

July 2021

DMC-ODS Outpatient and Residential Documentation Trainings

- A review of DMC-ODS Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.

▪ **Outpatient**

- Date: **Wednesday, July 14, 2021**
- Time: 1:00 p.m. to 4:30 p.m.
- Where: via WebEx – [Click here to register!](#)

▪ **Residential**

- Date: **Tuesday, August 10, 2021**
- Time: 1:00 p.m. to 4:30 p.m.
- Where: via WebEx – Look for registration information coming soon!



DMC-ODS Skill Building Workshop on Treatment Plans

In the month of July, the County of San Diego HHS Behavioral Health Service SUD Quality Management Team is pleased to offer a virtual Skill Building Workshop. The focus this month is Treatment Plans. Participants will refresh their skills in building client-centered treatment plans and review the regulations and standards.

- Date: **Thursday, July 29, 2021**
- Time: 9:30 a.m. to 11:30 a.m.
- Where: via WebEx – [Click here to register!](#)

Update: Training Policies

BHS QM SUD is pleased to announce some changes to our training policies for the new fiscal year 21-22:

- New regulations for Skill Building workshops to include limiting who can register based on job title/position.
- No certificates for Skill Building Workshops
- Limit to number of times providers may participate in the documentation trainings to once every three months.

Additionally, we would like to remind all program staff to keep any/all training certificates provided through the county or outside entities. This includes evidence for completion of 5 hours of addiction medicine per year for MD and LPHA.

SUD Provider Quality Improvement Partners (SUD QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, July 22, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting.

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All-BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
 - Date: **Tuesday, July 27, 2021**
 - Time: 8:30 a.m. to 10:00 a.m.
 - Where: via WebEx - Separate invite/email to be sent prior to the tele-town halls.

Save the Date: SUD QM Annual DMC-ODS Training

The third annual SUD QM DMC-ODS Overview will take the place of the August SUD Provider Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the third year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.



- Date: **Thursday, August 26, 2021**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: via WebEx – [Click here to register!](#)

Save the Date: Recovery Happens 2021

- Recovery Happens is an annual community event celebrating individuals in recovery and those who support them hosted by the County of San Diego Health and Human Services Agency.
- The event will again be held virtually this year on Saturday, September 18, 2021 and will include engaging speakers and a virtual resource fair which will be available on the Behavioral Health Services website throughout the month of September.
- If you are interested in being a virtual resource exhibitor, please contact Nancy Page (nancy.page@sdcounty.ca.gov).
- [Click here to view the event flyer!](#)

Reminder: Staffing Requirement

- DHCS requires at least 30% of staff providing counseling services at SUD programs to be licensed or certified.
- Licensed eligible or associate staff are considered LPHA's and fall in the 30% category.
- The remaining 70% of staff shall be registered.
- As of 2018, DHCS defined interns as those still in school and not licensed eligible. Interns shall not be included in the 30% category.
- The SUDPOH will be updated to clarify this regulation.
- The SOW language will be corrected in the next contract amendment.

Update: QM Webinars

- QM is in the process of updating QM related webinars posted on the Optum site with closed captioning.
- Module 1 is now available with the newly added closed captioning.



Update: Telehealth

- On July 7, 2021, DHCS clarified that telehealth waivers will remain in place through December 2022, or until further guidance on the waiver is ended at the federal level.
- This includes the use of telehealth platforms, ability to use telephone assessments, and continuing signature guidance when providing telehealth services.
- The Quality Management teams will be issuing additional guidance once DHCS officially releases updated communication.

Update: New Intergovernmental Agreement

- The new Intergovernmental Agreement (IA) has been signed and was posted to the Optum website under the manuals tab on 6/29/21.
- The new IA is effective through 6/30/23.

Update: COVID-19 waivers

- The Department of Health Care Services (DHCS) is ending the flexibility for AOD registered counselors to become certified within 5 years of registration, effective September 30, 2021.
- DHCS will restart on-site reviews in August 2021, including auditing activities and site reviews. This includes programs who are past their 5 years for recertification.
- Program must resume providing the required hours of service based on the client's Level of Care as of July 1, 2021.
- The SUD Quality Management team will be issuing additional guidance once DHCS officially releases updated communication.
- Programs are encouraged to monitor the [DHCS COVID-19 Response page](#) and [BHS COVID-19 Response page](#) for further updates.

Update: 42 CFR Part 2

- 42 CFR Part 2 changes effective 8/14/20 were presented and shared at the 8/2020 QIP meeting by Angie DeVoss.
 - The tip sheet of changes identifies for main changes:
 - Consent requirements
 - Prohibition on re-disclosure
 - Medical Emergencies
 - Audit and evaluation
- The tip sheet is posted to the [Optum site under the Communication tab](#).
- For questions more information or questions about these changes, contact the [Agency Compliance Office](#).
- Additional Part 2 changes were released on 3/27/2021 and is under review. More information will be shared with the system of care after guidance is received.



Update: SUDPOH

- The SUDPOH was updated on 5/25/21.
- The revision and Summary of Changes are posted on the Optum site.
- The SUDPOH tab was updated to remove or relocate forms that were previously part of the SUDPOH appendices. See Summary of Changes for Details.
- Next anticipated update is planned for 10/2021.

Reminder: Contact Log Requirement

- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients.
- Capturing this data is important to ensure our access time date is accurate.
- The [June UTTM](#) includes important information about the Contact screen in SanWITS. Contact the [SanWITS support desk](#) for assistance with this screen.
- For questions about timely access, please contact [QI Matters](#).

Diagnostic Determination Note



- DDN should be updated when a client presents with any changes in use/abuse that impact diagnostic criteria or are clinically significant.
- DDN's should reflect the current picture of the client/the most accurate account of their current treatment episode and programs should document all relevant symptoms, impairments, and timeframes, etc. Programs risk disallowance if DDN is updated without accurately reflecting updated information (i.e., client last used 1 year ago but diagnosis remains 'in partial remission')
- Do we need to update the DDN if client relapses?
 - There is no requirement that the DDN be updated if a client relapses. However, the program may consider updating the DDN if the relapse creates a clinically significant change in the client's diagnosis(es).
- What if the client has been clean for more than a year?
 - Documentation must clearly state the medical necessity as outlined in Title 22 CCR 51303: "health care services... which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through diagnosis of treatment of disease, illness or injury are covered by the Medi-Cal program, subject to utilization controls... Such utilization controls shall **take into account these diseases, illnesses or injuries which require preventative health services or treatment to prevent serious deterioration of health.**"
 - Document client specific potential risk factors for relapse (e.g., unstable living environment, physical and mental health issues, past behaviors, etc.)
- If the diagnosis(es) change and an updated DDN is drafted, programs will have 7 calendar days to update client's treatment plan, or at the next attended service if the client does not attend services in 7 calendar days. Treatment plans that are updated outside this timeline will be considered out of compliance and risk future disallowance.

Management Information Systems

New - Recovery Residence Tracking in SanWITS

- Effective July 1, 2021 Recovery Residence tracking is now to be completed in SanWITS under the Client Profile.
 - Any staff having access to the SanWITS client profile will also have access to enter this information.
 - Please follow instructions, entering data precisely to prevent errors on the report.
- A tip sheet and short video are posted to the Optum website: [Recovery Residence Tracking in SanWITS](#)
- A SSRS report "Recovery Residence Report" has been created and placed in the Provider Reports folder under Paginated Reports to be ran and submitted with your Invoices to the County
- For questions regarding SanWITS data entry process, contact the SUD Support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
- For questions regarding invoicing or the current excel tracker, contact your Fiscal Analyst.

Reminder: Requirement for Encounter Start & End Times

- Effective July 1, 2021 start and end times will be required on encounters for these 9 types of services:
 - CM
 - Individual counseling
 - Group Counseling
 - Patient Education IOS
 - Physician Consult
 - Delayed admission
 - Individual TCS
 - CM TCS
 - MAT prescribing
- Please be prepared – All encounters that have not been released to bill on July 1st will require the start and end times to be added before “Release to Bill”
- QM will be updating the Service Guide with this information.



SanWITS Quarterly Users Group Meeting

Purpose of the Users Group is to review and educate CalOMS and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users

- One combined (Outpatient, Residential, OTP) meeting will occur quarterly starting July for the new FY.
- Next meeting: Monday, July 19, 2021, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent.
- At least one representative from each facility is highly recommended.
- Quarterly meetings will occur on the 3rd Monday each quarter
 - Jul, Oct, Jan, Apr
- We welcome and encourage you to send us agenda items to be covered during our meetings
SUD_MIS_Support.HHSA@sdcountry.ca.gov

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we’re also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcountry.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.

- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- If unable to attend class, please cancel the registration as soon as possible.

SUD BILLING UNIT

Billing Unit Reminders

- Providers should continue monitoring the claims in hold status. Please make sure to re-verify the client’s eligibility if you have claims on hold due to Share of Cost (SOC) or Waiting for Medi-Cal eligibility. Some SOC’s may have been cleared by other facilities or pharmacies.
- If SOC is already zeroed out, we can bill the services to DMC. You can also contact the ADSBillingUnit.HHSA@sdcounty.ca.gov if you have clients with retroactive Medi-Cal.

Clarification on June UTTM announcement

- Additional Information on Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal).
- The rules indicated below were specific to outpatient and residential programs.

A. Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal)

- The SUD Billing Unit is confirming that Outpatient and Residential Programs no longer have to bill Medicare Risk Part C for the two plans listed below.
- We notified programs on 5/26/21 of the change with Blue Shield of CA and the fact that we can bill Medi-Cal directly.
- The Fee-For-Service (FFS) Equivalent Coverage Certification letters were approved and submitted to the Department of Health Care Services confirming that SUD outpatient and residential services are not a covered service, they follow the Medicare Part B FFS guidelines.
- If a DMC provider has a Medi-Medi client that has **Medicare Part C-Blue Shield of CA Promise Health Plan (BSP)**- Federal Contract ID H5928 or **Health Net**- Federal contact ID H0562, they will no longer be required to obtain an Evidence of Coverage (EOC), nor bill to get an Explanation of Benefits (EOB) from the Medicare-risk Part C plans listed.



- **Note: OTP programs are required to bill Medicare, including Medicare Part C/Medicare Risk Plans/ Cal Medi-Connect risk insurance.**

Update: Payment Recovery Form

- The Payment Recovery Form (void form) has been updated as of 07/01/2021 to match with the BHS-QI Disallowance Reasons.
- The new form was sent to all providers on 07-01-2021, please look for the email with the subject line "CORRECTED EMAIL: Revised Payment Recovery Form".
- The old Payment Recovery Form (version 10-15-2020) will be removed from the Optum website and will be replaced with the new version (07-01-2021) soon.

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

COVID-19

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.

Coronavirus Disease 2019
COVID-19

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

August 2021

DMC-ODS Skill Building Workshop – Progress Notes

- In the month of August, the County of San Diego HHS Behavioral Health Services SUD Quality Management Team is pleased to offer a virtual Skill Building Workshop. The focus this month is Progress Notes.
- Due to limited available seating for the training, registration is required and capped to 30 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Thursday, August 19, 2021**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Click here to register!](#)

SUD QM Annual DMC-ODS Training

The third annual SUD QM DMC-ODS Overview will take the place of the August SUD Provider Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the third year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 26, 2021**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: via WebEx – [Click here to register!](#)



New: Upcoming Trainings for September 2021

- Please look out for future notice to register for the following virtual trainings:
 - DMC-ODS Outpatient Documentation Training
 - ❖ Thursday, September 9, 2021, from 9:30 a.m. to 1:00 p.m.
 - ❖ A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
 - Discharge & Care Coordination Skill Building Workshop
 - ❖ Monday, September 20, 2021, from 9:30 a.m. to 11:00 a.m.
 - ❖ An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers' best practices on various documentation topics.

New: Root Cause Analysis (RCA) Training

- When: Thursday, September 2, 2021, from 9:00 a.m. to 12:00 p.m.
- The intended audience of this training is Program Managers and QI staff
- Registration via WebEx is required
 - Waitlisted registrants from the last session will have priority for admission.
 - All new registrants will be accepted to waitlist if registration is filled.

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All-BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
 - **Date & Time:** Monday, August 30th, from 1:00 p.m. to 2:30 p.m. (Rescheduled from July)
 - **Registration:** [Click to Register](#)

Save the Date: Recovery Happens 2021



- Recovery Happens is an annual community event celebrating individuals in recovery and those who support them hosted by the County of San Diego Health and Human Services Agency.
- The event will again be held virtually this year on Saturday, September 18, 2021, and will include engaging speakers and a virtual resource fair which will be available on the Behavioral Health Services website throughout the month of September.
- If you are interested in being a virtual resource exhibitor, please contact Nancy Page (nancy.page@sdcounty.ca.gov).
- [Click here to view the event flyer!](#)

Reminder: Reporting Requirement – Self-identified Disallowances

- DHCS requires timely reporting of overpayments in writing with reason for overpayment within 60 calendar days after the overpayment was identified.
- Programs shall respond to monthly request from QM regarding self-identified disallowed services to confirm either no disallowances were identified or to provide the tool listing those disallowed services.
- QM will be reaching out to COR teams to assist with non-responsive programs.
- A copy of the tool and tip sheet is posted on the Optum website, on the DMC-ODS page, under the “Monitoring” tab.

Update: Ongoing Optum Cleanup

- QM is in the process of updating several tabs on the Optum site.
- This involves removing/archiving old or outdated forms, communication, documentation.
- Tabs have a document outlining items removed and archived.
- The Monitoring tab is in the process of being updated with new fiscal year tools.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of July-Sept (Q1) will be due by Oct. 15, 2021.
- The tool has been updated to include a new question for OTPs regarding testing for Hepatitis C, Fentanyl and Oxycodone. The testing is to be implemented starting 1/1/2022. If your program has already started, please address the question, if not, please mark N/A. Note: Any submission after 1/1/22, the question must be answered yes or no.
- The updated Medication Monitoring forms are in the process of being posted to the Optum site under the Monitoring tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619)236-1953.

New: Peer Support Specialists (PSS)

- As many are aware, BHS began phasing in the DMC-ODS peer support service line effective July 1, 2021, starting with outpatient programs. Please be guided as follows:
- Peer support specialists must be self-identified as having experience with the process of recovery from mental illness and/or substance use disorder either as a consumer of these services or as the parent or family member of the consumer.
- Peer support specialists must also obtain an NPI in order to render services. See the [NPI What You Need to Know Guide](#) for assistance.
- Peer Specialists can produce County Billable Services for Case Management (OS and IOS) and Transitional Care Services Case Management prior to completion of the Peer Support Services Training.
- Resources include:
 - [DMC-ODS Required Trainings](#)
 - [DMC-ODS Peer Support Services One-Pager](#)
 - [SUDPOH](#) (page A.12, E.25, and Appendix A.3)
- Providers are expected to contact their COR for questions on this service.



Reminder: Interim Services

- QI will begin monitoring DATAR reports in 8/2021 and reaching out to programs reporting waitlists for priority populations.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the tip sheet that will soon be posted on the Optum site under the “Toolbox” tab.

Reminder: Client Contacts & Timely Access Monitoring

- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time date is accurate.
- The [June UTTM](#) includes important information about the Contact screen in SanWITS. Contact the [SanWITS support desk](#) for assistance with this screen.
- QM is monitoring access time data monthly and communicating with COR’s for non-compliance reports. Non-compliance may result in technical assistance and a Performance Improvement Plan.
- For questions about timely access, please contact [QI Matters](#).



UTTM Tip of the Month

One of the top reasons for disallowances in MRRs and TAs is TREATMENT PLANS that do not contain all required elements.

Remember:

- ✓ Address each prompt on the treatment plan.
- ✓ Do not leave any blanks on chart documents. If something does not apply, document N/A.
- ✓ Ensure the diagnosis listed on the treatment plan matches the DDN exactly.
 - ❖ NOTE: F-codes are not required on the treatment plan. If they are on the treatment plan, they must match the F-code on the DDN and reflect the correct diagnosis.
- ✓ Ensure the physical examination goal meets regulations ([see Physical Examination memo](#)).
- ✓ Ensure that there is an action step for each goal.
- ✓ Follow timeline regulations.

Reminder: Intake & Assessment

- For clients admitted to a program, the intake date, admission date and first date of treatment are the same day.
- This date should match the date the ILOC assessment was completed.
- If a screening tool was used with a client, a full assessment using the ILOC is still required to determine which LOC is appropriate and to bill the assessment rendered. A screening is not a billable service.
- If a client is assessed with the ILOC and not appropriate for the LOC's at your program, the TCS phase shall be used to bill for services rendered for assessing the client and any care coordination provided.

Reminder: Medical Record Review (MRR)

- The new fiscal year is upon us and MRR season has begun. Keep a look out for communications from your QM Specialist to schedule your program's MRR.

Reminder: Correcting Documentation



- If a chart document (i.e., progress note, DDN, treatment plan) has been edited/corrected and is missing a required element, the service/document will be disallowed.
- If a chart document was corrected without following the correction guidelines, but has the required elements, this is a compliance issue that risks future disallowance.
- Please refer to SUDPOH section D.38 for details on documentation correction guidelines.

