Up To The Minute…

SUD Provider Edition

January 2019

DMC-ODS Outpatient Documentation Training

Date: Monday, January 14, 2019
Time: 1:00 p.m. - 5:00 p.m.
Where: County of San Diego-County Operations Center (COC)
5500 Overland Avenue, 1st floor, Room 120, San Diego, CA 92123

- To register, please email the following to sthomas@mhsinc.org
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual

DMC-ODS Residential Documentation Training

Date: Thursday, January 24, 2019
Time: 9:00 a.m.-1:00 p.m.
Where: County of San Diego-County Operations Center (COC)
5560 Overland Venue, 1st floor, Room 171, San Diego, CA 92123

- To register, please email the following to BHS-QITraining.HHSA@sdcounty.ca.gov
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each individual

Documentation Skill Building Workshops on Progress Notes in January

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on Progress Notes in January.
- Groups will be limited to 30 participants and reservations are required by emailing BHS-QITraining.HHSA@sdcounty.ca.gov
- 2 Meetings at COC (5560 Overland Ave, 1st Floor, Room 171, SD)
  - Wednesday, January 16, 2019 at 1:30 p.m.-3:30 p.m.
    Friday, January 18, 2019 at 1:30 p.m.-3:30 p.m.
- 1 Meeting at North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave, Escondido)
  - Friday, January 25, 2019 at 1:30 p.m. – 3:30 p.m.

ASAM C Training Coming in February 2019

- Save the date: Wednesday, 2/13/19
- Look for an email coming soon about how to register

BHS SUD Treatment Provider Meeting

Meetings are held monthly, on the 3rd Tuesday of every month, 10:00 a.m.-11:30 a.m.

- Next meeting: Tuesday, January 15th, 2019, 10:00 a.m.-11:45 a.m.
- Location: Scottish Rite Center (Heald Room), 1895 Camino del Rio South, San Diego, CA 92108

New Serious Incident Report Phone Number and Updated Forms

- The new Serious Incident Report (SIR) phone number is **(619)584-3022**
- Updated Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) forms with the new phone number are available on the SUDPOH Tab of the DMC-ODS Page on the Optum Website (https://www.optumsandiego.com/)
- The QM Confidential Fax number will remain the same **(619)236-1953**.

Beneficiary Rights: Grievance/Appeal, State Fair Hearings, and the NOABD Process

- SUD service providers contracted with the County of San Diego through BHS are part of a network of providers referred to as a PIHP; this is a type of managed care plan (e.g., DMC-ODS).
- Therefore, there are Federal Grievance and Appeal System requirements
- To increase awareness and education about these requirements, there is a 45-minute recorded webinar for "on-demand" viewing.
- All program staff with client contact are required to participate in this webinar by close of business on **Thursday, February 28, 2019.**
- The SSR will be updated to include the Beneficiary Rights training.
- Ensure all completed trainings are documented on the SSR.
- A Certificate of Completion may be requested by including the name of the webinar and email to BHS-QITraining.HHSA@sdcounty.ca.gov

County Billable vs. Non-Billable Services

- "County Billable" services are defined as an individual or group service that has been delivered and documented within a treatment episode that is not billable to DMC for various reasons (e.g., client is not Medi-Cal eligible, justice over-ride clients, or medically necessary and authorized residential treatment days that exceed DMC-ODS benefits)
- "Non-Billable" services are defined as an individual or group service that has been delivered and documented within a treatment episode that is not DMC or County billable for various reasons (e.g., a clinical group with more than 12 clients, self-help groups, UA's, documented more than 7 days after the service)
    - Non-billable encounters may be used for billing corrections
- See the BHS Drug Medi-Cal Organizational Providers Billing Manual for more details on the Billing Tab of the DMC-ODS Page on the Optum Website (https://www.optumsandiego.com/)

Reminder: Residential Bed Day Requirement of a Minimum of 1 hour of Service to Bill

- To bill for a residential bed day at ASAM Level 3.1 or 3.5, a client must have received at least 1 hour of a billable activity (e.g., Assessment, Individual Counseling, Group Counseling, Family therapy, Collateral Services, Crisis Intervention, Treatment Planning, Discharge Services, Transportation Services, or Patient Education)
- Remember Case Management is billed separately and cannot count towards the 1 hour
- For more information review the MHSUDS Information Notice #18-001 on the DHCS website and the Quick Guide - Residential Service on the Toolbox Tab of the Optum website

Units of Service

- Most units of service in the DMC-ODS are in 15-minute increments, with some exceptions (e.g., residential services and withdrawal management services are billed as a daily unit of service, OTPs bill a daily unit of service for dosing, or in 10-minute increments for individual or group counseling).
- However, this does not mean that service provision of less than 15 minutes cannot be billed as DMC-ODS allows for billing of fractional units for Outpatient services or Case Management services in Residential programs. (OTPs cannot bill in fractional units).
- In SanWITS, for applicable programs/services, any time entered for services that is less than 15 minutes calculates on the back-end as a fractional unit.

Reminder: Unique Client Numbers (UCN) on Paper Forms

- The standard for client numbers on hard copy client files is to use the SanWITS UCN #
- If your program is not currently following this practice, please begin to do this immediately

OS/IOS and Initial Level of Care Assessment Completion

- The intention of the Initial Level of Care Assessment is to determine a preliminary level of care placement recommendation and is to be completed at admission.
- When completed by a registered/certified AOD Counselor, this must include a face-to-face meeting between that counselor and the program's MD or LPHA to review information, so the MD or LPHA can verify or make recommendations for changes to the level of care. The MD or LPHA documents on the form the date of this face-to-face meeting, and signs/dates the form.
- For OS/IOS programs, this Initial Level of Care Assessment (with face-to-face meeting and all required signatures) must be completed within 2 business days of admission.

New Law Regarding Prescribing of Naloxone (Assembly Bill No. 2760)

- Effective January 1, 2019.
- Requires a prescriber to offer a patient naloxone (or other reversal agent) prescription when:
    - Prescribing ≥ 90 MME/day (morphine milligram equivalents)
    - Co-prescribing a benzodiazepine with an opiate.
    - Patient presents with an increased risk for overdose, including a history of overdose, a history of substance use disorder, or is at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.
- If a prescription for naloxone (or other reversal agent) is given, the prescriber must educate the patient, or someone designated by the patient, on overdose prevention and use of naloxone
- You can find the complete text of the law here: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2760

Reminder: Group Size

- Group size must be 2-12 participants to be billable
- ONLY Residential Patient Education groups may be larger than 12 participants

Reminders from Recent DHCS Audits

- Recent DHCS audits of programs in the County of San Diego DMC-ODS found deficiencies in the area of the Minimum Quality Drug Treatment Standards, such as program policies on use of volunteers/interns, personnel file requirements, code of conduct required elements, etc.
- It is recommended that programs review the Minimum Quality Drug Treatment Standards as written in the current version of the SUDPOH (pages G.4 – G.7) on the SUDPOH Tab of the DMC-ODS Page on the Optum Website (https://www.optumsandiego.com/)
- Other reminders:
    - LPHAs and MDs must receive a minimum of 5 continuing education hours each year related to addiction medicine
    - Providers are required to provide a summary in writing to each client outlining federal confidentiality requirements. The required elements of this written summary, per 42CFR, are here.
    - Documentation requirements of admission (Current SUDPOH page D.13)
    - The client must be given a copy of the Discharge Plan and it must be documented (the current version of the Discharge Plan, dated April 2017, has a prompt indicating the client was given a copy).
    - Group sign-in sheets must contain all required elements (see sample group sign-in sheet with these elements, from Appendix D.4 of the SUDPOH)
- Reminder, if a program is contacted by DHCS for any type of review or audit (be it a scheduled or unannounced visit), it is expected that the program will immediately notify the program COR and the BHS SUD QM unit. QM can be notified via email at QIMatters.HHSA@sdcounty.ca.gov
- If a Corrective Action Plan (CAP) is required for any type of review, programs are to submit drafts directly to the BHS SUD QM unit for review and technical assistance (SUDPOH page G.11)

ASAM Screen in SanWITS

- All providers are required to enter the ASAM screen in SanWITS
- A recent audit revealed missing ASAM data – Make sure your ASAM results are entered
- Providers who were not previously entering ASAM data must begin entering all new ASAM data as of 1/1/2019 into SanWITS
- Staff providing any ASAM assessment and treatment planning services must be fully trained in ASAM – for more information contact QIMatters.HHSA@sdcounty.ca.gov

Introduction to Community Information Exchange (CIE) and Toolkit Webinar

- Developed by 2-1-1, San Diego/Imperial
- Resource for providers to become familiar with—database tracking for the various providers working with mutual clients, to deliver enhanced community care planning
- Introductory session to kick-off the five-part webinar series recorded on December 20th
- Available for viewing on the CIE website at https://ciesandiego.org/events/introduction-to-cie-and-toolkit-overview/

Volunteer Requirements for the Staffing Status Report (SSR)

- The SSR was developed by BHS in an effort to streamline reporting of new and existing requirements by consolidating multiple categories of data into a single, consolidated report.
- Providers are expected to complete the SSR for all staff who are employed by the program, to include subcontractors, and for any interns or volunteers who are providing direct services within the scope of the BHS contract. For purposes of completing the SSR, providers do not need to include volunteers that are not providing direct services.
- Exhibit A of the DMC-ODS Intergovernmental Agreement (IA), states that if a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed by all volunteers to address all of the following:

  1. Recruitment; 2. Screening; 3. Selection; 4. Training and orientation; 5. Duties and assignments; 6. Supervision; 7. Protection of client confidentiality; and 8. Protection of beneficiary confidentiality
- Providers are required to follow all contract requirements and regulations related to the use of volunteers and interns in their program. Provider records on volunteers/interns must be available upon County request.
- Programs are also required to develop and maintain a management and **staff training and development plan**, to include volunteers and interns
  - Programs that utilize interns who are providing clinical services (individual, group, treatment planning, etc.) would be required to take the same trainings as certified or registered AOD or LPHA staff

SanWITS Staff Changes

- Staff changes are to be reported to the County within 5 days. This includes terminated staff and any changes to staff facilities or profile roles.
- Staff rendering services must have a valid NPI# reported to the County
- Sharing of passwords is NEVER allowed
- New employees or employees that have not had access will be required to attend SanWITS training before accessing the system.
- Do not lock staff out of SanWITS without informing the County.

