Mental Health Services

Updates

Beginning 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 988 goes live, the calls will route seamlessly into the Access and Crisis Line.

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 June 1, 2022**.
- 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.

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

- DHCS will review, validate, and certify the provider network of each 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, 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 mental health network adequacy.

Optum Website Updates
MHP Provider Documents

Billing Unit/Finance Tab:
Third Party Billing Instructions were added to the Billing Unit/Finance Tab on 3/17/22.

Communications Tab:
BHS Contractor Memo-Medi-Cal RX Update dated 2/11/22 was posted.

Forms Tab:
Updated SIROF Form Fill with a revision date of 3/4/22.

Day Services Request, IHBS, TBS and TFC Prior Authorization Request Forms and the CYF UM Request Form were all updated and should be utilized as of 4/1/22. These were updated with the new CalAIM Medical Necessity Criteria language.

OPOH Tab:
OPOH was updated 3/11/2022 with the new CalAIM information.

OPOH Section M was updated on 3/28/22. Page M.10 was updated to correct a typo and include 3 FTE Masters Level Student Interns.

References Tab:
Updated Medi-Cal Recertification Tool for FY 22-23 was added.

- 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.

Form Updates:
The CYF Program Forms have been updated with the CalAIM requirements for Medical Necessity. Note: Most forms only contain slight changes and will be live on Optum as of 4/1/22. These are required to be used as of 4/1/22 and programs will be asked to resubmit forms on the correct version by Optum.

The IHBS Prior Authorization Form and DSR Prior Authorization Form were revised to include the Qualified Individual Assessment for STRTPs, removed STEPs, and updated the Medical Necessity Criteria.

The TBS Authorization Form has been updated with criteria for Medical Necessity and the impairment/intervention verbiage replaced with how TBS will focus on identified behavior and challenges.

Reviewed the TFC Authorization Form – Language was changed to reflect DSM/ICD Mental Health Diagnosis.

The CYF UM Form was updated with diagnoses to include experience of trauma per the Medical Necessity criteria.

Knowledge Sharing

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: Network Adequacy Certification Tool (NACT) Submission
- Communication regarding the NACT submission was emailed to programs on Friday, April 8, 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 Friday, April 29, 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.

QI Matters Frequently Asked Questions

Corrected FAQ from the March UTTM:
Q: We have a client who is requesting to be closed from our clinic because she is seeing a psychiatrist at another clinic. In this instance, would an NOABD be required before discharging the client? The client is transferring to a lower level of care clinic for therapy but is transferring to another psychiatrist within our same level of care.

A Corrected Answer: A NOABD is required even when the client chooses to terminate/seek services elsewhere – if they provide written notice/request, it just allows for the program to forego the 10-day notice requirement. The only time the NOABD is not required is if termination is due to the successful completion of treatment.

Q: At this time should we start to make changes to services that showed up on our program's suspense report due to using a Z-code?

A: Z-codes Z55-65 are no longer on the suspense report and are okay to utilize. For these, changes are not required.

Q: I thought Z codes were appropriate and billable diagnosis codes with CalAIM change?

A: The new draft IN has revised this slightly to specify Z55-65, Z03.89, and the assessment phase only. The assessment phase is currently defined as 30 days.

Q: So even the Z55-65 codes need to be changed after 30 days and we should continue to have a final Dx after 30 days?

A: Yes, the current draft states this and our current assessment period is 30 days.

Q: Just confirming that if there are difficulties with engagement around the time of a UM due date, that "excluded" services (e.g., SC50) are an acceptable intervention to support reengagement towards a SC13 session for completion of UM.

A: Excluded services can be provided to the client. Documentation should clearly indicate attempts to engage the client in treatment in order to complete all UM requirements.

Q: Can you please confirm if every client is required to have a Safety Plan, even those who do not have hx of SI, SIB, or AH/VH? Thank you.

A: The "My Safety Plan" should be completed when there is risk or concern that crisis intervention may be needed. It should be updated throughout treatment as clinically indicated and all elements should be included. Providers assessing the client should use clinical judgement on developing a Safety Plan when there is no history or current risk factors. For some clients, it may still be prudent to create the plan, and some programs may require it, regardless.

Management Information Systems (MIS)

A new version of the ARF is ready for use. We have changed the credential of TRAINEE to match what the State names these staff: STUDENT INTERN. Please download and use the new ARF from now on. All expired ARFs will be rejected after 4/30/22. The ARF can be downloaded from RegPacks: www.regpack.com/reg/optum

MIS Questions?
MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations,account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

Cerner Reminder
For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 oremail SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Management Trainings
Adult/Older Adult (A/OA): Tuesday, **May 10, 2022,** from **12:30p-3:30p** via WebEx. *Registration Required.*
Audit Leads Practicum**: Thursday, **May 19, 2022,** from **12:30p – 3:30p** via WebEx. *Registration Required.*
Children, Youth, and Families (CYF): Wednesday, **May 25, 2022,** from **12:30p – 3:30p** via WebEx. *Registration Required.*
Progress Notes Practicum: Tuesday, **June 7, 2022,** from **12:30p – 3:30p** via WebEx. *Registration Required.*
Support Partners: Thursday, **June 9, 2022,** from **12:30p – 3:30p** via WebEx. *Registration Required.*
RCA Documentation Training**: Date and Time **TBD** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday April 26, 2022, from **2:00p – 4:00p** via Microsoft Teams.
If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov. We hope to see you there.

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