SUD Billing Unit

I. For SUD Residential and Outpatient programs with Medicare Advantage: Dual Eligible Clients with Medicare Part C and Medi-Cal

- The Molina Medicare Advantage certification letter has been approved by the State. This means that your program is no longer required to bill the beneficiary's Medicare Part C Molina Healthcare of CA (Federal Contract # H5810).
- Please review and batch your claims for Medi-Cal billing retro to August 2020.

II. For all SUD programs

- You have the option to electronically sign the Payment Recovery Form if your program has entered into an Electronic Signature Agreement with HHSA.
- Otherwise, a handwritten signature (wet) would be required.

III. Payment Recovery Form

- The latest version of the Payment Recovery Form is available on Optum website.
- Please use this version when requesting claims to be voided beginning 07-01-2021.

Billing		
Name	Description	Date
Payment Recovery Form (Void-Disallowance).xlsx	Revised version of the Payment Recovery Form is effective 07-01-2021. Tab 2 contains the instructions.	2021-07-02

Performance Improvement Team (PIT)

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

- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Medicaid and Children's Health Insurance Plan (CHIP) Managed Care Final Rules, also known as the Mega-Regs.
- New hires and transfers should register promptly, and attest to information once registration is completed.
- Providers are expected to frequently update their current profile (community-based locations, cultural competency hours, etc.) as changes occur to show accurately on the provider directory.
- Providers are expected to attest to all SOC information **monthly**.
- Program managers should visit the SOC monthly to review program's information and attest to information **monthly**.
- 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.

Update: Mega Regs/Network Adequacy - System of Care Application (SOC)

- The Department of Health Care Services (DHCS) is requiring Mega Regs/Network Adequacy data to be submitted **monthly** in the near future.

Management Information Systems (MIS)

Important: Reporting Provider Changes to the County and State



- It is the Providers responsibility to report to DHCS any modifications to information previously submitted to DHCS within 35 days from the date of the change. Most changes may be reported on a DHCS 6209 form. See [Medi-Cal Supplemental Changes_DHCS6209.pdf](#) for further details.
- The information below often gets overlooked and not reported on DHCS 6209 supplemental changes form through PAVE system and therefore is not reflected on DHCS Master Provider File.
 - **Legal Entity:** The name of the administrative/corporate office. This should match what is on file with the Internal Revenue Service (IRS).
 - **Doing Business as Name (DBA):** The name of the facility where services are provided. This name may or may not be the same as the Legal Entity.
 - **Director Name, Email, & Phone Number:** The name, email, and phone # for the director of the Legal Entity.
 - **Program Contact Name, Email, & Phone Number:** The name, email, and phone # for the program contact at the facility where the services are being provided (not the administrative or corporate address).
- Please see SUDPOH: [SUDPOH updated - 5-25-21.pdf](#) for additional information and instruction.
 - Provider changes must also be reported to:
 - SUD_MIS_Support.HHSA@sdcounty.ca.gov
 - QIMatters.HHSA@sdcounty.ca.gov
 - Assigned program COR

Update: Tip sheets recently added to Optum

- Recovery Residence Tracking – [Recovery Residence Tracking in SanWITS](#) and video under the Training-SanWITS tab [Recovery Residence Tracking Video](#)
- Recovery Services rev 2021.07.19 – [Recovery Services](#)
- Creating Diagnosis through Diagnostic Determination Notes (DDN) – [Creating Diagnosis through Diagnostic Determination Notes \(DDN\)](#)

Update: SanWITS Reports Catalog

- There will be changes happening to existing SanWITS Agency reports (located on the left-hand navigation menu). We are starting with the below reports:
 - Section – Access
 - Admissions: Client Demographics – will be discontinued
 - Agency Client Movement – will be discontinued
 - Client Demographic by Substance – will be discontinued
 - Section – QA /QC
 - Unfinished Client Activities will be rewritten with CalOMS records
 - Section – Miscellaneous
 - Admission Data – will be replaced with new CalOMS Outcome Measure Data Report
 - Discharge Data – will be replaced with new CalOMS Outcome Measure Data Report

Update: SSRS Reports

- SSRS Reports folders are being cleaned up and reorganized with older outdated reports being archived
- This process will take several months, so expect some changes along the way.



3 Ways to Reset your SanWITS Password

1. The fastest way to reset user password is by clicking the Forgot Password link on the Login page
 - ❖ In order to use this function, user would have to have security questions and answers previously set during initial account or when password has previously been reset
 - ❖ If user attempts to log in twice and fails, **do not attempt a third time**, just click on Forgot Password, and enter security question answer, this will generate an email to reset password and pin#

2. User can email the SUD Support desk at [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) to have credentials reset, M-F, 7:00 AM-5:00 PM.
3. User can also call 619-584-5040, 4:30 AM – 11:00 PM every day for OPTUM to reset your credentials – for this option, the user will be prompted to leave a voice message with name and phone # in order to receive a call back

Changing SanWITS Password and Pin

- If User wants to change password and pin# or security question and answer, while logged into SanWITS, use the Change Credentials link located in the upper right-hand side of the home page by clicking the down arrow next to the users name as seen below.

- After you click the change credentials link, enter new information in screen below, then click **Change.**

Reminder: Assessment Deletion Changes effective Aug 1

- As Announced in QIP, Effective Aug 1, 2021, signed/finalized Assessments will no longer be deleted upon request
- Assessments still in progress can be deleted (unsigned) upon request to SUD Support [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)



4 Ways to Prevent Assessment Errors:

1. Verify the correct client profile and episode before creating the assessment.
2. Verify the correct type of assessment before clicking “Save” to create an assessment.
3. Review and confirm all assessment data is correct before Counselor/LPHA sign the assessment.
4. LPHA must review assessment before finalizing, if Assessment is signed by the counselor and a correction is still needed, use “Reject” feature to make the fields editable.

DATAR Capacity Management Reporting

- Along with reporting in the DATAR website, Providers are responsible to report when reaching or exceeding 90% capacity to the State.
- See email dated 7/28/21 on Optum [Important Notice - DATAR Capacity Reporting](#)

Prevent Duplicate Diagnosis

- Enter Diagnosis effective date same as the DDN date
- Verify all Diagnoses applicable before saving
- Delete/remove Diagnoses that are no longer applicable before saving
- After saving the new Diagnosis, remember to click **“Use current”** for the new Diagnosis to be populated in the DDN

- If the correct Diagnoses do not get populated, contact SUD Support.
- For step by step process, please refer to the tip sheet “Creating Diagnosis through Diagnostic Determination Note (DDN)” on Optum [Creating Diagnosis through Diagnostic Determination Notes \(DDN\)](#)

Still Having Issues with Changing Level of Care between OS and IOS?

- When changing client LOC, each LOC (OS, IOS) should be in a separate episode with CalOMS Admission and CalOMS Discharge.
- Important: If LOC is combined on the same episode, the client does not get identified correctly for reporting, billing, or CalOMS with DHCS.

Recovery Services Reminder

- Recovery Service Clients should NOT be mixed in a group with OS and/or IOS clients.
- Contact QI Matters and SUD support if recovery service clients have been mixed in a group with OS or IOS for disallowances and how to document in SanWITS.
- Refer to tip sheet [Recovery Services](#) on Optum.

Something to Look forward to: SanWITS Changes Coming in the Fall thru Winter 2021

- Treatment Plan – training expected to start first part of Oct with registration opening 2 weeks prior
 - Providers will be notified of training months as they were with assessments – be on the lookout for notice from MIS
- UCN # will no longer change upon updating the client profile
- Diagnosis screen changes
- Client profile changes
- New look and feel to SanWITS screens
- Updated Authorization Screens
- Updated Eligibility Screen



SanWITS Quarterly Users Group Meeting All Providers

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users.
 - Next meeting: Monday, Oct 18, 2021, at 9:00 am – 11:00 am
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings** SUD_MIS_Support.HHSA@sdcounty.ca.gov
- **If you missed it**, the last Users Group Presentation dated Jul 19, 2021 has been posted to Optum under the SanWITS tab [SanWITS Users Group Jul 19 2021](#)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient /OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
- **All required forms are located on the “Downloadable Forms” tab.**
 - ❖ Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.



Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hsa@sdcounty.ca.gov

September 2021

DMC-ODS Skill Building Workshop – Discharge & Care Coordination

- In the month of September, the County of San Diego HHS Behavioral Health Services SUD Quality Management Team is pleased to offer a virtual Skill Building Workshop. The focus this month is Discharge & Care Coordination.
- Due to limited available seating for the training, registration is required and capped to 30 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Monday, September 20, 2021**
 - Time: 9:30 a.m. to 11:30 a.m.
 - Where: via WebEx – [Click here to register!](#)



New: Upcoming Trainings for October 2021

- Please look out for future notice to register for the following virtual trainings:
 - DMC-ODS Residential Documentation Training
 - Monday, October 11, 2021, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - Recovery Services Skill Building Workshop
 - Wednesday, October 20, 2021, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.



Special Presentation: Optum – Demonstration of Treatment Plan

- Date: **Thursday, September 23, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting

Recovery Happens 2021

- Recovery Happens is an annual community event celebrating individuals in recovery and those who support them hosted by the County of San Diego Health and Human Services Agency.
- The event will again be held virtually this year on Saturday, September 18, 2021, and will include engaging speakers and a virtual resource fair which will be available on the Behavioral Health Services website throughout the month of September.
- If you are interested in being a virtual resource exhibitor, please contact Nancy Page (nancy.page@sdcounty.ca.gov).



- ❖ [Click here to view the event flyer!](#)
- ❖ [Click here to register!](#)

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All-BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: QI Annual Training

- QM is in the process of posting the recording of the QI training to the Optum site.
- Posting will include the slides shared during the training as well as a document for Q&A related to topics shared during the training.
- Training attendance is under review. Programs identified with no attendees will be notified and reminded to view the recorded training to remain compliant with the annual training requirement.

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review re-certification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.

Update: Same Day Billing for RS and MAT clients

- DHCS expanded same day billing for clients receiving recovery services and MAT services concurrently.
- This is effective retroactively to 1/1/2021.
- DHCS clarified that “MAT” includes methadone.
- The DHCS billing matrix has not yet been updated to reflect this change but is expected to be. An updated matrix will be shared once it is available.
- See [DHCS Info Notice 21-020](#) for more information.

Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests



- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients.
- Client contacts documenting requests for services shall include if the request is ‘urgent’.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client’s condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time date is accurate.

Update: Ongoing Optum Cleanup

- QM is in the process of updating several tabs on the Optum site.
- This involves removing/archiving old or outdated forms, communication, documentation.
- Tabs have a document outlining items removed and archived.
- Two new tabs are available on the site:
 - Peers – As new documentation, tools, and resources are available, more will be added to this tab.
 - Contracts/Fiscal Admin Svcs. – All previously shared communication about contracts, fiscal, budgets, rates, etc., posted under the Communication are now available under this new tab.

Tip of the Month - Group Sign in Sheets

Group sign in sheets must be completed, in their entirety, on the same day the group session was facilitated. This includes:



- The topic on the group progress note must match the topic on the group sign in sheet.
- The date of the group session.
- The start and end time of group session.
- A typed or legibly printed list of the participants' names and the signature of each participant that attended the group session.
 - During the current public health emergency, the following flexibilities are in place regarding client signature:
In place of the client’s signature, the provider may, but is not required to, document “[name of client], verbal consent given in lieu of signature” followed by the date and the initials of the Counselor or LPHA who provided the group counseling service. The progress note for the group service should indicate that the client’s signature could not be obtained and the reason, such as, “Unable to obtain client signature, as service was provided by telehealth due to COVID-19 public health precautions.”
- The LPHA(s) and/or counselor(s) conducting the group session shall type or legibly print their name(s), sign, and date the sign-in sheet on the same day of the session.
- The date with the signature must be ‘wet’ (not pre-printed). By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.

Management Information Systems (MIS)

Group Counseling Errors Continue



- Majority of errors can be prevented by **reviewing the group sign-in sheet prior** to marking clients present in a group session.

Reminder: Client Address Required

- Remember to enter the client address in the Client Profile.
- If the client is homeless, use the facility address.

DEA Number for Staff is Required in SanWITS

- DEA # is required for all staff who are able to prescribe medications.
- DEA # should be included on the SanWITS User form.

Important: Peer Support Specialist

- Peers are required to have National Provider Identification (NPI) in SanWITS.
- Peers must be identified in SanWITS with **Job Title** and Certificate – when available.
- Notify SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov if your facility has hired Peer Support Specialist to provide County billable services, **OR** upon hiring Peer Support Specialist to provide county billable services.

OTP FY 21-22 Additional MAT Rates have been published in SanWITS with effective date of July 1, 2021

- **Important Changes for Additional MAT** - Each individual medication now has its own service with corresponding rate.

➤ ***Non-Perinatal***

Generic S5000	Rate	Brand S5001	Rate
Buprenorphine (Generic)	30.02	Subutex (Brand)	30.02
Buprenorphine-Naloxone combo (Generic)	30.81	Suboxone (Brand)	30.81
Disulfiram (Generic)	10.88	Antabuse (Brand)	10.88
Naloxone 2 pack nasal spray (Generic)	144.66	Narcan (Brand)	144.66

➤ ***Perinatal***

Generic S5000	Rate	Brand S5001	Rate
Buprenorphine (Generic)	35.20	Subutex (Brand)	35.20
Buprenorphine-Naloxone combo (Generic)	35.98	Suboxone (Brand)	35.98
Disulfiram (Generic)	11.05	Antabuse (Brand)	11.05
Naloxone 2 pack nasal spray (Generic)	144.66	Narcan (Brand)	144.66

- All old services for MAT Generic and MAT Brand dosing have been expired.
- New services must be selected on the encounter before clicking “Release to bill”
 - User will get an error, if trying to release without selecting the new service first.

SSRS Reports

- SSRS Reports folders are being cleaned up and reorganized with older outdated reports being archived – ongoing.
- New Report **“Total Services Per Rendering Staff”** has been added to the Provider Reports folder under Paginated Reports.
 - This report will include the Total # of Services, Total # of Encounters, Total Units and Total Minutes.
 - This report will exclude MAT and Methadone dosing, No Shows, Residential Bed Days, or any encounters created by mistake for Non-BHS contracted clients.

SanWITS Quarterly Users Group Meeting All Providers



- **Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users**
 - Next meeting: Monday, Oct 18, 2021, at 9:00 a.m. – 11:00 a.m.
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
SUD_MIS_Support.HHSA@sdcounty.ca.gov

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
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Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SUD Billing Unit

I. **Claims in HOLD status**

SUD Providers must run the Claim Item List report every month and review the claim items on hold. Please review the client's Medi-Cal eligibility if claims are on hold due to Hold Reason ID #s 4 and 5:

HOLD REASON ID	CLAIM ITEM HOLD REASONS	HOLD DESCRIPTIONS
1	Out of County clients with MAT and case management services	This hold reason is for OTP. MAT and Case Management cannot be billed to DMC for Out-of-County clients.
2	Out-of-County client	This hold reason is for outpatient and residential programs with Out-of-County clients.
3	Not Medi-Cal eligible	Client's Medi-Cal eligibility application was declined/has not met Medi-Cal requirements/not retroactive Medi-Cal after checking monthly for 6 months or more.
4	Waiting for Medi-Cal eligibility	Client applied for Medi-Cal and the result or approval is pending
5	Client has SOC for clearance	Client has SOC and program emails the completed SOC Financial Responsibility and Information form to Billing Unit to clear

Please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov immediately if you need to remove the claims from hold status because:

- the client's Share of Cost has been zeroed out (paid at your program or cleared by other facilities/pharmacy) and you need to bill the DMC services to the State.
- the client is now Medi-Cal eligible, and services are DMC billable.
- the OHC or Medicare EOB is obtained.

II. **Out of County Medi-Cal**

SUD Providers should work with the client right away to contact Medi-Cal and notify of the client's change in residence or current address. We can bill the services to DMC as soon as the County of Residence has updated to San Diego County (code 37).

III. **Other Health Coverage**

Please read pages 23 to 26 of the [SUD DMC Billing Manual \(pdf\) \(optumsandiego.com\)](https://optumsandiego.com) for information on OHC and if the health insurance EOB is not received within 90 days from the date of billing.

IV. Medicare Advantage: Dual eligible clients (those with Medicare Part C and Medi-Cal)

A. Outpatient and Residential Providers are NOT required to bill Medicare Part C if a client has the following:

- 1) Blue Shield Promise Health Plan- Part C

OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.

- 2) Health Net -Part C

MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.

- 3) Molina Healthcare of California- Part C

B. OTP Providers MUST continue to bill Medicare, including all Medicare Part C/Medicare Risk Plans/ Cal Medi-Connect risk insurance

V. OTP Medicare EOB (Explanation of Benefits)

- OTP Providers are responsible in reviewing the Medicare EOBs.
- OTP Providers must submit the Medicare EOBs to ADSBillingUnit.HHSA@sdcounty.ca.gov within 6 months from the date of service.
- Medicare claim status can be obtained through your Clearing House or Noridian.
- If Medicare noted that the client “cannot be identified as their member” or you receive a denial code CO-16 (lacks information), please contact Medicare immediately to get more information or clarification. If you are not successful in getting this information, please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov and we will check if we can be of any further assistance.

