



PROGRAM MANAGER ORIENTATION

BHS SUD Quality Assurance





AN INTRODUCTORY ORIENTATION FOR PROGRAM MANAGERS

- This presentation offers a brief overview of several important topics related to program management and quality assurance in the County of San Diego's Health and Human Services Agency and Drug Medi-Cal Organized Delivery System (DMC-ODS).
- It is an orientation and does not take the place of the various provider manuals that will be discussed.



TOPICS COVERED



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This orientation will cover the following topics:

- Behavioral Health Services
- Target Population
- Federal and State Statutes and Regulations
- Substance Use Disorder Provider Operations Handbook (SUDPOH)
- Utilization Review Process
- Privacy Incident Reporting
- Serious Incident Reporting
- Grievances & Appeals
- SanWITS
- Communication

SAN DIEGO COUNTY POLICIES AND PROCEDURES



The County of San Diego Health and Human Services Agency (HHSA) is the broader agency that includes Behavioral Health Services. All County and County Contract program managers should be familiar with the following policies and procedures.

- Agency Compliance Office (ACO) policies and procedures
- HHSA Code of Conduct
- Substance Use Disorder Provider Operations Handbook (SUDPOH)



BEHAVIORAL HEALTH SERVICES LEADERSHIP



San Diego County

- Chief Administrative Officer (CAO) is Helen N. Robbins-Meyer
- Assistant CAO/Chief Operating Officer (COO) is Donald F. Steuer

Health and Human Services Agency (HHSA)

- Interim HHSA Agency Director is Eric McDonald, MD, MPH
- HHSA Director of Behavioral Health Services is Luke Bergmann, PhD

Who We Are



Luke Bergmann, PhD
Director



Aurora Kiviat Nudd, MPP
Assistant Director &
Chief Operations Officer



**Cecily Thornton-Stearns,
MFT**
Assistant Director &
Chief Program Officer



Nadia Privara Brahms
Assistant Director &
Chief Strategy &
Finance Officer



Michael Krelstein, MD
Clinical Director



Nicole Esposito, MD
Chief Population Health
Officer



Erin Chandler
Administrator
Edgemoor DPSNF

QUALITY ASSURANCE TEAM



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QA Supervisors

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QA Unit Administrator

Tabatha Lang

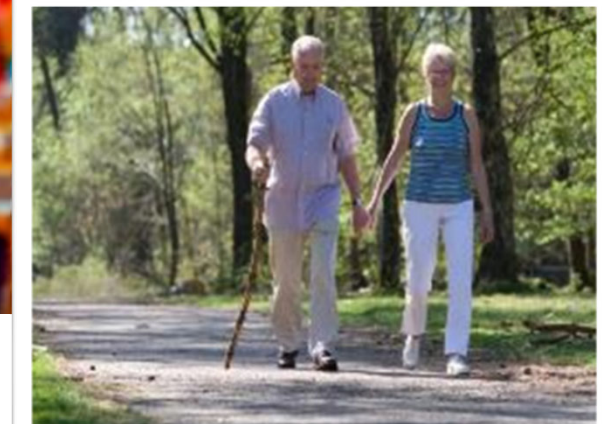
Tabatha.lang@sdcounty.ca.gov



WHAT DO WE DO?

- Perform annual Medical Record Review cycle
- Review, implement, and communicate relevant Information Notices and other guidance from the Department of Health Care Services (DHCS)
- Collect and process Serious Incident Reports, collaborate with our Advocacy Agencies on Grievances, Appeals, and State Fair Hearings
- Maintain and update the SUDPOH, SUDURM, assist with clinical development of SanWITS
- Communicate and coordinate across providers and throughout BHS

TARGET POPULATIONS





WHO DO WE SERVE?

- Adolescents age 12 – 17
- Adults age 18 and over
- Clients self-referred or referred by another person or organization
- Geographical Service Area: Residents of San Diego County (or those who intend to reside in San Diego County) in the regions of North Coastal, North Inland, North Central, Central, East, South
- Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal. (See SUDPOH for details on FPL)



WHO DO WE SERVE?

- Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000) Adults age 18 and over
- Persons meeting DMC-ODS medical necessity criteria
- Justice Overrides
- Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.