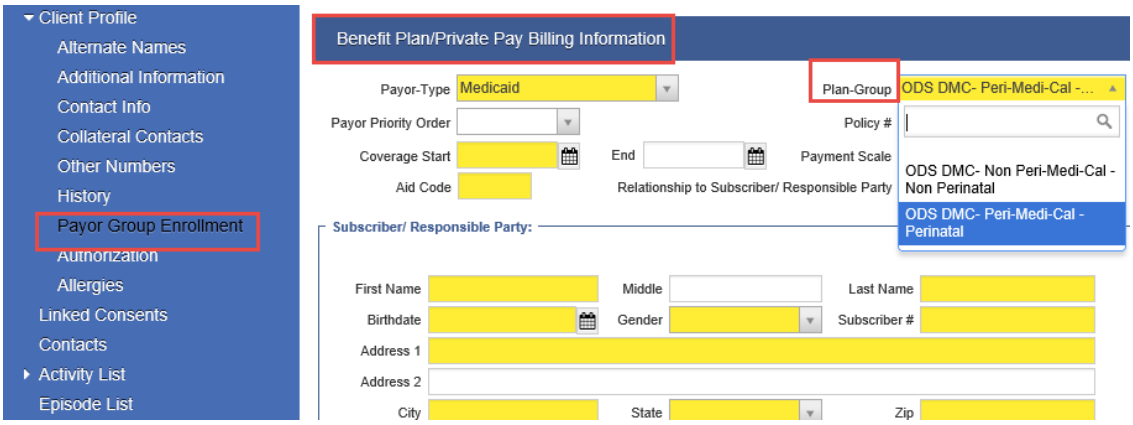
Important Reminder: National Provider Identifier Number (NPI)

- Healthcare Providers are required to register and acquire their own unique 10-digit NPI to identify themselves.
- All staff rendering services to clients must have a valid NPI# listed on their staff profile in SanWITS and must be confirmed on the NPPES NPI registry at https://npiregistry.cms.hhs.gov/
- Staff rendering services to clients cannot use the Facility's NPI# as their own
- Claims will be rejected for invalid NPI# and /or NPI# not covering the service/encounter dates
- The encounter will pre-populate with the name of the staff who is entering the encounter, **this should always be changed to the staff that rendered the service**.

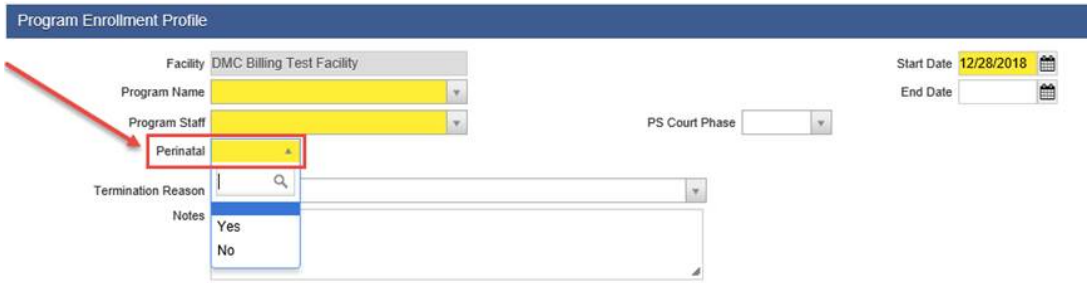
Clarification about billing Perinatal Services to DMC

- To bill DMC perinatal services, a facility must be licensed by DHCS to provide perinatal services in conjunction with being contracted with the County to provide perinatal services.
- There are very few facilities that fall into this category – if you are not sure if your facility can bill DMC for perinatal services, please contact your COR and/or the Director of your facility.
- If your facility is able to bill DMC for perinatal services, the client will need the following two items in SanWITS to connect the appropriate perinatal rates:

1. **ODS DMC Perinatal Payor Group Enrollment – linked to perinatal rates**



2. **Answer "Yes" to the Perinatal question in the program enrollment- linked to perinatal rate**

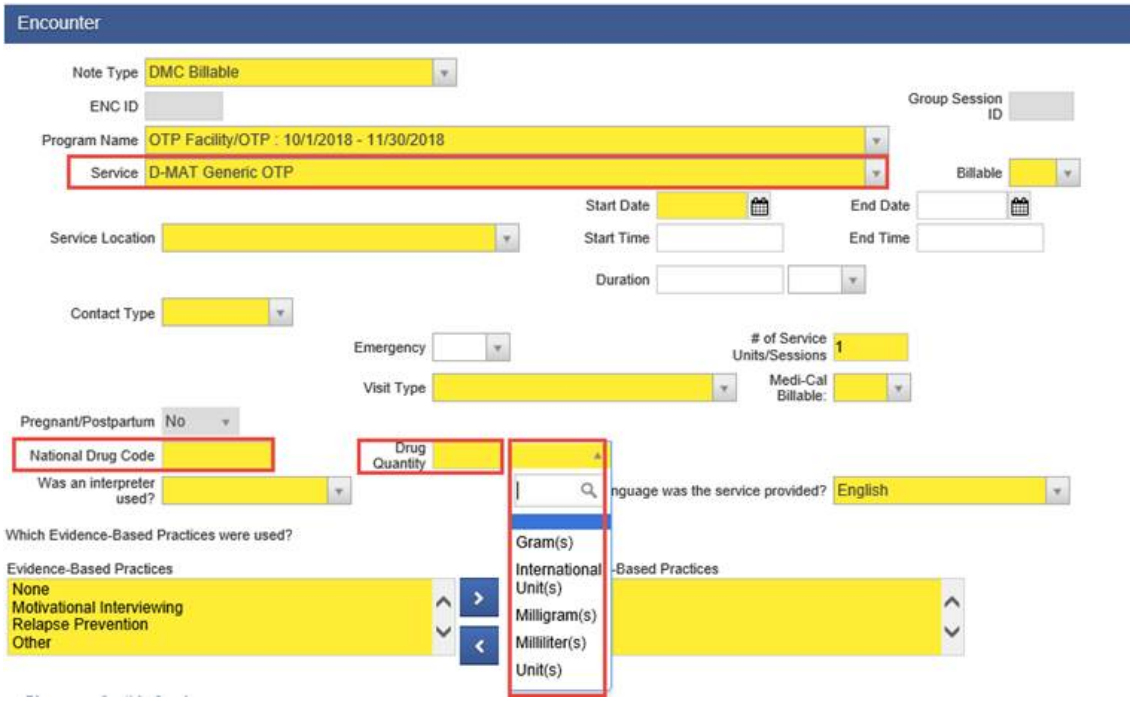


- The question in the encounter "pregnant/postpartum" is used for reporting purposes and is not linked to the higher perinatal rates.

- ***Important: If your facility cannot bill DMC for perinatal services***
  - ***Always answer NO to the Perinatal question in the Program enrollment***
  - ***Do not create a payor group enrollment for ODS DMC Perinatal services***

OTP Programs – Encounter Screen Update

- SanWITS has been updated with two new fields for "Drug Quantity" and "Type" related to MAT dosing. These fields are required on the DMC claim.
- New fields will only be visible upon selecting the service for MAT Generic or MAT Brand dosing
- All existing MAT dosing encounters will need these fields completed before releasing to bill
- Consecutive dosing - each time the drug quantity and type change (new NDC#) a new encounter will need to be created.



SUD Diagnosis Required in SanWITS

- A SUD Diagnosis is required in SanWITS
- Billing cannot occur without a primary SUD diagnosis

Optum Website SanWITS Tab Updates

- Census Tip Sheet
- SanWITS Flow- Courtesy Dosing
- Authorization Tip Sheet

Residential Bed Management

- Virtual Beds are for temporary use (24 hour) only and not to be used as a client bed.
- Client must be discharged as soon as they leave treatment, so the bed becomes available for the next client.
- Do not move the client from one bed to the next if the client has been discharged.
- A Client must be placed in a bed in sequential order **OR** the system will think the bed days are overlapping and not allow you to enter the client into the bed.

Residential Providers-Census

- All Residential programs should be using the daily Census
- Only Residential bed day encounters should be created through the Census.
- Residential bed day encounters created through the Census will populate the encounter with the note type of "Bed Management Census Note"
  - This Note type will need to be changed to the appropriate note type of "DMC Billable", "County Billable", or "Non-Billable" on each individual client's encounter.
- **Case Management encounters are not created through the Census.**
- For DMC billing - clients should have two payor group enrollments – for "Benefit Plan Enrollment" and "Government Contract Enrollment"
- For DMC billing only these two Payor Groups under Benefit Plan should be used "ODS DMC-Non-Perinatal" or "ODS DMC-Perinatal"
- When billing DMC Residential Bed Day – on the encounter "Billable" should be Yes and "Medi-Cal Billable" should be No (This allows the claim to be released to the government contract area).
- DMC claims other than Residential Bed Day - on the encounter "Billable" should be Yes and "Medi-Cal Billable" should be Yes (This allows the claim to be released to the Clearing House).

SanWITS and SSRS Trainings on Regpacks

- Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at https://www.regpacks.com/reg/templates/build/?g_id=100901152
- If you have any questions, please contact the SUD MIS support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
  - Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
  - No walk-ins or substitutions will be allowed due to specific individual accounts.
  - If there is no staff registered 7 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
  - SanWITS Basic training is required before attending the Billing training.
- If you have signed up for a class and are unable to attend, cancel the registration as soon as possible so that staff on the waitlist are able to attend.