VI. Contacting the SUD Billing team

- 1) Please send your DMC billing or billing-related questions to: ADSBillingUnit.HHSA@sdcounty.ca.gov or call us at 619-338-2584 (Billing’s Main Line).
- 2) Please respond to the Billing Unit’s email regarding claim denials, claim errors, or void within 24 hours or earlier.
- 3) Please encrypt any email messages with client information unless you’ve partnered with the County TLS (Transport Layer Security) Email Encryption.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

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Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

October 2021

DMC-ODS Skill Building Workshop – Recovery Services

- In the month of October, the County of San Diego HHS Behavioral Health Services SUD Quality Management Team is pleased to offer a virtual Skill Building Workshop. The focus this month is Recovery Services.
- Due to limited available seating for the training, registration is required and capped to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, October 20, 2021**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Click here to register!](#)



New: Upcoming Trainings for November 2021

- Please look out for future notice to register for the following virtual trainings:
 - Withdrawal Management Skill Building Workshop
 - Tuesday, November 9, 2021, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics
 - DMC-ODS Outpatient Documentation Training
 - Wednesday, November 17, 2021, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
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SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, October 28, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting

New: Quality Review Council (QRC)

BHS is seeking a licensed individual from the DMC-ODS system of care to be a member of the Quality Review Council.

- What is it?
 - The QRC is a group composed of family members, consumers, Advocacy representatives, providers, and County Quality Improvement staff.
 - The QRC reviews quality concerns about Mental Health and Substance Use programs such as grievances, customer satisfaction, access, etc. issues. Members may also suggest their own concerns about programs or the behavioral health system for consideration. The goal is to improve quality in our behavioral health system.
 - The content of the meetings is confidential so the member must be able to respect and hold confidential all proceedings.
- When does it meet?
 - It meets 6 times a year; in odd months currently virtually. The last meeting of the calendar year always falls on Thanksgiving so that meeting is rescheduled to a different week.
 - The meeting dates are occasionally changed to meet specific needs—for example to review a plan or to meet with another group if needed. There is no regular meeting schedule for committees—meetings are held in response to issues which arise in the mental health and substance use disorder systems.
 - Meeting materials are sent out to members by email prior to the meeting to the maximum degree possible, or handed out at the meeting, if in person, with an opportunity for discussion at the next meeting. Meetings are currently virtual.
- If interested, please email Liz Miles at Elizabeth.Miles@sdcounty.ca.gov.



Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Interim Services

- QM is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.



Reminder: Subcontracted Staff

- Per the Drug Medi-Cal Billing Manual (available on the Optum website) subcontracted staff cannot provide and bill direct services:
 - “A Subcontractor shall not delegate its obligation to provide covered services or otherwise subcontract for the provision of direct patient/beneficiary services.”
- If you have further staffing questions, please consult with your COR.

Update: Ongoing Optum Cleanup and Changes

- QM is in the process of cleaning up and updating several tabs on the Optum site by removing and archiving outdated forms, communication, and documentation.
- The UTTM tab is now updated based on fiscal year and includes the monthly UTTM as well as a combined file for all UTTM's for the fiscal year.

UTTM Tip of the Month



- Any documentation that requires a signature must include a date with the signature. Neither the signature, nor the date can be pre-printed. By signing and dating the document, you are verifying that what is on the document has been reviewed and is accurate/correct.
- Effective 11/1/2021, programs will begin incurring disallowances for documents that have pre-printed dates with signature. Disallowances will apply to services rendered on/after 11/1/2021. This includes (but is not limited to), progress notes, group sign in sheets, treatment plans, DDN's.

Management Information Systems (MIS)

New: Telehealth and Telephone Services effective Nov 1, 2021

- According to state requirements Telephone and Telehealth specifiers must be added to claims effective 11/1/21.
- On the Encounter “Service” drop down menu, user will see additional services specifically for Telehealth and Telephone easily identified by the word telehealth or telephone as part of the description.
- DHCS will be utilizing this data to inform future policy and recommendations surrounding telehealth.

Reminder: Emergency Department Referred Tracking

- If a client is being referred from the Emergency department, the Contact Screen must be marked YES under “ER Dept Referred” field as seen below.
- This field is for client self-report and should be checked against the referrals that come directly from the ER.

The screenshot shows a contact form with the following fields:

- Initial Contact Date: [Date Picker]
- Facility: Main Facility (dropdown)
- Contact Reason: [Dropdown]
- If Other, Specify: [Text Field]
- Call Taker: Emerson, Cynthia (dropdown)
- Location: [Dropdown]
- Contact Made By: [Dropdown]
- Status: In Progress
- Created Date: [Date Picker]
- Contact Method: [Dropdown]
- Source of Referral: [Dropdown]
- Requestor Name: [Text Field]
- Requestor Phone #: [Text Field]
- ER Dept Referred: [Dropdown] (highlighted with a red arrow)

Client Address Requirement

- Client address should be collected and entered as part of the client profile.
- If the client does not have an address, the facility address should be used.
- Coming Soon – system will not allow a client profile to be saved if missing the client address.

NPI # Facility Treatment Site

- Each facility treatment site must have its own unique NPI#.
- NPI# cannot be reused from one site to the next.

CalOMS Reminder for all Providers

- There has been an increase in the Error 560
- As a refresher:

Error 560

- **Description:** Re-submission of Admission record is prohibited because there is a matching discharge or annual update that already exist.
- **How this error occurs:** A correction or change is made to the Client Profile or CalOMS Admission when the client already has a CalOMS Discharge or CalOMS Annual Update submitted
- **Prevention:** Provider should email the SUD Support desk.

[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) if corrections or changes are being made to the Client Profile or CalOMS Admission record in SanWITS - this will allow the MIS team to make needed changes to the state upload.

Group Errors Reminder



- When creating group sessions, always refer to the group sign-in sheet before marking clients present for the session
- Clients should not be removed or added after creating the encounters from the group
- **Important:** If mistakes are made, there is a sequence of steps needed in order to make the corrections to the group. If the steps are not completed in order, and all steps taken, the result will be over- billing to the state.
- Contact SUD Support for instructions or assistance [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

SanWITS Assessments – New Feature

- Delete option has been added to all assessments that are in progress (Not Signed).
- Remember to review assessments thoroughly before signing - deletion option is not available for assessments signed/finalized.



- For **Tx plans** in progress, continue to contact SUD support for deletions [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

SanWITS Quarterly Users Group Meeting – Let's Get Together!

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users.
 - Next meeting: **Monday, Oct 18, 2021, at 9:00 a.m. – 11:00 a.m.**
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting



- **We welcome and encourage you to send us agenda items to be covered during our meetings** [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 a.m. – 8:45 a.m.
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 a.m., email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.



SUD Billing Unit

Billing Unit Reminders/Announcements:

- I. DMC claim batches are due to the County every 10th of the month. Please ensure to review your Encounter Data and your Claim Item List Reports prior to releasing and batching your claims.
- II. Providers must perform a monthly review of the claims in “hold” status. Please run the Medi-Cal eligibility verification for DMC claims that you will bill retroactively. For further assistance on retroactive or late billing, please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov.

- III. For **OTP Medi-Medi clients**: Some Medi-Cal eligibility reports contain a Medicare HIC # or Health Insurance Claim Number. But when you read the **Eligibility Message** section, it shows that client is full-scope Medi-Cal (no Medicare or Other Health Coverage).
 - Please see sample below:

Service Date: 07/01/2020	Subscriber Birth Date: [REDACTED]	Issue Date: 06/22/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [REDACTED]	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 1874K45W8Q		
Eligibility Message: SUBSCRIBER LAST NAME [REDACTED], EVC #: 1874K45W8Q, CNTY CODE: 37, PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-MOLINA HEALTHCARE: MEDICAL CALL (888)665-4621.		

- If this is the case, Medicare may deny the claim with PR-31 or Patient cannot be identified as insured.

[REDACTED] 0701 070120 50 02067	217.82	0.00	0.00	0.00	0.00	0.00
CNTL #: 55089273		PR-31		217.82		03
PT RESP 217.82 CARC	217.82	CLAIM TOTALS	217.82	0.00	0.00	0.00
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
REND-PROV SERV-DATE POS PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC	SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	BS



- We recommend that you pay attention to the Eligibility Message as well when verifying the client’s eligibility or benefits. If the response does not include to “bill Medicare Part A, B or C” but there’s a HIC # available, then please try billing the services directly to DMC.

Notes:

- Please contact the SUD Billing Unit if you encounter a similar scenario (above) but Medicare has approved or paid the services.
- We appreciate your time and effort in sharing your OTP Medicare billing experiences with us. The more information we know, the more we can assist you with the process.

- IV. Medicare Advantage Plan (Medicare C or Risk).
 OTPs are required to bill Medicare Part C. Please contact the insurance company if you have not received any claim status or Explanation of Benefits after 45 days of submitting the claims. If you still have not received a response and it has been over 90 days, please submit any supporting evidence to ADSBillingUnit.HHSA@sdcounty.ca.gov to prove the services have been billed and a follow-up contact was made so we can cross the services to Medi-Cal.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com . To receive updates via text, send COSD COVID19 to 468-311 .	
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Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

DMC-ODS Outpatient Documentation Training

- A review of DMC-ODS Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, November 17, 2021**
 - Time: 1:00 p.m. to 4:30 p.m.
 - Where: via WebEx – [Click here to register!](#)



New: Root Cause Analysis (RCA) Training

- When: **Thursday, November 18, 2021**, from 12:30 p.m. to 3:30 p.m.
- The intended audience of this training is Program Managers and QI staff.
- Registration via WebEx is required.
 - Waitlisted registrants from the last session will have priority for admission.
 - All new registrants will be accepted to waitlist if registration is filled.

New: Upcoming Trainings for December 2021

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Residential Documentation Training
 - Thursday, December 16, 2021, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements
 - ❖ LPHA Meeting
 - Tuesday, December 28, 2021, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you.

Update: Peer Support Specialists Workshop

- Empowering Success Workshop-**Tuesday, November 30, 2021 @1pm**
- Supervisors of Peer Support Specialist, this workshop will provide hands on information to optimize the unique skills of Peer Support Specialists.
- Invest time in learning how to best support this role in your programs.
- See the event flyer attached to the UTTM email.





Peer Support Services – Informational Meeting

- As previously reported, and aligned with [DHCS BHIN 21-041](#), San Diego BHS opted to work with [California Mental Health Services Authority \(CalMHSA\)](#) to implement a peer certification program.
- BHS providers that are interested in peer certification are welcome to participate in CalMHSA's informational meeting on **November 15th, from 12:00 p.m. to 1:00 p.m.** by clicking on this Zoom link: [Peers Certification Informational Presentation](#).
- Previous BHS communication on Peer Support Services are accessible online by selecting the "Peer Support" tab on Optum's [select one] [DMC-ODS Provider page](#) or [MHP Provider page](#).
- Click on link to access the [DHCS Peer Support Services](#) page.

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.

Date & Time: **Tuesday, November 30th, from 1:00 p.m. to 2:30 p.m.** (*Rescheduled date from October*)

Registration: [Click to register!](#)

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, December 9, 2021** (*There will be no meeting in November*)
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QM.

- QM will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QM will work with programs directly and will submit finalized CAP's to DHCS on behalf of the program.
- QM can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Reminder: EHR System Outages

- Programs using or implementing their own EHR's shall have internal P&P(s) in place for EHR use, to include how to handle client documentation when a system outage occurs or when the EHR is unavailable.

Update: Certificates for QM Trainings

- Starting 12/1/2021, SUD QM will no longer provide certificates to staff attending SUD QM trainings (live, virtual, recorded webinars).
- Programs shall continue to track training attendance using the SSR to report to COR's.
- All training attendance is tracked and monitored by SUDQM so COR teams can verify program training attendance.

Update: SUDURM

- Several SUDURM forms and associated instructions were recently updated.
- All updated forms and the Summary of Changes are in the process of being posted to the Optum site under the SUDURM tab.
- Please review the changes and share the information with direct service staff as indicated.
- For version control, please be sure to recycle hard copy versions and delete previous electronic versions of the forms so that your program will be in compliance with the most current documentation requirements.
- The effective date for use of these forms is November 1, 2021.

Reminder: Drug Testing - Fentanyl



- As fentanyl overdoses continue to rise in San Diego County, please be sure to coordinate with providers performing drug testing services to add fentanyl to the drug panels they order and be familiar with the specific tests that are being ordered.
- Additionally, it's crucial that programs understand the importance of using evidence practices which include harm reduction practices such as providing naloxone to people who use substances and referring individuals to MAT services when clinically indicated.

Update: Deferred Diagnosis in Outpatient Programs

- Per BHIN 21-019, for outpatient programs only, a provisional diagnosis during the assessment period may no longer be required for the following clients:
 - Unhoused and/or
 - Under the age of 21
- The time period for diagnosing these clients with the DDN has been extended from 30 days to 60 days from intake/admission. For billing purposes, if a provisional diagnosis is not identified, the deferred diagnosis ICD-10 code, Z03.89 must be used.
- Programs shall monitor for clients with deferred diagnoses beyond the allowable dates and take corrective action when out of compliance.
- A program integrity (PI) report will be available for monitoring. Programs will be notified when the report is available.

Update: Residential Stays

- DHCS Info Notice 21-021 provides information about the change to the two (2) consecutive stay limitation per year for clients.
- This change does not impact or change our current processes for residential programs.
- DHCS is monitoring residential stay averages across the state. Locally this data is reflecting a high number of discharges occurring at 90 days.
- Programs are reminded to not wait until the end of an approved 90 day authorization before discharging clients if medical necessity indicates the current residential level of care is no longer appropriate.

Reminder: Reporting Requirement – Self-Identified Disallowances

- DHCS requires timely reporting of overpayments in writing with reason for overpayment within 60 calendar days after the overpayment was identified.
- Programs shall respond to monthly request from QM regarding self-identified disallowed services to confirm either no disallowances were identified or to provide the tool listing those disallowed services.
- QM will be reaching out to COR teams to assist with non-responsive programs.
- A copy of the tool and tip sheet is posted on the Optum website, on the DMC-ODS page, under the "Monitoring" tab.

UTTM Tip of the Month

As we discussed in the QIP meeting on 10/28/21. Treatment plans are one of the top reasons for disallowance in this past quarter, including:

- Treatment Plan does not contain all required elements
 - This includes, but is not limited to
 - diagnosis listed on treatment must match DDN exactly
 - physical examination requirements as communicated in [Physical exam memo](#)
 1. MD may review/sign/date (printed MD name & signature) results of a physical that was completed within the past 12 months
 2. MD may perform a physical exam
 - Outpatient – within 30 days of admit
 - Residential – within 10 days of admit *program must have IMS
 3. Include goal to “obtain a physical examination” on the treatment plan/s. This goal should remain on the treatment plan/s until the physical examination results have been received and the MD has reviewed/signed/dated (printed MD name & signature) the results.
 - proposed type of intervention/modality
 - types of services
- Initial Treatment Plan not completed within timelines
 - Initial treatment plan is due with all required elements
 - Outpatient – within 30 days from admission (date of admit + 29 days)
 - Residential – within 10 days from admission (date of admit + 9 days) *all signatures must be in place
- Treatment Plan was not updated within timelines
 - Updated treatment plans are due with all required elements
 - Outpatient – within 90 days from previously completed plan (date of SUD signature + 89 days)
 - Residential – within 30 days from previously completed plan (date last completed + 29 days) *all signatures must be in place.

 Please review workflows and processes to determine how your program can work to make sure treatment plans are compliant.

Management Information Systems (MIS)

All SUD Providers – DHCS Capacity Reporting

- Providers are responsible to notify DHCS and COR upon reaching or exceeding 90% of its treatment capacity within 7 days via email to: DHCSPerinatal@dhcs.ca.gov.
- This is for **both Perinatal and Non-Perinatal programs** (DHCS Perinatal Address is where capacity is being processed and is not meant to identify the type of program such as perinatal)
- CORs can be cc'd on the email to DHCS
- Important – Subject Line on the email should read Capacity Management
 - ✓ From: (Provider)
 - ✓ Sent: (date sent)
 - ✓ To: DHCSPerinatal@dhcs.ca.gov
 - ✓ Cc: (COR)
 - ✓ Subject: Capacity Management
- 90% capacity is reported per CalOMS#, Agency, & Facility. Be sure to include the CalOMS#(s) in the body of the email.
- If the program has reported reaching or exceeding 90% in the DATAR website, there should be emails to DHCS and COR for all days reported.

Facility NPI Requirements

- Facility NPI numbers should **NOT** be repurposed or used by multiple facility locations.
 - Change of Ownership, a brand new NPI number must be submitted to the State.
 - New Facility, a brand new NPI number must be submitted to the State when applying for DMC certification.
 - Change of Address, the same facility NPI should be used; the NPI registry must be updated with the new facility address.

Reminder: New Telehealth and Telephone Services

- According to state requirements Telephone and Telehealth specifiers must start being added to claims; Implementation is still in progress.
- DHCS will be utilizing this data to inform future policy and recommendations surrounding telehealth.