CalAIM is a significant transformation designed to reform several aspects of the California Medi-Cal system including

- Documentation
- Access to Services
- Service Delivery and Coordination of Care
- Payment Reform
- Improving beneficiary access and quality of care

WHERE TO FIND INFORMATION



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- Updates are sent out through California Department of Health Care Services (DHCS) Letters and Informational Notices which can be found on the DHCS website.
 - [DHCS Informational Notices](#)
 - [CalAIM](#)
 - [Managed Care All Plan Letters](#)

You can also refer to the San Diego County of Memo that was published on June 14, 2022: [CalAIM Documentation Reform BHS Plan](#)



REGULATIONS TO BE FAMILIAR WITH

- Requirements for the following Federal and State regulations, as well as County policies and procedures, are an integral part of a program manager's knowledge base.
 - Health Information Portability and Accountability Act (HIPAA)
 - Code of Federal Regulations, Title 42 (42 CFR)
 - Title 9, California Code of Regulations, Chapter 11
 - Minimum Quality Drug Standards for DMC/SABG
 - County of San Diego Standard
 - DHCS Licensing and Certification Requirements
 - Adolescent SUD Best Practice Guidelines



KEY INFORMATION NOTICES

- DHCS regularly releases Information Notices (INs), but here are some key ones program should be familiar with:
 - Documentation Requirements ([22-019](#))
 - Drug Medi-Cal Organized Delivery System Requirements 2022-2026 ([23-001](#))
 - Peer Support Services ([22-026](#))
 - Reimbursable Recovery Services components ([22-005](#))



BHS CONTRACTS WITH DHCS

- DHCS requires contract agreements with counties in order to use State funding for services, such as DMC-ODS and SABG funds.
- The [Intergovernmental Agreement \(IA\)](#) is the contract between DHCS and San Diego for DMC-ODS services.
 - Programs DMC Certified and receiving DMC-ODS funds shall adhere to standards outlined in the IA.
 - Examples include but are not limited to:
 - Billing requirements
 - G&A
 - Access Times
 - Documentation Standards
- The [SABG Agreement](#) is the contract between DHCS and San Diego for SABG services.
 - Programs receiving SABG funds shall adhere to standards outlined in the SABG Agreement.
 - Examples include but are not limited to:
 - Interim Services
 - Priority Population Admissions
 - Perinatal Practice Guidelines
 - Adolescent Best Practice Guidelines
 - Persons with Disabilities (PWD)

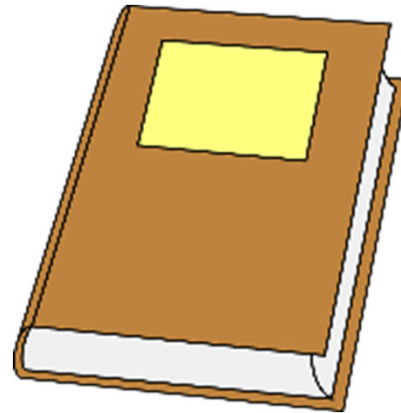
A MUST READ FOR NEW PROGRAM MANAGERS



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Substance Use Disorder

Provider Operations Handbook (SUDPOH)



The current version is found on the OPTUM San Diego website

SUDPOH HIGHLIGHTS



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- This is a guide for all program managers with information needed for running your program.
- Contains the requirements for running your program in addition to your contract, Statement of Work, and Service Template.
- This handbook provides references and referrals for further assistance.

SUDPOH DETAILS

QA REQUIREMENTS



- DMC-ODS Services
- Prevention Services and Specialty Populations
- Practice Guidelines
- Accessing Services
- Compliance and Confidentiality
- Beneficiary Rights
- Management Information Systems (MIS)
- Data Collection and Retention
- Training
- Staff Qualifications and Requirements
- Facility Requirements: Licensing and Certification
- Provider Contracting
- Funding Source Requirements (Contractor Instructions)

PROGRAM INTEGRITY & UTILIZATION REVIEW



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Programs are required to develop, implement, and maintain policy and procedure for program integrity (PI) and utilization review.



PROGRAM INTEGRITY & UTILIZATION REVIEW



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Program integrity and utilization review policy should be aimed at:

- Preventing fraud, waste, and abuse (FWA)
- Verifying medical necessity:
 - Verifying the accuracy of DSM diagnoses and use of ASAM criteria
- Verifying whether services reimbursed by Drug Medi-Cal were provided to clients (Paid Claims Verification)
 - Example: Cross referencing signatures on group sign in sheets with claimed services



Drug Medi-Cal FRAUD involves

- Making false statements or misrepresentation of material facts
- Obtaining some benefit or payment for which no entitlement would otherwise exist
- May be committed for the person's own benefit or for the benefit of another party
- The act must be performed knowingly, willfully and intentionally.
- Example: Purposely billing for services that were never given.