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute… SUD Provider Edition

February 2019

DMC-ODS Outpatient Documentation Training

Date: Monday, March 11, 2019
Time: 1:00 p.m.-5:00 p.m.
Where: 211 Building (New Location)
3860 Calle Fortunada, Suite 101, San Diego, CA 92123

- To register, please email the following to sthomas@mhsinc.org
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual

DMC-ODS Residential Documentation Training

Date: Friday, February 22, 2019
Time: 9:00 a.m.-1:00 p.m.
Where: County of San Diego-County Operations Center (COC)
5560 Overland Avenue, 1st floor, Room 171, San Diego, CA 92123

- To register, please email the following to BHS-QITraining.HHSA@sdcounty.ca.gov
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each individual

Documentation Skill Building Workshops - Treatment Plans (February) & ASAM Assessments (March)

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set.
- Groups will be limited to 30 participants and reservations are required by emailing BHS-QITraining.HHSA@sdcounty.ca.gov
- Treatment Plans Workshop – February Date/Location
  - North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave, Escondido, CA 92025)
    - Thursday, February 14, 2019 at 1:30 p.m. – 3:30 p.m.
- ASAM Assessments Workshop – March Dates/Location
  - 211 Building (New Location) - 3860 Calle Fortunada, Suite 101, San Diego, CA 92123
    - Wednesday, March 6, 2019 at 1:30 PM to 3:30 PM
  - More dates and locations in March to be announced soon

Changes for the February BHS SUD Treatment Provider Meeting

- **Meeting is renamed *"Joint SUD Program and Fiscal Providers Meeting"***
- **Date:** Tuesday, February 19, 2019
- **Time:** 9:30 a.m.-12:00 p.m.
- **Location**: Scottish Rite Center (Morrison Room), 1895 Camino del Rio South, San Diego, CA 92108

Reminder: Beneficiary Rights Webinar Training

- All program staff with client contact are required to participate in this webinar by close of business on **Thursday, February 28, 2019.**
- The webinar is available on the QM Training Tab of the DMC-ODS Page on the Optum Website
- To obtain a certificate of completion, please send an email attesting to your completion of the module to the QI training mailbox: BHS-QITraining.HHSA@sdcounty.ca.gov

Documentation Training Webinars Available

- These Modules are in addition to the live documentation trainings held monthly and are an optional resource to train staff.
- There are 8 different DMC-ODS documentation training webinar modules developed in a consecutive order:
  - Module 1: Introduction to DMC-ODS
  - Module 2: Medical Necessity
  - Module 3: Treatment Planning for Substance Use Disorders
  - Module 4: SUD Services in Residential
  - Module 5: SUD Services in Outpatient
  - Module 6: Progress Notes Documentation
  - Module 7: Discharge
  - Module 8: Recovery Services

- Each module is approximately 30 minutes in length
- The intended audience is any staff providing direct client services, such as counselors, LPHAs, and case managers.
- Each module is accompanied by a webinar transcript and PowerPoint handout
- Currently, the modules can be accessed via the DMC-ODS Training Crosswalk located at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods/dmc_ods_provider/dmc_ods_trainingxwalk.html
- The webinars are also on the QM Training Tab of the DMC-ODS Page on the Optum Website
- To obtain a certificate of completion, please send an email attesting to your completion of the module to the QI training mailbox: BHS-QITraining.HHSA@sdcounty.ca.gov

New Law Regarding Controlled Substance Security Prescription Forms (Assembly Bill No. 1753)

- Effective January 1, 2019
- Requires controlled substance security prescription forms to include a unique serialized number in a format approved by the Department of Justice (DOJ).
- The Medical Board of California encourages physician prescribers to utilize new forms that include the serialization number.
- Pharmacists and pharmacies will be looking for the unique serialization numbers on controlled substance security prescription forms on and after January 1, 2019.
- Pharmacists and pharmacies will be identifying prescribers who do not complete timely transitions to the new security prescriptions forms to the appropriate prescribing board, so that compliance can be encouraged.
- You can find the complete text of the law here: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1753

Independent Peer Reviews of SUD Programs

- The Integrated Substance Abuse Programs (ISAP) through UCLA has contracted with DHCS to perform annual peer reviews of SUD Programs in DMC-ODS County's
- The review will include staff and client interviews, review of charts, and a tour of the facility
- Focus is on strengths and areas of improvement in the program with a consultative approach
- Notify your COR and QM (QIMatters.HHSA@sdcounty.ca.gov) of these reviews when scheduled

Reminder: AOD Certification and/or Licensing

- All programs are required to have AOD Program Certification, except for High School sites.
- All residential programs are required to be licensed by DHCS
- Certification (all programs) and Licenses (residential only) expire every two (2) years.
- If the Request for License and/or Certification Extension DHCS Form 5999 with renewal fees and all supporting documentation is not submitted 120 days prior to expiration, then the license and/or certification will terminate on the expiration date and programs will need to submit a whole new application.

New DMC-ODS Beneficiary Materials Order Form

- Available on the Optum website at www.optumsandiego.com on the "Beneficiary" tab of The DMC-ODS page
- This form is for hard copy requests of materials only
- Submit the order form to **QIMatters.hhsa@sdcounty.ca.gov** or **fax to 619-236-1953**
- All Forms are also available in electronic format on the Optum website

ASAM Level of Care Recommendation Form

- Recently, the instructions for the Treatment Plans were updated to indicate that the ASAM Level of Care (LOC) Recommendation form must be completed in conjunction with (not after) the treatment plan.
- This is to emphasize that completion of the ASAM LOC Recommendation form is a part of the treatment planning process and that information from that form should logically guide the development of the treatment plan.
- The ASAM LOC Form and Initial or Updated Treatment Plan may be conducted on the same day, with information from the ASAM LOC form incorporated into the treatment plan.

Reminder and Update: Required Face-to-Face between LPHA and SUD Counselor

- When an Initial LOC Assessment and/or the ASAM LOC Recommendation form is completed by a registered/certified SUD Counselor, this must include a Face-to-Face meeting between the counselor and the program's LPHA (or MD) to review the information, so the LPHA can verify or make recommendations for changes to the recommended level of care.
- For OS and IOS programs, the Initial Level of Care Assessment (with face-to-face meeting and signatures) must be completed within 7 calendar days of the admission date. *This is an update to the standard as previously communicated.*
- For Residential and WM programs, the Initial Level of Care Assessment (with face-to-face meeting and signatures) must be completed within 24 hours of the admission date.
- The LPHA will document the date of this Face-to-Face meeting, and sign/date the form.
- The Face-to-Face meeting between the LPHA and SUD Counselor to discuss the Initial LOC Assessment and the ASAM LOC Recommendation form is billable.
    - The LPHA must document it in a progress note and bill it as Case Management (CM).

Policy Change: Withdrawal Management (WM)

- While IMS certification and using 24/7 nursing is highly recommended, it is not a mandatory requirement for 3.2 WM level of care.
- Providers are expected to implement P&Ps that have been developed with the Medical Director, that includes at a minimum, working collaboratively with ED/PCPs that client is safe to come back to the WM program (if not using an in-house 24/7 nursing staff).

DMC-ODS Updated Guidance for TRC Sites (CYF Memo: # 06-18/19)

- Emailed on January 18, 2019
- DMC-certified TRC school sites are required to follow all rules, regulations, and DMC-ODS Special Terms and Conditions (STCs), which prohibits clients from receiving services at more than one DMC certified facility
- This means **a client can only receive services at the location where they were admitted, and cannot receive services at other DMC- certified sites.**
- **Group services may not be mixed with clients who are admitted to the TRC Primary site and the TRC school site.**
- If your TRC program provided services that are outside of the guidelines issued in the memo, **between July 1, 2018 to present**, please notify BHS by sending a list of these encounter ID's to the BHS contacts listed in the memo.
- For questions, input, or concerns, please contact your assigned COR

Upcoming: Medical Record Review (MRR)

- Each program will be contacted by the program's assigned SUD QM Specialist within the next several weeks to schedule their MRR.
- At the MRR, the QM Specialist will review certain program Policies & Procedures (P&Ps), compliance with those P&Ps, availability of beneficiary informing materials, as well as conduct an in-depth chart review on a minimum of 5 charts.
- The chart reviews will address both billing compliance and clinical quality of documentation standards.
- Reviewing the MRR tool in preparation for the MRR and using the tool as part of your program's own internal QI Processes is highly recommended.
- The MRR process is collaborative with the goal of continued DMC-ODS improvement in services.

Updated: Substance Use Disorder Uniform Record Manual (SUDURM) Forms

- Multiple SUDURM forms were recently updated as well as the development of some new forms.
- A Summary of these SUDURM form changes and access to the forms was emailed on 2/8/19.
- All new and updated forms are effective as of **March 1, 2019.** However, programs may begin using these forms any time prior to the effective date.
- Please institute a version control process at your program to ensure old/outdated forms are removed and that the new forms are in place by March 1, 2019.
- All forms and instructions are in the process of being uploaded to the Optum website DMC-ODS page, under the "SUDURM" tab.
- Forms are currently also accessible at the following link: https://drive.google.com/drive/folders/16EzKP_3MOwKRxsnZwXrUbPRzmWCUKb9m?usp=sharing

Policy Update: Residential Bed Holds

- Provider may be reimbursed room and board for up to 7 days when a client is hospitalized or AWOL or incarcerated while in residential treatment.
- COR pre-approval is required if a client requires a bed hold beyond 7 days (e.g., client at crisis residential)
- The number of days for the bed holds counts toward the client's 90-day DMC billable period.
- Provider would not need to discharge/readmit client, but the ASAM LOC, risk assessments, and medical information may need to be re-assessed upon client's return to the program.

Network Adequacy Requirements by the "Mega Regs"

- Per the Medicaid Managed Care Final Rule (Mega Regs), DMC-ODS pilot counties must complete the Network Adequacy Certification Tool (NACT) for all providers at the organizational level (Exhibit A-1), site level (Exhibit A-2) and rendering provider level (Exhibit A-3).
- For more information on this requirement, please see the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) that was issued to address the federal network adequacy requirements at the following link: Information Notice 18-011.
- Email correspondences regarding the NACT were disseminated to program managers on February 11, 2019.
- All programs must verify the information provided in the NACT, make corrections if needed, and **add** any missing information.
- The deadline to submit a completed NACT to BHSQIPIT.HHSA@sdcounty.ca.gov is **Friday, February 22, 2019**.
- If you need assistance or have any questions, contact the Optum Support Desk at sdhelpdesk@optum.com or 1-800-834-3792.

Claim Denials

- Billing Unit emails the encrypted list of Medi-Cal denied claims to providers.
- Providers are required to review the list and determine if the claim denial is true or not.
- For claims denied due to data entry error, provider must fix the error in SanWITS and notify Billing Unit once it is done so they can proceed with the service adjustment/replacement and rebill the service to the State.
- For valid or "true" denials (claims are not replaceable), provider must submit the completed claim adjustment form to Billing Unit. Any questions on this form/process must be addressed to the Billing Unit.
- Providers must internally track Billed, Denied (True Denial), and Voided/Disallowed Units.