What you will see upon completion of SanWITS implementation:

- On the Encounter “Service” drop down menu, user will see additional services specifically for Telehealth and Telephone easily identified by the word telehealth or telephone as part of the description – such as Individual Counseling OS-Telehealth
- The “Service Location” drop down menu will now only show Residential Substance Abuse TX Facility and Non-residential Substance Abuse TX Facility to select.
- When service is provided by telehealth, select telehealth under “Contact Type”, **OR** if service is provided by telephone, select Phone under “Contact Type”

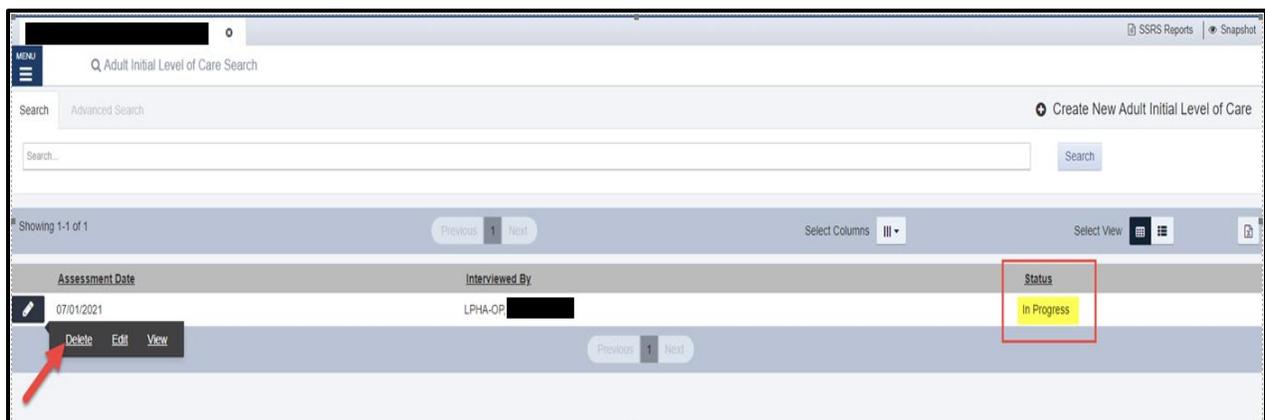


Reminder: SanWITS Document Storage available Nov 1, 2021

- Tip sheet [Document Storage 2021.10.21.pdf](#) and Approved Documents Table [SanWITS Document Storage-Approved Documents for Attachment 2021.10.09.pdf](#) are available on Optum website under the SanWITS tab.
- Video Tutorial [Document Storage Training Video](#) is available on Optum website under the Training-SanWITS tab.

Reminder: New Feature - SanWITS Assessments

- Delete option has been added to all assessments that are in progress (not signed).
- Remember to review assessments thoroughly before signing – deletion option is not available for assessments signed/finalized.



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 - Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
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For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov

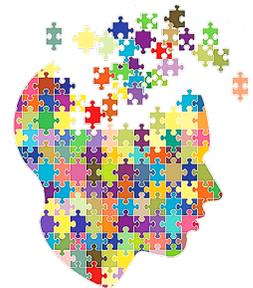
**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

DMC-ODS Residential Documentation Training

- A review of DMC-ODS Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Thursday, December 16, 2021**
 - Time: 1:00 p.m. to 4:30 p.m.
 - Where: via WebEx – [Please click here to register!](#)

DMC-ODS Licensed Practitioner of the Healing Arts (LPHA) Skill Building Workshop

- The County of San Diego HHSA Behavioral Health Services SUD Quality Management team is pleased to offer an LPHA skill building workshop as an opportunity for discussion and sharing of ideas on the role of the LPHA, including documentation of medical necessity.
- LPHAs who attend this webinar will learn ways to improve the clinical quality of documentation, such as the Diagnosis Determination Note (DDN), and will benefit from open dialog on how to perform the responsibilities of an LPHA effectively and efficiently.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 30 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Tuesday, December 28, 2021**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)



New: Upcoming Trainings for January 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Outpatient Documentation Training
 - Tuesday, January 11, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
 - ❖ Treatment Planning Skill Building Workshop
 - Monday, January 17, 2022, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, December 9, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

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

- Providers are expected 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 are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected to register promptly, and attest to information once registration is completed.
- 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.

Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)



Update: RS concurrent with other levels of care

- Per [DHCS Info Notice 21-020](#), access to RS is expanded to include:
 - After a client completes treatment
 - Immediately after incarceration
 - Concurrent or same day services while a client is receiving MAT and/or OTP services
 - Concurrent or same day services while a client is receiving other DMC services and other LOC as clinically indicated.
- Concurrent RS services while a client is in other DMC services or LOC will primarily occur during transitions to eliminate gaps in treatment.
- DHCS is revising the Same Day Billing Matrix to reflect these changes. We will provide an update when it becomes available.

Reminder: Certificates for QM Trainings

- As of 12/1/2021, SUD QM no longer provides certificates to staff attending SUD QM trainings (live, virtual, recorded webinars).
- Programs shall continue to track training attendance using the SSR to report to CORs.
- All training attendance is tracked and monitored by SUD QM so COR teams can verify program training attendance.

Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests



- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is ‘urgent’.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client’s condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time date is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD’s for non-compliance with outpatient and OTP timely access standards.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by Jan. 15, 2022.
- The tool has been updated to include a new question for OTPs regarding testing for Hepatitis C, Fentanyl and Oxycodone.
- The testing is being implemented starting 1/1/2022. If your program has already started, please address the question, if not, please mark N/A. Note: Any submission after 1/1/22, the question must be answered yes or no.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title. Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- NOTE – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

RADT-I Credentialing Update

- CCAPP has temporarily waived the 9-hour education requirement prior to initial registration as an RADT-I.
- Under this waiver, a new RADT-I has 90 days to complete the 9-hour requirement, or their registration is expired. If the registration expires, the staff will no longer be able to provide services in DMC-ODS.
- Programs are encouraged to be aware if staff are registered under this waiver and complete the 9-hours before the 90th day.

Reminder: Record Retention

- Programs are reminded that beneficiary records must be kept for a minimum of 10 years from the finalized cost settlement process with the Department of Health Care Services.
- As part of records retention, programs are reminded that any completed paper or electronic documentation that is entered as part of the beneficiary record should not be deleted, shredded, or otherwise destroyed.

UTTM Tip of the Month

Progress notes are required for substantiating claims. Each service provided requires a completed progress note.

- All fields on the document need to be completed (do not leave any blanks).
- Ensure that every client and every contact is unique, from note to note and chart to chart. Documentation should be different each and every time.
- Addressing all 4 prompts for narrative of note. If these are not addressed, this can lead to disallowances.



- ✓ Provider support and interventions
 - ✓ Description of client's progress on treatment plan problems/goals/action steps/objectives/referrals
 - ✓ Ongoing plan including any new issues
 - ✓ If service is provided in the community, identify the location and how confidentiality was maintained
- If an EBP was used during the session, document specific techniques or interventions, i.e., explored ambivalence with client.
 - If it's not written down, it didn't happen.

SUD Billing Unit

Billing Reminders:

Medicare Advantage: Clients with dual eligibilities (those with Medicare Part C and Medi-Cal)

A. Outpatient and Residential Providers are NOT required to bill Medicare Part C if a client has the following:

1) Blue Shield Promise Health Plan- Part C

OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.

2) Health Net- Part C

MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.

3) Molina Healthcare of California- Part C

B. OTP Providers MUST bill Medicare, including all Medicare Part C/Medicare Risk Plans/Cal Medi-Connect risk insurance.

Management Information Systems (MIS)

SanWITS Passwords



- When setting up credentials **DO NOT** select “Remember Password”; this is causing issues when a new password is created.

OTP Providers – Long Lasting Injectable Services Added Dec 1, 2021

- User will now see additional services on the encounter screen for long lasting injectable dosing.
 - Sublocade Injectable (Brand name)
 - Vivitrol Injectable (Brand name)
- This is a monthly dose.

Reminder: New Telehealth and Telephone Services will be available Dec 10, 2021

- According to state requirements Telephone and Telehealth specifiers must be added to claims submitted to DMC.
- Tip sheet will be added to Optum under the SanWITS tab.
- DHCS will be utilizing this data to inform future policy and recommendations surrounding telehealth.

What you will see upon completion of SanWITS implementation:



- On the Encounter screen’s Service drop down menu, user will see additional services specifically for Telehealth and Telephone easily identified by the word telehealth or telephone as part of the description – such as Individual Counseling OS-Telehealth.
- The Service Location drop down menu will now **only** show *Residential Substance Abuse TX Facility* and *Non-residential Substance Abuse TX Facility* to select.
- Service and Contact Type must both indicate whether the service was provided by Telehealth or Telephone.

SanWITS Quarterly Users Group Meeting – Let’s Get Together!



- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users, and assist with User concerns.
 - Next meeting: Monday, Jan 24, 2021, at 9:00 a.m. – 11:00 a.m.
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
 - Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we’re also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.



- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov



Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

January 2022

RESCHEDULED: Treatment Planning Skill Building Workshop



- Please note the Treatment Planning Skill Building Workshop (announced in the December 2021 UTTM) will no longer take place on January 17, 2022.
- The Treatment Planning Skill Building Workshop has been rescheduled to Monday, January 31, 2022, from 9:30 a.m. to 11:30 a.m.

Treatment Planning Skill Building Workshop

- In the month of January, the County of San Diego HHS Behavioral Health Services SUD Quality Management team is pleased to offer a virtual Skill Building Workshop. The focus this month is Treatment Plans. Participants will refresh their skills in building client-centered treatment plans and review the regulations and standards.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.

- Date: **Monday, January 31, 2022**
- Time: 9:30 a.m. to 11:30 a.m.
- Where: via WebEx – [Please click here to register!](#)



New: Upcoming Trainings for February 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Residential Documentation Training
 - Wednesday, February 16, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - ❖ Progress Notes Skill Building Workshop
 - Wednesday, February 23, 2022, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, January 27, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: Confidentiality Training

- The annually required Confidentiality training is in the process of being revised and is not available on the RIHS site at this time.
- The BHS website for DMC-ODS Required Trainings is in the process of being updated to reflect the status of the training.
- Once the revised training is available, we will share it with the system of care.

Update: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Update: CalAIM 2022-2026

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the MC program. QM will be discussing and providing guidance on changes as more guidance becomes available.

- *Recent changes*
 - Removing residential limitations & clarifying length of stay
 - Clarifying RS
 - Reimbursement during and after assessment period
 - DMC-ODS medical necessity
 - Expanded access to MAT
- *Upcoming changes – all pending additional guidance*
 - Early Intervention (ASAM Level 0.5)
 - Clinician consultation
 - Documentation redesign
 - Prior authorization for residential
 - Payment reform (including updated DMC Billing Manual)



Reminder: Interim Services

- QM is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: LOC Recommendation and Discharge



- According to SUDPOH A.7: “Assessments based on the ASAM Criteria ensure that necessary clinical information is obtained in order to make appropriate level of care determinations. Assessments must be appropriately documented, reviewed, and updated on a regular basis, including at every care transition...”
- Additionally, SUDPOH A.17 states: “To document and communicate the client’s readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the client should be discharge or transferred...”
- Therefore, programs are reminded to complete an updated LOC Recommendation prior to or on the date of discharge for planned discharges.

Update: SUDPOH

- The SUDPOH was updated and emailed to the system of care on 12/28/21.
- The revision and Summary of Changes are in the process of being posted on the Optum site.
- Next anticipated update is planned for 4/2022.

Update: Medical Director One Pager

- The Medical Director One Pager has been revised to include a reminder that Physicians must follow the “Stark” Law.
- The revision is located on the Optum site under the “Medical Director Info” tab.

Management Information Systems (MIS)

Effective immediately - Changes to SanWITS Access for Peer Support Specialist



- PSS will now be granted read only access for clients and be able to enter encounters for the services the PSS provides after successfully completing the required SanWITS trainings.
- Please visit RegPack at <https://www.regpack.com/reg/dmc-ods> to register staff for trainings
 - Intro to Admin Functions (IAF) (prerequisite to either of the encounter trainings)
 - RES -Bed Management and Encounter training
 - Outpatient/OTP Group module and Encounter training
- The SanWITS user form is being modified to include Peer Support Specialist. In the meantime, please type Peer Support Specialist in the comments section of the SanWITS user form and select which trainings that are requested.
- Forms are located on Optum website under the “SanWITS” tab and on RegPack.

Staff Termination Process for SanWITS

- **Routine User Termination** – In most cases, staff employment is terminated in a routine way in which the employee gives advanced notice. Within one business day of employee termination notice, the program manager shall fax to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov a completed SanWITS User Modification or Termination Form with the termination date (*will be a future date*). The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination. The user will also be added to the terminated staff log.
- **Quick User Termination** – In some situations, a staff person’s employment may be terminated immediately. In this case, the program manager must immediately call the SUD MIS Unit at (619) 584-5040 to request the staff account be inactivated immediately. Within one business day, the program manager shall fax a completed SanWITS User Modification and Termination Form to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov.

Reminder: CalOMS Admission and Discharge

- CalOMS Admission and Discharges should only be created for clients with Level of Care program enrollments such as: OS, IOS, OTP, 3.1, 3.2, 3.5
- DO NOT create CalOMS Admissions and Discharges for clients with TCS program enrollment, Courtesy Dosing program enrollment, or Recovery Service program enrollments.

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users, and assist with User concerns.
 - Next meeting: Monday, Jan 24, 2021, at 9:00 a.m. – 11:00 a.m.
 - RSVP please, WebEx invite will be sent
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 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
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 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
SUD_MIS_Support.HHSA@sdcounty.ca.gov



SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
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- Type of Training Classes:
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5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
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 - Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we’re also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

A. SUD Billing Training



- Effective immediately, the SUD Billing Unit will be conducting a post-billing training survey after every **training session** (e.g., 1st time billing training, refresher course, or other billing-related classes).
- We value you as our customers, and we believe that the learners’ feedback will help us identify the effectiveness of our training program, and whether the trainees receive the knowledge and skills needed to perform their regular billing functions.
- The billing training is on a per request basis or as needed. We also prefer providing training per Agency/Facility to ensure the curriculum fits the unique needs and objectives of your program, and that the confidential handling of all protected health information (PHI) is observed.
- Please remember to complete the prerequisite training prior to scheduling/attending the billing training:

Prerequisites include successful completion of:	<ul style="list-style-type: none"> • SanWITS Intro to Admin Functions (IAF) AND • Res - Encounter and Bed Mgmt. OR • OS/OTP - Group Module & Encounter
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The current virtual billing training covers the following topics:

- 1) SanWITS billing workflow (from encounters release to billing to submission of Provider Batches to the Clearing House and/or Government Contract).
- 2) Troubleshooting billing errors
- 3) Medi-Cal eligibility verification review and examples
- 4) Post-billing processes (claim denials review, required actions, and service replacement overview)
- 5) Void or disallowance process, including instructions on how to complete the Payment Recovery Forms
- 6) Late billing (Delay Reason Code, additional paperwork, and more)

Note: Please send an email to ADSBillingUnit.HHSA@sdcountry.ca.gov if you have a specific billing training request that is not listed above.

B. Medicare Advantage

The Medicare Advantage FFS-Equivalent Coverage Certification has expired on 12/31/2021 for these three (3) Medicare Part C insurances. The letters are good thru Dec. 2021, and we are waiting for the renewal letters for this year. We are still able to bill thru Dec. 2021.

Medicare Advantage: Clients with dual eligibilities (those with Medicare Part C and Medi-Cal)

A. Outpatient and Residential Providers are NOT required to bill Medicare Part C if a client has the following:

- 1) Blue Shield Promise Health Plan- Part C
OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.
- 2) Health Net- Part C
MEDI-CAL OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.
- 3) Molina Healthcare of California- Part C

B. OTP Providers MUST bill Medicare, including all Medicare Part C/Medicare Risk Plans/Cal Medi-Connect risk insurance.

In the meantime, the OUTPATIENT AND RESIDENTIAL PROVIDERS are advised to put the January 2022 claims on hold if the client has dual coverage with Blue Shield Promise Part C, Health Net Part C, and Molina Health Part C until we get the renewal letters. Billing Unit will email you as soon as the 2022 letters are available so we can continue billing to DMC.

***NOTE:** OTP PROVIDERS “must” continue billing Medicare, including Medicare Part C/Medicare Risk Plans/Cal Medi-Connect risk insurance.

Performance Improvement Team (PIT)

Non-Clinical PIP: Improving client linkages to services following a PERT contact

Proposed Outcomes:

- increase the proportion of clients with a PERT service who are admitted to a SUD program by 5% and/or,
- decrease the mean length of time between when a client with a SUD concern receives a PERT service and is admitted to a SUD treatment program by 5% and/or,
- decrease the proportion of clients with a PERT service and a SUD concern who are admitted to a SUD program more than 30 days after their PERT contact by 5?



The PERT PIP intervention went live on March 31, 2021, with a PERT clinician beginning to screen her client caseload for appropriateness for the intervention. As documented during previous months, enrollment into the project has been challenging. As of November 30, 2021, 21 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 19 of the 21 clients. Of the 21 clients enrolled, eight (38%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact seven of the eight SUD clients. Five of these seven clients with an SUD concern were successfully contacted and two were referred to a SUD treatment service.

