Mental Health Services

Updates

Removal of X-Waiver:

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

Optum Website Updates

MHP Provider Documents

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

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

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

CPT (Current Procedural Terminology) Coding:

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

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

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

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

MCRxSS Announcement:

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

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

Note: The Medi-Cal Rx Contract Drugs List has been updated to reflect this update.

Update: Beneficiary Handbook:

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

New: Justice Involved Waiver:

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

- Provide “warm handoffs" to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair) have what they need upon re- entry.
- Work with community-based care managers to offer intensive, community- based care coordination for individuals at re-entry, including through Enhanced Care Management.
- Work with community-based care managers to make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.

- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term
- For more information see the DHCS CalAIM Justice Involved Initiative website.

Update: CA Managed Care Plans (MCP):

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

Knowledge Sharing

Telehealth Performance Improvement Project (PIP):

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

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

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

Next steps include:

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

Therapeutic Support for LGBTQ+ Youth PIP:

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

As of October 2022, the updated It's Up to Us LGBTQ+ resource pages intervention is active: https://up2sd.org/resources?list=lgbtq

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

SIROF Reports:

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

Timelines for SIR/SIROF reporting:

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

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

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

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

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

Reminder - Diagnosis Forms for Shared Clients:

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

- Programs should not end another program's diagnosis without consulting with the program.
- Staff may end a diagnosis if the client is no longer being treated for that diagnosis at the program **and all programs concurrently serving the client have been contacted and agree to end the diagnosis.**
- The end date must be on or after the last date of service for that diagnosis or this will cause all billing attached to go into suspense and create errors within the system of care.
- Please note: **Never delete a diagnosis**, only end if appropriate.

Problem Lists When a Client is Open to Multiple Programs:

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

Diagnosis Changes Reminder:

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

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

Mega Regs/NACT: SOC Reminders from the UTTM:

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

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

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

Updated COVID-19 Vaccination and Masking Guidelines:
As a reminder, programs should visit the CDPH webpages, Health Care Worker Vaccine Requirements and Guidance for the Use of Face Masks, and review DHCS information, Behavioral Health Information Notice 22-058, for the most recent public health orders related to health care worker testing and vaccine requirements.

Medi-Cal Peer Support Specialist Certification:

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

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

CalMHSA Trainings for MHP for CalAIM:

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

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

CalMHSA Documentation Trainings:

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

CalAIM Communication Materials

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

CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard

Documentation Guides

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

Training Dashboard

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

CalAIM Policies & Procedures and Attestations

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

Management Information Systems (MIS)

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

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

Also, please remember our new emails:
For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov
For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

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

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

Training and Events

Quality Assurance Trainings:
RCA Documentation Training**: Tuesday March 14, 2023**, from **12:30pm-3:30pm** via WebEx. *Registration Required.*
Progress Notes Practicum: **Tuesday, March 21, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.*
Audit Leads Practicum**: Wednesday**, **March 29, 2023,** from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting:
Tuesday February 28, 2023, from **2:00pm – 4:00pm** via Microsoft Teams. Registration is now required and will allow access to the meeting. Click here to register. If you have any questions, or if you are having difficulty with registration, please reply to this email or contact BHS-QITraining.HHSA@sdcounty.ca.gov.

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

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

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

February 2023 Office Hours:

- Thursday, February 9, 2023: Click here to join the meeting
- Tuesday, February 14, 2023: Click here to join the meeting
- Thursday, February 23, 2023: Click here to join the meeting

QI Matters Frequently Asked Questions

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

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

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

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

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

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

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

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

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

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

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

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

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