Medi-Cal Subscriber ID #

- The Payor Group Enrollment (PGE) screen in SanWITS has a subscriber ID field.
- Providers billing DMC will have the benefit plan ODS-DMC Perinatal or ODS-DMC Non-Perinatal in PGE.
- The Subscriber ID # must be entered in Payor Group Enrollment screen in SanWITS using the required 9 bytes alphanumeric (8 numbers plus 1 upper case letter). Provider should have copy of the client's Medi-Cal insurance or BIC card on file.
- Please do not use the Subscriber ID # for a different client.
- Entering incorrect information can lead to claim denials.

August Billing Due

- All Providers who released billing for July services should now be releasing their billing for August services in SanWITS by no later than 2/20/19.
- Only a limited number of Residential providers were notified to release billing for August services

Communication

- Providers with billing-related questions (after release to billing) must contact the Billing Unit at 619-338-2584 or send an email to ADSBillingUnit.HHSA@sdcounty.ca.gov
- Please contact the MIS Support Team for technical questions, SanWITS set-up, CalOMS, and DATAR questions at SUD_MIS_Support.HHSA@sdcounty.ca.gov
- FOR QI, clinical, and documentation related questions, contact QIMatters.HHSA@sdcounty.ca.gov

Optum Website SanWITS Tab Updates

- SanWITS Flow – PC1000 SUD Treatment Track
- SanWITS Flow – PC1000 Education Only Track

New SanWITS Training Changes

- **New Trainers -** Starting in March, Optum trainers Elsie Blancas and Ines Russo will join County MIS trainers, Janeth Nunez and Lourdes Rodriguez, in the SanWITS training rotation. Ms. Blancas has been training on the CCBH EHR since 2012 and Ms. Russo since 2011. Together they bring a wealth of knowledge in the areas of project management, data analysis, cross-departmental collaboration, instructional design, and training delivery.

- **New Course Adjustments** - Starting in March, Residential Basic and Outpatient/OTP Basic will be combined into a general Basic class which will cover the fundamental SanWITS functions that are applicable to all program types. The Basic class time will be from 9am-3:30pm. Two new classes have also been created, Residential Encounters and Bed Management and Outpatient/OTP Encounters and Group Modules. Staff who will be entering encounters will enroll in the course that applies to their program type. The encounter classes will be from either 9am-12pm or 1:30pm-4:30pm. Only staff who first complete the Basic class will be eligible for the encounter class. By isolating the general functions from the encounter processes, courses will have a narrower focus, thus improving learner confidence and data integrity. It will also provide an opportunity for those who would benefit from additional training exclusively on encounters, to attend a three-hour class specific to that area of focus.

- **Classes Closed for New Processing Timelines –** Starting in March, SanWITS classes will close in RegPack for processing 14 days in advance of the class date. This will allow lead-time for MIS to verify enrollee eligibility, such as paperwork submission, credentials, and prerequisites. If paperwork corrections are necessary, a window will be available to submit those corrections prior to outright excluding staff due to narrow turn-around times. The additional lead time will also create the opportunity for LIVE accounts and passwords to be available within 24 hours of successful class completion.

Reminder: Parking at SanWITS Trainings

- Remember to park in the far west lot past the 2nd building
- When students register for these training they are provided parking instructions as part of the training confirmation emails.
- Parking information is also posted next to the sign in sheet for attendees to read while they are signing in at arrival, and there is a verbal parking reminder as attendees enter the room.

SanWITS and SSRS Trainings on RegPacks

- Register online for SanWITS and SSRS
  https://www.regpacks.com/reg/templates/build/?g_id=100901152
- If you have any questions, please contact the SUD MIS support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
  - o Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
  - o No walk-ins or substitutions will be allowed due to specific individual accounts.
  - o If there is no staff registered 14 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
  - o Important reminder: SanWITS Basic training is required before attending the Billing training.
- If you have signed up for a class and are unable to attend, please cancel the registration as soon as possible so that staff on the waitlist are able to attend.

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute…

SUD Provider Edition

March 2019

BHS SUD Treatment Provider Meeting

Meetings are held monthly, on the 3rd Tuesday of every month, 10:00 a.m.-11:30 a.m.

- Next meeting: Tuesday, March 19, 2019
- Location: Marina Village (BAYVIEW ROOM) 1936 Quivira Way, San Diego, CA 92109

FIRST MEETING: SUD Provider Quality Improvement Partners (SUD QIP) Meeting

Date: Thursday, March 28, 2019
Time: 1:30 P.M. to 3:00 P.M.
Where: National University (9388 Lightwave Avenue, Room 114, San Diego, CA. 92123)

- The intent of the meeting is to have a regular place for County QI and program quality assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.

Documentation Skill Building Workshops on ASAM Assessments in March

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on ASAM Assessments in March.
- Groups will be limited to 30 participants and reservations are required by emailing: BHS-QITraining.HHSA@sdcounty.ca.gov
  - County Operations Center (Training Room 124, 5530 Overland Ave., San Diego, CA 92123)
    - Wednesday, March 20, 2019 at 1:30 P.M. to 3:30 P.M.
  - North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave., Escondido, CA 92025)
    - Tuesday, March 26, 2019 at 1:30 P.M. to 3:30 P.M.

DMC-ODS Residential Documentation Training for March and April

Date: **Friday, March 15, 2019** Date: **Monday, April 22, 2019**
Time: 1:00 P.M. to 5:00 P.M. Time: 1:00 P.M. to 5: 00 P.M.
Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: BHS-QITraining.HHSA@sdcounty.ca.gov
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each individual

DMC-ODS Outpatient Documentation Training for April

Date: Monday, April 8, 2019
Time: 1:00 P.M. - 5:00 P.M.
Where: County Operations Center (5560 Overland Avenue, 1st floor, Rm. 171, San Diego, CA. 92123)

- To register, please email the following: Name of Person(s) Attending, Program Name, and E-mail Address for each individual to: sthomas@mhsinc.org

Root Cause Analysis (RCA) Training is recommended for PM and QI staff

- An interactive training to introduce Root Cause Analysis (RCA), a structured process to get to the "whys and hows" of an incident, without blame; and learn effective techniques for a successful RCA, along with Serious Incident Reporting requirements.
- To register, please RSVP to: BHS-QITraining.HHSA@sdcounty.ca.gov
  - County Operations Center (Training Rm. 171, 5560 Overland Ave., San Diego, CA 92123)
    - Thursday, April 4, 2019 at 1:00 P.M. to 4:00 P.M

Learning Collaborative: "Addiction Treatment Starts Here: Behavioral Health"

- The Center for Care Innovations (CCI) announces funding availability to address the opioid crisis in California.
- A 15-month learning collaborative dedicated to working with outpatient behavioral health clinics in California to design MAT programs. Tools, one-on-one coaching, and tailored technical assistance provided to facilitate implementation.
- $50,000 in funding provided to each participating organization. Follow the links: **Informational Webinar:** March 15, 9:00 a.m. PT **Application Deadline:** April 5, 5:00 p.m. PT

ASAM Training for LPHAs and Medical Directors

- Staff providing screening/intake, assessment and treatment planning services must be fully trained in ASAM prior to providing those services in one of these ways:
  - Completed 2 e-learning modules through the Change Companies (ASAM Modules I & II)
  - Completed all three CIBHS trainings (ASAM-A, ASAM-B and ASAM-C)
- In order to adequately supervise staff, develop clinical policies and procedures consistent with the DMC-ODS, and assure quality of level of care assessment and recommendations, LPHAs and MDs are required to complete ASAM training as well.
- ASAM training counts toward the annual continuing education requirements (5 hours) for both LPHAs and Medical Directors.

Recent DHCS Information Notices

- DHCS Information Notice 19-002 discusses the implementation of Senate Bill 1228 which prohibits specified persons, programs, or entities, including a licensed and/or certified alcoholism or drug abuse recovery and treatment facility, or an employee of that facility, from giving or receiving remuneration for the referral of a person who is seeking SUD recovery and treatment services. These prohibitions became effective January 1, 2019.
- DHCS Information Notice 19-003 discusses implementation of Assembly Bill 3162 and Senate Bill 992 which details new or updated regulations regarding certification and licensing. These laws went into effect January 1, 2019.
- To keep current with all Information Notices, it is recommended that you visit and bookmark the link below. The full versions of the Information Notices discussed above can be found there: https://www.dhcs.ca.gov/formsandpubs/Pages/2019-MHSUDS-Information-Notices.aspx

CAADE Recognized by DHCS as a Certifying Organization

- DHCS Information Notice 19-014, dated March 11, 2019, announced that CAADE has been approved once again as a Certifying Organization.
- CAADE certificates issued prior to issuance of the Information Notice are invalid.
- As of March 11, 2019, there are three DHCS approved Certifying Organizations: CAADE, CADTP and CCAPP. To read the complete Information Notice, click here
- For questions about the Information Notice, please contact Crystal Sanchez at 916-345-7482 or by email at crystal.sanchez@dhcs.ca.gov

SB992 Requires A Relapse Plan for Licensed Residential SUD Treatment Facilities

- A licensed residential treatment facility must develop and maintain a written plan to address resident relapses.
- A relapse plan is a written plan that addresses:
  - Resident relapse including when a resident is on the licensed premises after consuming alcohol or using illicit drugs;
  - How the treatment stay and the treatment plan of the resident will be adjusted to address the relapse episode;
  - How the resident will be treated and supervised while under the influence of alcohol or illicit drugs; and
  - Resident discharge and continuing care plan, including when a residential facility determines that a resident requires services beyond the scope of their license.
- Initial applicants for residential treatment facility licensure must submit a relapse plan with the Initial Treatment Provider Application (DHCS 6002).
- Applicants that submitted an application for licensure prior to January 1, 2019 but have not been approved for licensure will be required to submit a relapse plan prior to licensure.
- Existing licensees must submit a relapse plan to their assigned DHCS analyst no later than April 1, 2019.
- DHCS will review the submitted relapse plan to determine compliance with the statutory requirements. DHCS will notify the licensee within 30 working days whether the relapse plan is complete or incomplete.
- A copy of the relapse plan must be kept onsite, or at a central administrative location, provided that the plan is readily available to staff and DHCS upon request.
- For more information, refer to DHCS Information Notice 19-003. If you have questions about the relapse plan or Information Notice 19-003, contact Nadalie Meadows-Martin by email at Nadalie.Meadows-Martin@dhcs.ca.gov or Pelumi Abimbola at Pelumi.Abimbola@dhcs.ca.gov.