During November 2021, the PIP team at UC San Diego-HSRC (HSRC) reached out to PERT’s management to discuss continued low client enrollment and barriers to enrollment, and a slight increase in clients enrolled was observed. Lastly, the Treatment Perceptions Survey (TPS) team continued data entry of the second timepoint of client data from the TPS supplemental survey during the month of November. These data will be analyzed in early 2022.

Next steps include:

- ✓ Continuing to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard to the team and brainstorm ways to course correct, if needed.
- ✓ Continue to brainstorm ways to collect client feedback from those who receive the intervention.
- ✓ Analyze the second timepoint of client data from the TPS supplemental survey.

Clinical PIP: Improving connections to services after discharge with referral

Proposed Outcomes:

- increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care (LOC)s for clients discharged with referral by 5%.

A SUD Clinical PIP Stakeholder Workgroup occurred on November 2, 2021. At the meeting, program representatives reviewed ongoing successes and barriers with implementing the MEET intervention, and HSRC staff presented interim connection rate data. The analysis was shown both by pilot program and comparing pilot programs to non-pilot programs within the DMC-ODS. Overall, as of the July data extract analyzed, connection rates have improved across the system. HSRC asked the workgroup members if they were aware of another intervention within the system that might account for this wider improvement, but nothing was shared to indicate that. The next step in the analysis will be to compare connection rates for clients who received an intervention as compared to those who did not.



HSRC has continued to collect and enter submitted MEET and client questionnaires and provide support to pilot programs. The next SUD Clinical PIP Stakeholder Workgroup meeting will be on January 4, 2022.

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

February 2022

RESCHEDULED: DMC-ODS Residential Documentation Training



- Please note the DMC-ODS Residential Documentation Training (announced in the January 2022 UTTM) will no longer take place on February 16, 2022.
- The DMC-ODS Residential Documentation Training has been rescheduled to Thursday, February 17, 2022, from 9:30 a.m. to 1:00 p.m.

DMC-ODS Residential Documentation Training

- We are pleased to announce a DMC-ODS Residential Documentation Training from our SUD QM team. Targeted population is all DMC-ODS residential treatment provider: program managers, counselors, case managers, and administrative staff involved in providing SUD treatment services.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Thursday, February 17, 2022**
 - Time: 9:30 a.m. to 1:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

Progress Notes Skill Building Workshop

- In the month of February, the County of San Diego HHSA Behavioral Health Services SUD Quality Management team is pleased to offer the next virtual Skill Building Workshop. The focus this month are Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, February 23, 2022**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings in March 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Outpatient Documentation Training
 - Monday, March 14, 2022, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
 - ❖ Discharge & Care Coordination Skill Building Workshop
 - Thursday, March 17, 2022, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

Update: Peer Support Specialists Workshop

- Empowering Success Workshop- **Wednesday, March 30, 2021 @1pm**
- Supervisors of Peer Support Specialist, this workshop will provide hands on information to optimize the unique skills of Peer Support Specialists.
- Invest time in learning how to best support this role in your programs.
- See the event flyer attached to the UTTM email for more information and to register.



SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, February 24, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: Peer Support Services



- A program integrity report was created to ensure peer services are being rendered and billed based on the guidance released for FY21-22.
- A review of the report indicates peers are rendering services (individual and group) to clients within a treatment LOC out of their scope and these services are being billed to DMC.
- QM is in the process of contacting programs about incorrectly billed services rendered by peer staff with guidance for disallowing.
- The program integrity report is expected to be included in the 3/2022 PI Reports package for corrections. Programs shall disallow services and submit evidence to QI Matters using the Self-Identified Disallowance Tool.
- **NEW –**
 - ❖ Effective 1/1/22, the Recovery Services peer service “Recovery Monitoring/Substance Abuse Assistance” is no longer a billable service. The grid on the Optum site is in the process of being updated to reflect this change.
 - ❖ Effective 7/1/22, peer services will no longer be an option within Recovery Services. Peer Services will become a standalone treatment service for all levels of care. New guidance, including services and billing codes, are expected before the effective date. We will continue to share updates once DHCS makes more information available.

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QM.

- QM will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QM will work with programs directly and will submit finalized CAP's to DHCS on behalf of the program.
- QM can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Update: Documentation requirements due to COVID related staff shortages

- DHCS recently clarified that due to the Executive Order expiring, many flexibilities are expired and are not expecting to return.
- A reminder that requirements and timelines for staff signatures on all documentation remain in place and no flexibilities have been granted during the Public Health Emergency
 - Staff and provider signatures during the Public Health Emergency are still required and must be completed within the standard timelines for all documentation.
 - Signatures can be a “wet” signature or a digital signature; however, a copy/pasted scan of a signature is not considered a digital signature.
 - If the staff that provided created the documentation and/or provided the service are unable to sign the documentation, the following guideline should be followed:
 - ✓ The Counselor/LPHA should document in the narrative of the note that he or she is unable to sign and the reason.
 - ✓ If an LPHA who is the Counselor/LPHA’s supervisor or the program Director has access to the note to print, sign, date, and enter into the client record, he or she may do so and should document “signing on behalf of [Counselor/LPHA name]”.
 - ✓ In this situation, the Counselor/LPHA who provided the service should document in the note that the LPHA Supervisor/Program Director will sign on his/her behalf.
 - Documentation that is not signed, not signed within timelines, or does not follow this guideline is at risk for being disallowed or out of compliance.



Update: CalAIM highlights

- CalAIM is a multi-year initiative by DHCS to improve life and health outcomes and reform payment across the Medi-Cal system
- DHCS released [Information Notice 21-075](#) that outlines changes in DMC-ODS counties, with further information expected from DHCS. Some changes such as removing residential limitations on treatment episodes, clarifying Recovery Services, and changes to Medical Necessity are currently implemented, while others are in the planning or identification stage.
- Documentation Redesign is currently expected to be implemented on 7/1/22, and an Information Notice with details is expected to be available in the near future.
- Behavioral Health Payment Reform is currently expected to be implemented in July 2023. This will include a transition to cost-based reimbursement and use of CPT codes
- We are also anticipating more Information Notices from DHCS regarding: Peers, Prior Authorization for Residential programs, Justice-Involved initiatives, Traditional Healers and natural helpers for those receiving services through Indian health care providers, and more
- All of these will be discussed in the monthly Quality Improvement Partners meetings, future UTTMs, and other meetings.

Reminder: Reporting Requirement – Self-Identified Disallowances

- DHCS requires timely reporting of overpayments in writing with reason for overpayment within 60 calendar days after the overpayment was identified.
- Programs shall respond to monthly request from QM regarding self-identified disallowed services to confirm either no disallowances were identified or to provide the tool listing those disallowed services.
- QM will be reaching out to COR teams to assist with non-responsive programs.
- A copy of the tool and tip sheet is posted on the Optum website, on the DMC-ODS page, under the “Monitoring” tab.

Reminder: Common Disallowance Reasons

SUD QM is mid-way through this fiscal year's review season. Here are the most common disallowance reasons and strategies for improvement:



- **Reason # 13: Treatment Plan does not contain all required elements.**
 - The diagnosis on the treatment plan must be an *exact* match to the DDN. The treatment plan diagnosis should be updated when the diagnosis on DDNs change.
 - The goal “to obtain a physical examination” must remain on the treatment plan unless both 1) the physical examination results within 12-months of admit are present in the chart, and 2) documentation of the program MD’s review of the results with adjacent signature, name, and date.
- **Reason # 9: Initial Treatment Plan not completed within timelines.**
 - Initial treatment plans are due within 30 days (day of admit +29) for residential programs and within 10 days (day of admit +9 days).
- **Reason # 10: Treatment Plan was not updated within timelines.**
 - Treatment plan updates for outpatient programs are due within 90 days of completion of the previous treatment plan (counselor signature date on previous plan +89 days). For residential, within 30 days of completion of the previous plan (counselor and LPHA signature date on previous plan +29 days).
- **Reason # 4: Residential Bed Day does not meet required level of service activity.**
 - Programs must provide clients with at least 1 hour of structured daily activity per day in order to be reimbursed (SUDPOH B.2).
- **Reason # 7: Documentation does not establish medical necessity criteria/MD or LPHA did not substantiate the basis of the SUD diagnosis.**
 - Ensure both Severity and Remission status are substantiated for each diagnosis.
 - Use client quotes and real examples from the client’s life to support individualization of DDN narratives.
 - Ensure signatures are complete, dated, legible, meet all standards (wet or electronically certified). Pre-printed dates on signatures risk disallowance.
 - A new DDN should be completed:
 - within 30 days of admit (day of admit + 29 days) for outpatient
 - within 10 days of admit (day of admit + 9 days) for residential
 - within 30 days of admit to RS (day of admit to RS +29 days)
 - As soon as possible when there is a change in the client’s diagnosis.

Triggers in Discharge Plans:

Discharge plans are to be developed with the client. When reviewing discharge plans with clients, note that DHCS has indicated relapse triggers need to be well explained and need to be more than one word. For example:

- Friends vs being around my friends who use
- Lying vs being dishonest with myself and/or others
- Alcohol vs the smell of alcohol or seeing alcohol in supermarkets/liquor stores

Description of Relapse Triggers

a.	d.
b.	e.
c.	f.



Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are in the process of being posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Document Links](#)

Management Information Systems (MIS)

Very Important Notice - Diagnosis in SanWITS



- If a client has a DDN in SanWITS under the active episode, user should **NOT** create, edit, or delete a Diagnosis through the Admission Diagnosis Screen or through the Diagnosis List.
- Once a client has a DDN in SanWITS, any changes to diagnosis must be done by creating a new DDN.
- Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan.
- Questions – email SUD_MIS_Support.HHSA@sdcounty.ca.gov

Revised Tip Sheets Posted to Optum

- SanWITS - Creating Diagnosis through Diagnostic Determination Notes DDN [Creating Diagnosis through Diagnostic Determination Note DDN](#)
- Recovery Residence Tracking [Tip Sheet Recovery Residence Tracking](#)
- SanWITS Telehealth and Telephone Service Encounter Tip Sheet [SanWITS Telehealth and Telephone Service Encounter Tip](#)

SSRS Reports Available – Provider Folder (under Paginated Reports)

- [Active Clients](#) has been revised.
- [Telehealth Services \(for QSR Reporting\)](#) has been revised.
- [3-04 Recovery Residence Report](#) has been revised.

REVISED

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Reminder to run the Unfinished Client Activity Report

- Unfinished Client Activities Report will identify client records that are “*In Progress*” on the Client Activity List.
- **Why this is important** – If the client record remains “*In Progress*”, it will not be submitted to CalOMS and will become noncompliant with the state.
- Report is located under “Reports” on the SanWITS Menu Pane.
- It is recommended to run the report twice a month, before the 1st and 15th, to ensure all CalOMS records get uploaded to the State on time.

NOTE: For clients with an OS, IOS, OTP, 3.1, 3.2, 3.5, or Non-BHS Program Enrollment, the Intake and Client Profile must be completed before the completed CalOMS Admission, Discharge, or Annual Updates will upload to the State.

What’s New?



- A new SanWITS Training webpage is now available on the Optum website with the goal of further simplifying the training experience for both attendees and program managers. It centralizes existing links and resources, such as the registration link, downloadable forms, video tutorials, resource packets, and support outlets.
- To access the webpage, click here: [SanWITS Training \(optumsandiego.com\)](http://optumsandiego.com).

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and assist with User concerns
 - Next meeting: Monday, April 18, 2021, at 9:00 a.m. – 11:00 a.m.
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
SUD_MIS_Support.HHSA@sdcounty.ca.gov



Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we’re also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov. Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.



- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Resources:

- Optum - [Optum](#)
- Billing Unit - ADSBillingUnit.HHSA@sdcounty.ca.gov
- MIS Support - [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- SanWITS Training Registration - [Regpacks](#)
- CalOMS Tx Data Collection Guide - [DHCS CalOMS Tx Data Collection Guide](#)
- SanWITS – [SanWITS](#)
- SSRS Report Request Form - [SanWITS Report Request Form.](#)

Performance Improvement Team (PIT)

PERT PIP December 2021

Proposed Study Question: Will improving identification of substance use disorders (SUDs) and strengthening connections to treatment during a contact with the Psychiatric Emergency Response Team (PERT)



1. increase the proportion of clients with a PERT service who are admitted to a SUD program by 5% and/or,
2. decrease the mean length of time between when a client with a SUD concern receives a PERT service and is admitted to a SUD treatment program by 5% and/or,
3. decrease the proportion of clients with a PERT service and a SUD concern who are admitted to a SUD program more than 30 days after their PERT contact by 5?

The PERT Performance Improvement Project (PIP) intervention has been live since March 31, 2021, when the first PERT clinician began to screen her client caseload for appropriateness for the intervention. As of December 31, 2021, 24 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 21 of the 24 clients. Of the 24 clients enrolled, nine (38%) of them were identified as having a SUD concern at the time of their PERT contact, and the Peer Support Specialist attempted to contact eight of the nine SUD clients. Five of these eight clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During December 2021, the PIP team at the UC San Diego Health Services Research Center (HSRC) continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard, and the slight increase in clients enrolled observed last month continued during December. During discussions with stakeholders, it was proposed that a non-peer from RI might be the best person to solicit feedback from clients who received the peer support intervention, as opposed to someone from the research team, due to constraints related to data sharing of the clients’ contact information.

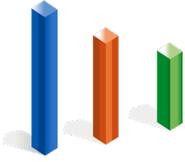
Next steps include:

- Work with stakeholders to collect client feedback from those who receive the intervention.
- Analyze the second timepoint of client data from the TPS supplemental survey.

Connections PIP December 2021

Proposed Outcome:

- Increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care (LOC)s for clients discharged with referral by 5%.



HSRC has continued to collect and enter submitted MEET and client questionnaires and provide support to pilot programs. There was not a SUD Clinical PIP Stakeholder Workgroup in December, but the next point of analysis will be comparing connection rates between clients who received an intervention and those who did not. HSRC will also be measuring the level of client engagement and its correlation with a successful and timely connection.

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

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Reminder: For general information on COVID-19

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For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

March 2022

DMC-ODS Outpatient Documentation Training

- The BHS SUD QM team is pleased to announce the next training for DMC-ODS Outpatient Documentation. Targeted population is all DMC-ODS outpatient treatment providers: Program Managers, LPHAs, Counselors, Case Managers, and Quality Assurance staff involved in providing SUD treatment services.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Monday, March 14, 2022**
 - Time: 1:00 p.m. to 4:30 p.m.
 - Where: via WebEx – [Please click here to register!](#)



Discharge & Care Coordination Skill Building Workshop

- The BHS SUD QM team is pleased to announce the next Skill Building Workshop for Discharge & Care Coordination. This workshop is an opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Thursday, March 17, 2022**
 - Time: 9:30 a.m. to 11:30 a.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings in April 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Residential Documentation Training
 - Tuesday, April 12, 2022, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - ❖ Recovery Services Skill Building Workshop
 - Wednesday, April 20, 2022, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days

Root Cause Analysis Training

- This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and how’s” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements.
- Due to high demand, all spots are currently filled, and all new registrants will be added to the waitlist. If a space opens, you will be notified via email of your updated registration status. Please contact BHS-QITraining.HHSA@sdcounty.ca.gov to be added to the waitlist.
 - Date: **Tuesday, March 29, 2022**
 - Time: 9:00 a.m. to 12:00 p.m.

Update: Confidentiality Training

- The annually required Confidentiality training has been updated. It is now posted on the Optum site under the “QM Training” tab as a PowerPoint training called [Substance Use Disorder Privacy Rules 2022](#).
- The BHS website for DMC-ODS Required Trainings is in the process of being updated to reflect the status of the training.
- Certificates are not available for this training. Programs shall track completion internally and report status on the SSR.

Annual Addiction Medicine Training Requirement



- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A [web-based submission form](#) is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is in the process of being posted to the Optum site under the “Monitoring” tab.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, March 24, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Request for Volunteers



- We are looking for volunteers from programs who would like to present at future QIPs on their successful QI/QM/QA processes.
- If you are interested in presenting or have questions on presenting, please email SUD QM BHPC **Michael Blanchard** at michael.blanchard@sdcounty.ca.gov

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

On behalf of the County of San Diego Behavioral Health Services (BHS) department, the BHS leadership team invites you to the quarterly Tele-Town Hall webinar. During this Tele-Town Hall, we plan to share important information with our contractors. The meeting agenda will be sent out in advance. The Tele-Town Hall is designed for executive leadership and program managers, and attendees will include County Contracting Officer Representatives (CORs).

- Date: **Monday, March 28, 2022**
- Time: 2:00 p.m. to 3:30 p.m.
- Registration: [Click here to register!](#)



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

- DHCS will review, validate, and certify the provider network of each DMC-ODS County. They must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1), commonly known as the Mega Regs.
- DHCS will use this information to ensure compliance with CMS network adequacy requirements. In order to demonstrate network adequacy, DMC-ODS Counties must submit a completed Network Adequacy Certification Tool (NACT).
- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Mega Regs. The data from the SOC Application is used to complete the NACT to demonstrate San Diego's DMC-ODS network adequacy.
- Providers are expected 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 are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected 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.