WASTE:

- Spending that can be eliminated without reducing the quality of care
 - Generally refers to over/inappropriate utilization of services
- Misuse of resources
- Example: Poor or inefficient billing methods cause unnecessary costs



ABUSE includes:

- Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Drug Medi-Cal program
- Reimbursement for services that are not medically necessary
- Fail to meet professionally recognized standards for health care and health care coding.
- Example: Providing services at a higher level of care than medically necessary

PROGRAM INTEGRITY & UTILIZATION REVIEW



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Programs are expected to conduct regular PI activities and maintain records for audit purposes

- QA monitors PI activities at a minimum annually during site visits and medical record reviews
- Quality Improvement Plans (QIP) may be used to address specific documentation concerns
- Contact QI Matters for support QIMatters.hhsa@sdcounty.ca.gov
- See SUD QA's [Program Integrity Webinar](#) for more information



BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) 22-019

Outlines Requirements for:

- Standardized Assessment Requirements
- SMHS, DMC, and DMC-ODS Problem List
- SMHS, DMC and DMC-ODS Progress Notes
- Telehealth Consent

DOCUMENTATION STANDARDS



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- Familiarity with documentation standards is a critical function of all Program Managers as services are billed to the State and federal government. All documentation must adhere to minimum standards to reduce the risk of compliance issues.
- Services must document how the intervention or service will address the person in care's identified behavioral health need alongside meeting criteria for continued access to services.





WHERE MAY I LEARN MORE ABOUT DOCUMENTATION STANDARDS?

- The [Optum San Diego website](#) offers access to multiple DMC-ODS documentation resources:
 - SUDURM (SUD Uniform Record Manual)
 - SUDPOH (SUD Provider Operations Handbook)
 - “Manuals,” “Toolbox,” and “NOABD” tabs
- CalMHSA [Documentation Guides and Trainings](#)
- Quality of Care Skill Building Workshops
- Up To The Minute (UTTM) Reminders
- Technical Assistance (TA) with a program’s assigned QA Specialist is available to help programs ready themselves to access DMC-ODS billing or provide on-going support and answers regarding documentation.
- Documentation questions can also be sent to QIMatters.HHSA@sdcounty.ca.gov

SUBSTANCE USE DISORDER UNIFORM RECORD MANUAL (SUDURM)



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The SUDURM is the complete guide to documentation in the County of San Diego DMC-ODS system.

- It is the resource for information on forms, documentation timelines and documentation standards.
- The SUD Uniform Record Manual (SUDURM) may be found on the [Optum San Diego](#) website (click on the SUDURM tab).
- Only forms from the Manual or those created by QA should be used. Any exceptions to the Manual must be approved by the QA Unit before they may be utilized.

MEDICAL RECORD REVIEW



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DHCS requires SUD QA to complete annual reviews for every contracted program.

The Medical Record Review (MRR) is the official review that meets this requirement.

The Medical Record Review (MRR) focuses on:

- Documentation of medical necessity in the clinical record
- Review of appropriate billing to Drug Medi-Cal (DMC) standards
- Adherence to state, federal, and county SUD regulations



Results of an MRR

- The result of each MRR is reported to program managers and assigned contract officers (COR).
- The results outline: overall compliance rates, disallowance rates, Quality Improvement Plans requirements (if indicated), and Focus Review requirements (if indicated).

MEDICAL RECORDS



- Programs are required to use:
 - the forms included in the SUDURM or
 - forms that have been approved by QA (such as in an EHR).
- Medical Records may be a “hybrid chart” as some documentation may be maintained in a paper chart, as well as in an EHR.
- All records must be maintained in a secure location, filed in a prescribed order, and be retrievable for audits (MRR) by QA, DHCS or other entities.



MEDICAL RECORDS



- Records are required to be kept and maintained under this section and shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.





SYSTEM OF CARE APPLICATION

- As part of Network Adequacy Requirements (BHIN 22-032 and 22-033) providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist with County routine submission
 - Program Managers and Providers are required to attest to all SOC information monthly
 - New staff and transfers are required to register promptly and attest to information once registration is complete.
 - For tips, FAQs, and additional information

[SOC Tips and Resources \(optumsandiego.com\)](https://optumsandiego.com) or email
sdhelpdesk@optum.com

SERIOUS INCIDENT REPORTS (SIR)



- Providers are required to report serious incidents involving clients in active treatment or who were discharged within past 30 days.
- Provider must call SIR line to report incident at 619-584-3022 and fax required reports to BHS Quality Assurance Team at 619-236-1953.
- Serious Incident Report (SIR)
 - Serious Incident Report of Findings (SIROF)
 - Level One – most severe
 - Must be reported telephonically to County Quality Improvement Unit immediately
 - Written report must be faxed to QA unit within 24 hours
 - Level Two – less severe
 - Telephonically notify QA Unit within 24 hours
 - Written report shall be faxed within 72 hours
- Serious Incident Report Follow-up (SIROF) is submitted within 30 days from the date program was notified of the incident
- Questions can be sent in via QI Matters or call SIR line at 619-584-3022.

UNUSUAL OCCURRENCES (UO)



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An unusual occurrence (UO) is an incident that may indicate potential risk/exposure for the program, client, or community that does not meet the criteria of a serious incident.

- Examples include the following:
 - *Alleged child abuse, Police involvement, Self-injury, Physical abuse, AWOL, Fire setting, Poisoning, Major accident, Property destruction, Epidemic or other infectious disease outbreak, Loss or theft of medications from facility.*
- When a UO occurs, appropriate agencies are to be notified within specified timeline and format.
 - *Providers are required to notify their COR **within 24 hours** when an unusual occurrence takes place.*

PRIVACY INCIDENT REPORTS (PIR)



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If suspected or actual privacy incident involves 500 or more individuals, notify Agency Privacy Officer (APO) immediately by emailing:

Christy.Carlson@sdcounty.ca.gov

For all other suspected or actual privacy incidents, follow steps below:

1. Submit Privacy Incident Report (PIR) online via the web portal:
<https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html>
within one business day.
2. After you submit the PIR, you will receive an email with the PIR Tracking # and an Access Code. This is used to access your PIR via the same web link above.
3. Continue to investigate and update the PIR online within 72 hours, including required information missing from initial report and any additional information requested by APO.
4. Provide any pending or additional information needed to submit Final completed PIR within seven business days of initial discovery.



- Handling/Transporting Medical Record Documents outside Certified Clinics

- Medical Record
- Laptop which contains client information
(see SUDPOH on Compliance and Confidentiality)



- Confidentiality Breaches

State laws and regulations effective January 1, 2009. HITECH requires notification to patients “without reasonable delay” but no later than 60 days after discovery of a privacy breach. (See Compliance and Confidentiality)

CONFIDENTIALITY



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- Program Managers must be aware of all regulations in the [SUD Privacy Laws](#) training:
 - 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records (Part 2)
 - 45 CFR Parts 160, 162, and 164 – Health Information Portability & Accountability Act (HIPAA)
 - State Legislation



- The final section of this orientation relates to the client issues of:

- Client Grievances and Appeals
- Beneficiary Rights
- Communications/Resources





Clients have the right to:

- Be treated with personal respect with dignity and privacy.
- Receive information on available treatment options and alternatives presented in a manner they understand.
- Participate in decisions about their mental health care.



Clients have the right to:

- Receive informing materials about the services covered by the DMC-ODS.
- Request and receive a copy of their medical records and request they be amended or corrected.
- Be free from any form of restraint or seclusion as specified in federal rules.
- Write an Advance Directive covering their mental health care.
- Refuse treatment



The County of San Diego's Contracted advocacy organizations:

- ***Jewish Family Services, Patient Advocacy Program (JFS)***
 - (For inpatient or residential SUD services)
 - 1-800-479-2233 or 619-282-1134
 - Email: jfsonline@jfssd.org
- ***Consumer Center for Health, Education, and Advocacy (CCHEA)***
 - (For outpatient SUD services)
 - 1-877-734-3258
 - TTY-1-800-735-2929

BENEFICIARY RIGHTS



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- Clients are encouraged to direct their concerns, complaints or suggestions to program staff or management, orally or in writing. These are to be reported in the MSR/QSR as a suggestion on the Suggestion & Transfer tab.
- Providers shall inform all clients about their right to file a grievance with one of our contracted advocacy organizations if the client has an expression of dissatisfaction about any matter, is uncomfortable approaching program staff, or the dissatisfaction has not been successfully resolved at the program.
- Grievance and Appeal information must be readily available for clients to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in threshold languages with stamped, addressed envelopes available to clients, displayed in a prominent place. These self-addressed envelopes with postage are available from CCHEA or JFS respectively.

GRIEVANCE & APPEAL PROCESS



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A fair, impartial and effective process for resolving client grievances and appeals.

Is designed to:

- Encourage effective grievance resolution at program level
- Provide a grievance/appeals and State Fair Hearing process adhering to Federal and State regulations
- Improve the quality of SUD services for all County of San Diego residents

Please refer to the SUDPOH for expanded information about grievance and appeal policies and procedures



GRIEVANCE & APPEAL PROCESS



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Available for all clients, their authorized representative, or providers acting on behalf of the client (with the client's consent)

SUD treatment providers must have policies and procedures in place for collecting/logging, reviewing, and acting upon all client grievances or appeals

See the link below to access the webinar overview of Beneficiary Rights:

https://www.optumsandiego.com/content/dam/san-diego/documents/dmcs/forms/Beneficiary_Rights_Webinar_Titlescreen.pdf

GRIEVANCE & APPEAL PROCESS



Providers are required to have available/posted materials displayed in a prominent public place (such as the program waiting room/lobby), in all threshold languages, including:

- Grievance/Appeal Posters
- Grievance/Appeal Brochures
- Self-addressed envelopes with grievance/appeal forms
- Interpreter services notification
- Toll-free numbers that have adequate TTY/TTD and interpreter capability.
- Access and Crisis Line Posters

COUNTY OF SAN DIEGO

Behavioral Health Services (The Plan)

If you have a concern about your mental health or substance use disorder services,
Help is available!

As a client of the Plan, you have the right to receive quality behavioral health services and the right to voice concerns about any part of your treatment services.




WAYS TO RESOLVE YOUR CONCERN:

1. The easiest and quickest way to handle an issue is to talk to your provider or the program manager.

YOUR RIGHTS AS A CLIENT

- To be treated with respect and to receive treatment in the language that you prefer.
- To receive a second opinion on your treatment or medication.
- To choose someone to act on your

WHAT IS A NOTICE OF ADVERSE BENEFIT DETERMINATION?

- Notice 
 - Notices inform resident/clients about the adverse or unfavorable determination made, the justification with a description of guidelines or criteria used, citation to authority that supports the action, and the resident/client's appeal rights.
- Requirements 
 - Notices are required by both Federal and State laws. 42 CFR §438.400-424; APL 17-006. Notices apply for all Medi-Cal covered benefits and services.
- Language 
 - The NOABD language must be clear and non-technical. Providers should use forms translated into threshold languages when appropriate.



NOABD: CHOOSING THE CORRECT NOTICE

There are eight different kinds of notices. A template for each notice is available on Optum the Optum Website under the NOABD tab in all threshold languages.

[Click here to view a table explaining the eight notices available on the Optum Website](#)

- **The Termination Notice**

- Similar to former “10-day Notice” letter. This is the most commonly used notice.
- When a provider terminates, reduces, or suspends a previously authorized service

- **The Denial of Authorization Notice**

- When client requests services but is assessed as not meeting medical necessity
- When the provider denies a request for service, including denials based on type/level of service, medical necessity, appropriateness, setting, or effectiveness of the service

- **The Timely Access Notice**

- When requested services cannot be provided within timelines



NOABD: CHOOSING THE CORRECT NOTICE

- Authorization Delay Notice
 - When there is a delay in processing a provider's request for authorization
- Modification Notice
 - When a provider modifies or limits a request for services
- Payment Denial Notice
 - When the Plan denies, in whole or part, for any reason, a provider's request for a payment for a service that has already been delivered to a client
- Financial Liability Notice
 - The provider/Plan denies a client's request to dispute financial liabilities
- Delivery System Notice
 - The Plan has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health services through the plan. The beneficiary will be referred to the Managed Care Plan, or other appropriate system, for mental health or other services

TIMELINES



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There are mandated timelines for grievances and appeals

Your cooperation ensures compliance with these requirements

When requested, please provide copies of medical records within 7 calendar days

A signed release of information accompanies the request

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
A							
B							
C							
D							
E							



Timelines

When does each notice need to be mailed/issued to the client?

AT THE TIME OF THE DECISION:

Timely Access Notice
Financial Liability Notice
Payment Denial Notice



WITHIN 2 BUSINESS DAYS OF THE DECISION/ACTION:

Denial of Authorization Notice
Modification Notice
Authorization Delay Notice
Delivery System Notice

AT LEAST 10 CALENDAR DAYS BEFORE THE ACTION/EFFECTIVE DATE:

Termination Notice



Note: If a client appeals their discharge and requests Aid Paid Pending, the program should keep the case open until the resolution of the appeal.

NOABDS AND APPEALS



Clients who disagree with their discharge or other adverse determination may file an appeal.
Standard Appeals take up to 30 days to resolve.





Advocacy Record Requests:

Advocacy Services and Records Requests In accordance with the Code of Federal Regulation (CFR) Title 42, Part 438, Subpart F – Grievance System, the JFS Patient Advocacy Program and CCHEA are required to conduct grievance investigations and appeals pursuant to State and Federal law.

When requested, SUD providers shall provide copies of medical records to the JFS Patient Advocacy Program and CCHEA as soon as possible and within seven (7) calendar days from the date of the medical record request. The Advocacy Agencies will provide the program with a signed release of information from the client with the request.

For more information, please review the following memo on the Optum DMC-ODS page: [Patient Advocacy Services for BHS – Records Requests](#).



- Web-based application for substance use disorder treatment services
- Used for DMC-ODS Billing and State Reporting and is being built out to a fully certified electronic health record
- Managed and supported by Management Information Systems (MIS) unit within BHS
SUDEHRSupport.HHSA@sdcounty.ca.gov
- Access is granted by completing the appropriate access and security forms in addition to attending and successfully completing the appropriate trainings and training competency practice.
- Users are assigned to specific agency and facility where they work, and specific menus based on respective job functions (role based)

SANWITS VIRTUAL TRAINING



Courses

- SanWITS Intro to Admin Functions (IAF)
- RES Enc & Bed Management
- OS/OTP Group Module & Encounters
- SanWITS Assessments (SWA)



Register for training at www.regpacks.com/dmc-ods



Submit required forms to SanWITS Support at least seven days prior to the scheduled training at SUDEHRSupport.HHSA@sdcounty.ca.gov



Attendees for virtual training classes will receive an email on the morning of training, between 8:30-8:45am. If staff do not receive an email by 9am, email sdu_sdtraining@optum.com to resolve the issue.



For additional assistance with registering and training availability, please email sdu_sdtraining@optum.com or call 800-834-3792, Option 3.

Up to the Minute (UTTM)

- QA publishes the UTTM monthly newsletter to inform providers of important changes to regulations and/or requirements.
- Includes knowledge sharing, Optum website changes, SUDPOH updates, MIS information, trainings and events, and other key information.
- It is the Program Managers responsibility to disseminate the information to line staff.
- To be added to the email distribution list send a request to QIMatters.HHSA@sdcounty.ca.gov





Quality Improvement Partners (QIP) Meeting

- QA facilitates the monthly QIP meeting to discuss important regulatory and/or requirement changes.
- Program Managers and QA staff are encouraged to attend.
- The meeting is held on the 4th Thursday of every month from 10am – 11:30am.
- Attendance is virtual. See the UTTM for further details.





DMC-ODS Annual Training

- This is an annual training hosted by QA to go over DMC-ODS requirements and updates from DHCS in the last year
- At least one member of leadership from all programs must attend
- Information for the Annual Training will be available in the UTTM and via email.



CONTACT US



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- Quality Assurance (QA) Support Desk

QIMatters.HHSA@sdcounty.ca.gov

- SanWITS Support Desk

SUDEHRSupport.HHSA@sdcounty.ca.gov

(619) 584-5040

- SUD Billing Support Desk

ADSBillingUnit.HHSA@sdcounty.ca.gov

(619) 338-2584

- Health Plan Administration

BHS-HPA.HHSA@sdcounty.ca.gov

RESOURCES



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DHCS – www.dhcs.ca.gov

- [CaAIM FAQ](#)

Optum – www.optumsandiego.com

- County Staff & Providers > Drug Medi-Cal Organized Delivery System
 - SUDPOH, SUDURM, QA Training, Toolbox, etc.

CalMHSA – www.calmhsa.org/calaim-2/

- CaAIM Documentation Guide
- CaAIM Documentation Training