MAT Toolkit Available for Licensed Residential Treatment Providers

- DHCS, in partnership with Harbage Consulting & the California Health Care Foundation, published a toolkit aimed at informing and engaging licensed residential treatment facilities about medication assisted treatment (MAT).
- As of January 2019, clients in licensed residential treatment facilities are required to have access to MAT. This toolkit contains information about the benefits of MAT, the process and requirements for providing access to MAT in licensed residential treatment facilities, and information on how practitioners can apply for a Drug Addiction Treatment Act (DATA) 2000 waiver to prescribe buprenorphine.
- An electronic version of the toolkit is available here on the DHCS website. In particular, Part #1 of the toolkit might be helpful as it contains basic information about MAT & addresses stigma.
- Over the next two years, DHCS & Harbage will roll-out a number of other resources aimed at informing key stakeholders & providers about MAT which will be available on the DHCS website.

OTP Providers – Encounters for Dosing

- Effective immediately (as of Feb 27, 2019), if you have a client that is receiving two doses of the same medication in the same day, create one encounter with one NDC# and add the quantities together.
- Currently the State system does not allow for multiple NDC# on the same claim and is working on enhancing their system to allow for multiple NDC#s on the 837. More to come…
- Reminder: Consecutive dosing encounters – you **Must** enter the Start Date **AND** End Date. The # of units must match the number of days between the start date and end date, or the claim will be denied.

New: Withdrawal Management (WM) Treatment Plan and Withdrawal Management (WM) Standards

- Effective **April 1, 2019.**
- However, programs may begin using this new WM Treatment Plan and Standards prior to April 1, 2019, if preferred.
- The new WM Treatment Plan and WM Treatment plan Instructions are posted on the Optum website, on the DMC-ODS page, under the SUDURM tab.
- The updated WM Standards are posted on the Optum website, on the DMC-ODS page, under the "Toolbox" tab.

Updated: Substance Use Disorder Providers Operations Handbook (SUDPOH)

- A reminder that the SUDPOH is incorporated by reference into the Statements of Work, so keeping informed of SUDPOH changes is vital as the DMC-ODS continues to evolve based on County policy decisions and/or guidance from DHCS.
- A Summary of Changes documents the new SUDPOH updates of 3/1/19
- The updated SUDPOH as of 3/1/19 is available on the SUDPOH Tab of Optum

Now Available: General Practice Guidelines for Clients in the County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS)

- The new Practice Guidelines are posted on the Optum website, under the "Consumers & Families" tab, for clients to access
- The new Practice Guidelines can also be found on the County of San Diego website, on the BHS/Substance Use Disorder Services, under Treatment Services, on the Popular Services menu at the right at: **https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/alcohol_drug_services/dmc_ods_consumer.html**

Reminder: Grievance and Appeal Information Posting

- Providers shall have posters, brochures, and self-addressed envelopes with grievance/appeal forms in all 6 threshold languages, to include interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.
- These materials shall be displayed in a prominent public place at the facility.
- Grievance and Appeal Form Envelopes
  - Self-addressed envelopes that must accompany the grievance and appeal forms for CCHEA and JFS must be stamped or have postage-paid
  - CCHEA and JFS will provide self-addressed, metered envelopes upon request.
  - The Beneficiary Materials order form is updated to direct programs to those agencies to request envelopes.
- Beneficiary Materials order form is available on the Optum website under the "Beneficiary" tab of the DMC-ODS page

Reminder: Physician's Direction Form

- Although the form itself was made optional, it is still a requirement for the MD to review the clients' health/medical information and drug history and to document their review along with any orders/recommendations.
- This documentation may be done on the Physician's Direction Form or in a progress note.

Important Reminder - CalOMS Collection Guide

- Under the new state system BHIS, the Mother's First Name requires at least two characters with no spaces. If mother's name is not available enter Mom or Mother.
- Refer to the DHCS CalOMS Tx Collection Guide for reference on what are acceptable values.

Admission Issues Creating CalOMS Errors

- For corrections on admission date, please email the Unique Client ID (UCI) and Form Serial Number (FSN) to the support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov to prevent your admission date correction from being rejected by the State. Due to the State's new system BHIS, the process for making corrections has been changed.
- If a client was admitted under the incorrect facility, contact the SUD support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov to make the needed correction. Include the Unique Client ID (UCI) and Form Serial Number (FSN) along with the incorrect and correct facility information.
- **Do NOT make the correction** yourself. This can result in multiple admission records in the DHCS's Open Admission Report.

Discharge Issues

- For withdrawal management clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge status 3 - Left Before Completion, with Satisfactory Progress (not discharge status 1 or 2). Neither discharge code 1 nor discharge code 2 can be used for withdrawal management discharges.
- Administrative discharge status 4 or 6, providers should be using 99901 – Unknown under the individual's primary drug since providers will not be able to obtain information about the client at discharge.
- After completing the Discharge record, the case/episode should be left open until the following circumstances have been completed:
  1. Billing – cannot be completed if the case is closed.
  2. Recovery Services (if applicable).
  3. Prop 47 aftercare (if applicable).

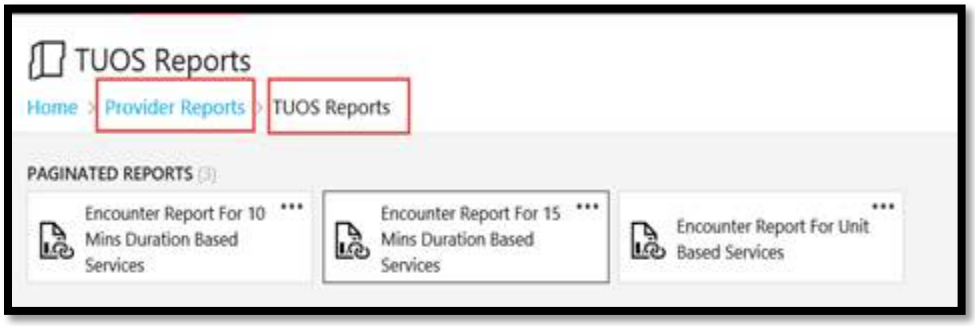
SSRS Reporting

- The Provider Folder has been moved to the opening page/screen.
- Folders can be created within the Provider Reports folder only – If your facility does not have a specific folder and you would like one, contact the SUD support desk.

- Do not create/add any folders on the opening page/screen.

Required Reports Needed for Data Integrity

- Unfinished Client Activities (any records that are still "in progress" are not sent to the state and non-compliant).
- Encounter Report
- Active Census Report (clients need to be discharged or an annual update completed by 11 months)
- TUOS Reports - 3 new reports have been created and placed in the TUOS Reports folder within the Provider folder as seen in screen shot below. Report #4 is still in development.
    1. Encounter Report for 10 mins duration-based services is for OTP services that are in 10 min increments = 1 unit – counseling services.
    2. Encounter Report for 15 mins duration-based services is for any services that are in 15 min increments = 1 unit and can be in fractional units – counseling services, case management, and recovery services.
    3. Encounter Report for unit-based services is for any services that are unit based – Dosing and Residential Bed Days.
    4. Encounter Report for group services is soon to come (still in development).



Residential

- Census must be completed daily, and Bed Day encounters created through the Census.
- Each Residential Bed Day encounter must be reviewed to update the "Bed Management Census Note" note type to either 1) DMC Billable, 2) County Billable, or 3) Non-Billable.
- If Case Management is provided, these services are created through the encounter screen – not through the Census.
- Billable services are to be claimed after the client is discharged. Leave the case open to complete the billing.
- Authorizations are closed when the client's case /episode is closed – not upon completing a Discharge record. The authorization must remain open to complete billing.
- Case Management services do not require authorization. DMC billable Case Management service should have the billable indicator marked "yes", and Medi-Cal billable indicator marked "no."

Program Enrollment – "Perinatal" field

- Perinatal field – this field is directly linked to DMC Certified Perinatal Service Rates.
- This field should be answered "no" for all female clients that are not receiving DMC Certified Perinatal Services.
- This field does not indicate that the client is pregnant.
- DMC Perinatal Services are only for clients that are pregnant or 60 days postpartum.
- Additionally, DMC Perinatal Services are only for programs who are certified by DHCS to provide Perinatal Services and have it in their county contract to provide Perinatal Services.

Update: Contact Screen

- Contact Reason field has a new value added – "Urgent"

Update: Encounter Screen

- Contact Type field has a new value added – "In the Community"
- This should be utilized when a service is provided somewhere other than at the program where the client is enrolled.

DMC-ODS Updated Guidance for TRC Sites (CYF Memo: # 06-18/19)

- Emailed on January 18, 2019
- Clients admitted to a TRC school site may receive services at the TRC primary site, on occasion, when the TRC school site is not available due to school closures, holidays, summer breaks, or other reasons as indicated by documentation in progress note (such as school suspension or expulsion). **Group services may not be mixed with clients who are admitted to the TRC primary site and the TRC school site.**
- When a service is provided to a client admitted to the TRC school site at the TRC primary site, the service location shall be documented as "in the community." As with all services that are provided in the community, documentation shall explain how program staff maintained the client's privacy in accordance with 42 CFR.
- "In the community" should be selected as the contact type for the SanWITS encounters when the services are provided at the primary TRC, as opposed to the HS site.

New Changes to SanWITS Quarterly Users Group

- SanWITS Users Group will meet monthly starting in April 2019. The meetings will be specific to modality.
  - Outpatient programs will meet – Apr, Jul, Oct, Jan
  - Residential programs will meet – May, Aug, Nov, Feb
  - OTP programs will meet - Jun, Sep, Dec, Mar
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
- Meetings will be held the 3rd Monday of the month and locations announced two weeks prior to meeting.