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- NOTE – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

Residential Authorization Request Submission Reminders



- Authorization requests submitted to Optum are formal authorization requests and should be thorough and complete. Please ensure the following before submitting to Optum:
 - Complete the Fax Cover Sheet-box “For All Requests” AND the box for the authorization being requested: Initial, Continuing, Extension, Level of Care Change.
 - Review that authorization request includes all needed documents listed on the Fax Cover Sheet for the type of authorization requested.
 - Include an updated DDN if the diagnosis has changed.
 - Include the Daily Residential Treatment ASAM Level of Care on all treatment plans.
- Remember to fax Discharge Summaries to Optum.

Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Jan-March (Q3) will be due by April 15, 2022.
- The tool has been updated to include a new question for OTPs regarding the testing requirement that was implemented on 1/1/2022 for Hepatitis C, Fentanyl and Oxycodone; it requires a yes or no response.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Update: Peer Support Services

- [DHCS Information Notice 21-075](#) has given general guidance on services that can be provided by Peer Support Specialists.
- This IN defines three categories of services: Educational Skill Building Groups, Engagement services, and Therapeutic Activity.
- While we await more specific information from DHCS, we encourage programs to familiarize themselves with these general categories in preparation. Once we have more specific details, they will be communicated out to the system.
- Also, a reminder that as of 1/1/22, peers are not able to bill Drug Medi-Cal, and all services must be County Billable. An updated grid on peer services will be available on the Optum website in the near future.

Peer Grandparenting Reminder

For individuals who are employed as a peer as of January 1, 2022, and seek certification under the legacy standards, or those individuals certified out of state and are seeking to be certified under these standards, a Medi-Cal Peer Support Specialist Certification Program must grant certification if the individual has:

Either:

- 1 year of paid or unpaid work experience (1550 hours) as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums

OR

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

AND has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
 - One from a supervisor
 - One from a colleague/professional
 - One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam



Peers employed as a peer January 1, 2022 and seeking certification through the grandparenting process must complete or begin the process by December 31, 2022. After this date, peers seeking certification under a Medi-Cal Peer Support Specialist Certification Program must complete the initial certification process. Peers with out of state certification seeking reciprocity have no sunset date to seek certification.

We encourage peers currently working in the system to begin gathering the required information to the best of their ability.

As more information is released, we will communicate it to the system through future UTTMs, QIPs, and other forums.

Reminder: Serious Incident Report of Findings & Opioids

- As the opioid epidemic continues, there is an increased focus on serious incident reporting in our system of care.
- Programs should be identifying needs related to MAT for their clients and providing the appropriate referrals/warm hand-off.
- Reminders when submitting SIROF:
 - leave no blanks, if something does not apply, mark N/A
 - If SIR was due to opioid overdose
 - ✓ identify if client is receiving MAT
 - ✓ if client is not receiving MAT
 - ✓ was a referral made to MAT/where
 - ✓ did client decline referral
 - ✓ no/other
 - ✓ if no/declined/other please explain
- Our QM Specialists assigned to the SIR team may reach out to the programs for additional information.
- If you need any assistance or support in completing the forms, please feel free to reach out to QM.



Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests

- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is 'urgent'.
 - Requests for WM shall be considered 'urgent'.
 - Clients referred to outpatient due to limited residential capacity, shall be considered 'urgent'.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client's condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time data is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD(s) for non-compliance with outpatient and OTP timely access standards.
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.

UTTM Tip of the Month

During our MRR, we are identifying issues related to the provision and documentation of case management services. Below are some helpful tips on providing and documenting case management services in DMC-ODS:



- Case management is defined as linking clients with necessary and appropriate services including medical, mental health, educational, social, prevocational, vocational, rehabilitative, or other community services while the client is receiving SUD treatment.
- Reminder: CalAIM changing term of *case management* to *care coordination*, but the service/definition is the same.
- Key words to consider in service delivery and documentation of case management include *referrals, linkages, navigation, monitoring, and education/advocacy*.
- Progress notes must include the purpose of the service and how the service relates to the client's treatment plan.

If the service can be done by a non-certified staff member, it probably is not a billable case management service. For example, setting up audio/visual equipment for client for a zoom meeting with judge. This is not a billable case management service. However, advocating during a meeting with the judge for client to obtain visitation with their children may be a billable service.

Resources:

- SUDPOH A.15-A16
- [Case Management Billable Activities Quick Guide](#)



Management Information Systems (MIS)



Providers entering Assessments in SanWITS:

Diagnosis in SanWITS

- If a client has a DDN in SanWITS under the active episode, user should **NOT** create, edit, or delete a Diagnosis through the Admission Diagnosis Screen or through the Diagnosis List.
- Once a client has a DDN in SanWITS, **any changes to diagnosis must be done by creating a new DDN.**
- Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan.
- Questions – email [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Initial Level of Care Assessments

- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List **ONLY until** the DDN is completed.

Diagnostic Determination Note (DDN)

- When completing a DDN, it is **required to create a new Diagnosis** under the Diagnosis section of the DDN. Diagnosis effective date should be the same as the DDN date.
- If the DDN is completed the same day as the Admission, create the diagnosis through the DDN and **DO NOT** enter the client diagnosis through the Admission Diagnosis Screen or the Diagnosis List.

SSRS Reports Available – Provider Folder (under Paginated Reports)

- Deferred Diagnosis Report
 - Identifies admitted clients who have encounters with a Z03.89 diagnosis and points in time to show the number of encounters: Less than 30 days, Between 30-59 days, and 60 days or more.

Staff Rendering Direct Services

- During a recent review of the SOC, SSR, and SanWITS there were many discrepancies noted specifically with staff titles and credentials.
- Any changes to staff's professional qualifications or job titles must be reported to [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) to be updated in SanWITS.

Current Changes to SanWITS Contact Screen

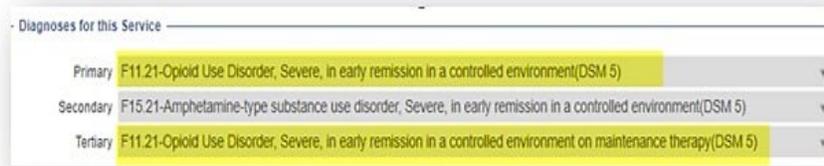
- Two new values have been added to the Disposition field.
 - Ref to Specialty Mental Health Services
 - Ref to Managed Care Plan

Recovery Services Program Enrollments

- Recovery Service Program Enrollments are now active in all Facilities except OTPs.
- If you have questions regarding Recovery Services, please contact QIMatters.HHSA@sdcounty.ca.gov

Prevent Duplicate ICD-10 codes

- Providers should not enter duplicate ICD-10 code Diagnoses with different DSM5 descriptors as seen below



- If a client has more than one of the same class of substance that would result in the same ICD code, this should be addressed in the Diagnosis narrative on the DDN – for questions please contact QIMatters.HHSA@sdcounty.ca.gov
- Identifying secondary or tertiary Diagnosis is optional in SanWITS and not required.
- All diagnosis should be listed under Behavioral diagnosis category.

Consent and Referral for MAT services



- Asking for volunteers to pilot the consent & referral process through SanWITS for referring clients to MAT services within our system of care.
- Contact Cynthia Emerson at Cynthia.emerson@sdcounty.ca.gov

SanWITS Quarterly Users Group Meeting – Let's Get Together!

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and assist with User concerns
 - Next meeting: Monday, April 18, 2021, at 9:00 a.m. – 11:00 a.m.
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings**
[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

In case you missed the last UTTM - What's New?



- A new SanWITS Training webpage is now available on the Optum website with the goal of further simplifying the training experience for both attendees and program managers. It centralizes existing links and resources, such as the registration link, downloadable forms, video tutorials, resource packets, and support outlets.
- To access the webpage, click here: [SanWITS Training \(optumsandiego.com\)](https://optumsandiego.com/sanwits-training).

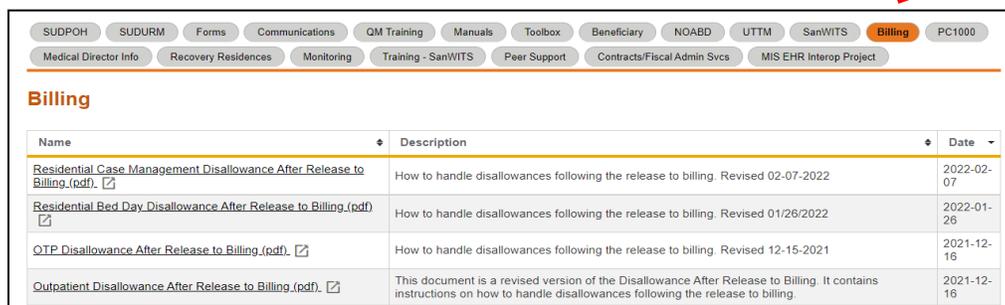
SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

SUD Billing Unit

Announcement/Reminder

The Disallowance After Release to Billing tip sheets have been updated for Outpatient, OTP, and Residential providers. Please visit the Optum-BHS Provider Resources site: [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com/drug-medi-cal-organized-delivery-system)



Name	Description	Date
Residential Case Management Disallowance After Release to Billing (pdf)	How to handle disallowances following the release to billing. Revised 02-07-2022	2022-02-07
Residential Bed Day Disallowance After Release to Billing (pdf)	How to handle disallowances following the release to billing. Revised 01/26/2022	2022-01-26
OTP Disallowance After Release to Billing (pdf)	How to handle disallowances following the release to billing. Revised 12-15-2021	2021-12-16
Outpatient Disallowance After Release to Billing (pdf)	This document is a revised version of the Disallowance After Release to Billing. It contains instructions on how to handle disallowances following the release to billing.	2021-12-16

Performance Improvement Team (PIT)

PERT PIP

The PERT PIP aims to strengthen connections to treatment during a contact with the Psychiatric Emergency Response Team (PERT) by improving identification of substance use disorders. The PERT PIP intervention has been live since March 31, 2021, when the first PERT clinician began to screen her client caseload for appropriateness for the intervention.



As of February 28, 2022, 29 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 25 of the 29 clients. Of the 29 clients enrolled, 12 (42%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact 11 of the 12 SUD clients. Five of these 11 clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During February 2022, the team at HSRC continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard and analyzed the second timepoint of client data from the TPS supplemental survey. Additionally, the team began populating the PIP Submission tool in preparation for the annual EQRO review in April 2022 and developed proposals for the next round of PIPs.

Next steps include:

- Work with stakeholders to collect client feedback from those who receive the intervention.
- Analyze PIP data for inclusion in the PIP Submission tool.
- Complete PIP Submission tool for internal BHS review.

Connections PIP

The Connections PIP aims to increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care by 5% for clients discharged with referral. In February, the PIP implementation team at HSRC continued to analyze connection rates and level of client engagement and its correlation with a successful and timely connection. HSRC also disseminated a Provider Feedback survey to providers who participated in the PIP Pilot to gather information about provider experiences with the MEET intervention and how they felt it impacted clients and workflows.

Providers were invited to share any successes and challenges that may have occurred upon implementing the MEET intervention. HSRC also completed analysis of the second timepoint of the TPS supplemental survey and results will be included in the PIP Submission tool.

Next steps include:

- Analyze MEET forms and client questionnaire data received by January 31, 2022, for inclusion in the PIP Submission tool.
- Complete PIP Submission tool for internal BHS review.
- Continue to accept and enter MEET forms and client questionnaires. If any are received, they will be included in an updated analysis provided to EQRO after the April review.

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91response.aspx>

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to 468-311.



Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

April 2022

Recovery Services Skill Building Workshop

- The BHS SUD QM team is pleased to announce the next Skill Building Workshop for Recovery Services. This workshop is an opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- Due to limited available seating for the training, registration is required, and capped to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, April 20, 2022**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings in May 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Outpatient Documentation Training
 - Thursday, May 12, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
 - ❖ Withdrawal Management Skill Building Workshop
 - Monday, May 23, 2022, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.



- Date: **Thursday, April 28, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: National Suicide Prevention Hotline number changing



- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) will transition to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Once this system is online it will route seamlessly into the ACL.

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

- Providers are expected to attest monthly to maintain a current profile in the SOC application to comply with CMS network adequacy requirements.
- Program managers are expected to visit the SOC to review program's information and attest to information monthly.
- New hires and transfers are expected to register promptly, and attest to information once registration is completed.
- 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.

Update: Clinical Consultation

- Per [DHCS Info Notice 21-075](#) Clinician Consultation replaces and expands the previous “Physician Consultation”.
- Clinician Consultation consists of DMC-ODS LPHAs consulting with LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.
- Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries. DMC-ODS Counties may contract with one or more physicians, clinicians, or pharmacists specializing in addiction in order to provide consultation services. These consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems.
- UCSF continues to be a resource for the updated clinical consultation. This resource is available to all DMC providers until we have a local resource.
 - 855-300-3595
 - <https://nccc.ucsf.edu/clinical-resources/substance-use-resources/?cldee=a2l0YWhvLmthdG9AY21zLmhocy5nb3Y%3d>
- Effective May 1, 2022, the current county billable Physician Consultation service will be removed and replaced with a new DMC billable service Clinician Consultation.
- The new service will be added to all programs.



State Campaign to Help Medi-Cal Clients Retain Health Coverage



- California is launching a statewide effort to help Medi-Cal beneficiaries keep their Medi-Cal coverage or be enrolled in other coverage.
- When the PHE ends, the state will resume normal Medi-Cal eligibility operations and the annual eligibility review. As a result of that process, two to three million beneficiaries could no longer be eligible for Medi-Cal.
- The state, along with its partners, are engaging in a comprehensive campaign to reach beneficiaries with information about what to expect and what they need to do to keep their health coverage.
- DHCS has launched a customizable [Medi-Cal Continuous Coverage toolkit](#) and [webpage](#) to help trusted entities and individuals act as DHCS Coverage Ambassadors to push communications to Medi-Cal beneficiaries to encourage them to update their contact information with their counties to ensure they receive important information about keeping their Medi-Cal coverage.

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Discharge NOABD Timeline Requirements



- Programs should provide or mail the client an NOABD 10 days prior to discharge.
- The 10-day NOABD timeline may be exempt in very rare occasions (example: client exhibits violence at a residential program); however, the NOABD must still be provided, and programs must facilitate a warm hand off to appropriate services. The program must maintain adequate documentation justifying the reason to bypass the 10-day requirement.
- If a client appeals a discharge and an NOABD was not issued or did not follow the 10-day requirements, the client may access the State Fair Hearing appeal processes and bypass the County advocacy appeal processes.
- If a client AWOLs from the program and treatment, this is considered Termination of Services, and therefore both Outpatient and Residential programs are required to provide an NOABD. The NOABD may be sent to the client’s emergency contact if an ROI is on file or may be issued to the client’s last known address.
- Providers are required to log and maintain copies of NOABDs.
- Other types of NOABDs may have different timeline requirements. For more information, please see the NOABD Table in SUDPOH APPENDIX G.6. It is also available on the [Optum website](#).
- Contact QI Matters for answers to your questions: QIMatters.hhsa@sdcounty.ca.gov

Reminder: Interim Services

- QM is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

UTTM Tip of the Month

Treatment Plans, for dates of service on or after January 1, 2022:



- There will no longer be disallowances for:
 - Clinically appropriate and covered SUD prevention, screening, assessment, and treatment services due to lack of inclusion in an individual treatment plan.
 - Lack of client signature on the treatment plan.
- Best clinical practice would be to continue:
 - Developing the treatment plan with the client and identify those services to be provided and to obtain client signature.
 - Documenting reason for missing signature and engaging in reasonable efforts to obtain the client signature.

MANAGEMENT INFORMATION SYSTEMS (MIS)

SSRS Reports – Provider Folder (under Paginated Reports)

- New TUOS Summary Report– coming May 2, 2022 (existing TUOS report will be removed).
- New TOUS Detail Report– coming May 2, 2022 (existing TUOS report will be removed).

NOTE: Please contact your assigned Fiscal Analyst for instruction on how to use the new TUOS for invoicing.

Tip Sheets Posted to Optum (under SanWITS tab)

- New TOUS Summary Report 2022.05.01_SUD MIS (description of report).
- New TUOS Detail Claim Report 2022.05.01_SUD MIS (description of report).

New Data Fields Coming for Contact Screen

- The contact screen will be updated to include new required fields – expected date April 12th
 - Require - Initial Contact Time for all Contact Methods
 - New required field - Treatment Requested
 - New required field - Appt Time for all Appt dates
 - Requiring Appt Dates and Appt Times for all Dispositions

The screenshot shows a 'Contact Profile' form with the following fields and highlights:

- Client Information:** Client Name, Age, DOB, Gender, Unique Client Number, MFI, SSN.
- Contact Information:** Initial Contact Date, Initial Contact Time (highlighted), Facility, Contact Reason, If Other, Specify.
- Treatment Information:** Treatment Requested (highlighted), Call Taker, Location, Contact Made By, LMHA, Benefit Type.
- Referral Information:** Contact Method (highlighted), Source of Referral, Requestor Name, Requestor Phone #, ER Dept Referred.
- Appointments:** 1st Available Intake/Screening Appt, 2nd Available Intake/Screening Appt, 3rd Available Intake/Screening Appt, 1st Accepted Intake/Screening Appt, and Appt Time (highlighted).
- Other Fields:** Status (In Progress), Created Date, Presenting Needs, Disposition (highlighted).

