Mental Health Services

Updates

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

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

Optum Website Updates
MHP Provider Documents

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

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

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

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

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

Therapeutic Behavioral Services (TBS) Tab:
On 2/13/23, a new Tab was added named TBS. This tab will house all the TBS Documents.

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

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

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

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

Certified Peer Support Specialist

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

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

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

Changes to RIHS Training System:

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

CPT (Current Procedural Terminology) Coding:

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

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

Transition Tool:

The Transition Tool went live 3/1/23. This tool is required to be used in the following situations:
- Their existing services are being transitioned to the other delivery system outside of the MHP; or
  - Note: This can be either when the MHP directly contacts a mild to moderate MH provider, or when contacting the MCP to help find a provider.
- When services need to be added to their existing mental health treatment from the other delivery system.

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

Knowledge Sharing

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

MCRxSS Announcement:
A new alert, Update on Age Restrictions of Psychotropics, has been posted to the Medi-Cal Rx Web Portal on

1/17/2023.

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

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

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

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

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

Next steps include:
Continue to work with the interested program to develop how trainings will be implemented and informational materials will be distributed to older adult clients.
Continue to implement and collect pre and post questionnaires from clients to gather information for clients who received the intervention.
Send a monthly follow-up to the program that has implemented the pre-post questions.
Follow-up with the two programs that were contacted about their potential interest in participating in this intervention.

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

The updated It's Up to Us LGBTQ+ resource pages intervention is active as of October 2022.
It's Up to Us LGBTQ+ Resource Page: https://up2sd.org/resources?list=lgbtq
In the three months after the revised website was launched (10/27/22 – 1/27/23), there were 105 unique page views.
All BHS-CYF staff and provider staff were invited to participate and learn more about how to better provide services that meet the needs and experiences of LGBTQ+ youth and young adult communities.

Medi-Cal Peer Support Specialist Certification:
- The Medi-Cal Peer Support Specialist Certification Registry is now online.
- The Legacy (grandparenting) pathway for certification has been extended through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
    - Peers employed as a Peer on January 1, 2022 must still be employed as a Peer on the date application is submitted (until June 30, 2023).
    - No changes to application instructions and certification standards.
- For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- 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.
- CalMHSA is inviting community feedback for existing landscape analyses of core competencies for Medi-Cal Peer Support Specialists specializations through focus groups scheduled this month and via feedback forms. The core competencies and landscape analyses for feedback are linked below under their respective areas of specialization. Please direct any questions to CalMHSA through Tatiana.Ortiz@calmhsa.org.
    - Area of Specialization: **Crisis Care**
        - Crisis Care Core Competency Layout
        - Crisis Care Landscape Analysis
        - Feedback Form
        - Focus Group Meeting
          Date: Wednesday, March 15, 2023
          Time: 1:00 - 2:15 p.m.
          Zoom link: https://us02web.zoom.us/j/3895736057
    - Area of Specialization: **Working with Persons Who Are Unhoused**
        - Unhoused Core Competency Layout
        - Unhoused Landscape Analysis
        - Feedback Form
        - Focus Group Meeting:
          Date: Friday, March 10, 2023
          Time: between 9:00 - 10:15 a.m.
          Zoom link: https://us02web.zoom.us/j/3895736057

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

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

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

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

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.

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 to 3:30pm~~ **9:00am-12:00pm** via WebEx. *Registration Required.* Please click here to register.
Progress Notes Practicum: **Tuesday, March 21, 2023**, from **12:30pm – 3:30pm** via WebEx. *Registration Required.* Please click here to register.
Audit Leads Practicum**: Wednesday**, **March 29, 2023,** from **12:30pm – 3:30pm** via WebEx. *Registration Required.* Please click here to register.

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

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

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

Registration is not necessary, please contact Christian (Christian.soriano2@sdcounty.ca.gov) 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.

March 2023 Office Hours:
- Thursday, March 16, 2023:   Click here to join the meeting
- Tuesday, March 21, 2023:   Click here to join the meeting

- Thursday, March 30, 2023:   **Click here to join the meeting**

QI Matters Frequently Asked Questions

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

A: You may notify clients, or make reasonable attempts to notify all clients, of significant changes of the handbooks by one or more of the following methods:
- Posting the notification and Summary of Changes in an accessible area
- Providing the website
- Emailing the notification and Summary of Changes to clients
- Sending the notification with Summary of Changes by mail to clients

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

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

A: These would be your office business days.

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

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

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

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

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

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

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