Clinical Staff Documentation Training

- To assist new or returning staff to be more successful in understanding of the clinical assessments, QM has developed both live and webinar documentation trainings.
- It is highly recommended to have newly hired staff complete Documentation Trainings prior to their SanWITS training, if possible.
- This will allow for newly hired staff to focus more fully on learning the functionality of SanWITS during the training on that software (which is the sole intent of SanWITS training – it is not to be a replacement for training in Documentation Standards).
- If staff is unable to participate in documentation trainings, the Program Manager may be able to assist with guiding/training staff on documentation standards.
- Documentation training webinars are available are on the Optum website, under the QM Training tab at: https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html

SanWITS and SSRS Trainings

- Register online with RegPacks at: https://www.regpacks.com/reg/templates/build/?g_id=100901152
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
  - SanWITS Basic – Fundamental SanWITS functions that are applicable to All program types
  - Residential Facilities - Bed Management & Encounter Training
  - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the "Downloadable Forms" tab, and must be completed and returned to SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training**, competency must be shown in order to gain access to the system.** If competency is not achieved another training will be required before access is given.
- If you are unable to attend class, cancel the registration as soon as possible so that staff on the waitlist are able to attend.

SanWITS Billing Classes

- Register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
- Prerequisite required: SanWITS Basic training

Tobacco Cessation Benefits

- Tobacco use is one of the leading preventable causes of death while tobacco cessation services are proven to be effective to counter this threat.
- Medi-Cal managed care health plans (MCPs) are required by DHCS to implement and cover payment for the following tobacco cessation services:
  - Initial and annual assessment of tobacco use for each adolescent and adult beneficiary;
  - FDA-approved tobacco cessation medication (for non-pregnant adults of any age);
  - Individual, group, and telephone counseling for beneficiaries of any age who use tobacco products;
  - Tailored services for pregnant tobacco users;
  - Prevention of tobacco use in children and adolescents;
  - Identifying tobacco users;
  - Tracking treatment utilization of tobacco users.
- Options and specific requirements for these issues can be found in DHCS's All Plan Letter 16-014

which can be accessed at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute…

SUD Provider Edition

APRIL 2019

DMC-ODS Residential Documentation Training

Date: Monday, April 22, 2019
Time: 1:00 P.M. to 5: 00 P.M.
Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: BHS-QITraining.HHSA@sdcounty.ca.gov
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each individual

Documentation Skill Building Workshops on Progress Notes in April

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on Progress Notes in April. Groups will be limited to 30 participants and reservations are required by emailing: BHS-QITraining.HHSA@sdcounty.ca.gov
- 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)
  - Tuesday, April 23, 2019 at 9:30 A.M. to 11:30 A.M.
- County Operations Center (5560 Overland Ave., 1st floor, Room #171, San Diego, CA 92123)
  - Wednesday, April 24, 2019 at 1:30 P.M. to 3:30 P.M.

ASAM Criteria-(C) Training presented by Ca. Institute for Behavioral Health Solutions (CIBHS)

This free interactive training will provide an overview of the ASAM Criteria, Levels of Withdrawal Management and ASAM Levels of Care. The training course meets qualifications for the provision of six continuing education credits (CEs).

Date: Wednesday, April 24, 2019
Time: 9:30 A.M. to 4:30 P.M.
Where: Marina Village Conference Center
1936 Quivira Way (Coral Room)
San Diego, CA 92109

CIBHS | CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS | LEADERS IN POLICY, TRAINING, EVALUATION AND RESEARCH

Click here to register: ASAM C Training in April

DMC-ODS Outpatient Documentation Training

Date: **Monday, May 13, 2019**
Time: 1:00 P.M. to 5:00 P.M.
Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: sthomas@mhsinc.org
  - Name of Person(s) Attending;
  - Program Name
  - E-mail Address for each individual
  -

BHS SUD Treatment Provider Meeting

Meetings are held monthly, on the 3rd Tuesday of every month, 10:00 A.M.-11:30 A.M.

- Next meeting: Tuesday, April 16, 2019
- Location: Scottish Rite Center (Heald Room), 1895 Camino del Rio South, San Diego, CA 92108

SUD Provider Quality Improvement Partners (SUD QIP) Meeting

Date: Thursday, May 2, 2019
Time: 11:00 A.M. to 12:30 P.M.
Where: National University (9388 Lightwave Avenue, San Diego, CA. 92123)

- The intent of the meeting is to have a regular place for County QI and program quality assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.
- WebEx participation is available. Details will be emailed to programs prior to the meeting.

Naloxone in Licensed Alcohol and Other Drug (AOD) Residential Treatment Programs and Certified AOD Outpatient Programs

- Naloxone is a life-saving medication that works to reverse an opioid overdose while having little to no effects on an individual, if opioids are not present in their system.
- Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose.
- The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.
- As stated in DHCS Information Notice 19-009, effective March 5, 2019, licensed residential treatment programs and certified outpatient AOD treatment programs are permitted to utilize Naloxone at their program site. To read the complete Information Notice: Click Here

- If a program chooses to provide Naloxone, all forms of the medication shall be recorded, stored, and destroyed in the same manner as prescription medications.
- It is the responsibility of the program to develop policies, procedures, and protocols for how the program will store Naloxone, and accurately document the administration and disposal of it.
- The staff person who administers Naloxone must have successfully completed Naloxone administration training and the training must be documented in their individual personnel file.
- If you have questions about this information, as communicated through DHCS Information Notice 19-009, please contact the DHCS Officer of the Day at 916-322-2911.

Credentialing Through Optum

- Optum Credentialing Services staff have been meeting with programs to discuss the credentialing process.
- One question that has come up from providers in these meetings is if the credentialing process is the same as a background check.
- The credentialing process is not a background check.
- If you have any questions about the Credentialing process through Optum, please contact Adina Patterson, Manager, Behavioral Health Credentialing Services at: 619-641-5356 or adina.patterson@optum.com

Reminder: Physician's Direction Form (F406)

- Although this form is optional, it is still a requirement for the MD to review the clients' health/medical information and drug history and to document their review along with any orders/recommendations.
- This documentation may be done on the Physician's Direction Form or in a progress note.

Update: Coordination of Care Consent Form (F208)

- The Coordination of Care Consent form (form F208) has been discontinued and has been removed from the SUDURM tab on the Optum website.
- This change is effective immediately – please stop use of this form and discard any saved copies you may have at your program.
- While the form has been discontinued, the requirement for coordination of care with a client's primary care physician and other treatment providers (e.g., Mental Health programs) is still required and should be started within 30 days of admit.
- For coordination of care, the client needs to sign a 42 CFR compliant Release of Information for each treatment provider.
- Then document in progress notes after program contact with each treatment provider the care coordination activities performed. Care Coordination is billable as case management.

Reminder: Entering ASAM Data in SanWITS

- Data from the Initial Level of Care Assessment and ASAM Level of Care Recommendation form is to be entered SanWITS.
- For information on how to do this data entry, refer to Chapter 11 of the SanWITS User Guide on the Optum website at: https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/sanwits/SanWITS_Users_Guide_2018_v1_1_12-14-18_Redacted.pdf
- For questions about SanWITS data entry, contact the SUD MIS Support Desk at: SUD_MIS_Support.HHSA@sdcounty.ca.gov

Billing Reminders for Residential Providers Approved to Release Claims to Billing

- For Bed days Services, if the client is already discharged please release all the claims up to the discharged date. You don't have to do it per month of service you can release all the claims up to the discharge date until you are caught up; please also batch all the released claims and bill it to the government contract.
- Case management services are not restricted to discharged clients and should be released in the months that each provider has been approved for. The due date for batch submission is every 10th of the month and please send your certification to ADSBillingUnit.HHSA@sdcounty.ca.gov

CalOMS Entry for "# of Days Waited to Enter Tx" Field

- The intention of this field is only to capture the number of days a client waited to enter treatment due to unavailability of slots.
- It is not meant to capture days waited due to other circumstances unique to the client's life (e.g., incarceration).

New: SanWITS Data Entry Standards

- Data entry standards are required in order to decrease variance in provider operations within the DMC-ODS, and to create effective monitoring and billing processes.

- The following SanWITS Data Entry standards have been established and are **effective April 15, 2019:**

	Residential	Outpatient & OTP
Admissions	Within 24 hours of admit	Within 7 days of admit
Planned Discharges	Within 24 hours of discharge	Within 7 days of discharge
Unplanned discharges	Within 24 hours of discharge (after bed is no longer held)	Within 37 days after client's last contact
Annual Updates	N/A	Between the 10th and 11th month from date of admission (note: there is an annual update alert in SanWITS)
Encounters	Within 24 hours of service	Within 7 days of service

- For concerns regarding meeting these required standards, please contact your program COR.

SanWITS and SSRS Trainings

- Register online with RegPacks at: https://www.regpacks.com/reg/templates/build/?g_id=100901152
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
  - SanWITS Basic – Fundamental SanWITS functions that are applicable to All program types
  - Residential Facilities - Bed Management & Encounter Training
  - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the "Downloadable Forms" tab and must be completed and returned to SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved another training will be required before access is given.
- If you are unable to attend class, cancel the registration as soon as possible so that staff on the waitlist can attend.

SanWITS Users Group Meeting for Outpatient Providers – April 2019

- Meetings are held monthly, on the 3rd Monday of every month and are specific to modality (e.g., Outpatient, Residential, OTP)
- Next meeting: Monday, April 15, 2019 at 9am (Outpatient Providers)
- Location: Scottish Rite Center (Shell Room), 1895 Camino del Rio South, San Diego, CA 92108

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute…

SUD Provider Edition

MAY 2019

DMC-ODS Outpatient Documentation Trainings

Date: Monday, **May 13, 2019**
Time: **1:00 P.M. to 5:00 P.M.**
Where: **2-1-1 San Diego** (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: sthomas@mhsinc.org
  - Name of Person(s) Attending;
  - Program Name
  - E-mail Address for each individual

ASAM Criteria-(C) Training presented by Ca. Institute for Behavioral Health Solutions (CIBHS)

This free interactive training will provide an overview of the ASAM Criteria, Levels of Withdrawal Management and ASAM Levels of Care. The training course meets qualifications for the provision of six continuing education credits (CEs).

Date: Wednesday, **May 15, 2019**
Time: 9:30 A.M. to 4:00 P.M.
Where: Marina Village Conference Center
1936 Quivira Way (Starboard Room)
San Diego, CA 92109

Click HERE to register for the 15th!

Date: Wednesday, **May 29, 2019**
Time: 9:30 A.M. to 4:00 P.M.
Where: Marina Village Conference Center
1936 Quivira Way (Terrace Room)
San Diego, CA 92109

Click HERE to register for the 29th!

Documentation Skill Building Workshops on Treatment Plans in May

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on Treatment Plans in May. Groups will be limited to 30 participants and reservations are required by emailing: BHS-QITraining.HHSA@sdcounty.ca.gov
- County Operations Center (5500 Overland Ave., 1st floor, Room #120, San Diego, CA 92123)
  - Monday, **May 20, 2019** at 1:30 P.M. to 3:30 P.M.
- 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)
  - Tuesday, **May 21, 2019** at 9:30 A.M. to 11:30 A.M.

DMC-ODS Residential Documentation Trainings

Date: Thursday, **May 30, 2019**
Time: **1:00 P.M. to 5: 00 P.M.**
Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: BHS-QITraining.HHSA@sdcounty.ca.gov
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each individual

Date Change: BHS SUD Treatment Provider Meeting

Meetings are usually held monthly, on the 3rd Tuesday of every month, 10:00 A.M.-11:30 A.M.

- Next meeting: **Wednesday, May 29, 2019** at 10:00 A.M.-11:30 A.M.
- Location: Scottish Rite Center (Heald Room), 1895 Camino del Rio South, San Diego, CA 92108

Next Meeting: SUD Provider Quality Improvement Partners (SUD QIP) Meeting

Date: Thursday, **June 6, 2019**

Time: **11:00 A.M. to 12:30 P.M.**

Where: **2-1-1 San Diego** (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- The intent of the meeting is to have a regular place for County QI and program quality assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.
- Participation via WebEx is an option for those unable to travel. Further information will be sent by email prior to the meeting.

Overview of the "Risk Assessment and Safety Plan" for SUD Programs: Live Webinar

- Presented by Responsive Integrated Health Solutions (RIHS), participants will learn about the new County of San Diego County "Risk Assessment and Safety Plan" form, which includes the Columbia Suicide Severity Rating Scale (C-SSRS) and will replace the High-Risk Assessment (HRA) form starting July 1, 2019. This course meets the qualifications for 1 hour of continuing education credits (CEs).
  - Date: Thursday, **June 13, 2019**
  - Time: **10:00 A.M. to 11:00 A.M.**
  - Click HERE to learn more and register!

Residential, Outpatient, and Dual Certified OTP Programs Must Enter Case Management Encounters

- Case Management is a service to assist a client in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
  - Review the Case Management Quick Guide on the Toolbox Tab of the DMC- ODS page on the Optum website.
  - All Case Management encounters must be entered in SanWITS, regardless if they are billable or not.
- When a Case Management service is provided in Residential Programs, the service is created through the encounter screen and not through the Bed Day Census. Case Management services in residential programs do not require a separate authorization.

Reminder: 42 CFR, Part 2 Confidentiality Requirements

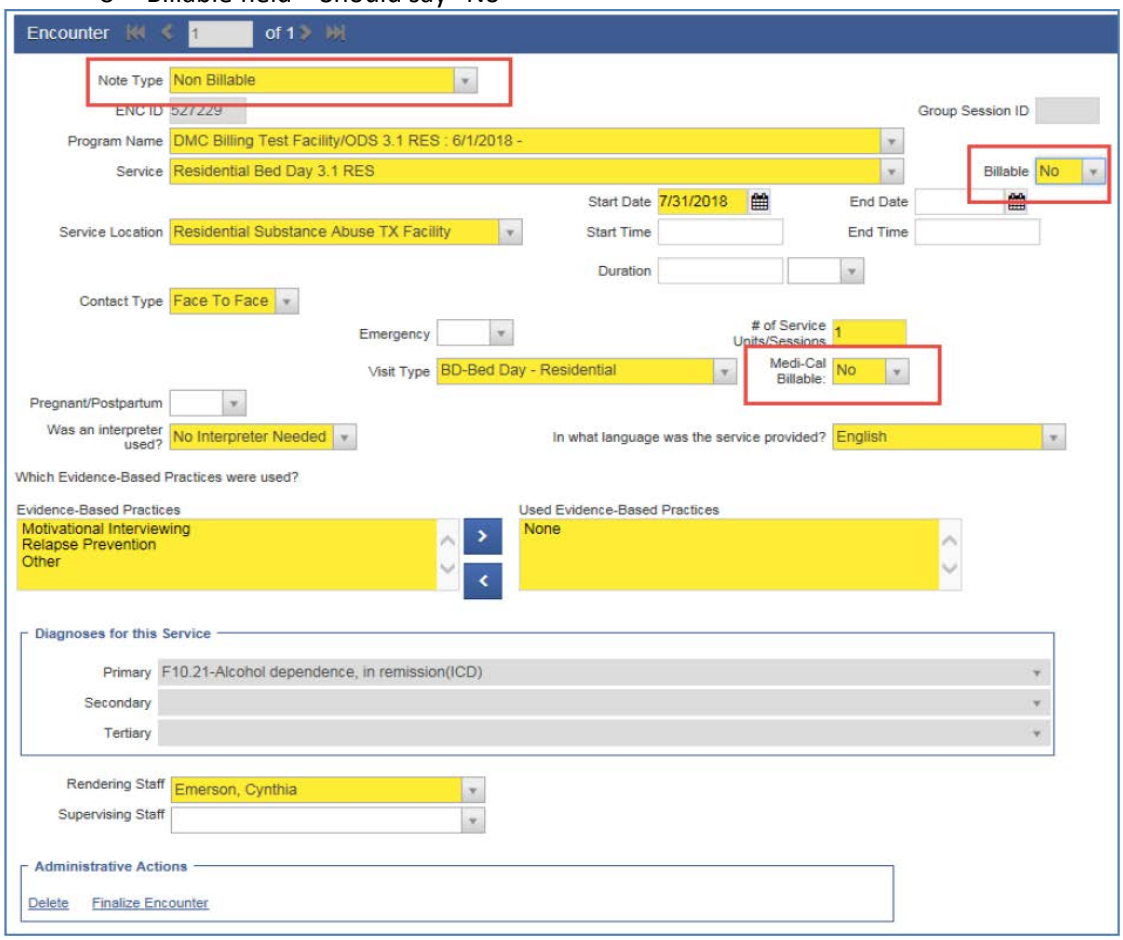
- To review 42 CFR, click here
- Providers are required to provide a written summary of Federal Confidentiality Requirements per 42 CFR upon admit to the client and it must have the required signatures and dates
- Providers are required to use a Release of Information that is 42 CFR, Part 2 compliant.
- If needed, there are example consent forms for substance use disorder treatment programs from the Legal Action Center at the following link: https://lac.org/resources/substance-use-resources/confidentiality-resources/sample-forms-confidentiality/
- There is also a **BHS Provider Compliance Workgroup**, where 42 CFR requirements, consent forms, and HIPAA related issues can be discussed. Please have your program *compliance, privacy, or security officers* reach out to Angie DeVoss (Privacy & Deputy Compliance Officer of COSD – HHSA) by emailing her at Angie.DeVoss@sdcounty.ca.gov if they would like to join.

QAR Changes starting July 1, 2019

- As of July 1, 2019, BHS will begin facilitating QAR for Outpatient programs.
- Stay tuned for more information on the changes to the QAR process!

Reminder: Steps to take in SanWITS for disallowed services

- Open client's treatment episode
- Locate the encounter identified as disallowed
- Review the encounter for the following:
    - Note Type field – should say "Non-Billable"
    - Billable field – Should say "No"



- Save changes
- Select Finalize Encounter
- Submit Service Corrections form from TA Review Report to SUD QM Specialists who conducted the review, including the date of the correction as indicated.

Reminder: Forms required by Billing Unit

- PAYMENT RECOVERY form
    - If a provider has a disallowed claim based on QAR.

> **Void or disallowance** A void is an action taken to address a service that is not Medi-Cal billable which is being disallowed because the documentation does not meet the standards of billing the specific service. BHS BU follows the information provided by the programs that is outlined in the reason for disallowances, the standard State criteria to determine which services do not meet the criteria to be billed and must be voided. Services must have been already claimed and paid by the State before a service can be voided. Service to be voided is determined by provider's internal charts or documents review or by the County Quality Assurance Review (QAR) process.
>
> Provider will complete the Void form (Payment Recovery form) and secure email the claim adjustment to ADSBillingUnit.HHSA@sdcounty.ca.gov to void the previously billed and paid claims.

- Form and instructions available on the SUDPOH tab (**Appendix F.4**) of the DMC-ODS page on the Optum website at https://www.optumsandiego.com/content/sandiego/en/county-staff--providers/dmc-ods.html

- CLAIM ADJUSTMENT form
  - If a provider received a true or valid claim denial from the State.
  - A valid denial means the denied service cannot be corrected and rebilled to the State.

CLAIM ADJUSTMENT/VALID OR STRAIGHT DENIAL PROCESS

Providers must use the *Claim Adjustment form to report any valid denied claims* to BHS Billing Unit. The list of denied claims from the State are normally secure emailed by BHS BU to providers with denied claims. Providers will review the list and determine if the denial is valid or not. If denial is valid, providers must complete the Claim Adjustment form and send the encrypted email to ADSBillingUnit.HHSA@sdcounty.ca.gov. Providers must have internal tracking of all the valid denied claims and must keep a copy of every claim adjustment they send to BHS Billing Unit.

  - Form and instructions available on the SUDPOH tab **(Appendix F.5**) of the DMC-ODS page on the Optum website at https://www.optumsandiego.com/content/sandiego/en/county-staff--providers/dmc-ods.html
- Providers must encrypt the completed form and email to ADSBillingUnit.HHSA@sdcounty.ca.gov or fax to 619-236-1418.
- Providers are requested to reply immediately to emails sent by the Billing Unit regarding billing errors and claim denials.