Reminder: Residential Treatment Services (refer to BHIN 21-075)

- Residential Treatment services are delivered to beneficiaries in a short-term residential program corresponding to at least one of the following levels: level 3.1, level 3.3, or level 3.5
- As part of DMC-ODS, a client receiving Residential services, regardless of the length of stay, is a “short-term resident” of the residential facility in which they are receiving the services.
- In SanWITS Admission Profile screen, under Type of Treatment Services, select 6- Residential Treatment/recovery (30 days or less) for all Residential clients receiving 3.1, 3.3, or 3.5
 - **Do Not** Select 7 -Residential Treatment/recovery (31 days or more)



Providers entering Assessments in SanWITS:

Diagnosis in SanWITS

- If a client has a DDN in SanWITS under the active episode, user should **NOT** create, edit, or delete a Diagnosis through the Admission Diagnosis Screen or through the Diagnosis List.
- Once a client has a DDN in SanWITS, **any changes to diagnosis must be done by creating a new DDN.**
- Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan.
- Questions – email SUD_MIS_Support.HHSA@sdcounty.ca.gov

Initial Level of Care Assessments

- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List **ONLY until** the DDN is completed in SanWITS.

Diagnosis Determination Note (DDN)

- When completing a DDN, it is **required to create a new Diagnosis** under the Diagnosis section of the DDN. Diagnosis effective date MUST be the same as the DDN date.
- If the DDN is completed the same day as the Admission, create the diagnosis through the DDN; **DO NOT** enter the client diagnosis through the Admission Diagnosis Screen or the Diagnosis List.

Prevent Billing Errors due to Duplicate ICD-10 codes

- Providers should not enter duplicate ICD-10 codes with different DSM5 descriptors in the Secondary or Tertiary fields when creating diagnosis. See example below – F11.21



- If a client has more than one of the same class of substance that would result in the same ICD code, this should be addressed in the Diagnosis narrative on the DDN – for questions please contact QIMatters.HHSA@sdcounty.ca.gov
- All diagnosis should be identified for the client and entered in SanWITS under the Behavioral Diagnosis category with one diagnosis identified as primary
- It is not required or encouraged to enter a diagnosis in the secondary or tertiary fields when creating the diagnosis as seen below (note in the future secondary and tertiary fields will be removed)

Client Diagnosis		
Primary	F11.10-Opioid use disorder, Mild(DSM 5)	✓
Secondary		✗
Tertiary		✗
Behavioral Diagnosis		
Code	Description	
F11.10	Opioid use disorder, Mild	✓
F10.10	Alcohol use disorder, Mild	✓

Reminder: Non-BHS Contracted Clients

- Non-BHS Contracted Clients are entered in SanWITS for CalOMS state reporting.
- Do not enter ASAM screen, Payor Group Enrollment/Benefit Plan, Encounters, Assessments, or Treatment Plans for Non-BHS contracted Clients.
- Non-BHS contracted clients should not be put in SanWITS beds.
- Please refer to the tip sheet “Non-BHS Contracted Client Program Enrollment/CalOMS Reporting” at [Non-BHS Contracted Client Program Enrollment/CalOMS Reporting rev 2020.10.22.pdf](#)

Reminder: Client Address Requirement

- Client address should be collected and entered as part of the client profile.
- If the client does not have an address, the facility address should be used.
- Coming Soon – system will not allow a client profile to be saved if missing the client address.

Reminder: Group Errors

- When creating group sessions, always refer to the group sign-in sheet before marking clients present for the session.
- Clients should not be removed or added to the group after releasing any individual encounters (even one).
- **Important:** If mistakes are made, there is a sequence of steps needed to make the corrections to the group. If the steps are not completed in order, and all steps taken, the result will be over-billing to the state.
- Contact SUD Support for instructions or assistance [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and address User concerns.

- Next meeting: Monday, April 18, 2021, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting

We welcome and encourage you to send us agenda items to be covered during our User Group

Meetings [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class.
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.



Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov**

May 2022

Withdrawal Management Skill Building Workshop

- In the month of May, the County of San Diego HHS Behavioral Health Services SUD Quality Management team is pleased to offer a virtual Skill Building Workshop. The focus this month is Withdrawal Management.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Monday, May 23, 2022**
 - Time: 9:30 a.m. to 11:30 a.m.
 - Where: via WebEx – *Email with registration information coming soon!*

New: Upcoming Trainings for June 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Residential Documentation Training
 - Wednesday, June 15, 2022, from 9:30 a.m. to 1:00 p.m.
 - A review of DMC-ODS residential treatment, documentation standards and billing requirements.
 - ❖ LPHA Meeting
 - Wednesday, June 22, 2022, from 1:00 p.m. to 3:00 p.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

RCA Documentation Training

- Date and Time: **TBD**
- Where: via WebEx. *Registration Required.*



SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, May 26, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Update: DHCS Coverage Ambassador

- **The COVID-19 PHE will end soon and the process of redetermining eligibility for millions of Medi-Cal beneficiaries will begin.**
- To minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role.
- 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.



Reminder: Network Adequacy Certification Tool (NACT) Submission

- Communication regarding the NACT submission was emailed to programs on Monday, May 2, 2022.
- All NACT information is submitted via System of Care (SOC) application.
- To register to the SOC application: visit www.OptumSanDiego.com and click on the “Register” link on the upper right corner of the webpage.
- Profile and site attestations by each provider and program manager are due **by Monday, May 30, 2022**.
- 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).

Update: Mega Regs/Network Adequacy

- As part of Network Adequacy requirements, providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- There is a State-wide initiative to standardize the format, content and transmission of provider network data sent to DHCS, known as the 274 Expansion Project.
- The X12 274 (274) Health Care Provider Directory standard is a national Electronic Data Interchange (EDI) standard selected by DHCS to ensure all provider network data is consistent, uniform, and aligns with national standards.
- Once the transition plan to the use of the 274 standard is completed and San Diego begins production data submissions, DHCS will require provider network data to be submitted every month.
- To prepare for this new State requirement, BHS will be **requiring monthly attestations** in the SOC application **starting January 1, 2023**.
- As we prepare for this new requirement, BHS will begin ensuring there is an identified program manager registered to the SOC, who will receive a monthly report of staff who has not attested to their profiles in the SOC. This will help program managers identify internal processes to be able to ensure the monthly requirement is met.

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QM.

- QM will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QM will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QM can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Update: April Information Notices of interest

- 22-013: Adds additional z-codes that can be use during assessment period prior to diagnosis.
- 22-014: Specifies the dates for the Treatment Perception Survey as October 17-21, 2022, with submission due to UCLA no later than November 7, 2022.
- 22-018: Gives direction on the qualifications for Peer Support Specialist supervisors and options for the supervisor training curriculum.



Update: Documentation Reform, Information Notice 22-019

- DHCS released Information Notice 22-019, giving direction on documentation reform.
- Guidance is given related to:
 - Standardized Assessment Requirements
 - Problem Lists
 - Programs may be subject to other regulations or funding sources which may require continued use of Treatment Plans, BHS is currently reviewing
 - Progress Notes
 - Reasons for Recoupment focusing on fraud, waste, and abuse
- QM is both reviewing the Information Notice and partnered with the ADSPA QI Subcommittee to help collect and discuss questions from our providers.
 - If you are interested in participating in the meetings to discuss, or have questions or feedback for the committee, please contact Brian Bauers (brian@thewaybacksd.org) and/or Stephanie Smith (ssmith@vistahill.org)
- Providers are advised to make no immediate changes, but should be preparing and evaluating their workflow to the change to 3 business days for all progress notes and the move to daily progress notes for residential providers.

Smoking Cessation Information Notice Draft

- On August 31, 2021, the State of California enacted Assembly Bill 541, requiring SUD recovery or treatment facilities to assess for tobacco use disorders, and take actions if the client has a tobacco use disorder.
- DHCS has issued a draft Information Notice giving clarified guidance and resources to DMC-ODS programs.
- In addition to requiring assessment for tobacco use disorders, for those identified with a tobacco use disorder, the program will need to:
 - Provide information to the client on how continued use of tobacco products could affect their long-term success in recovery from a substance use disorder
 - Recommend treatment for tobacco use disorder in the treatment plan
 - Offer either treatment, subject to the limitation of the license or certification issued by the department, or a referral for treatment for tobacco use disorder
- BHS is reviewing and preparing based on the draft information notice as we expect little to change. We will communicate further and anticipate implementation on 7/1/22.

Reminder: Reporting Requirement – Self-Identified Disallowances

- DHCS requires timely reporting of overpayments in writing with reason for overpayment within 60 calendar days after the overpayment was identified.
- Programs shall respond to monthly request from QM regarding self-identified disallowed services to confirm either no disallowances were identified or to provide the tool listing those disallowed services.
- QM will be reaching out to COR teams to assist with non-responsive programs.
- A copy of the tool and tip sheet is posted on the Optum website, on the DMC-ODS page, under the “Monitoring” tab.

Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are in the process of being posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Document Links](#)



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. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination.

Reminder on Certification Requirements:

- Must be at least 18 years of age. Proof of age is required (state or government-issued photo identification, such as driver’s license, identification card, or passport).
- Possess a high school diploma, general equivalency degree (GED), or college degree. Submission of diploma or transcripts are required.
- Self-identify as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer.
- Be willing to share one’s experience as a person with lived experience and recovery to help others.
- Have a strong dedication to recovery.
- Agree, in writing, to the Medi-Cal Code of Ethics.
- Watch the Orientation and Self-Assessment video prior to submitting application (approximately 30-minutes in length).
- Submit a complete application within the open scholarship application timeframe. Responses to the narrative question will be evaluated.
- Pass the state exam.

Processing Scholarships:

- The California Mental Health Services Authority (CalMHSA) as the certifying entity for certification of Medi-Cal Peer Support Specialists will process all applications.
- CalMHSA will receive scholarship applicant names from the County BHS liaison.

How to Apply?

Use the online [Application Form](#).

Scholarship Application Timeline:

May 2 – July 31, 2022	Scholarship applications are open for individuals seeking certification under the legacy process. Individuals must be employed as a peer as of 1-1-2022.
July 1 – September 30, 2022	Scholarship applications for individuals seeking initial certification, not through the legacy process.
November 30, 2022	Applicant must be registered for the exam by 11-30-2022. Expired scholarships will be forfeited and considered expired/invalid. No extensions will be granted for expired scholarships.

For more information visit the certification program website at CalMHSA.org. For questions, contact Ezra.Ramirez@sdcounty.ca.gov.

UTTM Tip of the Month: Progress Notes

- A progress note shall be created for the provision of all DMC-ODS services. Required elements of the progress note include:
 - ✓ Date of service
 - ✓ Start & Stop time of service
 - ✓ Contact type & service type
 - ✓ Topic of session or purpose of visit
 - ✓ An INDIVIDUALIZED narrative
 - ✓ Printed name/title, signature/credentials, date of completion
- REMINDER: Keep a look out for changes/additions to progress note requirements effective 7/1/22.



PERT PIP March 2022

Proposed Study Question: Will improving identification of substance use disorders (SUDs) and strengthening connections to treatment during a contact with the Psychiatric Emergency Response Team (PERT)

1. increase the proportion of clients with a PERT service who are admitted to a SUD program by 5% and/or,
2. decrease the mean length of time between when a client with a SUD concern receives a PERT service and is admitted to a SUD treatment program by 5% and/or,
3. decrease the proportion of clients with a PERT service and a SUD concern who are admitted to a SUD program more than 30 days after their PERT contact by 5?



The PERT PIP intervention has been live since March 31, 2021, when the first PERT clinician began to screen her client caseload for appropriateness for the intervention. As of March 31, 2022, 38 clients were identified by the PERT clinicians as appropriate for the intervention, and the peer support specialist (PSS) attempted to contact 36 of the 38 clients. Of the 38 clients enrolled, 16 (42%) of them were identified as having a SUD concern at the time of their PERT contact, and the PSS attempted to contact 15 of the 16 SUD clients. Five of these 15 clients with a SUD concern were successfully contacted and two were referred to a SUD treatment service.

During March 2022, the team at HSRC continued to monitor implementation of the intervention via weekly dissemination of the PERT PIP Dashboard and populated the PIP Submission tool for the annual EQRO review in April 2022.

Next steps include:

- Updating the PIP Submission Tool and supporting documentation with the most up-to-date enrollment numbers.
- Presenting the PIP during the EQRO visit at the end of April.

Connections PIP March 2022

Proposed Outcomes:

1. Increase the rate of connection within 10 days from residential or withdrawal management programs to lower levels of care (LOC)s for clients discharged with referral by 5%.

The Connections PIP intervention ultimately included 150 clients discharged with referral from five pilot programs. During March 2022, HSRC continued to analyze connection rates and level of client engagement and its correlation with a successful and timely connection. HSRC also completed analysis of responses from the Provider Feedback survey to providers who participated in the PIP Pilot. HSRC also made final revisions to the PIP Submission Tool and sent to BHS for submission to EQRO.

Next steps include:

- Continuing to accept and enter MEET forms received after January 31, 2022, for inclusion in updated analyses later, after the April EQRO review (if needed).
- Sending a summary of findings to all participants of the Connections PIP Meet Workgroup.
- Presenting the PIP during the EQRO visit at the end of April.

Future PIPs

The proposals for the new SUD PIPs were presented to the EQRO representative in early March and both ideas were approved. The new PIPs will focus on:

1. implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder who are dual enrolled in SUD treatment and medication assisted treatment; and
2. increasing the proportion of clients in the DMC-ODS meeting urgent access compliance.



Management Information Systems (MIS)

New TUOS is Here!

- The new TUOS report is now available and meant to be used for all TUOS reporting.
- Enter date parameters for specific report period.

Revised Information: Residential Treatment Services (refer to BHIN 21-075)

- Residential Treatment services are delivered to beneficiaries in a short-term residential program corresponding to at least one of the following levels: level 3.1, level 3.3, or level 3.5
- As part of DMC-ODS, a client receiving Residential services, regardless of the length of stay, is a “short-term resident” of the residential facility in which they are receiving the services.

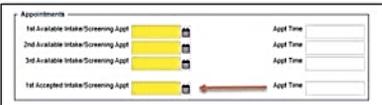
Revision –

- *The state’s CalOMS system has not been updated to accept 6-Residential Treatment/recovery (30 days or less)*
- *Until further notification from MIS, on SanWITS Admission Profile screen, under Type of Treatment Services, continue selecting 7- Residential Treatment/recovery (30 days or more) for all Residential clients receiving 3.1, 3.3, or 3.5*
- *If you have selected 6-Residential Treatment/recovery (30 days or less) in any admissions since our Users group meeting on April 18th, please make the corrections, and notify the SUD MIS support at SUD_MIS_Support.HHSA@sdcounty.ca.gov*

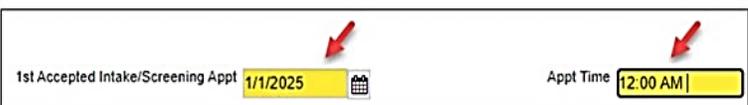
Contact Screen Changes

- SanWITS Contact screen was updated Thursday, April 14, 2022. An Issue has been identified with the 1st Accepted Intake/Screening Appt field

REQUIRED FIELDS: The date and time fields for the 1st Accepted Intake/Screening Appointment are showing as required fields, regardless of the Disposition. These two fields should **ONLY** show as required for a disposition of “Made an Appointment”



HOW TO COMPLETE WORKAROUND: If the Disposition is **NOT** “Made an Appointment” (such as “No Appointment Made” or “Declined Appointment”, as well as referrals), these fields should be completed as follows, with a date of 01/01/2025 and a time of 12:00 AM.



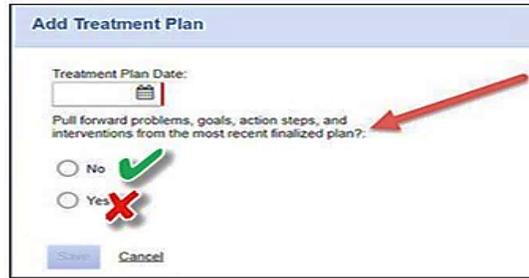
This issue will be fixed in a later release and the temporary date/time of 1/1/25, 12:00 am will be removed from the Contact screen.

