

Non-BHS Contracted clients are clients that do not meet the County target population such as private pay, cash pay, clients who do not qualify for Medi-Cal and clients with Other Health Coverage (OHC) who do not qualify for Medi-Cal. Please refer to the SUDPOH for further details.

Scenario 1 Non-BHS Contracted clients must be entered into SanWITS for the purpose of CalOMS data collection and reporting. Refer to the DHCS CalOMS Data Collection Guide on the Optum website

Scenario 2 and 3 – Change from Non-BHS Contracted to Medi-Cal eligible

INSTRUCTIONS

Scenario 1: All programs
Client is admitted as a Non-BHS Contracted client

1. Client Profile -

- Complete required fields
- If a client profile exists in the agency, review for accuracy and edit as necessary

2. Contact screen -

- Complete required fields
 - Disposition = Made an Appointment
- Review for accuracy, click on <u>Complete Review</u> and then click <u>Create Intake</u>

3. Intake screen -

Complete required fields

4. Admission -

- Complete required fields
 - Special Population = Non-BHS Contracted
 - Note the admission record is a point in time and does not get modified as the client's status changes

5. Program Enrollment -

- Complete a "Non-BHS Contracted" Program Enrollment
- Perinatal field should ALWAYS be NO for Non-BHS



6. Annual Update –

 Complete as needed (between 10 and 11 months from Admission record date or from previous annual update)

7. Upon Completion of SUD Treatment -

• End date Program Enrollment

8. Discharge –

- Complete required fields
- Close case

9. ASAM - Do not complete ASAM screen

10. <u>Payor Group Enrollment/Benefit Plan – Do not complete Payor Group</u> Enrollment/Benefit Plan

11. Encounter – Do not complete Encounters

Scenario 2: Outpatient and OTP programs
If client becomes a BHS client (Medi-Cal eligible) during their episode of SUD treatment, follow the additional steps

1. ASAM -

Complete from Initial Level of Care Assessment

2. Diagnosis

• Complete a primary Diagnosis with DSM-5 descriptor

3. Important: Program Enrollment Change -

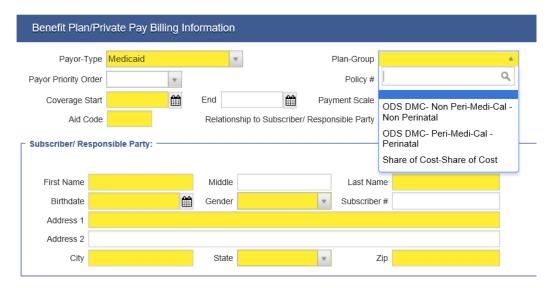
- End date the Non-BHS Contracted Program Enrollment (end date = date of change)
- Enter a new Program Enrollment for the appropriate LOC (start date = next day after end date on Non-BHS program enrollment)
 - Perinatal question For females that are receiving perinatal services from a facility that is certified to provide perinatal services and is contracted with the County to provide these services, select Yes
 - o All other instances for females, select No

4. Payor Group Enrollment/Benefit Plan – (choose the appropriate plan and group)

- For Medicaid -
 - Select DMC ODS Non-Peri for clients not receiving perinatal services



Select DMC ODS Perinatal for clients that are receiving perinatal services from a facility that is certified to provide perinatal services



5. Encounters -

• Complete required fields

6. Billing -

Batch and Bill according to Billing Dept instructions

Scenario 3: Residential programs If client becomes a BHS client (Medi-Cal eligible) during their episode of SUD treatment, follow the additional steps

1. ASAM -

Complete from Initial Level of Care Assessment

2. Diagnosis

• Complete a primary Diagnosis with DSM-5 descriptor

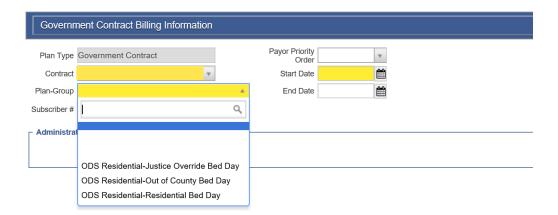
3. Authorization -

Submit Provisional Authorization to Optum

4. Payor Group Enrollment for Government Contract -

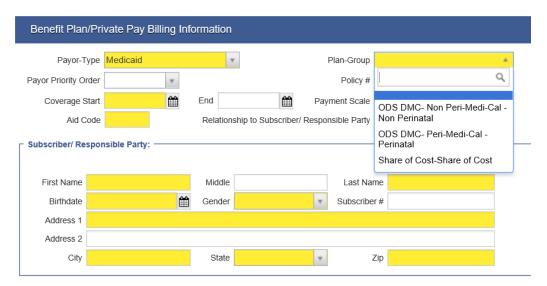
Complete a Government Contract PGE





- 5. Payor Group Enrollment/Benefit Plan (choose the appropriate plan and group)
 - For Medicaid
 - Select DMC ODS Non-Peri for clients not receiving perinatal services

Select DMC ODS Perinatal for clients that are receiving perinatal services from a facility that is certified to provide perinatal services



6. Important: Program Enrollment Change-

- End date the Non-BHS Contracted Program Enrollment (end date = date of change)
- Enter a new Program Enrollment for the appropriate LOC (start date = next day after end date on Non-BHS program enrollment)
 - Perinatal question For females that are receiving perinatal services from a facility that is certified to provide perinatal services and is contracted with the County to provide these services, select Yes
 - o All other instances for females, select No



7. Bed Assignment -

Add the client to a Bed

8. Census -

- Complete daily Census and create bulk encounters for Residential Bed Day
- Change Note Type on individual encounter
 - o Select appropriate value: DMC Billable, County Billable, or Non-Billable

9. Encounters for Case Management –

• Complete required fields

10. Billing -

• Batch and Bill according to Billing Unit instructions