Mental Health Services

Updates

Changes to Progress Notes Once Final Approved

Changes to progress note narratives and/or information that does *not* impact billing once a progress note has been final approved should be indicated via an addendum entered in a never billable note dated for the same date of service as the note in question. Changing information in a progress note narrative once it has been final approved risks the integrity of the information and could be cause for concern of potential fraud. Only errors which would impact billing would be considered allowable reasons to "re-open" a progress note for correction and must first be approved by Optum and/or QI Matters.

For paper progress notes stored in hybrid charts, incorrect information is to be lined through, dated, and initialed. If there is a need for an addendum, it may be added using the Never Billable Progress Note form fill, which should be filed behind the original progress note.

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.

Optum Website Updates
MHP Provider Documents

OPOH Section L:
- Addition of Co-Occurring and No Wrong Door Language.

OPOH Section H:
- Update of PIT email address to HPA address.

Case Management - Peer Support
MHSA CP Explanation Sheet
- Updated to include Peer Support Specialist as able to complete plan
- Updated to include Peer Support Plan must be completed prior to providing Peer Support Services

Demographic Form
- The updated Demographic Form has been added to the Optum Website under the UCRM tab.

Office Hours

We would like to introduce our new, ongoing virtual **Office Hours** to our providers. Each session will be hosted by two of our Quality Assurance Specialists and will usually be held twice a week on Tuesdays, from 9 am to 10 am, and Thursday, from 3 pm to 4 pm, unless we have an event/training scheduling conflict or during County of San Diego observed holidays**.**

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.

September 2022 Office Hours:

- Tuesday, 9/6/2022, 9 am to 10 am:
  Click here to join the meeting

- Thursday, 9/8/2022, 3 pm to 4 pm:
  Click here to join the meeting

- Tuesday, 9/20/2022, 9 am to 10 am:
  Click here to join the meeting

- Thursday, 9/22/2022, 3 pm to 4 pm:
  Click here to join the meeting

- Tuesday, 9/27/2022, 9 am to 10 am:
  Click here to join the meeting

- Thursday, 9/29/2022, 3 pm to 4 pm:
  Click here to join the meeting

Important! Reporting Demographic Form Data for Gender Resulting in Billing Errors
MHBU has encountered more than the usual denials from the State due to the gender of the client on the demographic form not matching data within MEDs or on the client's Medi-Cal card. When completing or updating the Demographic Form, if a client identifies as other than their assigned gender at birth or as noted on their Medi-Cal Card and an option other than "Male" or "Female" is selected on the Demographic Form, programs will need to enter the legal gender which matches the State's MEDs database on the 3rd Party Coverage Menu for billing to the State in order for the service to be reimbursed.   Unfortunately, the MEDs database only identifies Male or Female, if the entry in the Demographic Form does not match, this will result in a denial and MHBU must replace the service which creates increased workload and risks denials or delays in reimbursement for rendered services, therefore the 3rd Party Coverage must be completed and submitted with the legal/assigned gender at birth.

Please note, programs are reminded that they should not make any changes to gender, date of birth, SSN and/or CIN on the client's demographic form – programs should complete a Form A and submit to County Medical Records (HIMS) to update.

Demographic Form Update
The Demographic Form has been updated to include two additional options when selecting Race. Providers may now offer/select 1-Middle Eastern Other and/or 2-North African Other when completing the demographic form. This has been updated both in CCBH and on the Form Fill available on the Optum Website in MHP Documents in the UCRM Tab.

Update: CA Managed Care Plans (MCP)
- DHCS announced changes to its Managed Care Plans (MCP) this week.
- Effective 1/2024, the MCP's will change from 7 plans to 3 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 16 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.

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

Knowledge Sharing

MRR Billing Corrections Reminder:

Programs are reminded that any billing corrections which are identified in their Medical Record Review are required to be reviewed and completed within a timely manner to ensure successful completion of their fiscal year MRR requirements. Initial billing corrections should be completed and copies of the Billing Summary Sheets, with the program

required section completed, along with any Void/Replace Request forms sent to MHBU are required to be submitted to the assigned QA Specialist who provided the program MRR **within 10 business days** of receipt of the final MRR Report.

Your assigned QA Specialist will follow up at the time of your 3-month QIP (if applicable) and/or as needed throughout the fiscal year regarding the status of any outstanding billing corrections, however the expectation is that programs will continue to monitor, complete, and submit any pending/outstanding billing corrections in a timely manner in order for all billing corrections to be adjudicated by the close of the fiscal year.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders
- Don't forget to attest to your profile in the SOC application this month! By September 2022, DHCS requires all County BH Plans to submit mental health services provider data using 274 reporting requirements on a monthly basis. Reporting requirements are still being developed for SUD.
- 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.

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. 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.

CalMHSA has released a guide to help prepare certification applicants for taking the Medi-Cal Peer Support Specialist certification exam. It includes test taking strategies, knowledge to be tested, and examples of test questions. Please note: the guide is meant to help applicants prepare for the exam by highlighting what to expect and is not intended to be used as study material.

Please welcome our new QI Specialists!
Brianna Gilbert is a Licensed Professional Clinical Counselor who has experience in both the AOA and CYF System of Care. Brianna joins us from Optum where she worked as a Clinical Care Advocate on the SUD side of Utilization Management. Brianna also worked in Wraparound holding various roles as a Clinician, QA Supervisor and Regional Supervisor. Brianna's clinical focus has been on crisis intervention and working with severe mental illness where she has also held clinical roles as a mental health clinician for higher level of care residential facilities, crisis house, and community-based outpatient programs. Brianna also brings experience serving as an ERMHS therapist to youth in a Charter school setting. Brianna is a Southern California native who enjoys outdoor activities such as running, hiking, skateboarding, beach volleyball, snowboarding and going to the beach. Brianna loves to travel having mostly recently ventured to Hawaii, Tahiti, New Zealand, Germany, and Austria. Brianna also became a mama this year to her 4-month-old daughter and 10-month-old goldendoodle.

Krystal is a first generation to college Latina who was born and raised in San Diego, CA. Krystal has her degree in Psychology from SDSU and her MSW from USC. Krystal's work experiences vary across the life span from 0-5 programs to working with the elderly as a clinical case manager at TBS, Bilingual Therapist at MHS, FHCSD, and in Washington State and more recently, as a Clinical Supervisor at SDYS. Krystal enjoys listening to a variation of music such as Low-fi beats, Salsa, Bachata, Banda, Cumbias, Oldies, 90 & Early 2000s Hip Hop and Christmas music while at work to get her flow going. When not at work, Krystal loves hanging out with her family and friends. You can catch her on the weekend going to different, local coffeeshops, surfing the web for new food recipes, and dreaming of/planning her next travel destination.

Management Information Systems (MIS)

Changes to ARF for requesting accounts to CCBH – encourage providers to go to Regpack site and download the most current ARF – now has included paragraph re: client plan training requirements vs problem list/progress notes.

New variables for referred to/referred from including ASJ, Screening,
This is part of CalAIM BHQIP requirement to track referrals to/from MCP – MHP, please be aware when completing forms.

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 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

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. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: California Mental Health Services Authority | CalAIM (calmhsa.org). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. 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

CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard
Documentation Guides *(new additions)*
- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

Training Dashboard *(new additions)*
- New option to "Download data" (into an Excel spreadsheet) at the bottom of the webpage

CalAIM Policies & Procedures and Attestations *(new additions)*
- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

Quality Assurance Trainings
Progress Notes Practicum: Thursday, **September 15, 2022,** from **12:30pm – 3:30pm** via WebEx. *Registration Required.*
RCA Documentation Training**:** Thursday, **September 29, 2022,** from **9:00am-12:00pm** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday October 25, 2022, from **2:00pm – 4:00pm** 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.

QI Matters Frequently Asked Questions

Q: When will we find out if MHRS staff need to be cosigned by a licensed staff?

A: At this time, continue to follow current guidelines, MHRS currently do require co-signature, which is important to continue.
Addendum to August UTTM: It is important to specify that MHRS's require co-signature by a licensed staff in the AOA system of care for BHA's, Client Plan's, and Discharge Summaries. MHRS's require co-signature by a licensed staff in the CYF system of care for Client Plan's.

Q: It seems like many of the new CalAIM updates do not apply to STRTPs. Is this accurate?

A: Yes, unfortunately many of the STRTP regulations are not superseded by the new CalAIM changes; However, we are working with CYF and there may be some changes forthcoming.

Q: Are timelines for CANS/PSCs going to change? Can we now turn them in within 60 days of intake/UM? Are programs still required to submit the PWB progress report in 30 days or in 60 days?

A: These requirements have not changed. DHCS has not made any updates to these timelines.

Q: Can a new CCBH report be created for progress note timeliness tied to business days instead of calendar days?

A: This will go to MIS for consideration.

Q: Is there a way to be able to get prints-outs from the information on CalAIM training? I did the training and there was a LOT of information but no way to print that I could find.

A: There are webinars linked to the trainings which can be downloaded/printed out.

Q: For STRTP's will the problem list be relevant due to the fact we are still are required to use client plans?

A: Yes, ALL clients in all programs are required to have a Problem List. The Problem List is not in lieu of a client plan, it is a separate document required regardless of whether or not a client plan is needed.

Q: When a Z-code is added or removed, does an update to the BHA need to take place?

A: The BHA continues to be viewed as a "living document" and should be updated as clinically relevant/appropriate.

Q: For the problem list - does a Diagnosis Form have to be final approved to populate diagnoses into the problem list?

A: Yes, the Diagnosis Form must be final approved in order to prepopulate into the Problem List.

Q: For Problem List Dates: When this goes into effect Friday 8/26 should be we adding these Z-codes and SDOH codes for as of the intake date, or as of the date of the onset of that Problem List?

A: The begin date for Z-codes added to the problem list should align with when they were identified/added.

Q: Is a Diagnosis Form still required at intake?

A: Yes, this requirement has not changed. The Diagnosis Form is required at intake and must be final approved in order to prepopulate into the Problem List.

Q: The memo stated that we have time to transition all clients to problem list (by 10/15/22). Now that we are required to have a treatment plan for TCM and PSS documented within the specific note template, will there be a grace period for when these treatment plans be completed and final approved?

A: Yes, we will allow a grace period for the development of the TCM/PSS plan note – however the suggestion is that it should be completed at the next session with the client; expectation is that the TCM/PSS plan note will be completed by 10/15/22 in line with the Problem List deadline/ending of the client plan.

Q: Does a children's program who occasionally provides ICC and IHBS services need to create a Client Plan for <u>all</u> clients or just for those clients who receive ICC and/or IHBS?

A: The client plan is only required for those clients receiving ICC/IHBHS services.

Q: Can we bill for Problem Lists?

A: No, this is not a billable service.

Q: For clients that don't require a client plan, will we need a signature page for the problem list? Or for a LSL plan?

A: Client plans no longer require a signature and problem lists do not require a signature.

Q: Do you know how it will work for when we do a UM update of client plan for clients who are currently open and have an original client plan under the old format (aka all tiers)? Do we only update the remaining needed tiers?

A: You will begin using the new template and update tiers as clinically appropriate.

Q: Will clinicians need to get signatures for the closing of the CPs?

A: No, signatures are no longer required.

Q: For existing clients who are being transitioned to a problem list, are we required to have fact to face contact to update them to a problem list?

A: The expectation is that the problems identified on the Problem List are done so in collaboration with the client. It should be reviewed with eth client.

Q: Are we using Interim folder or LSL to attach notes? I believe the previous AOA doc training mentioned LSL.

A: The LSL should be utilized for notes.

Q: How often does the problem list need to be updated?

A: The problem list should be updated as clinically appropriate when identifying new problems, resolving problems.

Q: Since we are no longer adding medication and therapy codes to client plans, would we need to update clinical formulation of BHA to update the plan of care?

A: The BHA should be updated as clinically appropriate

Q: On the client plan, if a youth receives ICC and case management, would we need to add both ICC and TCM as interventions on the client plan?

A: No, you will only document services requiring a client plan on the client plan – ICC, IHBS, TBS, TFC, STRTP, START; TCM would require documentation in the TCM/PSS/MHSA plan note.

Q: Do we need to document in a note the client agreement with the client plan and/or problem list?

A: Yes, your progress note should indicate collaboration with the client and agreement by the client.

Q: For the Objective tier of the Client Plan, do we need to explain how an intervention will be used similar to the current intervention narrative or merely indicate which intervention(s) will be used to support the youth with each objective?

A: Your interventions will be documented in the Objective, including description of how the interventions will support the client plan goals and behavioral health needs. The explanation sheet will have additional details.

Q: Does frequency and duration need to be specified in the objective tier narrative?

A: No, frequency/duration are no longer required.

Q: Do case manager have to complete the Case Mngt/PSS/MHSA Plan upon first meeting with the client THEN completing the General Progress Note for subsequent sessions thereafter?

A: The CM/PSS/MHSA plan note is utilized when completing the TCM/PSS plan, then the General PN is utilized.

Q: For existing clients that already have a written client plan with TCM, and PSS codes already included, do they still need to complete the Progress note client plan?

A: Yes, TCM/PSS require the plan note.

Q: Will CYF client plans be shared between programs that require a client plan?

A: Yes.

Q: Regarding the three-day final approval rule, if someone provided a service on a Monday, would the state expect the note be final approved by Thursday? or would they count day 1 as date of service and so it is due Wednesday?

A: Date of service is Day 1; the note should be final approved by Wednesday.

Q: For progress notes that are crisis related and are to be final approved within 24 hours, can you please clarify if this pertains to a particular billing code?

A: This pertains to START program notes and SC70s provided by OP programs.

Q: For TBS, would the TCM/PSS/CP progress note be completed along with the Client Plan?

A: The TCM plan note would be completed if TCM or PSS services were to be provided.

Q: Would this TCM/PSS/CP note be completed by any provider who will be providing the service (i.e.: case manager or PP, or clinician, or all)?

A: The TCM/PSS plan note may be completed by any provider within their scope of practice

Q: Service code for this has to be SC 50 or rehab code, or any other SC such as individual or family?

A: TCM services would be SC50.

Q: Would it be okay if the "goal of service" was just around the purpose of the visit that day of what the client wanted to accomplish that day, or does it need to be bigger picture goal? we have a shared caseload so a peer for example may just be one staff who happens to see the client for a visit that week.

A: The goal of service would be the overall "big picture" goal that is the focus of treatment.

Q: The Case Manager will complete the Case Mngt/PSS/MHSA Plan Note at initial session. Will they need to complete this note again during treatment if goals change or just when they are completing services to identify the transition plan?

A: The CM/PSS plan note is required to be updated annually – and clinically appropriate

Q: Would we bill using an SC13 for the CM/PSS/MHSA Plan PN since it's a "client plan note"?

A: You will bill for the intended service – if the intent/focus of the service is to review/develop the plan, then you should bill SC13, if the intended service is a case management service and discussion of treatment goals is included to develop the plan, you may bill SC50.

Q: If we start adding interventions and goals as treatment proceeds, we will put it in general progress notes or do we need to continue to make a new CM/PSS/MHSA Plan PN.

A: If you are making changes to the focus of TCM goals/plan, you would want to update the CM/PSS plan note.

Q: Can multiple areas that needed to be addressed be in 1 TCM PN?

A: you may identify areas that will be addressed via case management in one TCM PN

Q: Can we still keep the intervention and objective narratives separate in the client plan rather than combining them (as described in most recent info notice dated 8/15/2022), or would we be marked out of compliance?

A: You will be required to utilize and follow the prompts/requirements of the updated client plan template.

Q: For UM's going forward, we just do the UM form and update outcomes, but not revise the client plan? (unless they are receiving ICC) (asking for a CYF program)

A: If the client is not receiving services that require a client plan, you would not have a client plan to update, however you will still need to complete the UM form and Outcome Measures at 6months. If there is an active client plan, then you would update the client plan.

Q: Are there still WRAP client plans?

A: This is no longer a WRAP specific client plan, if you are providing ICC, IHBS then you would add that to a CYF plan.

Q: Will CYF client plans be shared between programs that require a client plan?

A: If both programs are providing ICC services, then yes, the plan can be shared, and programs should ensure no duplication of services.

Q: If a client is receiving medication services, do they still need to be on the client plan.

A: Medication services are no longer required to be on a client plan. This could be reflected in the proposed services in the BHA – if added medication services for existing client, this would clinically warrant an update to the BHA.

Q: Although the client response is included in the progress note template, we are not required to complete this section, right?

A: You would be required to complete the note as a whole.

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