Treatment Plan

- Generate Report function issue –Generate Report is not functioning properly if used to print the finalized treatment plan after a new DDN is created. The report will show multiple diagnosis, duplicate interventions or proposed services and client signature boxes. If you need to print a finalized treatment plan, this must be done immediately after the treatment plan is finalized, and before a new DDN is created in the system to avoid incorrect data showing on the report. This issue will be fixed in a later release.
- Treatment Plan finalization requirement issue – The treatment plan allows the user to finalize the treatment plan without completing the following questions under the Client information section. Please make sure to enter data on these fields before finalizing the Treatment Plan
 - Was a physical exam completed in the last 12 months?
 - Has client provided a copy of the results?
 - If client’s preferred language is not English, were linguistically appropriate services provided?
- Although the Interventions section does not show under completion requirements on the right side of the screen, it is required to complete one or more type of services under the Interventions section - **DO NOT finalize the treatment plan without adding one or more type of services.**

Reminder: Residential Providers - entering Treatment Plans in SanWITS

- When changing LOC between 3.5 & 3.1, DO NOT click “Yes” on the question to pull forward data from previous treatment plan. It was identified that the system populates the incorrect LOC under the Interventions section when pulling forward from the previous plan.
- To populate the correct LOC in the updated Treatment plan, Click **“No”** on the question as seen below.
- Verify the correct LOC under Interventions **“Daily Residential Treatment”** before signing or finalizing the treatment plan.



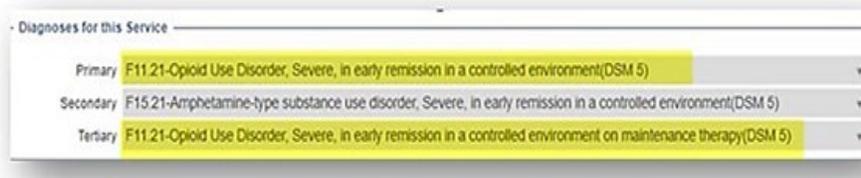
Tips – How to avoid errors with diagnosis on DDN and Treatment Plan:

- Provisional Diagnosis should be entered through Admission Diagnosis or Diagnosis List **ONLY** until the DDN is completed.
- When creating a DDN, under the diagnosis section, it is required to **always create a new Diagnosis with the effective date the same as the DDN.**
- Once a client has a DDN in SanWITS, any changes to a diagnosis must be done by creating a new DDN – **DO NOT** change a diagnosis through the admission diagnosis screen or the diagnosis list screen.
- If the DDN is completed the same day as the admission, there is no need to enter a diagnosis through the admission diagnosis screen or the diagnosis list screen.

NOTE: Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan

Prevent Billing Errors due to Duplicate ICD-10 codes

- Providers should not enter duplicate ICD-10 code Diagnoses with different DSM 5 descriptors as seen below



- It is not required or encouraged to enter a diagnosis in the secondary or tertiary fields when creating the diagnosis (note in the future secondary and tertiary fields will be removed)
- If a client has more than one of the same class of substance that would result in the same ICD code, this should be addressed in the Diagnosis narrative on the DDN – for questions please contact QIMatters.HHSA@sdcounty.ca.gov

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and address User concerns.

- Next meeting: Monday, July 18, 2022, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting

We welcome and encourage you to send us agenda items to be covered during our User Group Meetings

SUD_MIS_Support.HHSA@sdcounty.ca.gov

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 - 2) Residential Facilities - Bed Management & Encounter Training
 - 3) Outpatient / OTP Facilities – Group Module & Encounters Training
 - 4) SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 - 5) SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

SUD Billing Unit

Update: DMC Organizational Providers Billing Manual

- The DMC Organizational Providers Billing Manual- Samples of Medi-Cal Eligibility (Medi-Medi) portion has been updated.
- The updated billing manual is posted on the Optum website under BHS Provider Resources, Billing.
- Please discard previous version of the manual and use the 04-2022 version, effective immediately.

Billing		
Name	Description	Date
DMC Organizational Providers Billing Manual (pdf)	Revised 04/20/2022	2022-04-25

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

June 2022

RESCHEDULED: DMC-ODS Residential Documentation Training



- Please note the DMC-ODS Residential Documentation Training (announced in the May 2022 UTTM) will no longer take place on June 15, 2022
- The DMC-ODS Residential Documentation Training has been rescheduled to Monday, June 13, 2022, from 9:30 a.m. to 1:00 p.m.

DMC-ODS Residential Documentation Training

- The County of San Diego HHSa Behavioral Health Services SUD Quality Management team is pleased to announce the next training for DMC-ODS Residential Documentation. Targeted population is all DMC-ODS residential treatment providers: Program Managers, LPHAs, Counselors, Case Managers, and Quality Assurance staff involved in providing SUD treatment services.
- A review of DMC-ODS residential treatment, documentation standards and billing requirements.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 75 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Monday, June 13, 2022**
 - Time: 9:30 a.m. to 1:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

DMC-ODS Licensed Practitioner of the Healing Arts (LPHA) Meeting

- The County of San Diego HHSa Behavioral Health Services SUD Quality Management team is pleased to offer an LPHA skill building workshop as an opportunity for discussion and sharing of ideas on the role of the LPHA, including documentation of medical necessity.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, June 22, 2022**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings for July 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ DMC-ODS Outpatient Documentation Training
 - Thursday, July 14, 2022, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements.
 - ❖ Treatment Planning Skill Building Workshop
 - Friday, July 29, 2022, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, June 23, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Save the Date: Annual DMC-ODS Training

The fourth annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the fourth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- ❖ Date: **Thursday, August 18, 2022**
- ❖ Time: 9:00 a.m. to 12:00 p.m.
- ❖ Where: via WebEx – *Registration information coming soon!*



All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

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

- DHCS will review, validate, and certify the provider network of each DMC-ODS County. They must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1), commonly known as the Mega Regs.
- DHCS will use this information to ensure compliance with CMS network adequacy requirements. In order to demonstrate network adequacy, DMC-ODS Counties must submit a completed Network Adequacy Certification Tool (NACT).
- The SOC Application is a web application designed as a one-stop shop for providers to access and submit all documentation required by the Mega Regs. The data from the SOC Application is used to complete the NACT to demonstrate San Diego's DMC-ODS network adequacy.
- Providers are expected 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 are expected to attest to all SOC information **monthly**.
- Program managers are expected to visit the SOC to review program's information and attest to information **monthly**.
- New hires and transfers are expected 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.

Reminder: Persons with Disabilities (PWD) Accessibility Assessment Requirement

- New programs and programs relocating to a new location are required to complete the PWD Accessibility Assessment to determine if you can accept all persons with disabilities.
- The assessment form is posted on the Optum site under the SUDPOH tab titled [Appendix E.4](#).
- For more information about the PWD requirement, see SUDPOH page E.15-17.



New: CalAIM Training Plans

- QM is developing required training plans for CalAIM updates related to Screening Tools, Transition Tools and Documentation requirements.
- The training plans will need to include information about relevant staff required to attend training.
- QM will be proposing a minimum number of staff to attend with a recommendation for certain positions or roles to be included based on areas of focus.
- Training attendance will be monitored by QM for compliance, as DHCS is requiring the percentage of identified staff trained to be routinely reported.
- Programs will be able to identify specific staff based on QM recommendations.
- Additional communication is being developed that will include the proposed details, requirements, and timelines.

Update: Transitional Care Services (TCS)

- To align with CalAIM changes, the TCS program enrollment is being updated to remove restrictions previously in place and to provide some clarity about purpose.
- Currently TCS is a SanWITS program enrollment to allow billing before a CalOMS admission or after a CalOMS discharge for limited times and for care coordination only.
- Starting 7/1/22, the SanWITS program enrollment TCS will end, and the new SanWITS program enrollment will be available called “Before Admission/After Discharge”.
- The billable services for outpatient and residential remain the same and are not limited to care coordination:
 - Outpatient: individual counseling or case management
 - Residential: case management

New: Health Plan Administration Team

BHS has a new Health Plan Administration Team! For further CalAIM and/or Peer related Q&As, please email: bhs-hpa.hhsa@sdcounty.ca.gov



Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of April-June (Q4) will be due by July 15, 2022.
- The tool has been updated to include a new question for OTPs regarding the testing requirement that was implemented on 1/1/2022 for Hepatitis C, Fentanyl and Oxycodone; it requires a yes or no response.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Update: April Information Notices of interest

- 22-019: Outlines changes to DMC-ODS documentation requirements.
- 22-022: Provides guidance about advertising requirements for SUD treatment programs.
- 22-023: Provides guidance for liability insurance requirement for licensed residential SUD programs.
- 22-024: Gives direction regarding requirement to assess clients for tobacco use disorder, provide resources and include on a treatment plan; requirement is retroactive to 1/1/2022.
- 22-025: Provider guidance for DHCS licensed SUD programs to be compliant with new requirement to carry naloxone and train staff; requirement is retroactive to 1/1/2022.
- 22-026: Specifies the service components for claiming Peer Support Services.
- 22-031: Reminder that MC beneficiaries are entitled to transportation by their MC Managed Care Plans for behavioral health appointments.

Update: DHCS Coverage Ambassador

- **The COVID-19 PHE will end soon and the process of redetermining eligibility for millions of Medi-Cal beneficiaries will begin.**
- To minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role.
- 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.



- Call Script Samples:

Beneficiary Caller	County BHS Response
Do I need to report any household changes to keep my Medi-Cal coverage?	Yes, you are required to report any changes in your household, such as income, if someone becomes pregnant, a new household member, and any changes to your address, to your local county office. This may help ensure that you continue to receive your Medi-Cal coverage after the end of the federal COVID-19 public health emergency. For more information call: 1-866-262-9881.
Are we required to fill out and return renewal packets when we receive them?	Yes, it is important that Medi-Cal beneficiaries respond to county requests for updated information, including renewal packets. This will make sure the county has the most current information it needs to renew your Medi-Cal coverage. It will also help the county see if you qualify for other no-cost or lower cost coverage. For more information call: 1-866-262-9881.
Will I be discontinued from Medi-Cal coverage if I got a raise during the COVID-19 public health emergency?	Please report income changes by calling 1-866-262-9881. If your income goes up or your household changes, as long as the COVID-19 public health emergency continues, you will not lose your Medi-Cal coverage.
I moved. Whom should I tell that I moved?	You may report this change by phone, online, mail, fax, or in person. Visit the County of San Diego Medi-Cal Program website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/medi-cal_program.html or call 1-866-262-9881 for more information.
How do I sign up for an online account to access my Medi-Cal case or report changes?	You can access your Medi-Cal case, complete your annual renewal, or report changes to your case by creating an online account. You can create one today by going to benefitscal.com and selecting the "Create an Account" link in the upper right hand corner of the page. For more information call: 1-866-262-9881.

UTTM Tip of the Month

- We would like to remind all providers that your assigned QM Specialists are available for more than your annual Medical Record Review.
 - ✓ Questions about most things DMC-ODS
 - ✓ Technical Assistance/Training
 - ✓ Understanding regulations
 - ✓ Navigating NOABD's
- *You can always send general questions to QI Matters.*

Reminder: Serious Incident Reports

Please be advised the Serious Incident Reporting form (SIR) has been updated and will be available on the Optum website 7/1/22.

- Updates to form include:
 - ✓ “written and verbal” drop down selection for Type of Notification
 - ✓ Time of incident prompt box with “unknown” option check box
- As a reminder:
 - ✓ please ensure you answer/address all prompts, if something does not apply, mark N/A.
 - ✓ SUD **Residential** programs **only** (outpatient programs do not have this requirement) are required to contact DHCS for SIR’s related to: death, injury that requires medical attention, communicable diseases, poisoning, natural disaster and/or fires or explosions on premises.



Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- NOTE – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

Reminder: CalFRESH Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client’s CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client’s CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.



Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A [web-based submission form](#) is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is in the process of being posted to the Optum site under the “Monitoring” tab.

Reminder: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations

Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests

- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is ‘urgent’.
 - Requests for WM shall be considered ‘urgent’.
 - Clients referred to outpatient due to limited residential capacity, shall be considered ‘urgent’.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client’s condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time data is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD(s) for non-compliance with outpatient and OTP timely access standards.
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.

Management Information Systems (MIS)

Upcoming SanWITS Promotion 21.1.6

- In mid to late August, we anticipate updating the SanWITS system. The new SanWITS will include features such as a new user interface, enhanced architecture, CalOMS outcomes measures, and a diagnosis rewrite. The overall optics and functionality will shift significantly.
- Resources: To support existing users, training manuals and video tutorials for Assessments and Treatment Plans have been uploaded to the Optum website: [SanWITS Training \(optumsandiego.com\)](https://optumsandiego.com). The resources can be identified by the acronym “OM”, for Outcomes Measures, which differentiates them from the resources that apply to the current SanWITS processes. Resources pertaining to Intro to Admin Functions, as well as Encounters, are expected to be available in early July. Existing users have the option to re-attend training after the mid to late August promotion if they would prefer a hands-on opportunity.





- For new staff, the recommendation is that they postpone SanWITS training until after the August promotion because they will gain the most value learning the system in the format of the future. Attending training that will evolve significantly shortly thereafter would likely not be the best use of their time. However, if it is not possible to defer SanWITS training until after mid to late August, limited classes will still be available for registration through the standard RegPack link: [Online Registration Software for SanWITS User Training \(regpack.com\)](https://regpack.com). An example would be if a program is unable to meet its operational needs with its current staff and their individual system access levels, and urgent training is necessary.

Reminder - CalOMS Errors

- In the Admission, Annual Update and Discharge records, section Substance Use – The state only accepts letters or numbers in the field for the drug names.
- **Do Not** use special characters such as commas or dashes, etc., as this will cause an error and the record will be rejected (not accepted).

Reminder – Disallowed Services

- Encounters are for billable services rendered and **should not** be used for “never billable” services
- For disallowed service, mark the encounter as seen below
 - Note Type = Non-Billable
 - Billable= NO
 - Disallowed = Yes
 - Disallowed Reason = select appropriate reason from drop down menu
- Coming soon - an SSRS report is being developed to help identify encounters that need be corrected for disallowed services.

The screenshot shows a software interface for entering encounter data. At the top, it says 'Encounter 1 of 2'. Below this are several fields: 'Note Type' is a dropdown menu set to 'Non Billable'; 'ENC ID' is a text field; 'Program Name' is a dropdown menu; 'Service' is a dropdown menu; 'Disallowance Reason' is a dropdown menu; 'Start Date' and 'End Date' are date pickers. On the right side, there are two checkboxes: 'Billable' is checked and set to 'No', and 'Disallowed' is checked and set to 'Yes'.

SanWITS Quarterly Users Group Meeting – Let’s Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QM updates, and address User concerns.

- Next meeting: Monday, July 18, 2022, at 9:00 am – 11:00 am
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting

We welcome and encourage you to send us agenda items to be covered during our User Group Meetings

SUD_MIS_Support.HHSA@sdcounty.ca.gov



Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 - 2) Residential Facilities - Bed Management & Encounter Training
 - 3) Outpatient / OTP Facilities – Group Module & Encounters Training
 - 4) SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 - 5) SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

SUD Billing Unit

To All Providers:

- Prior to May 1, 2022, only Undocumented Immigrants 0 to 25 years old are eligible to full scope Medi-Cal. As of May 1, 2022, the age limit has been expanded to include Undocumented Immigrants 50 yrs. and older who are now eligible to State Funded full scope Medi-Cal.
- Undocumented Immigrants between 26 to 49 years old are not eligible except when pregnant.
- The county will see a denial CO/96/MA43 if the beneficiary is not eligible under the over 50 expansion.

To OTP Providers:

- CO-24: Charges are covered under a capitation agreement/managed care plan.
- CO-24 is not a denial that we can use to bill the services to Medi-Cal. The OTP provider must bill the “capitated plan” first to get the proper adjudication of the claims. Make sure to re-verify the Medicare eligibility on Noridian and bill the correct private insurance.

SUD Prevention Contractors Corner



PPSDS (Primary Prevention Substance Use Disorder Data Service)

The State of California administers the Primary Prevention SUD (substance use disorder) Data Service (PPSDS) system for counties and providers to report substance abuse primary Strategic Prevention Plans (SPP), programs, and service activities funded by the Substance Abuse Prevention and Treatment Block Grant (SABG) primary prevention set-aside. The CA Department of Health Care Services (DHCS) utilizes prevention data for the annual SABG report and application as well as other national, state, and local data requests. SUD prevention contractors are required to enter activity data into PPSDS as they occur (or at least monthly).

For more information regarding the DHCS SUD Primary Prevention Data Collection and Reporting Service, please see [DHCS SUD Primary Prevention Data Collection and Reporting Service \(ca-cpi.org\)](https://www.ca-cpi.org/dhcs-sud-primary-prevention-data-collection-and-reporting-service):

- The PPSDS Data Use Entry Guide can be accessed at: [PPSDS-Data-Entry-User-Guide.pdf \(ca-cpi.org\)](https://www.ca-cpi.org/ppsds-data-entry-user-guide.pdf)
- Data review requirements can be accessed at: [Quality Prevention Monitoring Desk Guide \(ca-cpi.org\)](https://www.ca-cpi.org/quality-prevention-monitoring-desk-guide)
- Data quality standards which define such standards to ensure counties and sub-contractors enter quality data into the prevention data system are available at: [PPSDS-Pv-Data-Quality-Standards.pdf \(ca-cpi.org\)](https://www.ca-cpi.org/ppsds-pv-data-quality-standards.pdf)
- For technical assistance requests or other questions, please contact David Lee at david.lee@sdcounty.ca.gov.

For additional information regarding DHCS Primary Prevention resources, please visit [Primary-Prevention \(ca.gov\)](https://www.ca.gov/primary-prevention).

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.



Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov

**Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov