Mental Health Services

Updates

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
- o Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - ▪ The toolkit includes social media, call scripts, noticing, and website banners
- o Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

Encourage Beneficiaries to Update Contact Information
- o Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
- o Flyers in provider/clinic offices, social media, call scripts, website banners
- o 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.

Optum Website Updates
MHP Provider Documents

Beneficiary Tab:
The San Diego Provider List Translation Instructions has been updated with an updated screenshot of the Website link as Optum has added a searchable provider listing link above the PDF Link.

References Tab:
An updated MRR Tool for FY 21-22, revised 2/24/2022 was posted.

UCRM Tab:
My Safety Plan Form Fill was updated to include MCRT as an option under resources (item number six).

New Access to Services Journal (ASJ) Referral Options
There are three new referral options that were added to the ASJ effective May 1st. The options were added to the ASJ to align with the new CalAIM reporting requirement to track and report on referral flow to and from managed care plans. It is important to ensure referral data is being collected accurately for this requirement. MIS is working on other areas of CCBH where referral information is collected and will provide further updates soon. If you have any questions, please reach out to MISHelpDesk.HHSA@sdcounty.ca.gov

- **Managed Care Plan–PCP –** use this option when a client is referred to or from a primary care physician (typically for ongoing medications).
- **Managed Care Plan–MH Provider –** use this option when a client is referred to or from a managed care plan for mild to moderate mental health services.
- **Emergency Room –** use this option when a client is referred to or from an emergency room.

Medi-Cal Rx Update:

This week, DHCS and Magellan launched a new Medi-Cal Rx customer service support team that is dedicated to serving county behavioral health plans/providers, along with other "special populations."

How to Access the Medi-Cal Rx Clinical Liaison Team for County Behavioral Health and Special Populations

The Special Populations Clinical Liaison (SPCL) Team is dedicated to serve populations enrolled with CA Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and those who have behavioral health (BH) conditions. The SPCL team is comprised of technicians and pharmacists, as well as supervisor staff. The SPCL Team is available Monday through Friday, 8:00 a.m. to 8:00 p.m., excluding holidays.

Accessing a Clinical Liaison

To reach the SPCL Team, a user calls the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, and then presses 5 (a silent option within the prompt queue) to speak with an SPCL. This SPCL team is available to serve beneficiaries, providers, and county users who can authenticate themselves to discuss PHI. The SPCL will follow the established protocols within the CSC for authentication and disclosure of PHI. There will be a phased-in approach for authentication.

Phase One: May 9, 2022

Starting May 9, 2022, previously identified county users will be provided their unique individual verification number (IVN) via email, going out 5/4/2022. Users utilize their IVNs to self-service authentication and discuss PHI with a SPCL. These county users include CCS case managers, CCS county nurses, Behavioral Health county workers, and others identified by each county. Providers using their National Provider Identifier (NPI) or beneficiaries using their beneficiary information will authenticate directly with the SPCL.

Phase Two: May 19, 2022

Starting May 19, 2022, in addition to county users, providers with an NPI will utilize their unique IVR to self-service authentication via and discuss PHI with a SPCL. Beneficiaries and their guardians will continue to authenticate with the SPCL directly.

Knowledge Sharing

Reminder: The Beneficiary Materials Request form on Optum has been updated but QM is finding that many programs are still utilizing the old form which contains outdated information. Please ensure you are submitting the most current version of the Beneficiary Materials Request Form dated 11/4/21 to QI Matters.

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.

QI Matters Frequently Asked Questions

Network Adequacy Related FAQs:

Q: Are the SOC & PM able to approve/attest for staff at their program?

A: Yes, you can request access from the HelpDesk and request a Staff Update/Edit all access which allows you to approve/attest for everyone on provider list. Peer Managers can also be given access. Access is temporary but extended time greater than 24 hours can be granted.

Q: If we have subunits that are not currently active and pending close out/deactivation, what do we need to do for the Manage MH Sites Tab?

A: These would change automatically when changing subunit status on MH Sites tab, and will not appear on Managed Sites tab. Until the subunit is closed, the program should enter the minimum information required.

Q: What if there are providers on our list under the MH tab that do not provide services at our clinic but do another clinic, what do we do?

A: Change the status to not providing services at this site and submit a modified ARF to remove the association with your subunit.

Q: Should we request that providers on the list who are no longer employed in our program OR agency be taken off the list?

A: You would need to submit a termination ARF and by doing so they will fall off the provider list in SOC. Remember to submit the Termination ARF in a timely manner to ensure the staff are not accessing CCBH after termination.

CalAIMS Related FAQs:

Q: Does the Progress Note timeline mean services become non-billable after 3 days? Will this impact the disallowance rate on future MRR's?

A: Progress notes final approved after 3 business days will be marked out of compliance. They will not require any correction or change to non-billable status. Progress notes that are final approved after 14 days will be marked out of compliance and disallowed. This requirement has not changed.

Q: Does the 3 days for Final Approval apply to the initial BHA and Client Plans too?

A: The three days is specific to billing for the service itself. Progress notes must be documented and final approved within three days of service.

Q: In regards to 3 business days for progress notes, do business days means Monday - Friday? I'm wondering how this would apply for staff that may be on-call for the weekend.

A: QM is interpreting this to mean traditional M-F business days.

Q: When counting days for the 3 business days, is the day of service day 0 or day 1?

A: The Day of Service is day 1 of the 3-day count.

Q: As for the "subsequent assessments" being up to clinical discretion, will this give us more wiggle room than 365 days exactly? Especially for clients we are documenting consistent attempts for an no show?
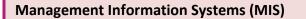
A: QM will be further looking at assessment updates. DHCS considers "annual" as "365 days".

Q: Will the 365-day interpretation of BHA and "problem list" updates be loosened? Also, the 6 month date for mHOMS to help relieve stress and burn out and MRR's feel less negative?

A: QM's interpretation of annual is 365 per DHCS definition. At the current time these requirements stand as is.

Q: Would the 24 hours requirement for crisis services also include the HRA?

A: No, the 3 day relates to the crisis service, not the HRA.

Management Information Systems (MIS)

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

Cerner Reminder
For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 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 May 24, 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.