Mental Health Services

Updates

Programs with Shared Clients:
In order to provide the best quality of care to clients, it is imperative that programs are aware of services clients may be receiving from other providers. When a client is being seen at another program, demographic information which includes the other provider must remain accurate and up to date. Programs who have shared clients should NEVER remove other program information. Collaboration is a necessary part of treatment and ensures clients are receiving the best care possible.

Reminder - Diagnosis Forms for Shared Clients:
If a client has multiple open assignments (open to multiple programs):

- 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 <u>on or after the last date of service for that diagnosis</u> 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.

Reminder: Medication Monitoring Submission - Required Documents
Programs providing medication services are required to submit their quarterly medication monitoring documents no later than the 15th of the month following the end of the Quarter. (October 15, January 15, April 15 and July 15).

Programs are required to submit all of the following documents:
- Medication Monitoring Tool
- Medication Monitoring Submission Form
- McFloops (if variance(s) identified, McFloop(s) required to be completed and submitted within Quarter identified)
- **Informed Consent for Psychotropic Medications for all charts reviewed (new requirement as of FY 22-23)**

The most current version of each form is available on the Optum Website, under MHP documents.

Medication Monitoring Tool Revision:
The Medication Monitoring Tool for CYF Programs was revised to provide further clarification to Question 2 and 5. If marked "No" then items 2a-h and 5a, 5f would be NA and no variance/McFloops would be required.

Optum Website Updates
MHP Provider Documents

Forms Tab:
The SIR form was updated with a correction in the link for SUD residential programs notifications reporting deaths and includes the email address for QIMatters as a means of sending in the SIR forms. The form was updated with the changes regarding emailing the form as well as faxing.

The Medication Monitoring Tool for CYF and AOA were updated with a revision to question #2.

Peer Support Specialist Tab:
The Scholarship Flyer Peer Support Specialist Certification Program was posted.

The Medication Monitoring Submission Forms for both CYF and AOA were reviewed/revised to ensure requirement to indicate medication monitoring committee members and their credentials is included on the submission form. This section is required to verify program has established appropriate medication monitoring committee members.
All forms have been uploaded to the Optum Website and should be used going forward.

Serious Incident Report Form Update:
The SIR Form has been updated. The form is dated 10.27.22 and can be found on the Optum website on the "Forms" tab. The updates include a correction in the link for SUD residential programs notifications reporting deaths. The form also includes the email address for QIMatters as a means of sending in the SIR forms. Please note that if emailing the forms, the program must be a County TLS Encryption Partner, or the email must be encrypted. Please do not encrypt the form itself as this cause difficulties with access to the form.

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Knowledge Sharing

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New: 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.

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 *(new additions)*
- • 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 *(new additions)*
- 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)

CalAIM Behavioral Health Initiative FAQ:
DHCS has released the CalAIM Behavioral Health Initiative FAQ, which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the CalAIM Behavioral Health webpage.

Scholarship Opportunity for Medi-Cal Peer Support Specialist Certification:
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. Individuals who would like to apply for the initial certification scholarship must fill out the online interest form to be considered. Kindly note the extended **application deadline** for certification is **November 30, 2022**. Remember to complete your certification application on CAPeerCertification.org for your scholarship application to be processed by CalMHSA. Visit the Q&A page for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. 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
The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. 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)

Reminder! The new ARFs are on the RegPacks site: www.regpack.com/reg/optum
Any older versions 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 Improvement Partners (QIP) Meeting: No QIP meeting in November. December QIP Date TBD – programs will be provided ample notice if a December QIP will be scheduled. 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 November 2022 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.

November 2022 Office Hours:

- Thursday, 11/10/2022, 3 pm to 4 pm: **Click here to join the meeting**
- Tuesday, 11/15/2022, 9 am to 10 am: **Click here to join the meeting**

Quality Assurance Trainings:
Progress Notes Practicum**:** Friday, **November 18, 2022,** from **9:00am – 12:00pm** via WebEx. *Registration Required.*
Audit Leads' Practicum**:** Thursday, **December 1, 2022,** from **12:30pm – 3:30pm** via WebEx. *Registration Required.*

QI Matters Frequently Asked Questions

Q: Now that signatures are not required, what should our staff select when Cerner prompts for signatures for the clients/caregivers/etc.?

A: You may select "Document Client Non-signature" and document verbal agreement/CP developed with client/signature not required. The Parent/Guardian/Legal Rep may be deleted. Staff requiring co-signature and staff completing/accepting plan should be signed as required.

Q: What if the old Client plan has already expired since we ended it and there is no additional time on it and there is now a gap in Client Plans?

A: Open/start a new CP and back date to ensure no gap.

Q: Can you please explain the difference between when to open a LSL folder or Client Plan folder?

A: LSL should be opened if no longer utilizing/requiring a client plan. If you continue to require a client plan, do not open an LSL.

Q: If the peer specialist is not funded by the county, can they continue with the certification?

A: The Scholarship Certification is for any individuals who meet criteria and wish to apply.

Q: During the recent QA Office Hours, it was stated that Medi-Medi beneficiaries still require a formal care plan. I closed my LSL, opened up an A/OA care plan but the interventions that my program typically uses for our clients (30, 50, 33, 34, etc.) are not an option. What should I do in this case?

A: The services that are billed to Medicare are the ones that need to be on the client plan. This would include **med services** provided by an MD, NP, RN and an LCSW providing **psychotherapy**, as those providers are billable to Medicare.
To include the remaining services (30, 50, 33, 34, etc.) you would indicate these in the Objectives section of the Client Plan. The Objectives should be specific, measurable and relate to the Problem List. Medicare also requires the frequency and duration of described interventions be included in the documentation. If your program will not be providing medication and/or have the credentialed providers to bill Medicare, then you would not be able to bill Medicare and therefore do not need to create a Client Plan.

Q: If a client is at the CSU for services, would this be considered a complete lockout, limited MH services are billable for case management on day of admission or discharge for discharge planning, or appropriate to bill as regular?

A: CSUs are not considered lock out settings. The Billing Lockouts guide contains this information and can be found on the Optum Website.