrative Staff

Unlicensed Clinical Staff: Select for Unlicensed Staff

Program Manager attests to User's Peer Support Certification  Program Manager Name:

**New Addresses beginning 11/1/22:**

We have new addresses. On 11/1/22, a new ARF will be available on the RegPacks with our new email for submissions:

[MHEHRAccessRequest.HHSA@sdcounty.ca.gov](mailto:MHEHRAccessRequest.HHSA@sdcounty.ca.gov)

**Our new Help Desk email is:**

[MHEHRSupport.HHSA@sdcounty.ca.gov](mailto:MHEHRSupport.HHSA@sdcounty.ca.gov)

**All emails sent to the old addresses will not go through.** Please make note of these addresses and inform all staff.  
Thank you!

**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](mailto: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](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

**Training and Events**

**Quality Improvement Partners (QIP) Meeting:** Tuesday October 25, 2022, from **2:00pm – 4:00pm** via Microsoft Teams. 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.

**Office Hours**

Please see the schedule below for the October 2022 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7

**business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

**October 2022 Office Hours:**

- Thursday, 10/13/2022, 3 pm to 4 pm: [Click here to join the meeting](#)
- Tuesday, 10/18/2022, 9 am to 10 am: [Click here to join the meeting](#)
- Thursday, 10/27/2022, 3 pm to 4 pm: [Click here to join the meeting](#)

**QI Matters Frequently Asked Questions**

**Q: Would it be double dipping/ duplicating services if a client is meeting for employment services both here (AOP clinic) and at a clubhouse?**

A: Clubhouses do not bill Medi-Cal so this would not be considered duplication of services with Medi-Cal. You would still want to coordinate care however with the Clubhouse to ensure the best clinical care for the client.

**Q: I have a client who I opened on 8/24. Client has had 3 no shows and I have not been able to provide any service since opening, other than 2-3 collaterals with parents attempting to engage client, with no success. Can I discharge without doing a discharge summary in this scenario?**

A: Yes, a discharge summary is not required to be completed as the client received fewer than five services. Please keep in mind that as this is a termination of services, you still need to issue the termination notice NOABD which requires a 10-day notice be issued to the client's last known address prior to the closure of services.

**Q: For clients receiving case management services, is there a date that the CM CP note needs to be in CCBH by? And if a client receives a SC 50 service between now and that date, and we do not have a CM CP note yet completed, will we still be considered out of compliance?**

A: The expectation is that the Case Management Client Plan note is completed at the next contact with the client for existing clients, and during treatment planning or when case management is added for new clients.

**Q: Are we no longer putting the Z codes on the DX forms? And only putting them on the Problem list?**

A: You may continue to provide MH Z-codes in the Diagnosis form

**Q: If we have already put a Z code on the DX form and it shows up on the problem list to be checked, do we need to check it there as well?**

A: The Z-codes that are included as selections on the Problem List are the SDOH (Social Determinants of Health) Z-codes that were identified by CalMHSA, in conjunction with DHCS that may be utilized by all levels of staff/credential levels to be part of the problem list as an area of treatment focus; they are best included on the problem list vs the diagnosis form.

**Q: Is the Problem list being dated from when we opened our clients? Or from when they took effect?**

A: The problem list should be dated to match the date it is initiated/completed, not the date of client admission; all clients are required to have a final approved Problem List by 10/15/22.



**Q: Are there any examples of what is to be in the comment section.? Are we explaining the reason for the Z codes?**

A: The comment section is not a required field. Explanation of selected z-codes is not required; providers may utilize this area to indicate clarification of a selected Z-code but is not required.

**Q: Could you please clarify if a HRA must be completed for any client who is discharged from a behavioral health facility, regardless of the reason they were there or if the HRA should only be completed if the client was in said facility for SI/HI?**

A: The HRA is required to be completed and final approved within 5 calendar days from discharge from acute care 24-hour facilities (hospital or crisis house) and thereafter anytime a client presents with risk factors. If the client was in a hospital or START program, they would require the HRA regardless of the reason. Grave disability can also present as possible risk to the client or others.

**Q: Are we required to obtain wet signatures for medication consent forms?**

A: The wet signature is required on the Informed Consent for the Use of Psychotropic Medication form whenever an antipsychotic medication is prescribed. If the medication prescribed is not an antipsychotic, the verbal agreement/signature is acceptable.

**Q: Are we allowed to document verbal consent for release of information forms? Can requests for medical records be processed with verbal authorization?**

A: It is a HIPAA requirement that the ROI forms must have a wet signature or be completed via DocuSign.

**Q: Are we allowed to document verbal consent to treatment?**

A: Verbal consent is acceptable on the consent to treatment.

**Q: When we collaborate with a client on the problem list, do we need to document that we collaborated with them on their problem list, and they agreed? Or is that only for the CM CP note?**

A: Anytime you are collaborating with the client and there is a change to the problem list as a result, it should be documented as part of the direct service that occurred – not just in when you are providing case management or completing the CM CP note. The General Progress Note required elements includes “Update to the Problem List” with prompt/help text indicating to include any changes or updates to the client Problem List. I have attached the relevant explanation sheets which provide instruction on both the problem list and general progress note requirements.

**Q: I wanted to ask if “office” is an appropriate location to bill for a member in a lock out setting for non-billable 55 service codes. Or does the provided at location need to be where the member is located?**

A: When a Client is admitted to a lockout setting (i.e.: IMD, SNF, ICF, State Hospital) the *Provided At* for all notes must be the lock out setting.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)



# Mental Health Services



## Updates

### Programs with Shared Clients:

In order to provide the best quality of care to clients, it is imperative that programs are aware of services clients may be receiving from other providers. When a client is being seen at another program, demographic information which includes the other provider must remain accurate and up to date. Programs who have shared clients should NEVER remove other program information. Collaboration is a necessary part of treatment and ensures clients are receiving the best care possible.

### Reminder - Diagnosis Forms for Shared Clients:

If a 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.

### Reminder: Medication Monitoring Submission - Required Documents

Programs providing medication services are required to submit their quarterly medication monitoring documents no later than the 15<sup>th</sup> of the month following the end of the Quarter. (October 15, January 15, April 15 and July 15).

Programs are required to submit all of the following documents:

- Medication Monitoring Tool
- Medication Monitoring Submission Form
- McFloops (if variance(s) identified, McFloop(s) required to be completed and submitted within Quarter identified)
- **Informed Consent for Psychotropic Medications for all charts reviewed (new requirement as of FY 22-23)**

The most current version of each form is available on the Optum Website, under MHP documents.

### Medication Monitoring Tool Revision:

The Medication Monitoring Tool for CYF Programs was revised to provide further clarification to Question 2 and 5. If marked "No" then items 2a-h and 5a, 5f would be NA and no variance/McFloops would be required.

### Optum Website Updates MHP Provider Documents

#### Forms Tab:

The SIR form was updated with a correction in the link for SUD residential programs notifications reporting deaths and includes the email address for QIMatters as a means of sending in the SIR forms. The form was updated with the changes regarding emailing the form as well as faxing.

The Medication Monitoring Tool for CYF and AOA were updated with a revision to question #2.

#### Peer Support Specialist Tab:

The Scholarship Flyer Peer Support Specialist Certification Program was posted.

The Medication Monitoring Submission Forms for both CYF and AOA were reviewed/ revised to ensure requirement to indicate medication monitoring committee members and their credentials is included on the submission form. This section is required to verify program has established appropriate medication monitoring committee members. All forms have been uploaded to the Optum Website and should be used going forward.

**Serious Incident Report Form Update:**

The SIR Form has been updated. The form is dated 10.27.22 and can be found on the Optum website on the “Forms” tab. The updates include a correction in the link for SUD residential programs notifications reporting deaths. The form also includes the email address for QIMatters as a means of sending in the SIR forms. Please note that if emailing the forms, the program must be a County TLS Encryption Partner, or the email must be encrypted. Please do not encrypt the form itself as this cause difficulties with access to the form.

**Knowledge Sharing**

**New: CalMHSA Trainings for MHP for CalAIM**

- All clinical staff registered in CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered clinical users are required to complete the following CalMHSA trainings:
  - o CalAIM Overview
  - o Screening
  - o Assessment
  - o Transition of Care Tool
  - o Diagnosis & Problem List
  - o Progress Notes
  - o Discharge Planning
  - o Access to Service
  - o Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

**CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation of updated documentation standards. The County is asking that staff listed below review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.california.gov/mental-health-services-authority). The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials (new additions)**

- Communication Materials for Staff
- Communication Materials for People in Care
- Communication Materials for People in Care (Spanish)

**CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

**Documentation Guides**

- MH Clinical Staff
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff

- SUD Clinical Staff
- SUD Certified Peer Support Specialists
- SUD AOD Counselors
- SUD Medical Staff

### Training Dashboard

- Option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

### [CalAIM Policies & Procedures and Attestations \(new additions\)](#)

- P&P Attestation for BHINs 21-071, 21-073 & 21-075
- P&P Attestation for BHIN 22-011 No Wrong Door
- P&P Attestation for BHIN 22-019 Documentation requirements for all SMHS, DMC, and DMC-ODS Services
- Medical Necessity Determination and Level of Care Determination
- Requirements for Drug Medi-Cal (DMC) Treatment Program Services (BHIN 21-071)
- Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements (BHIN 21-073)
- Drug Medi-Cal Organized Delivery System Requirements for the period of 2022-2026 (BHIN 21-075)
- Documentation Requirements for all SMHS (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

### **CalAIM Behavioral Health Initiative FAQ:**

**DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#)**, which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.

### **Scholarship Opportunity for Medi-Cal Peer Support Specialist Certification:**

#### **Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification**

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Kindly note the extended **application deadline** for certification is **November 30, 2022**. Remember to complete your certification application on [CAPEerCertification.org](#) for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

### **CalAIM Behavioral Health Payment Reform**

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

### **Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:**

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

### Management Information Systems (MIS)

Reminder! The new ARFs are on the RegPacks site: [www.regpack.com/reg/optum](http://www.regpack.com/reg/optum)  
Any older versions will be rejected.

Also, please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

### Training and Events

**Quality Improvement Partners (QIP) Meeting:** No QIP meeting in November. December QIP Date TBD – programs will be provided ample notice if a December QIP will be scheduled. 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

#### Office Hours

Please see the schedule below for the November 2022 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. **If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

#### November 2022 Office Hours:

- Thursday, 11/10/2022, 3 pm to 4 pm: [Click here to join the meeting](#)
- Tuesday, 11/15/2022, 9 am to 10 am: [Click here to join the meeting](#)

#### Quality Assurance Trainings:

Progress Notes Practicum: Friday, **November 18, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Audit Leads' Practicum: Thursday, **December 1, 2022**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

**QI Matters Frequently Asked Questions**

**Q: Now that signatures are not required, what should our staff select when Cerner prompts for signatures for the clients/caregivers/etc.?**

A: You may select "Document Client Non-signature" and document verbal agreement/CP developed with client/signature not required. The Parent/Guardian/Legal Rep may be deleted. Staff requiring co-signature and staff completing/accepting plan should be signed as required.

**Q: What if the old Client plan has already expired since we ended it and there is no additional time on it and there is now a gap in Client Plans?**

A: Open/start a new CP and back date to ensure no gap.

**Q: Can you please explain the difference between when to open a LSL folder or Client Plan folder?**

A: LSL should be opened if no longer utilizing/requiring a client plan. If you continue to require a client plan, do not open an LSL.

**Q: If the peer specialist is not funded by the county, can they continue with the certification?**

A: The Scholarship Certification is for any individuals who meet criteria and wish to apply.

**Q: During the recent QA Office Hours, it was stated that Medi-Medi beneficiaries still require a formal care plan. I closed my LSL, opened up an A/OA care plan but the interventions that my program typically uses for our clients (30, 50, 33, 34, etc.) are not an option. What should I do in this case?**

A: The services that are billed to Medicare are the ones that need to be on the client plan. This would include **med services** provided by an MD, NP, RN and an LCSW providing **psychotherapy**, as those providers are billable to Medicare. To include the remaining services (30, 50, 33, 34, etc.) you would indicate these in the Objectives section of the Client Plan. The Objectives should be specific, measurable and relate to the Problem List. Medicare also requires the frequency and duration of described interventions be included in the documentation. If your program will not be providing medication and/or have the credentialed providers to bill Medicare, then you would not be able to bill Medicare and therefore do not need to create a Client Plan.

**Q: If a client is at the CSU for services, would this be considered a complete lockout, limited MH services are billable for case management on day of admission or discharge for discharge planning, or appropriate to bill as regular?**

A: CSUs are not considered lock out settings. The Billing Lockouts guide contains this information and can be found 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](mailto:QIMatters.hhsa@sdcounty.ca.gov)



## Mental Health Services



### Updates

QA would like to extend our warmest and sincerest Holiday wishes with our SOC Providers. We appreciate all of the hard work you have done this past year. We hope everyone enjoys a well-deserved break and enjoys their holidays! Cheers to a wonderful 2023!

#### Chart Review when a Beneficiary No-Shows

Effective immediately, SC14 can no longer be utilized to claim service time for reviewing a client chart when the client no-shows for a scheduled appointment. The time spent reviewing a chart can only be included in the service claim when a covered service has been rendered, whether the chart review happens before or after the service.

If a provider reviews a beneficiary's chart in preparation for a session and the beneficiary does not show up for their appointment, the provider may claim the time spent reviewing the beneficiary's chart during the next appointment in which they are able to provide a service to the beneficiary. (Ref: 2021-2022 CalAIM BHIN FAQs; BHIN 22-019 [BHIN 22-019](#))

### Optum Website Updates MHP Provider Documents

#### CalAIM Tab:

The Updated DHCS CalAIM Behavioral Health FAQ was posted.

#### Communications Tab:

The Day Treatment CalAIM and Contract Requirement Updates Memo for 11/17/22 was posted.

#### Forms Tab:

A new SIR Form Fill revised 10/27/22 was posted. Information regarding the emailing of the form as well as faxing was added.

#### STRTP Tab:

The updated STRTP UM Request Form and Explanation Sheet Revised 11/1/22 and effective 11/1/22 was posted on the STRTP Tab which reflects the shift to time-based program level review.

### Knowledge Sharing

#### CalMHSA Trainings for MHP for CalAIM

- All clinical staff registered in CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered clinical users are required to complete the following CalMHSA trainings:
  - o CalAIM Overview
  - o Screening
  - o Assessment
  - o Transition of Care Tool
  - o Diagnosis & Problem List
  - o Progress Notes
  - o Discharge Planning
  - o Access to Service
  - o Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

**Reminder:** Please ensure you are checking the most recent documentation manuals on the CalMHSA website as they are updated to ensure that the most recent information is included.

### **CalMHSA Documentation Trainings**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation of updated documentation standards. The County is asking that staff listed below review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.california.gov/mental-health-services-authority). The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

### **CalAIM Communication Materials**

- Communication Materials for Staff
- Communication Materials for People in Care
- Communication Materials for People in Care (Spanish)

### **CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

#### **Documentation Guides**

- MH Clinical Staff
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff
- SUD Certified Peer Support Specialists
- SUD AOD Counselors
- SUD Medical Staff

#### **Training Dashboard**

- Option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

### **CalAIM Policies & Procedures and Attestations**

- P&P Attestation for BHINs 21-071, 21-073 & 21-075
- P&P Attestation for BHIN 22-011 No Wrong Door
- P&P Attestation for BHIN 22-019 Documentation requirements for all SMHS, DMC, and DMC-ODS Services
- Medical Necessity Determination and Level of Care Determination
- Requirements for Drug Medi-Cal (DMC) Treatment Program Services (BHIN 21-071)
- Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements (BHIN 21-073)
- Drug Medi-Cal Organized Delivery System Requirements for the period of 2022-2026 (BHIN 21-075)
- Documentation Requirements for all SMHS (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

### **CalAIM Behavioral Health Initiative FAQ:**

**DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#)**, which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.



### **Medi-Cal Peer Support Specialist Certification**

The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by December 31 on [CAPeerCertification.org](http://CAPeerCertification.org) for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#). The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

### **CalAIM Behavioral Health Payment Reform**

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

### **Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:**

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

## **Management Information Systems (MIS)**

### **Certified Peer Specialist Credential**

If you are completing an ARF for a Certified Peer Specialist, please make sure to select that credential from the Drop-Down Menu, as well as completing the confirmation question.

The Certified Peer Specialist is a credential. An MHRS cannot be a Certified Peer Specialist. You must choose either credential. Do not choose MHRS and then sign the confirmation question for Certified Peer Specialist.

If you have questions, please contact MIS at [MHEHRSupport.HHSA@sdcounty.ca.gov](mailto:MHEHRSupport.HHSA@sdcounty.ca.gov)

Reminder! The new ARFs are on the RegPacks site: [www.regpack.com/reg/optum](http://www.regpack.com/reg/optum)  
Any older versions will be rejected.

Also, please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### **MIS Questions?**

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

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### **Training and Events**

**Quality Improvement Partners (QIP) Meeting:** No QIP meeting in December. The next QIP will be held on Tuesday January 24, 2022, from **2:00pm – 4:00pm** via Microsoft Teams. 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

### **Office Hours**

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**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. **If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

### **December 2022 Office Hours:**

- Thursday, December 15, 2022: [Click here to join the meeting](#)
- Tuesday, December 20, 2022: [Click here to join the meeting](#)

### **Quality Assurance Trainings:**

RCA Training: Friday, **December 9, 2022**, from **9:00am – 12:00pm** via WebEx. *Registration Required.*

### **QI Matters Frequently Asked Questions**

**Q: The CalAIM trainings are only for staff who document in Cerner and/or review documentation in Cerner; is that correct? What about the billing manager and admin staff who use Cerner in some respect (opening clients, scheduling NP appts in Cerner) - are they required to complete the CalAim trainings as well?**

**A:** The Admin staff or Billing managers should be taking the CalAIM Overview, the first module.

**Q: In the CalAIMS progress notes training module it states, "for peer support services, a note is required for each service that is billed, based on 15-minute increments of time." Would you mind clarifying the portion about the 15-minute increments of time?**

A: At this time there are no staff who are Peer Certified, all staff should be billing the exact service time to the minute. Once the new Peer Specialist CPT code launches next year, our understanding is that staff should still be documenting/claiming the exact service time and the CPT code billing will be converted on the back end.

**Q: With the new CalAIM requirements, at what point is a progress note considered so late that we must use a non-billable code (i.e., 800/802)?**

A: Thank you for contacting QI Matters. 800 codes are no longer required for late progress notes or are a reason for recoupment. However, we encourage programs to be mindful of when they enter/final approve their notes as this could impact the integrity of services provided. As a reminder the new timelines are: 3 business days from date of service or 24 hours for crisis services.

**Q: If a staff visits a client in the same ILF, Boarding Care, etc. as other clients and the CLT at hand either refuses or is a No Show. Would staff still split time with this client and the client's they successfully saw? Or can they just split the travel time with the CLTs they saw successfully?**

A: You would want to split the travel time between all clients at same location, including the no-show. I have attached the travel time guidelines for reference.

**Q: It is my understanding that when billing services provided when a client is in jail, the appropriate 800 code is to be used. Can you please clarify whether the Provided At billing indicator must always be jail or do we choose the actual place the provider was at during the service (i.e., Office, etc.)?**

A: When a client is in a jail lockout setting you will enter the service code for the actual service that you provided unless it was a case management service that did not involve discharge planning. If it was a case management service that was not about discharge planning, then you would enter the SC800 code since SC50 continues to claim to Medi-Cal for lockout settings regardless of the Place of Service selected. For the Provided at service indicator, you will always enter the lockout setting and then in the Outside Facility service indicator you will enter the actual facility name.

**Q: We have a new psychiatrist joining our team. In the past, case consults with the psychiatrist have been considered cost of doing business unless the consult results in an update to the client plan. Since we are no longer using client plans with most of our clients how would we handle this? Would consults with the psychiatrist be billable?**

A: The MHP only allows for internal consultation between MD and a non-medical provider (i.e., clinician, case manager, support partner) when there is a clinically significant issue that has occurred. The clinically significant issue must be documented in the progress note. The MD may claim SC 20 for their unique contribution to the consultation and the non-medical staff can claim SC 50 for theirs. This standard was developed due to the infrequency of the contact between MDs and clients (i.e., every 30 days). Compared to the more frequent contact between clients and non-medical provider. Internal case conference may occur between treatment providers when a clinically significant issue has occurred which may lead to change in treatment course, diagnosis change, or loss of placement. This issue must be documented in the progress note and each provider may only bill for unique contribution to the conversation.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)



## Mental Health Services



### Updates

*Happy New Year and Welcome 2023!  
Wishing all a very happy, peaceful, and  
prosperous new year!*

#### **QIP Meeting Registration:**

Effective this month and forward all providers will need to register for the Quality Improvement Partner's meeting. Registration is required and will allow access to the meeting. [Click here to register.](#) The registration link is also included below under the Training and Events section in the QIP meeting blurb. This is a change from previous QIP's where registration via the link was not required. Please click on the link to register for the meeting.

#### **CaAIM Behavioral Health Initiative FAQ:**

DHCS has released an update to their [CaAIM Behavioral Health Initiative FAQ](#). This new webpage will continue to be updated regularly and is intended to be a resource in the implementation of CaAIM behavioral health initiatives, including Documentation Redesign. For more information, please visit the [CaAIM Behavioral Health](#) webpage.

#### **Medi-Cal Rx Announcement:**

The following alerts have been posted to the Medi-Cal Rx Web Portal on 1/01/2023.

1. [Now Active – Cal MediConnect Transition to Medicare Medi-Cal Plans](#)
2. [Updates to the Medi-Cal Rx Provider Manual](#)
3. [Changes to the Contract Drugs List \(CDL\)](#)
4. [Changes to the Contract Drugs List \(CDL\) – Authorized Drug Manufacturer Labeler Codes](#)
5. [Changes to the Contract Drugs List \(CDL\) – Over-the-Counter Drugs](#)
6. [Changes to the Pharmacy Reimbursable Physician Administered Drugs](#)
7. [Medi-Cal Rx Monthly Bulletin](#)

### **Optum Website Updates** **MHP Provider Documents**

#### **CaAIM Tab:**

The DHCS CaAIM BH FAQs Link was added on 1/3/23.

#### **Communications Tab:**

The Day Treatment CaAIM and Contract Requirement Updates Memo 11.17.22 was posted. This memo explains the most recent changes to the hybrid day treatment STRTP programs. All recent CaAIM changes were explained along with screenshots of affected documents.

#### **STRTP Tab:**

Updated version of The Daily Progress Note Form Fill and Explanation was updated on 1/4/23.

The Updated STRTP UM Request Form and Explanation revised 11/1/22 with updated UM shift to time-based program level utilization management committee review.

#### **Training Tab:**

All outdated Progress Notes and Service Codes Webinar, BHA Webinar and Client Plan Webinar were removed on 12/27/22.

An updated Discharge Summary Explanation sheet was posted on 12/27/22. This was updated with CaAIM.

#### **UCRM Tab:**

The SC33 Progress Note template was removed on 12/23/22 as this is being replaced with the General Progress Note.

The Group Progress Note Template was updated on 1/4/23.

The Daily Progress Note Form Fill and Explanation was updated on 1/4/23.

All outdated PN templates were removed on 1/4/23.

If the above links do not take you to these documents, simply copy and paste the following link into your browser to access the Bulletins and News page: <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/>

For more information, contact [MediCalRxEducationOutreach@magellanhealth.com](mailto:MediCalRxEducationOutreach@magellanhealth.com)

### **Updates to the Medi-Cal Peer Support Specialist Legacy and Peer Support Services Certification Programs Due Dates:**

DHCS has made updates to the due dates for the Medi-Cal Peer Support Services Certification Programs Areas of Specialization as well as the Medi-Cal Peer Support Specialist Legacy deadlines as indicated below:

Medi-Cal Peer Support Services Certification Programs Areas of Specialization: The deadline for Medi-Cal Peer Support Certification Programs to implement the following three areas of specialization is extended to July 1, 2023:

- Crisis Services
- Forensic (Justice Involved)
- Homelessness

Eligibility for Legacy:

- The deadline for Peers employed as a Peer as of January 1, 2022, to seek certification through the Legacy process, is extended to June 30, 2023. Peers employed as a peer as of June 30, 2023 must complete or begin the process by or on June 30, 2023 to be eligible to be legacied. After this date, Peers seeking certification under a Medi-Cal Peer Support Specialist Certification Program must complete the initial certification process.

## Knowledge Sharing

### **Medi-Cal Peer Support Specialist Certification**

The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online, while the Grandparenting/Legacy pathway for certification has been [extended](#) through June 30, 2023. The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by January 31 on [CAPeerCertification.org](http://CAPeerCertification.org) for your scholarship application to be processed by CalMHSA. CalMHSA recently launched a searchable [Resource Library](#) on their website which includes application information, exam guides, procedures, and FAQs. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#). The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

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- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
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- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

**Updated COVID-19 Vaccination and Masking Guidelines**

As a reminder, programs should visit the CDPH webpages, [Health Care Worker Vaccine Requirements](#) and [Guidance for the Use of Face Masks](#), and review DHCS information, [Behavioral Health Information Notice 22-058](#), for the most recent public health orders related to health care worker testing and vaccine requirements.

**CalMHSA Trainings for MHP for CalAIM**

- All clinical staff registered in CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered clinical users are required to complete the following CalMHSA trainings:
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  - o Screening
  - o Assessment
  - o Transition of Care Tool
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- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

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- Communication Materials for People in Care (Spanish)

**CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

**Documentation Guides**

- MH Clinical Staff
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff

- SUD Clinical Staff
- SUD Certified Peer Support Specialists
- SUD AOD Counselors
- SUD Medical Staff

### Training Dashboard

- Option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

### [CalAIM Policies & Procedures and Attestations](#)

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- Documentation Requirements for all SMHS (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

## Management Information Systems (MIS)

### Update:

Due to a request from the Compliance Office, MIS will no longer be requesting SSNs of Users on the ARFs. This has been the only way we have to identify staff, so it was suggested that we use the DOB for identification purposes. In February, we will be taking the SSN field off the ARFs and asking for all staff's DOB instead. We did begin asking for DOB in the past year due to Optum's Credentialing request. There are still many users without DOBs in our system. MIS will send all programs a list of staff and request a DOB from all those without them in our CCBH records. Thank you for your cooperation in this effort.

Reminder! The new ARFs are on the RegPacks site: [www.regpack.com/reg/optum](http://www.regpack.com/reg/optum)  
Any older versions will be rejected.

Also, please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

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### **MIS Questions?**

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### Office Hours

Please see the schedule below for the remaining January 2022 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. **If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

### January 2022 Office Hours:

- Thursday, January 12, 2023: [Click here to join the meeting](#)
- Tuesday, January 17, 2023: [Click here to join the meeting](#)
- Thursday, January 26, 2023: [Click here to join the meeting](#)

### QI Matters Frequently Asked Questions

**Q: It is my understanding that when billing services provided when a client is in jail, the appropriate 800 code is to be used. Can you please clarify whether the Provided At billing indicator must always be jail or do we choose the actual place the provider was at during the service (i.e., Office, etc.)?**

**A: Corrected from the December UTTM:** If the client is in Jail, that is considered a complete lockout setting and the program cannot bill a SC50, even if it is for discharge planning. The only time you can bill in a complete lockout setting with the service being reimbursable would be if it was on the day of admission or the day of discharge and the service would have to have taken place outside of the lockout setting. For the Provided at service indicator, you will always enter the lockout setting and under the Outside Facility service indicator you will enter the actual facility name.

**Q: Can direct service providers can bill SC50, SC10, or SC13 when doing Utilization Management reviews?**

**A:** Utilization Management Reviews are a never-billable activity. This information can be found in OPOH Section D, pages D.23-D.28 for reference as well as on the Optum Website under the OPOH tab.



**Q: Does the PCP Coordination of Care Form need to be completed annually? Or how often should it be completed?**

A: The PCP form is not required to be completed annually, only upon change of information. If a change of information occurs, the form should be completed to reflect the new information and sent to the PCP.

**Q: What is the timeline to complete a Psychiatric Assessment? Has this changed with CalAIM?**

A: There have been no changes to expectations for completing the Psychiatric Assessment. The psychiatric assessment should be completed at the time the client is initially evaluated for medication and should be updated as clinically indicated throughout the course of treatment. The Psychiatric Assessment Explanation Sheet can be located on the Optum website.

**Q: When it comes to completing intake paperwork with clients, what color pen ink is acceptable?**

A: Either blue or black ink can be used for legal documents.

**Q: When a Medical Assistant (MA) calls a refill into the pharmacy, is that always considered a never billable note? Or can an 815 be billed?**

A: SC 815 is a direct support service that is not a Specialty Mental Health service that is provided to the client. Since calling in a refill to the pharmacy is not a direct service to the client it would not be able to be an SC 815. You may utilize a Never Billable Informational Note.

**Q: When we schedule a group but only 1 person shows, do we write a group note or individual?**

A: If a group is planned and only one client is present due to others cancelling or no-show, you would not be able to document or claim a group service. For the client who was present, you would bill this as an individual service and claim the appropriate service code depending on the service provided – either an individual rehab service or psychotherapy service. In your narrative you could indicate the client was scheduled for a planned group service but due to low participant count, was provided an individual service to help capture/document why the client did not participate in a required group.

**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](mailto:QIMatters.hhsa@sdcounty.ca.gov)**



## Mental Health Services



### Updates

#### **Removal of X-Waiver:**

- On December 29, 2022, Congress eliminated the “DATA-Waiver Program,” and was confirmed [in a letter by the DEA](#) to its registrants on January 12, 2023.
  - This has eliminated the “X-waiver” requirement to prescribe buprenorphine outside of an opioid treatment program.
  - Going forward, all prescriptions for buprenorphine only require a standard DEA registration number
  - There are no longer any limits or patient caps a prescriber may treat with buprenorphine
- Effective immediately, [SAMHSA will no longer be accepting waiver applications](#)
- [The California Society of Addiction Medicine](#) has clarified that California does not have any additional regulations above the federal level
- Additionally, the Medication Access and Training Expansion ([MATE act of 2021](#)) was passed, this will add additional training requirements for all prescribers effective June 21, 2023

#### **CPT (Current Procedural Terminology) Coding:**

Part of the CalAIM initiative includes transitioning the system of care to utilization of CPT codes to capture services provided. CMS expects all Medicaid programs to adopt CPT codes, allowing for data analysis and comparison between states.

BHS is currently reviewing the Medi-Cal billing manual to determine necessary changes within our system. For the most part, the transition should be minimally impactful to those providing services, as knowledge of the specific CPT code will not be necessary. There will be a service description, much like those the providers currently view in the electronic health record. To support this transition, Quality Assurance is creating a crosswalk for the system of care to show the changes and new services descriptions where necessary.

With this update, there are some changes to currently used codes, QA is in process of creating a notice for the system of care indicating all high priority updates that are being made in order for legal entities to prepare their staff for upcoming changes.

#### **Reasons for Recoupment Grid Update:**

The new Reasons For Recoupment Grid has been updated and will be posted on Optum Website under the References Tab.

#### **Optum Website Updates**

#### **MHP Provider Documents**

#### **Forms Tab:**

Updated Medication Monitoring Submission Forms for Adult and Children were revised on 1/12/23.

#### **References Tab:**

The DHCS and COSD Billing Guidelines were removed on 1/9/23, as this no longer applies due to CalAIM.

The new Reasons For Recoupment Grid has been updated and posted.

**MCRxSS Announcement:**

A new alert, [Update on Age Restrictions of Psychotropics](#), has been posted to the Medi-Cal Rx Web Portal on 1/17/2023.

On June 1, 2022, Medi-Cal Rx released an alert (see [Age Restrictions of Psychotropics Updated](#)) stating that all age restrictions for Attention Deficit Hyperactivity Disorder (ADHD) medications, antidepressants, and antipsychotics were updated to reflect the U.S. Food and Drug Administration (FDA)-approved age ranges. Beginning January 17, 2023, all age restriction edits have been removed for all psychotropics.

Note: The [Medi-Cal Rx Contract Drugs List](#) has been updated to reflect this update.

**Update: Beneficiary Handbook:**

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) ([BHIN 21-073](#)), DMC-ODS program requirements ([BHIN 21-075](#)), behavioral health documentation requirements ([BHIN 22-019](#)), and the No Wrong Door policy ([BHIN 22-011](#)).
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the March 12, 2023, effective date.
- Clients shall be notified of the changes. QA will provide notification information for programs to share with clients along with the Summary of Changes.

**New: Justice Involved Waiver:**

- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
  - The state's priority is to ensure all Californians have access to high-quality and timely care.
  - Through the CalAIM initiative, we are creating a new standard for person-centered and equity-focused health care, including for the currently and formerly incarcerated.
- People re-entering the community after incarceration have significant physical and behavioral health needs and are at high-risk of injury and death, especially in the initial period after release.
- The justice-involved initiative ensures continuity of coverage through Medi-Cal pre-release enrollment and provides key services to support a successful re- entry.
  - Pre-release services will be anchored in comprehensive care management and include physical and behavioral clinical consultation, lab and radiology, Medication Assisted Treatment (MAT), community health worker services, and medications and durable medical equipment.
  - For those eligible, a care manager will be assigned, either in the carceral setting or via telehealth, to establish a relationship with the individual, understand their health needs, coordinate vital services, and make a plan for community transition, including connecting the individual to a community-based care manager they can work with upon their release.
- Under the initiative, county jails, county youth correctional facilities, and state prisons will:
  - Ensure all eligible individuals are enrolled in Medi-Cal before release.
  - Provide targeted Medi-Cal health care services to youth and eligible adults in the 90 days prior to release to prepare them to return to the community and reduce gaps in care. Eligible adults include those who have a mental health diagnosis or suspected diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition, a traumatic brain injury, intellectual or developmental disability, or are pregnant or postpartum. All incarcerated youth in a youth correctional facility are eligible with no clinical criteria required.

- Provide “warm handoffs” to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair) have what they need upon re- entry.
- Work with community-based care managers to offer intensive, community- based care coordination for individuals at re-entry, including through Enhanced Care Management.
- Work with community-based care managers to make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term
- For more information see the [DHCS CalAIM Justice Involved Initiative](#) website.

**Update: CA Managed Care Plans (MCP):**

- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 11 months, DHCS will develop a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.
- For more information see the [DHCS Medi-Cal Managed Care](#) website.

**Knowledge Sharing**

**Telehealth Performance Improvement Project (PIP):**

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy (telephone and telehealth). Broken down by type, during the height of the pandemic (March 2020 – February 2021), there were 308,254 total Telephone services. Telehealth services (using smart device, computer, or other Internet-based options) also saw a sharp increase. Before the pandemic, there were 1,489 Telehealth services. During the pandemic, there were 27,064 total Telehealth services.

Prior to December 2022, HSRC collected and analyzed client feedback surrounding telehealth utilization and provider feedback on older adult clients’ utilization and barriers of telehealth services from three programs within SDCMHSOC. The results indicated most older adults have access to the equipment needed to utilize telehealth services but still are not fully utilizing telehealth services due to a belief that telehealth services are complicated or not secure. The feedback from both clients and providers indicated strong support that implementing trainings on how to use telehealth services would be beneficial.

Based on the client and provider feedback, HSRC developed a training, along with informational material, to be implemented as interventions by the participatory programs to improve knowledge and comfort and address the barriers of older adults’ utilization of telehealth services. Currently, HSRC is working with two programs, who have been continuing to engage in the PIP process, to implement a training and/or provide information and support for accessing telehealth services to their older adult clients at their programs.

Next steps include:

- Continue to work with programs to develop how trainings will be implemented and informational materials will be distributed to older adult clients.
- Continue to implement and collect pre and post questionnaires from clients to gather information for clients who received the intervention.
- Translate informational materials for non-English speaking older adults.

#### **Therapeutic Support for LGBTQ+ Youth PIP:**

Increasing Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy is MH PIP for 2022-2024. Approximately 8% of youth receiving CYF services identify as LGBTQ (special populations report). Both national and local data suggest that these youth have worse mental health outcomes than youth who identify as heterosexual/cisgender. For example, they are more likely to attempt suicide and have higher rates of crisis service and inpatient hospitalization use.

As of October 2022, the updated It's Up to Us LGBTQ+ resource pages intervention is active:

<https://up2sd.org/resources?list=lgbtq>

At the December 12, 2022, meeting between CASRC, RIHS, and BHS, it was reported that RIHS would no longer be working with BHS to conduct county trainings as of March 1, 2023. As a result, the planned summer 2023 CYFSOC conference—which was previously intended as the central PIP intervention—would no longer be able to be conducted. In its place, it was agreed that RIHS would support a one-day online training (webinar) in late-February 2023 to provide online training for providers. A subcommittee made up of members of the PIP advisory board, including members from CASRC, RIHS, and Our Safe Place was created to plan for the upcoming CYFSOC webinar activities, with its first meeting scheduled for January 11, 2023.

#### **SIROF Reports:**

- SIROF reports are to document your investigation into the events **leading up to** and following the incident and look at whether or not there are any measures the program can take to prevent a similar incident from occurring in the future.
- When answering question #1 (Serious Incident Summary of Findings) there should be a **brief** description of the incident. The main focus of the question should be on what was discovered during your investigation of the events leading up to the incident. This includes a chart review, policy and procedure review, interviews with client and staff, etc. This question is your analysis of your investigation.
- The SIROF should document a review of the chart for one to two months leading up to the incident. If an RCA is required, it is required that a 6-month review period of the chart is completed.

#### **Timelines for SIR/SIROF reporting:**

- As a reminder, the timelines for reporting incidents to the SIR line and submission of the SIR form are based on **hours** rather than business days. The timeline starts when the incident is reported to the program. Please refer to the SIR Explanation Sheet for further information.

A Level One Incident is to be called into the SIR Line immediately upon knowledge of the incident. A Level Two incident is to be called into the SIR Line within 24hrs of knowledge of the incident.

A Level One SIR is to be faxed in within 24 hours of knowledge of the incident. A Level Two SIR is to be faxed in within 72 hours of knowledge of the incident

- The SIROF is due within 30 days of program knowledge of the incident. Programs are responsible for tracking these due dates and submitting these forms to QA within the required timeline. Please refer to the SIROF Explanation Sheet.

The SIR/SIROF Explanation Sheets can be found on the Optum Website on the “Forms” Tab. Please refer to Section G of the OPOH for further information regarding SIRs.

**Reminder - Diagnosis Forms for Shared Clients:**

If a client has multiple open assignments (open to multiple programs):

- Programs should not end another program’s diagnosis without consulting with the program.
- 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.

**Problem Lists When a Client is Open to Multiple Programs:**

- It is important that programs are also aware that they should not end problems on the problem list without first collaborating with other providers/programs.

**Diagnosis Changes Reminder:**

Reminder: Per CMS changes, ICD10 Code F43.8 was inactivated as of 10/1/22 and replaced with higher level of specificity ICD Codes F43.81 and F43.89. Notification of this change was provided in the October 2022 UTTM. Currently, the F43.8 diagnosis is being inactivated in CCBH and will no longer be a valid dx for billing SMHS.

Programs are advised to please run diagnostic reports to determine any billing after October 1, 2022, utilizing F43.8. Programs will need to follow appropriate billing correction processes to correct these services to the current/approved diagnosis.

**Mega Regs/NACT: SOC Reminders from the UTTM:**

- Providers and managers need to attest to all their tabs and subtabs in the SOC to ensure their information is accurate and valid
- The Optum website hosts a page dedicated to providing resources which goes over every step of the attestation process called SOC Tips and Resources
- The Optum Support Desk can provide walkthroughs and trainings for individuals or groups to guide them through the process and answer any questions

**Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:**

- Don’t forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program’s information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

**Updated COVID-19 Vaccination and Masking Guidelines:**

As a reminder, programs should visit the CDPH webpages, [Health Care Worker Vaccine Requirements](#) and [Guidance for the Use of Face Masks](#), and review DHCS information, [Behavioral Health Information Notice 22-058](#), for the most recent public health orders related to health care worker testing and vaccine requirements.

**Medi-Cal Peer Support Specialist Certification:**

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 with no changes to [application instructions and certification standards](#). For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The following information are available on the CalMHSA website for peers:
  - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
  - Information on [training providers](#)
  - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

**CalAIM Behavioral Health Payment Reform:** Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

**CalMHSA Trainings for MHP for CalAIM:**

- All clinical staff registered in CCBH are required to complete the trainings as well as supervisors and managers of clinical registered CCBH users.
- Registered clinical users are required to complete the following CalMHSA trainings:
  - CalAIM Overview
  - Screening
  - Assessment
  - Transition of Care Tool
  - Diagnosis & Problem List
  - Progress Notes
  - Discharge Planning
  - Access to Service
  - Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

**Reminder:** Please ensure you are checking the most recent documentation manuals on the CalMHSA website as they are updated to ensure that the most recent information is included.

**CalMHSA Documentation Trainings:**

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation of updated documentation standards. The County is asking that staff listed below review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](https://www.californiahealthservices.org/CalAIM). The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

**CalAIM Communication Materials**

- Communication Materials for Staff
- Communication Materials for People in Care
- Communication Materials for People in Care (Spanish)

**CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard**

**Documentation Guides**

- MH Clinical Staff
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff
- SUD Certified Peer Support Specialists
- SUD AOD Counselors
- SUD Medical Staff

**Training Dashboard**

- Option to “Download data” (into an Excel spreadsheet) at the bottom of the webpage

**CalAIM Policies & Procedures and Attestations**

- P&P Attestation for BHINs 21-071, 21-073 & 21-075
- P&P Attestation for BHIN 22-011 No Wrong Door
- P&P Attestation for BHIN 22-019 Documentation requirements for all SMHS, DMC, and DMC-ODS Services
- Medical Necessity Determination and Level of Care Determination
- Requirements for Drug Medi-Cal (DMC) Treatment Program Services (BHIN 21-071)
- Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements (BHIN 21-073)
- Drug Medi-Cal Organized Delivery System Requirements for the period of 2022-2026 (BHIN 21-075)
- Documentation Requirements for all SMHS (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

**Management Information Systems (MIS)**

The revised ARFs requesting Date of Birth rather than the SSN are now on the Optum RegPack site:  
[https://www.regpack.com/reg/templates/build/?g\\_id=100850646](https://www.regpack.com/reg/templates/build/?g_id=100850646)

Please download and save on your computers for requesting access for staff. After March 1<sup>st</sup>, using an outdated ARF will be rejected.



Also, please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### **MIS Questions?**

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### **Cerner Reminder**

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

## **Training and Events**

### **Quality Assurance Trainings:**

RCA Documentation Training: **Tuesday March 14, 2023**, from **12:30pm-3:30pm** via WebEx. *Registration Required.*

Progress Notes Practicum: **Tuesday, March 21, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

Audit Leads Practicum: **Wednesday, March 29, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

### **Quality Improvement Partners (QIP) Meeting:**

Tuesday February 28, 2023, from **2:00pm – 4:00pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. [Click here to register.](#) 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

### **Office Hours:**

Please see the schedule below for the remaining February 2023 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

**Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your desired session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

### **February 2023 Office Hours:**

- Thursday, February 9, 2023: [Click here to join the meeting](#)
- Tuesday, February 14, 2023: [Click here to join the meeting](#)
- Thursday, February 23, 2023: [Click here to join the meeting](#)

**QI Matters Frequently Asked Questions**

**Q: For group therapy sessions, if a clinician confirmed a planned attendance by more than 1 client (i.e., client verbally reports they plan to attend and then does not show up), can this note be completed as a 35 with the Encounter indicator being No-Show?**

A: Yes, if the beneficiary is scheduled for a group and no-shows, you would document this in the SC35 note as a no show.

**Q: If a youth client was admitted to ESU, can we bill code 50 to coordinate services with the parent for when the client will be discharged/follow up care? The client is not anticipated to remain in ESU/Rady's long term. Additionally, is it safe to assume collaterals to provide parent education on SI, safety etc. also allowable?**

A: ESU is not considered a lock-out setting and so it would be appropriate to bill a SC50 to coordinate services with the parent. Yes, the same applies. You can bill SC 33 while the client is at ESU.

**Q: When going to create a new problem list and information has been pre-populated (such as a clinician with MCRT or PERT) with a populated name/ title in the list, do we leave their name on it or change it to ours? Then I would assume we would simply add our own comments to the comments section below but what about whose name/ title go into each individual problem line?**

A: Please reference the Problem List Explanation Sheet. This can be found on the Optum website on the UCRM tab the Problem List Explanation Sheet indicates the following procedures: If the client is open to another provider, which has an already established Problem List, the new program will not need to complete a new Problem List. However, the new program shall review the most current Problem List with client for accuracy. If no changes are needed to the Problem List, providers shall create a progress note in CCBH indicating the Problem List was reviewed and remains unchanged.

**Q: I was wondering if it required to add comments in the text box on the Diagnosis Form in CCBH?**

A: It is not required to add a comment in the text box of the Dx form. However, this information is very helpful, especially when there are multiple programs open to the same client. It is recommended that you include that information.

**Q: Do we need to complete a discharge summary for the client if no services were provided? Can we do a never-billable note stating the client was closed and the client declined to receive any services?**

A: Yes, for any client who received 4 or fewer services, you may write a discharge note. There is a Discharge Note in CCBH for this purpose. If the note is completed without a service to the client, it would be a never-billable note.

**Q: What services require a client plan? And what services can go into a limited-service log (LSL)?**

A: The services that require a Client Plan include ICC, TFC, IHBS, STRTP, Crisis House, and certain Medicare services. All other services would be "stored" in the LSL.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)



# Mental Health Services



## Updates

### Beneficiary Handbook:

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- The Beneficiary Handbook and Summary of Changes (in all threshold languages) will be sent out to the System of Care by COB Friday 3/10/23 and are in effect starting 3/12/23.
- The new handbooks will also be posted to the Optum site under the Beneficiary tab.
- Beneficiary Material Order Forms are in the process of being updated to include additional threshold languages.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are **due to QI Matters by 3/15/23.**

### CalMHSA Trainings:

- As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- For those with individual staff logins to the CalMHSA training system, CalMHSA provides an on-demand report programs can run to confirm staff attendance for each training. It is recommended that programs select San Diego County before generating the report.  
<https://www.calmhsa.org/calaim-2/>
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.

### Optum Website Updates

### MHP Provider Documents

#### UCRM Tab:

On 1/31/23, the Consent for Services English form was revised to include Telehealth consent requirements from BHIN 22-019.

On 2/9/23, the Adult Clinical Record Chart Order and Children's Uniform Chart Order forms were updated to include the Problem List, Case Management/Peer Support Services Client Plan Progress Note and removed the Client Plan signature page.

On 2/10/23, updated BHA Form Fills, Discharge Summary Form Fills and Initial Screening Form Fills were posted which match the Referral To and Referral Source options that are in the CCBH Forms.

On 2/17/23, the Demographic Form Fill was updated to include more Race options in the table.

#### References Tab:

On 2/8/23, an Updated Reasons for Recoupment Changes Grid FY 22-23 was posted.

#### Therapeutic Behavioral Services (TBS) Tab:

On 2/13/23, a new Tab was added named TBS. This tab will house all the TBS Documents.

#### Communications Tab:

On 2/22/23, the BHS Provider Memo Screening and Transition Tool was posted.

#### Forms Tab:

On 2/28/23, the Transition of Care Tool and Explanation Sheet was posted.

#### OPOH Tab:

On 2/28/23, the OPOH Section C was updated to include the Transition of Care Tool requirements.

- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.
- More information will be provided in the future regarding monitoring compliance of completed trainings by staff.

### Certified Peer Support Specialist

- If programs have staff that have completed the certification process for peer supports, these certified peers can only provide the following two services:
  - SC57: Behavioral Health Prevention Education Service (Group Service Only)
    - Group activity providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills to help the beneficiaries achieve desired outcomes. These non-clinical groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
  - SC58: Self Help/Peer Service (All individual services)
    - Peer Support Specialist led non-clinical activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment, including support for beneficiaries in transitions between levels of care, and in developing their own recovery goals and processes. Peer Support Specialist role is to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and maintenance of community living skills. Activities may include but are not limited to, advocacy on behalf of the beneficiary, resource navigation, and collaboration with the beneficiaries and others providing care or support to the beneficiary.

### Public Health Emergency (PHE) Ending & Impacts to Medi-Cal Beneficiaries:

- The COVID-19 Public Health Emergency will end on 3/31/2023.
- As of 4/1/2023, Medi-Cal redeterminations will resume. This will impact San Diego's Medi-Cal beneficiaries and may place them at risk for losing their coverage.
- DHCS' top goal is to minimize beneficiary burden and promote continuity of coverage.
- DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**.
  - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - The toolkit includes social media, call scripts, noticing, and website banners.
  - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available.
  - **Encourage Beneficiaries to Update Contact Information**
    - Multi-channel communication campaign to encourage beneficiaries to update contact information with County offices.
    - Flyers in provider/clinic offices, social media, call scripts, website banners.
    - Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with County office if they have not done so yet.

### Changes to RIHS Training System:

- Effective 4/1/2023, RIHS will no longer provide training support for BHS staff and providers.
- BHS is transitioning all training material into a BHS training webpage that is expected to be available by 4/1/2023.
- More information, such as website links, will be sent in a future communication.

#### CPT (Current Procedural Terminology) Coding:

Part of the CalAIM initiative includes transitioning the system of care to utilization of CPT codes to capture services provided. CMS expects all Medicaid programs to adopt CPT codes, allowing for data analysis and comparison between states.

BHS is currently reviewing the Medi-Cal billing manual to determine necessary changes within our system. For the most part, the transition should be minimally impactful to those providing services, as knowledge of the specific CPT code will not be necessary. To support this transition, QA is creating a crosswalk for the system of care to show the changes and new services descriptions where necessary. In addition, QA will be sending a notice which will indicate high priority updates.

#### Transition Tool:

The Transition Tool went live 3/1/23. This tool is required to be used in the following situations:

- Their existing services are being transitioned to the other delivery system outside of the MHP; or
  - Note: This can be either when the MHP directly contacts a mild to moderate MH provider, or when contacting the MCP to help find a provider.
- When services need to be added to their existing mental health treatment from the other delivery system.

OPOH Section C has been updated to include a contact grid for MCP referrals, as well as the Explanation Sheet. In addition, a memo went out with more specific information on 2/22/23 and can be found on the Optum Website Communications Tab.

### Knowledge Sharing

#### Removal of X-Waiver:

- On December 29, 2022, Congress eliminated the “DATA-Waiver Program,” and was confirmed [in a letter by the DEA](#) to its registrants on January 12, 2023.
  - This has eliminated the “X-waiver” requirement to prescribe buprenorphine outside of an opioid treatment program.
  - Going forward, all prescriptions for buprenorphine only require a standard DEA registration number.
  - There are no longer any limits or patient caps a prescriber may treat with buprenorphine.
- Effective immediately, [SAMHSA will no longer be accepting waiver applications](#).
- [The California Society of Addiction Medicine](#) has clarified that California does not have any additional regulations above the federal level.
- Additionally, the Medication Access and Training Expansion ([MATE act of 2021](#)) was passed, this will add additional training requirements for all prescribers effective June 21, 2023.

#### MCRxSS Announcement:

A new alert, [Update on Age Restrictions of Psychotropics](#), has been posted to the Medi-Cal Rx Web Portal on

1/17/2023.

On June 1, 2022, Medi-Cal Rx released an alert (see [Age Restrictions of Psychotropics Updated](#)) stating that all age restrictions for Attention Deficit Hyperactivity Disorder (ADHD) medications, antidepressants, and antipsychotics were updated to reflect the U.S. Food and Drug Administration (FDA)-approved age ranges. Beginning January 17, 2023, all age restriction edits have been removed for all psychotropics.

Note: The [Medi-Cal Rx Contract Drugs List](#) has been updated to reflect this update.

### **Telehealth Performance Improvement Project (PIP):**

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy (telephone and telehealth). Broken down by type, during the height of the pandemic (March 2020 – February 2021), there were 308,254 total Telephone services. Telehealth services (using smart device, computer, or other Internet-based options) also saw a sharp increase. Before the pandemic, there were 1,489 Telehealth services. During the pandemic, there were 27,064 total Telehealth services.

Feedback directly from older adult consumers during an Older Adult Social Isolation and Loneliness Workgroup conducted from September 2020 to September 2021 revealed that older adult client's reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology.

PIP Progress: The PIP evaluation team developed informational material to be implemented as interventions by the participatory programs to 1) improve knowledge and comfort and 2) address the barriers of older adults' utilization of telehealth services. The PIP evaluation team will coordinate with a selected program this spring to schedule a training and plan to implement this intervention. Moreover, the PIP evaluation team is continuing to work with a program that use staff to provide information and support for clients who have barriers accessing telehealth services. The PIP evaluation team has contacted two other older adult serving programs to inquire about their interest of this PIP and to invite them to review our guides and determine whether this intervention would be a good fit for their program's older adult clients.

Next steps include:

Continue to work with the interested program to develop how trainings will be implemented and informational materials will be distributed to older adult clients.

Continue to implement and collect pre and post questionnaires from clients to gather information for clients who received the intervention.

Send a monthly follow-up to the program that has implemented the pre-post questions.

Follow-up with the two programs that were contacted about their potential interest in participating in this intervention.

### **Therapeutic Support for LGBTQ+ Youth PIP:**

Increasing Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy is MH PIP for 2022-2024. Approximately 8% of youth receiving CYF services identify as LGBTQ (special populations report). Both national and local data suggest that these youth have worse mental health outcomes than youth who identify as heterosexual/cisgender. For example, they are more likely to attempt suicide and have higher rates of crisis service and inpatient hospitalization use.

The updated It's Up to Us LGBTQ+ resource pages intervention is active as of October 2022.

It's Up to Us LGBTQ+ Resource Page: <https://up2sd.org/resources?list=lgbtq>

In the three months after the revised website was launched (10/27/22 – 1/27/23), there were 105 unique page views.

All BHS-CYF staff and provider staff were invited to participate and learn more about how to better provide services that meet the needs and experiences of LGBTQ+ youth and young adult communities.

### Medi-Cal Peer Support Specialist Certification:

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
  - Peers employed as a Peer on January 1, 2022 must still be employed as a Peer on the date application is submitted (until June 30, 2023).
  - No changes to [application instructions and certification standards](#).
- For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The following information are available on the CalMHSA website for peers:
  - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
  - Information on [training providers](#)
  - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).
- CalMHSA is inviting community feedback for existing landscape analyses of core competencies for Medi-Cal Peer Support Specialists specializations through focus groups scheduled this month and via feedback forms. The core competencies and landscape analyses for feedback are linked below under their respective areas of specialization. Please direct any questions to CalMHSA through [Tatiana.Ortiz@calmhsa.org](mailto:Tatiana.Ortiz@calmhsa.org).
  - Area of Specialization: **Crisis Care**
    - [Crisis Care Core Competency Layout](#)
    - [Crisis Care Landscape Analysis](#)
    - [Feedback Form](#)
    - Focus Group Meeting  
Date: Wednesday, March 15, 2023  
Time: 1:00 - 2:15 p.m.  
Zoom link: <https://us02web.zoom.us/j/3895736057>
  - Area of Specialization: **Working with Persons Who Are Unhoused**
    - [Unhoused Core Competency Layout](#)
    - [Unhoused Landscape Analysis](#)
    - [Feedback Form](#)
    - Focus Group Meeting:  
Date: Friday, March 10, 2023  
Time: between 9:00 - 10:15 a.m.  
Zoom link: <https://us02web.zoom.us/j/3895736057>

- Area of Specialization: **Justice Involved**
  - [Justice Involved Core Competency Layout](#)
  - [Justice Involved Landscape Analysis](#)
  - [Feedback Form](#)
  - Focus Group Meeting
    - Date: Thursday, March 16, 2023
    - Time: 10:00 - 11:30 a.m.
    - Zoom link: <https://us02web.zoom.us/j/3895736057>

**Additional Advertising Requirements for SUD Recovery or Treatment Facilities and Mental Health Facilities:**

- With the implementation of SB 1165, the State has released updated requirements for advertising SUD Recovery/Treatment Facilities and Mental Health Facilities.
- Facilities must take note of these four key prohibited actions outlined by the bill:
  - Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
  - Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
  - Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
  - Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.
- DHCS may investigate an allegation of a violation of these additional requirements and may impose sanctions effective March 15, 2023. More information can be found in [BHIN 23-007](#).

**CalAIM Behavioral Health Payment Reform:**

Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

**Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:**

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

**Management Information Systems (MIS)**

The revised ARFs requesting Date of Birth rather than the SSN are now on the Optum RegPack site: [https://www.regpack.com/reg/templates/build/?g\\_id=100850646](https://www.regpack.com/reg/templates/build/?g_id=100850646)

Please download and save on your computers for requesting access for staff. After March 1<sup>st</sup>, using an outdated ARF will be rejected.



**Also, please remember our new emails:**

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

**MIS Questions?**

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

**Cerner Reminder**

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

**Training and Events**

**Quality Assurance Trainings:**

RCA Documentation Training: **Tuesday March 14, 2023**, from ~~12:30pm to 3:30pm~~ **9:00am-12:00pm** via WebEx. *Registration Required.* [Please click here to register.](#)

Progress Notes Practicum: **Tuesday, March 21, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.* [Please click here to register.](#)

Audit Leads Practicum: **Wednesday, March 29, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.* [Please click here to register.](#)

**Quality Improvement Partners (QIP) Meeting:**

Tuesday, March 28, 2023, from **2:00pm – 4:00pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. [Click here to register.](#) 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

**Office Hours:**

Please see the schedule below for the remaining March 2023 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

**Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.**

Registration is not necessary, please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your desired session. If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

**March 2023 Office Hours:**

- Thursday, March 16, 2023: [Click here to join the meeting](#)
- Tuesday, March 21, 2023: [Click here to join the meeting](#)

- Thursday, March 30, 2023: [Click here to join the meeting](#)

### QI Matters Frequently Asked Questions

**Q: I would like clarification of what programs need to provide clients to attest that they have been notified. Do programs notify clients using the 7-page Notice of Significant Change memo with the change listed within that document?**

A: You may notify clients, or make reasonable attempts to notify all clients, of significant changes of the handbooks by one or more of the following methods:

- Posting the notification and Summary of Changes in an accessible area
- Providing the website
- Emailing the notification and Summary of Changes to clients
- Sending the notification with Summary of Changes by mail to clients

Please note, the Summary of Changes document supplement the memo, and it provides additional details on which sections have been updated in the handbook.

**Q: I'm hoping to gain some clarification around NOABD's. When referring to the number of days on a termination notice, are we counting business days or calendar days?**

A: These would be your office business days.

**Q: If I read this right, the new Transition of Care tool is not applicable to the CSU and/or inpatient psychiatry; is that right?**

A: This tool would apply to CSU's and Inpatient Hospitals if they determine that the client's existing services need to be transitioned to another service delivery which would be the MCP or if services need to be added to their existing mental health treatment via the MCP.

**Q: If a MHRS provides behavioral intervention and skill building for a youth from an ABA/behavioral modification approach where they are at the home at least 2 x a week for a couple of hours each session, would that be billed as Individual Rehab?**

A: ABA is not billable to Medi-Cal, so you would need to be careful in documenting the intervention, but any skill building that IS billable would be SC34. If the client needs ABA, you would refer the client to Regional Center.

**Q: Can you please confirm if the Child/Youth History Questionnaire is still required for the hybrid charts?**

A: This form is no longer required as the information was incorporated into the BHA.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)



# Mental Health Services



## Updates

### Peer Support Specialist Supervisor Training:

The "Supervision of Peer Workers" training course offered by California Mental Health Services Authority (CalMHSA) is now available. The training is free-of-charge, self-paced, and is approximately one hour.

- To register for the training, follow the instructions found [here](#).

The course focuses on the interactions between supervisor and supervisee with an aim of promoting effective practices and builds on the strengths and successes of the peer supervisee. The training is derived from [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. Please see the DHCS [Behavioral Health Information Notice 22-018](#) for additional information.

For questions, please contact CalMHSA directly at [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).

### Child and Adolescent Needs and Strengths (CANS) Coupon Procedure Changes:

As outlined in a recent Behavioral Health Services (BHS) Contractor Information Notice, effective April 1, 2023, Responsive Integrated Health Solutions (RIHS) will no longer be providing behavioral health training services to providers on behalf of BHS. We appreciate RIHS' service to our behavioral health community.

The distribution of CANS coupons for the Praed Foundation training and certification exam which was previously managed by RIHS will now be administered internally by the BHS Workforce Team, until further notice. **Children, Youth and TAY providers needing to obtain their certification or annual recertification can navigate to a webform on the BHS website and complete a request for a CANS coupon**, at [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf\\_outcomes.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf_outcomes.html)

Once a request is received, a coupon code and CANS assessment user guide will be emailed to the requestor within 24 hours. Additional information on the CANS, including manuals, explanation sheets, and forms is also available on the site.

### CANS Assessment Requirements for AOA System of Care:

TAY serving AOA programs will be required to complete a CANS assessment for all TAY-age participants, 18 to

### Optum Website Updates

#### MHP Provider Documents

#### TFC Tab:

On 3/2/23, updated TFC Daily Progress Note and the Explanation sheet was posted on the TFC Tab with updates to streamline them based on the TFC regulations and CalAIM. They went from multiple times per day assessment to once per day assessment.

On 3/2/23, TFC Prior Authorization Request Explanation, TFC Prior Authorization Request, TFC Daily Progress Note and Explanation Sheet were moved to the TFC Tab.

#### UCRM Tab:

On 3/3/23, the UM Request Form was updated to have the T-bar unlocked in the footer for providers to type into the fields.

On 3/13/23, the Consent for Services Form Rev 1/31/23 was updated in all threshold languages and posted on the UCRM Tab.

On 3/28/23, the CSU Episode Summary and Explanation sheet were posted on the UCRM Tab. This form replaced the CSU BHA and ESU BHA.

21 years-old, within 30 days upon intake, every 6 months, and at discharge. The CANS data must be entered into the mHOMS database. Initial CANS data must be entered into mHOMS database within 30 days of CCBH intake date and Discharge CANS must be entered within 7 days from CCBH discharge date. Youth who are within 6 months of turning 21 at intake are excluded from CANS assessment requirements.

**As of 05/01/2023 programs should begin process of getting staff trained and certified to complete the CANS.** The CANS can only be administered by staff who have completed the Certification process. In order to prepare for this requirement, programs may start the CANS certification process now. As staff are trained and become certified they should be administering and completing the CANS assessment. **All new admissions who are TAY ages 18-21 will be required to have the CANS assessment by 10/15/23.**

#### Access to Behavioral Health Provider Workforce Trainings:

As outlined in the recent Behavioral Health Services (BHS) Contractor Information Notices, effective April 1, 2023, Responsive Integrated Health Solutions (RIHS) will no longer be providing behavioral health training services to providers on behalf of BHS. BHS will continue to support the delivery of training to our system of care providers. Training announcements will be provided via the **BHS Workforce Education and Training website at [BHS Workforce Trainings \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)**. Update: BHS Training and Technical Assistance

- BHS training information can be found on the [BHS Training and Technical Assistance](#) website.
- Access to [Academy of Professional Excellence](#) eLearnings are available for: Implementing Harm Reduction, Pathways to Well-being, and Introduction to Trauma Informed Care
- Additional, system of care trainings will be announced through BHS email communication.

#### **The following trainings are currently accessible to system of care providers:**

- Child and Adolescent Needs and Strengths (CANS) coupons for Praed Foundation training and certification exam: [CANS coupon request](#)
- Disaster Training and Overview of AB 2083 are accessible via [BHS Workforce Training and Technical Assistance \(sandiegocounty.gov\)](#)

#### **The following trainings will be accessible mid-April:**

- Trauma Informed Care, Harm Reduction, and Pathways to Well-Being eLearnings can be accessed by sending an email to [BHSworkforce.hhsa@sdcounty.ca.gov](mailto:BHSworkforce.hhsa@sdcounty.ca.gov). CEs for these trainings will be available.

The following trainings will be coordinated by BHS in the near future. Communications will be sent when registration is open:

- Motivational Interviewing
- Relapse Prevention
- Foundations in Case Management
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy

In partnership with Southern Counties Regional Partnership (SCRIP), free trainings with CEs will be provided and shared with the behavioral health system of care. These trainings will include but are not limited to: Trauma Informed Care, DSM-5-TR, and Suicide Awareness.

Thank you for your patience as we navigate this transition in the delivery of training and support to our system of care providers.

**REMINDER! Telehealth Consent Requirements:**

Per BHIN 22-019, effective **July 1, 2022**, Health Care Providers are required to confirm consent for telehealth or **telephone services**, in writing or verbally, at least once prior to initiating applicable health care services via telehealth to a Medi-Cal beneficiary. The provider must document in the patient record provision of this information and the beneficiary's verbal or written acknowledgement that the information was received. System of Care providers are encouraged to develop their own processes and/or written consent forms in order to adhere to this mandate, however the consent for telehealth services **must** contain the following explanations:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit
- The use of telehealth is voluntary, and consent may be withdrawn at any time by the beneficiary without affecting their ability to access covered Medi-Cal services in the future
- The availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- The potential limitations and risks related to receiving services through telehealth as compared to an in-person visit to the extent that any limitations or risks are identified by the provider

Compliance will be monitored as part of Program Compliance during the Medical Record Review beginning Quarter 1 of FY 23-24. Programs will be required to submit evidence of their Telehealth P&P's and Telehealth Consent. (Ref: [BHIN 22-019](#), [DHCS Telehealth Resources Page](#), MH UTTM June 2022, MH QIP May 2022, March 2023)

**Reminder: Attestation for Beneficiary Handbook Changes:**

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 3/15/23. There are several outstanding attestations. Please complete and submit to QI Matters as soon as possible.

**Knowledge Sharing**

**Denial NOABD vs Delivery System NOABD Clarification:**

**NOABD Denial:** Plan has been asked to approve services and the approval request has been denied. Our approval process is the authorization process and is only relevant to specific levels of care deemed mandatory by DHCS as follows:

- Psychiatric Inpatient Hospital Services,
- Psychiatric Health Facility Services
- Crisis Residential Services
- Adult Residential Treatment Services
- Intensive Home-Based Services
- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care

**NOABD Delivery System:** Mental health condition does not meet the medical necessity criteria to be eligible for specialty mental health services. If individual referred within the MHP for specialty mental health services, this does not apply and would not be required.

#### Data Entry Standard for ASJ Records:

Data entry standard for ASJ records is **5 business days**. QI will be monitoring this standard as a component of our enhanced ASJ data quality initiative. Questions regarding this standard should be addressed to Data Sciences.

#### Telehealth Performance Improvement Project (PIP):

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy (telephone and telehealth). Feedback directly from older adult consumers revealed that older adult client's reluctance or inability to access telehealth services was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology.

After sending the translated telehealth informational guides that the PIP team developed to the participatory program UPAC EMASS, the program provided feedback and requested informational guides about how to access the video telehealth appointments through receiving text messages. The PIP evaluation team created the new text message slide and submitted a request for the translation company to translate the new slide as well as make the requested updates to the Pashto slides. In the spring of 2023, the PIP evaluation team will schedule a training and plan to implement this intervention. The PIP evaluation team is in the process of soliciting additional programs to participate in this PIP.

Next steps include:

- Continue to work with UPAC EMASS to develop how trainings will be implemented and informational materials will be distributed to older adult clients.
- Continue to implement and collect pre and post questionnaires from clients to gather information for clients who received the intervention.
- Send a monthly follow-up to Vista Hill SmartCare who have implemented the pre-post questions.
- Reach out to any new programs recommended by the County.
- Recruit a stakeholder workgroup.

#### Therapeutic Support for LGBTQ+ Youth PIP:

Increasing Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy is MH PIP for 2022-2024.

- The updated It's Up to Us LGBTQ+ resource pages intervention has been active as of October 2022.
  - It's Up to Us LGBTQ+ Resource Page: <https://up2sd.org/resources?list=lgbtq>
  - From October 27, 2022 to January 27, 2023 there were 105 unique page views. The next report for page view will be available after April 27, 2023.
- On March 2, 2023, Responsive Integrated Health Solutions (RIHS), in partnership with the County of San Diego Behavioral Health Services (SD-BHS) and the Child and Adolescent Services Research Center (CASRC) at UC San Diego held a training for providers working in BHS Children, Youth, and Families (CYF) to increase providers' knowledge and skill concerning the provision of affirming therapeutic support for youth who identify as LGBTQ+ receiving services across the San Diego County system of care. Approximately 170 San Diego providers attended the training. The feedback surveys data will be analyzed in March 2023.
- A final PIP Advisory Board meeting will be held in early April 2023 to update members about the data collected from the training and provide an opportunity for community feedback.

#### Medi-Cal Peer Support Specialist Certification:

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
  - Peers employed as a Peer on January 1, 2022 must still be employed as a Peer on the date application is submitted (until June 30, 2023).

- No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status “In Revision” must complete additional requests for information in order to proceed. For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The *Supervision of Peer Workers Training* is now available through CalMHSA at no cost. This training meets the State’s training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
  - [Register](#) for the Supervisor Training at the CalMHSA website.
- The following information are also available on the CalMHSA website for peers:
  - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
  - Information on [training providers](#)
  - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

#### Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines:

Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

#### Transportation Benefit for Medi-Cal Beneficiaries:

- As a reminder, Medi-Cal beneficiaries may avail of non-medical transportation (NMT) or non-emergency medical transportation (NEMT) from their Medi-Cal Managed Care Plans ([BHIN 22-031](#)). Transportation to Mental Health and SUD treatment appointments are included in this benefit.
- To access transportation benefits, BHS providers and/or beneficiaries can call the health plans’ member services department found in the linked [FAQs](#).

#### CalAIM Behavioral Health Payment Reform:

Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

#### Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:

- Don’t forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program’s information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

#### Provider Directory Application Programming Interface (API) coming soon!

- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible, standards-based Provider Directory API ([BHIN 22-068](#)). This upcoming change may result in potential administrative relief, would create more efficient coordination of care between MCPs and BHS programs, and even possibly allow clients to look up BHS network providers’ information on phone applications.
- To help prepare for this change, staff providers are asked to:

- Update provider directory information in the SOC Application as changes occur.
- Attest to the accuracy of provider directory information on the SOC Application monthly.
- Are you a program manager? Remember to attest to your program's information on the SOC Application monthly.
- Please be on the lookout for further announcements and additional information for provider directory requirements.

### Management Information Systems (MIS)

The revised ARFs requesting Date of Birth rather than the SSN are now on the Optum RegPack site:

[https://www.regpack.com/reg/templates/build/?g\\_id=100850646](https://www.regpack.com/reg/templates/build/?g_id=100850646). Please download and save on your computers for requesting access for staff. After March 1<sup>st</sup>, using an outdated ARF will be rejected.

#### Please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

#### Cerner Reminder:

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

### Training and Events

#### Quality Improvement Partners (QIP) Meeting:

Tuesday, April 25, 2023, from **2:00pm – 4:00pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. [Click here to join the meeting](#). 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

#### Office Hours:

Please see the schedule below for the April 2023 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

**Registration is not necessary. Please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session. If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov).**

#### April 2023 Office Hours:

- Thursday, April 13, 2023: [Click here to join the meeting](#)
- Tuesday, April 18, 2023: [Click here to join the meeting](#)
- Thursday, April 27, 2023 [Click here to join the meeting](#)



QI Matters Frequently Asked Questions

**Q: Occasionally, we will have a client open to our program with full scope Medi-Cal and during our monthly audits we find that they have dropped Medi-Cal and obtained private health insurance, such as Kaiser comprehensive. Would this require a transition of care tool if we refer them to Kaisers behavioral health services?**

A: The Transition of Care tool is only used by MHP programs when referring to outpatient providers through the MCP (the grid below shows which plans fall within the MCP). Referrals to other providers within the MHP, such as TBS or Nueva Vista, do not require the form.

**Q: I saw in the UTTM, it identifies that all new staff hired on or after 3/1/23 need to complete the Cal AIM trainings. Is this correct? All new staff need to complete those 8 modules upon hire, within 90 days?**

A: Correct, staff are required to complete the entire CalMHSA training modules. As of 03/01/23, programs will be responsible for ensuring staff complete the required CalMHSA trainings. This includes current staff and new staff hired on or after 03/01/23. New staff are to complete the CalMHSA required trainings during the onboarding process and no later than 90 days from the hire date.

**Q: If a clinician is meeting a client out in the field and is providing multiple services such as a SC50 and SC13, would the travel time be divided in half for each SC note or would the travel time be added only to one SC note?**

A: It is best to put all the travel time into one service. In the other service, you can reference that the travel time was put into the other progress note.

**Q: Do we still need to complete treatment plans for those members with Medi-Medi?**

A: The Medicare requirements have not changed. Client Plan requirements for Medicare and Medi-Medi clients continue to remain in effect due to applicable federal regulations/guidance and have not been superseded by the CalAIM documentation reforms. If a client has Medicare or Medi-Medi services that are billed to Medicare are the ones that need to be on the client plan. This would include medication services provided by an MD, NP, RN, and an LCSW providing psychotherapy, as those providers are billable to Medicare.

**Q: I have a staff member who is on a leave of absence (LOA) but has an unsigned note. I am his co-signature that he needs for his notes. Am I able to sign his note for him or what is the procedure that needs to be taken? We are unsure if he will return from his LOA.**

A: When a program has staff that are on leave or no longer with the program, the program manager is the person with the authority to sign the progress note(s). They can include a never billable progress note to explain the situation.

**Q: If a staff spends substantial time without the client, searching for housing, shelter placement, etc. What service code would be appropriate?**

A: With new CalAIM changes and CalMHSA feedback, time spent directly communicating with housing/placements/needed resources to confirm client eligibility or availability of shelter are billable as a SC 50. However, time dedicated to researching or looking up resources continues to be a never billable activity.



## Mental Health Services



### Updates

#### Cerner Millennium Introduction

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

This will be offered Tuesday, May 16<sup>th</sup> from 1-2pm.

If you are interested in attending please use the following link:

[Click here to join the meeting](#)

#### Open Payments Database Notification to Clients – New Requirement!

As required by Assembly Bill (AB) 1278, physicians are required to provide to a client at the initial office visit a written or electronic notice of the Open Payments Database, which is managed by the U.S. Centers for Medicare and Medicaid Services (CMS) effective January 1, 2023. This requirement pertains to all physicians licensed by the Medical Board of California or the Osteopathic Board of California, which includes our SOC contracted psychiatrists.

Specifically, this new law requires physicians to do the following beginning **January 1, 2023**:

1. At the initial office visit with their patient, a physician must provide either a written or electronic notice of the Database that includes the following mandatory text:

*“The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.”*

The written notice must be signed and dated at the initial visit and:

- a. A copy provided to the client or their representative/parent/legal guardian
- b. ~~A copy retained by program~~ *correction to memo, program is not required to retain copy*
- c. A copy maintained in the client’s medical record

#### Optum Website Updates MHP Provider Documents

##### Training Tab:

On 4/6/23, the Updated New PM Orientation Power Point revised 2/22/23 was posted.

##### References Tab:

On 4/10/23, the Updated New Contractor Orientation Resources revised 4/7/23 was posted.

##### Forms Tab:

On 4/24/23, the Med Monitoring Submission Form Children was updated to correct the missing variance section #7 and posted.

##### Beneficiary Tab:

On 5/1/23, the CA Board of Psychology Consumer Statement in the new threshold languages of Chinese and Korean were added.

On 5/1/23, the BBS Complaint Notification Form was moved from the References Tab to the Beneficiary Tab.

The Open Payments Database Physician Notice to Clients and the Open Payments Database Notice to Clients Display were added.

##### Communications Tab:

On 5/1/23, the BHS Contractor Memo-Open Payments Database was added.

##### UCRM Tab:

The Case Management/Peer Support Services Client Plan Note Explanation Sheet was updated to clarify the ability of Paraprofessionals to complete the plan note (with required co-signature) and the updated explanation sheet is on the Optum Website.

2. Post a notice regarding the Database at each location where the physician practices, in an area likely to be seen by all persons.
3. Beginning **January 1, 2024**, a physician who uses a website in their medical practice must conspicuously post the same notice described above in #2 on their website. *Mandatory: The content of the website notice should be the same as the content from the posted office notices.* If a physician is employed by or contracts with a health care employer, that employer is responsible for meeting this requirement. Legal entities will be required to ensure this notice is posted on their internet website along with an internet website link to the Database.

QA has developed an Open Payments Database Notice that should be used going forward as part of programs' initial paperwork when opening new clients. It will be available on the Optum Website in MH Provider Documents in the Beneficiary Tab. **QA will begin monitoring for compliance to this requirement as part of their Medi-Cal Site Certification/Recertification process beginning Quarter 1 of FY 23-24.**

#### **Physician's Notice to Patients – Updated Requirements!**

Beginning January 1, 2023, all licensees and registrants of the Board must provide notice to each patient or client that they are licensed/registered and regulated by the Board, and their license/registration can be checked and complaints against the licensee/registrant can be made through the Board's website or by contacting the Board.

The notice shall **include a quick response (QR) code** that leads to the Board's [Notice to Consumer webpage](#).

Programs will be required to display the notices with QR codes for the available County of San Diego threshold languages: English, Spanish, Chinese, Vietnamese, Tagalog, Korean, Arabic, and Farsi. These are available on the Medical Board of California website and have been uploaded to the Optum Website under MHP Documents in the Beneficiary Tab.

**This requirement will continue to be monitored as part of our Medi-Cal Certification/Recertification Process.**

#### **Notice to Consumers – CA Board of Psychology New Threshold Languages**

The required Notice to Consumers by the CA Board of Psychology is now available in the following threshold languages: English, Spanish, Vietnamese, Tagalog, Korean (new) and Chinese (new). The newly added languages have been added to the Optum Website under the Beneficiary Tab and are also available on the CA Board of Psychology website at [www.psychology.ca.gov](http://www.psychology.ca.gov) Programs are required to ensure all available threshold languages are displayed and visible to clients. This is monitored as part of the Medi-Cal Site Certification visit.

#### **Update: CA Managed Care Plans (MCP)**

- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- DHCS is developing a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.
- For more information see the [DHCS Medi-Cal Managed Care](#) website.

#### **Update: Justice-Involved Waiver**

- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the [DHCS CalAIM Justice Involved Initiative](#) website.

Knowledge Sharing

### Telehealth PIP

The way in which clients accessed mental health services changed after the pandemic, most commonly involving the utilization of teletherapy (telephone and telehealth).

- The PIP evaluation team coordinated and held a planning meeting with UPAC EMASS to help deliver and implement the telehealth guides.
- With recommendations from the County, the PIP evaluation team lead followed up with nine additional programs. Two programs, UPAC Solutions and TURN North Coastal MHS, expressed an interest and follow-up meetings were scheduled.
- The PIP evaluation team continued to follow-up on the data collection with the program Vista Hill SmartCare, who have agreed to implement pre and post client questions, developed by the PIP team, for their older adult clients.

### **Next steps include:**

- Continue to work with UPAC EMASS and UPAC Positive Solutions to develop the training to older adult clients.
- Continue to send a monthly follow-up to Vista Hill SmartCare who has implemented the pre-post questions.
- Perform a final round of follow-up to a few more programs to gain interest in participating in the PIP.

### Therapeutic Support for LGBTQ+ Youth PIP

Increasing Therapeutic Support for Youth who identify as sexual and gender minorities is MH PIP for 2022-2024.

- *It's Up to Us* LGBTQ+ Resource Page: <https://up2sd.org/resources?list=lgbtq>
- Training for providers working in BHS CYF for youth who identify as LGBTQ+ receiving services across the San Diego County system of care was held in March. A summary of the data collected from the training was provided to the advisory committee members.
- The upcoming Spring 2023 Youth Services Survey (YSS) results will be to examine PIP outcome measures and develop results.

### Update on Peer Support Services Implementation

As has been shared previously by Behavioral Health Services (BHS), the County supports implementation of peer support services as a **new benefit** within BHS programs and envisions optimization of the Certified Peer Support Specialist role across all levels of service. This entails that all program staff members in positions that require behavioral health lived experience must be trained and certified per the process defined on the [CalMHSA](#) website. Programs are encouraged to continue to work with their assigned COR to identify positions which require behavioral health lived experience and need to complete the peer certification process.

### Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022. See "Grandparenting Certification Requirements" on the CalMHSA website.
  - Peers employed as a Peer on January 1, 2022 must still be employed as a Peer on the date application is submitted (until June 30, 2023).
  - No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status "In Revision" must complete additional requests for information to proceed. For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
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  - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
  - Information on [training providers](#)
  - An updated [Exam Accommodations Policy](#)

- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

#### Supervision of certified Peer Support Specialists

- Per [BHIN 22-018](#), Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county's regular continuing training requirements.
- Supervisors do not need to complete the training prior to PSS billing.
- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is now available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
  - [Register](#) for the Supervisor Training at the CalMHSA website.

**CalAIM Behavioral Health Payment Reform:** Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

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- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

#### Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines

**Reminder:** Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

Welcome New QA Staff

#### New QA Specialists:

**Makenna Lilya** is an LMFT and PLNU alumna who began her career as a CYF outpatient clinician at Douglas Young Youth and Family Services. Her passion for learning and dedication to her work and clients advanced her to the position of Assistant Program Director. With a strong clinical background, skills in documentation and auditing, and extensive knowledge of trauma-informed care, Makenna is excited to enter the QA team. Makenna's commitment to empathic and supportive care extends to her new role as a QA Specialist, where she is thrilled to support the community through quality improvement initiatives. When not in the office, Makenna enjoys snowboarding with her husband, going on long bike rides, and spending time at the beach!

**Claudia Torres** came from the Quality Assurance department at New Alternatives Inc. and have previously worked in various clinical roles within the CYF system of care and as an ERMHS provider with Vista Hill. Born and raised in the central valley of California, Claudia is a country girl at heart, but loves the city of San Diego. In her spare time, she enjoys exploring and having adventures with her two-year-old son, Ian, attending social activities/events, taking walks, and a big sports fan of the NFL and NBA.

**Michelle Vidana** is returning to the QA after taking time away to pursue private practice work, providing clinical supervision, and welcoming her now 10-month-old baby. Michelle has extensive experience working in various roles within the County system of care including PERT Patrol and PERT EMS, Outpatient services, Crisis house, and field-based therapy and support to

adults and children. Michelle considers herself a San Diego Native after moving to San Diego from Oklahoma at age 1 and is bi-lingual in Vietnamese. During her free time, Michelle enjoys spending time with family and trying out new foods and flavors taking advantage of San Diego diverse communities. In the summer, you can usually catch Michelle and family at the bay paddleboarding or roasting smores at a bonfire.

### Promotions!

Please join us in congratulating **Kristi Jones** in promoting to QA MH Supervisor. Kristi has been working with the County of San Diego in the Quality Assurance Mental Health unit as a Utilization Review Quality Improvement Specialist since April 2020. Kristi previously worked at Optum where she was the Manager of Utilization Management. 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 children living in the residential program. She is looking forward to taking on new challenges as a part of HHS with the QA Leadership Team! When not at work, Kristi enjoys being a mom to her two children who are 9 and 12 years old. She also loves her wild Pug, French Bulldog 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.

Please join us in congratulating **Glenda Baez** in promoting to QA SUD Supervisor. Glenda has been working with the County of San Diego in the Quality Assurance Mental Health Unit as a Utilization Review Quality Improvement Specialist since 2015. Before joining the County, Glenda worked at Optum as a Utilization Management Care Advocate reviewing contracted Fee-For-Service hospital and Fee-For-Service outpatient providers. Prior to working at Optum, she worked at South Bay Community Services, providing bilingual therapy services both at Mi Escuelita providing therapy to preschool age children who experienced domestic violence and the EPSDT mental health services for children ages 5-18 and their families. Glenda is originally from El Centro, CA but has lived in San Diego most of her life. In her spare time, Glenda loves spending time with her husband Joe, and two children, 10-year-old daughter, Marialuisa, 9-year-old son, Joseph, and their 2-year-old dog Max. Glenda enjoys going to the beach, reading, traveling to new places and visiting extended family in Ireland and Mexico, exploring restaurants around town, and watching the European Rugby Champions Cup and 6 Nations rugby games with her husband and their friends.

### **Management Information Systems (MIS)**

In regards to the assessments that have been losing information, Cerner requests that you update your Citrix by using this link: <https://www.citrix.com/downloads/workspace-app/legacy-workspace-app-for-windows-ltsr/workspace-app-for-windows-LTSR.html>. If you still have the same issues after doing that, please let us know at MIS: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov). Thank you all for your patience!

### Avoiding Common Mistakes During CCBH Training

- Reserve a dedicated time and location to complete the training
- Read the trainer's email in its entirety
- Review the resource packet and the video tutorial
- Open the practice document and the samples packet (if applicable)
- Follow the sequence and the dates indicated in the practice document

### Please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

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Please see the schedule below for the May 2023 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

**Registration is not necessary. Please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session. If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov).**

May 2023 sessions:

- Thursday, May 11, 2023: [Click here to join the meeting](#)
- Tuesday, May 16, 2023: [Click here to join the meeting](#)

**QI Matters Frequently Asked Questions**

**Q: Per the UTTM MH April 2023 Correction attachment, the Episode Summary replaced the CSU BHA however we received instructions and confirmation that it replaced the CSU Discharge Note, not the BHA. Can we please get clarification on this?**

A: The Episode Summary was created to be a comprehensive summary which replaces the BHA and/or Discharge Summary requirements. CSU's now only have to complete the Episode Summary vs completing the BHA and/or Discharge Summary.

**Q: We have another question about the CM/PSP/MHSA Plan Note. In our program, our Certified Peer Support Specialists provide case management, skill building, etc., and clinicians mainly focus on individual psychotherapy, but may also provide case management at times. In regards to the CM/PSP/MHSA Plan note-if we have a client who is requesting both Peer Support services and case management, do we need to write two separate notes-one for peer support services that may include case management? And another for case management? It seems redundant to have the Peer Support create a PSP plan that includes case management and to require a separate plan for case management.**

A: A Case Management and Peer Support Service plan may be completed on the same treatment plan progress note template; however, it is important to remember these must be separate interventions in the note template. In addition, the Peer Support Service plan must be completed prior to the initiation of any Peer Support Services. It is possible to have a case management service or two prior to completion of the plan, but this is not the case for peer support services.

**Q: Where do we bill if the member is in a crisis house? Should all notes face to face or over the phone be billed to Crisis Residential?**

A: If a client is in a crisis house, this is considered a lock out setting, which means that the location of every service provided (while client is at the crisis house), whether it is face to face or via telephone, will have the location as Crisis Residential.

**Q: I recently re-opened a returning client and completed her BHA. I accidentally Final Approved it without updating the signature dates on the last page. The date on there is from 6/22/22 when I first saw the client. Do I need to reopen a new BHA to fix the dates? If so, do I have to complete all the necessary boxes again?**

A: You can open a Never-billable note dated the same date as your BHA, indicate the error, and correct dates for each applicable box then final approve the note.

**Q: Is the Initial Screening in CERNER a requirement to accept a client into services? Or does the BHA suffice?**

A: The initial screening is not required, and the BHA can be used.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)





# Mental Health Services



## Updates

### Peer Support Specialist Services in Lock-Out Settings:

Certified Peer Support Specialist services may be claimed and billed for clients while the client is in a **residential** or **inpatient** setting. These settings are not considered “lock outs” for peer support services per DHCS and the current SMHS Billing Manual v1.4. They should be claimed separately and independently of any bundled service. The Peer Support Specialist must document in their progress note to support the service provided and include all required progress note elements as per BHIN 22-019.

### CPT Trainings:

- CalMHSA has released CPT Code trainings geared towards direct service providers
- There are separate trainings for both SMHS and DMC/DMC-ODS
- You can find both trainings under the “CalAIM Training” heading (where the required documentation trainings are) on the [CalMHSA LMS](#)
  - If you have not previously registered, log-in instructions are found [here](#), and questions can be emailed to [calaim@calmhsa.org](mailto:calaim@calmhsa.org)
- As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.

## Knowledge Sharing

### Telehealth PIP:

The Telehealth PIP goal is to increase access and utilization of telehealth services for the Adult and Older Adult

## Optum Website Updates MHP Provider Documents

### UCRM Tab:

On 5/3/23, the Case Management/Peer Support MHSA CP Explanation Sheet was updated to add the Paraprofessional credential to be able to complete this document with a co-signature.

On 5/8/23, the Youth Transition Self Evaluation in Arabic and Farsi were added.

On 6/1/23, the updated Mobile Crisis Assessment was posted.

### Communications Tab:

On 5/3/23 the 2023-04-20 – BHS Contractor Memo-TAY CANS was posted. This memo notifies providers of the CANS requirement for AOA SOC for TAY aged youth.

On 5/20/23, the 2023-05-19-BHS Provider Memo Payment Reform and CPT for SMHS was posted.

### References Tab:

On 5/8/23, the Transferring Clients Between Different Program Sites document was updated to change the 30-day BHA Timeline to the new 60 days with CalAIM and remove the Client Signature information on Client Plan.

On 5/20/23, the CPT Crosswalk Revised 5/20/23 was posted.

### Beneficiary Tab:

On 5/10/23, the Physician Notice to Patients California Regulation was posted in all threshold languages. The Medical Board of CA updated this form to include a QR Code that leads to the boards notice to consumer webpage.

### Peer Support Specialist Tab:

On 5/17/23, the 2023-05-17 BHS Memo-Update on Peer Support Services Implementation was posted.

On 5/24/23, the San Diego Certified Peer Support Specialist Training Requirements was posted.

On 5/26/23, the [San Diego Certified Peer Support Specialist Billing Codes](#) were posted.

Population. The PIP evaluation team coordinated and held a meeting with UPAC EMASS and UPAC Positive Solutions utilizing a train the trainer model providing telehealth guides and reviewing the administration of pre-post questionnaires.

- The recorded training, pre-post questionnaires, client tracking sheet, and training PowerPoints were provided to the UPAC teams.
- Interventions were scheduled to be delivered the week of May 15<sup>th</sup>, UPAC EMASS and UPAC Positive Solutions collaborated to host the intervention and invite clients from both programs to attend.

#### Therapeutic Support for LGBTQ+ Youth PIP:

The updated *It's Up to Us* LGBTQ+ resource pages intervention has been active as of October 2022. Resource Page: <https://up2sd.org/resources?list=lgbtq>

- From October 27, 2022 to April 27, 2023 there were **618** unique page views, a 488.6% increase from the previous reporting period (10/27/22 – 1/27/23).
  - The resource page was featured at the Affirming Care and LGBTQIA+ Youth March 2023 training, provided by Responsive Integrated Health Solutions (RIHS), designed to increase providers' knowledge and skills providing therapeutic support for youth who identify as LGBTQ+.
  - Over 160 San Diego providers, working in BHS Children, Youth, and Families (CYF), attended the full-day training.

The final PIP Advisory Board meeting was held on March 30<sup>th</sup>.

#### Peer Support Services Implementation:

**Update:** As previously shared, positions that have been identified as requiring behavioral health lived experience must be filled with Certified Peer Support Specialists who are trained and certified per the process defined on the CalMHSA website. Programs may hire individuals working toward peer certification within 90 days of hire. COR approval is needed for situations that the timeline cannot be met by a peer. For additional information,

- MH UTTM: [2023-05-17-BHS Memo-Update on Peer Support Services Implementation](#)
- DMC-ODS UTTM: [2023-05-17-BHS Memo-Update on Peer Support Services Implementation](#)

#### Training Requirements for certified Peer Support Specialists:

- MH UTTM: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
- DMC-ODS UTTM: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)

#### Billing Codes for certified Peer Support Specialists:

UTTM June 2023

### Optum Website Updates MHP Provider Documents (Continued)

#### OPOH Tab:

On 5/9/23, the OPOH Section J Provider Contracting was updated regarding the Salvage section.

On 5/16/23, OPOH Sect C Accessing Services was posted, and it updated to add STRTP under the MHP Services Authorization Requirement Provided by Optum.

On 5/16/23, OPOH Sect D Providing Specialty Mental Health Services was posted, and it updated to change language from RIHS to BHS Pathways to Well-Being website and updated the link. Also updated and added CSU LPS Staffing Requirements.

On 5/16/23, OPOH Sect G Quality Improvement was posted, and it updated with the RIHS Training Language to the new BHS Training Language and new BHS Training Website.

On 5/16/23, OPOH Sect L Practice Guidelines was posted, and it updated to remove the Client/Family Education Program information through RIHS Website.

On 5/16/23, OPOH Sect N Data Requirements was posted, and it updated CANS Outcome Measure language with the All Transition age youth clients including in the AOA system of care.

On 5/16/23, OPOH Sect O Training posted, and it updated all of the RIHS language and website info to BHS Training and Technical Assistance website.

#### Cerner Millennium Tab:

On 5/17/23, the Cerner Millennium Tab was created, and the Cerner Millennium Introduction Presentation was posted.

- MH UTTM: [San Diego Certified Peer Support Specialists – BILLING CODES](#)
- DMC-ODS UTTM: [San Diego Certified Peer Support Specialists – Billing Codes](#)

#### Q&A:

- MH UTTM: [Q&A on Peer Support Services](#)
- DMC-ODS UTTM: [Q&A on Peer Support Services](#)

#### Medi-Cal Peer Support Specialist Certification:

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
  - Peers employed as a Peer on January 1, 2022 must still be employed as a Peer on the date application is submitted (until June 30, 2023).
  - No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status “In Revision” must complete additional requests for information to proceed. For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The following information are also available on the CalMHSA website for peers:
  - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
  - Information on [training providers](#)
  - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

#### Supervision of certified Peer Support Specialists:

- Per [BHIN 22-018](#), Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county’s regular continuing training requirements.
- Supervisors do not need to complete the training prior to PSS billing.
- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is now available through CalMHSA at no cost. This training meets the State’s training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
  - [Register](#) for the Supervisor Training at the CalMHSA website.

#### CalAIM Behavioral Health Payment Reform:

Please send questions on local implementation of payment reform to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

#### Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders:

- Don’t forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program’s information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).

#### Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines:

**Reminder:** Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

## Management Information Systems (MIS)

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

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

### Please remember our new emails:

For ARFs: [mhehraccessrequest.hhsa@sdcounty.ca.gov](mailto:mhehraccessrequest.hhsa@sdcounty.ca.gov)

For Help Desk: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

### Cerner Reminder:

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

## Training and Events

### Quality Assurance Trainings (please contact [Christian.Soriano2@sdcounty.ca.gov](mailto:Christian.Soriano2@sdcounty.ca.gov) for registration):

Progress Notes Practicum: **Thursday, June 1, 2023**, from **9:00 am – 12:00 pm** via WebEx. *Registration Required.*

Audit Leads' Practicum: **Thursday, June 15, 2023**, from **9:00 am – 12:00 pm** via WebEx. *Registration Required.*

RCA Documentation Training: **Monday, June 26, 2023**, from **9:00 am – 12:00 pm** via WebEx. *Registration Required.*

### Quality Improvement Partners (QIP) Meeting:

Tuesday, June 27, 2023, from **2:00 pm – 4:00 pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. [Click here to join the meeting](#). 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](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov).

### Office Hours:

Please see the schedule below for the June 2023 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

**Registration is not necessary. Please contact Christian ([Christian.soriano2@sdcounty.ca.gov](mailto:Christian.soriano2@sdcounty.ca.gov)) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session. If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.**

June 2023 sessions:

- Thursday, June 15, 2023, 3 pm to 4 pm: [Click here to join the meeting](#)
- Tuesday, June 20, 2023, 9 am to 10 am: [Click here to join the meeting](#)

- Thursday, June 29, 2023, 3 pm to 4 pm: [Click here to join the meeting](#)

**QI Matters Frequently Asked Questions**

**Q: Do the Certified Peer Support Specialists require a co-signature on their progress notes?**

A: Certified Peers Support staff do NOT require co-signature for the SC57 and SC58 Peers services, however they do require a co-signature for the PSS Client Plan Note.

**Q: If a clinician provides a group service in which some members are attending in person and some members attend via zoom (telehealth), how would we claim this service?**

A: If you have clients joining the group either in person or thru telehealth, you would this indicate in their respective encounters by selecting corresponding *Provided At* and *Contact Types* and a sentence in their client narrative of the group note.

**Q: If a provider sees a client for a service which is broken up throughout the day – for example, they meet with the client for 20 minutes at 10AM and then again for the same service at 11:30AM – can this be claimed in one progress note?**

A: Yes, the provider should complete one progress note which “rolls” these encounters within same day into the progress note and document this in the narrative and claim the combined service time.

**Q: I have a question regarding consultation and documentation/billing. I understand that typically consultation within our multidisciplinary team is not billable time. I wanted to clarify whether staff consulting with a supervisory person on an imminent safety concern is also not billable.**

A: This is never billable and considered the cost of doing business.

**Q: If there was a yes to an asterisk question on the BHA PRA, staff are required to review the My Safety Plan with a licensed staff member. Would the time spent reviewing the safety plan be included in billing time (either service time or documentation time)?**

A: This is not billable and should be excluded from the service time.

**Q: If a client discloses a plan to harm themselves. Staff would call and consult with management on the appropriateness of calling PERT. Would the time spent consulting be included in billing time (either service time or documentation time)?**

A: This would not be billable.

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](mailto:QIMatters.hhsa@sdcounty.ca.gov)