From the MIS Team

New TUOS from Claim vs Encounters

- DMC Billable, Potentially DMC billable and County Billable/Units will be on the new claims report.
- This report will be used for May 2019 services.
- The report will be housed in the Provider folder for programs to run and monitor.
- Non-Billable units will still be reported from the unreleased encounter.

Important: Changes, Closures or new Agencies, Facilities, and Programs

- Any new Agencies, Facilities, and Programs should be reported in advance of providing services to clients. As soon as you are aware of the change, report it.
- Report to BHS, MIS unit, specifically Cheryl Lansang at Cheryl.lansang@sdcounty.ca.gov or the support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov and CC QI Matters at QIMatters.HHSA@sdcounty.ca.gov with subject line "Agency, Facility, Program Change"
- All closures should be reported at least two months prior to closure date. Closures must be processed through the county and through the state.
- **Compliance requirements are at risk when the county MIS unit is not notified to communicate with the state and complete the necessary SanWITS setup and record clean up.**

All Providers

1. Program Enrollment – "Perinatal" field
   - DMC Perinatal Services are only for programs who are certified by DHCS to provide Perinatal Services and have it in their county contract to provide Perinatal Services.

2. Update to Contact Screen and Intake Screen
   - The existing field on the Contact Screen "1st Offered Intake/Screening Appt" is being changed to "1st Available Intake /Screening Appt"
   - The existing field on the Intake Screen "1st Offered Tx Appt" is being changed to "1st Available Tx Appt"
   - Two fields are being added to the Contact screen and to the Intake screen to collect additional data for timeliness measures
     - Contact Screen - 2nd Available Appt for Screening/Assessment and 3rd Available Appt for Screening/Assessment
     - Intake Screen – 2nd Available Tx Appt and 3rd Available Tx Appt

3. Discharges
   - The last billable date of service is the last contact (face-to-face or via phone) with the client. Per CalOMS rules, the discharge date is the last date of contact with the client. At this point, programs cannot bill for services after this discharge date. Upon change per state, programs will be notified by MIS/QM.

4. Release to Billing changes: Residential, Outpatient and Dual Certified OTP
   - Effective May 1st, 2019, all SanWITS Encounters for DMC Billable services and County Billable units/services should be released to billing. In order to release these Encounters, you must have the appropriate Payor Group Enrollment completed in SanWITS. An email went out to all programs on Friday, 4/26/19, with the MIS Informational Notice with the details on this new procedure. You can also find the MIS informational Notice on the OPTUM website. A tip sheet for the new procedure will be emailed to all programs.

5. **Important**
   - **Always** open a new episode/case when a client returns for treatment services after previously being discharged.
   - **Do not use an existing episode** and change the information in the Admission and Discharge.
   - An administrative discharge should be completed for a client that leaves treatment without an exit interview.

6. **CalOMS Corrections**

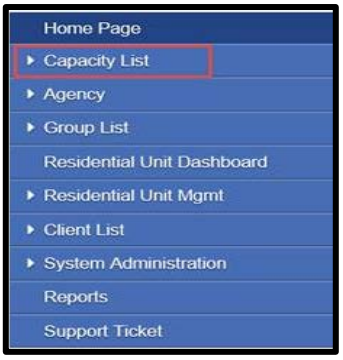
   Due to the State's new system, the County must do an additional step prior to uploading data corrections to prevent Errors 560, 561, and 472
   - When making data corrections, send an email to the support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov with the following information:
     - Unique Client ID and Form Serial Number
     - What data field is being corrected
     - Does the record have a discharge record
     - Was the record (admission and/or discharge) submitted to the State
   - For Error 560, you no longer must do anything to make the correction. Please do not click "Mark as Deleted" on the discharge record.

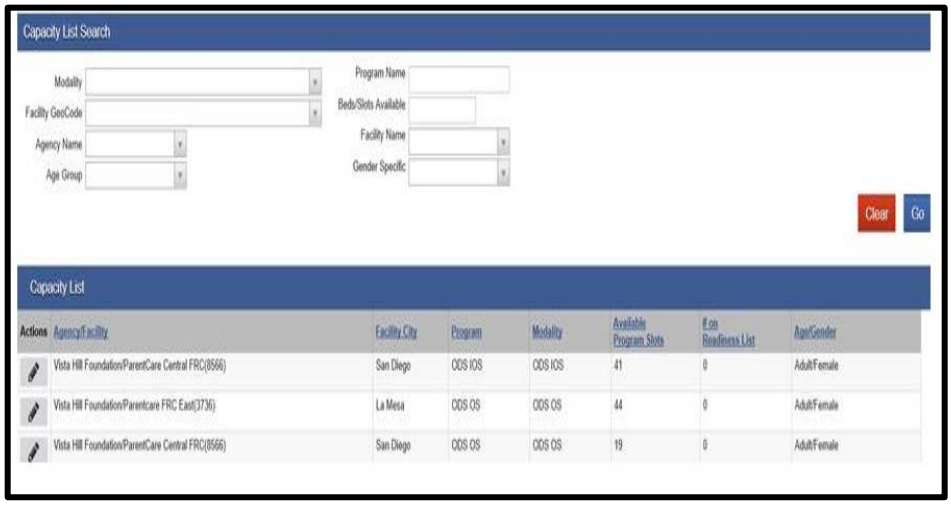
- When a client is entered under the wrong facility, please inform the support desk. An admission uploaded to the State under the incorrect facility can cause duplicate record. By informing the County, we can ensure that the incorrect admission is deleted from the Open Admission report.
- When a client does not have a valid Driver's License number or California ID, **DO NOT select a Driver's License State** as it will get rejected. Instead, you can enter 99902 under the driver's license number and the driver's license state should become None or not applicable. Driver's license number does not accept asterisks or spaces. Hyphens are allowed. To the right are the acceptable values for the driver's license number and the corresponding driver's license state that should be used.

Acceptable Values	
DL Number	**DL State**
99900	Declined to State
99902	None or not applicable
99904	Client unable to answer
Valid DL # or ID	Corresponding State

7. Group Rosters
   - Clients within the same Agency can be searched, when selecting clients for a facility group roster make sure to select clients with the correct facility's program enrollment
   - Clients cannot be mixed in a group from a different facility than where they are admitted.

8. Capacity List
   - Facility programs are being opened to the new Capacity List to assist with referrals (warm handoffs)
   - The list has not been completed, but expected completion date is June 1st.
   - Users will be given access to view the Capacity List
   - Capacity List can be viewed through the navigation pane as seen to the right.
   - The list will have search fields in the window at the top of the screen and will show all facilities by program as seen below:





9. We are still looking for volunteers to Pilot- SanWITS EHR in October and November.

OTP Medical Doctor as rendering staff

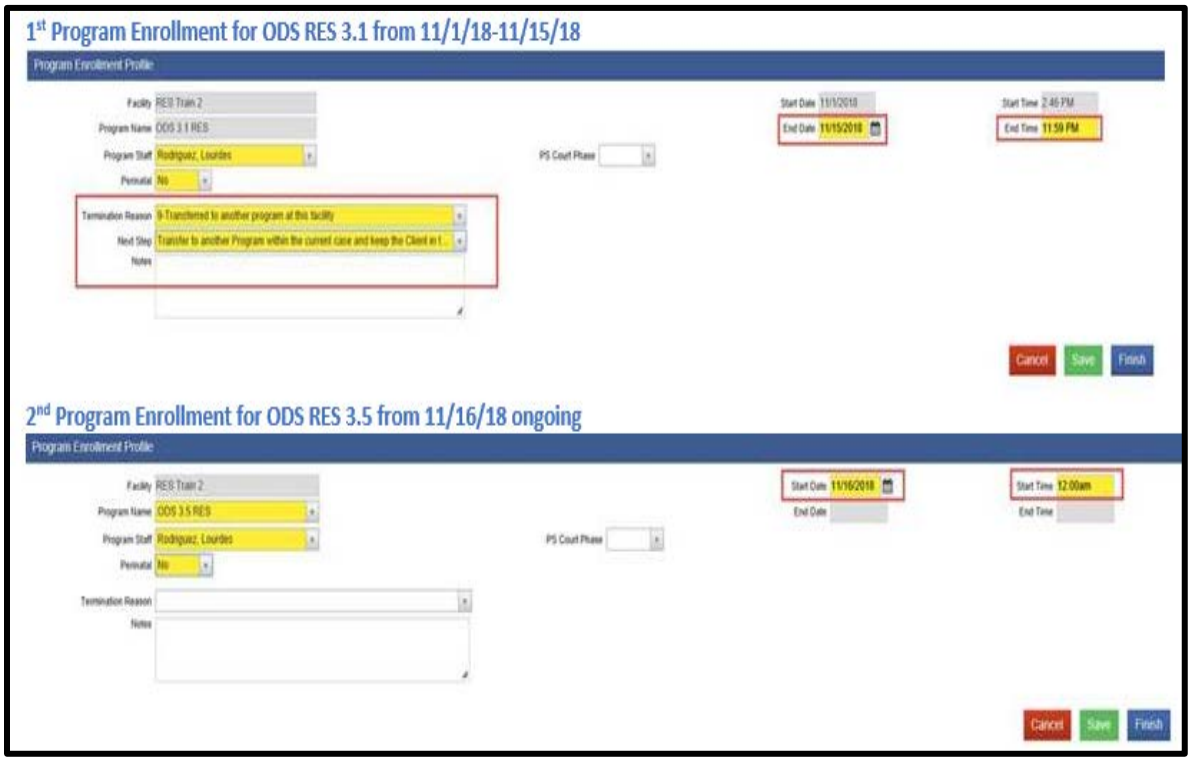
- The National Provider Identifier (NPI) of the physician who signs and approves the medical plan, should be added to the claim.
- A counselor's NPI # on the claim is required when they (the counselor) provided the individual and/or group counseling service.

County of San Diego DMC-ODS web page

- A great source of information for clients about Substance Use Disorder Treatment Services.
- Find links to Practice Guidelines in DMC-ODS, Provider Directories Quick Guides, Network of Care, and other related Programs & Services.
- Beneficiary Handbooks and audio versions of the "Quick Guide to DMC-ODS Services" are available in all threshold languages.
- Refer to the link below: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/alcohol_drug_services/dmc_ods_consumer.html

Residential Providers

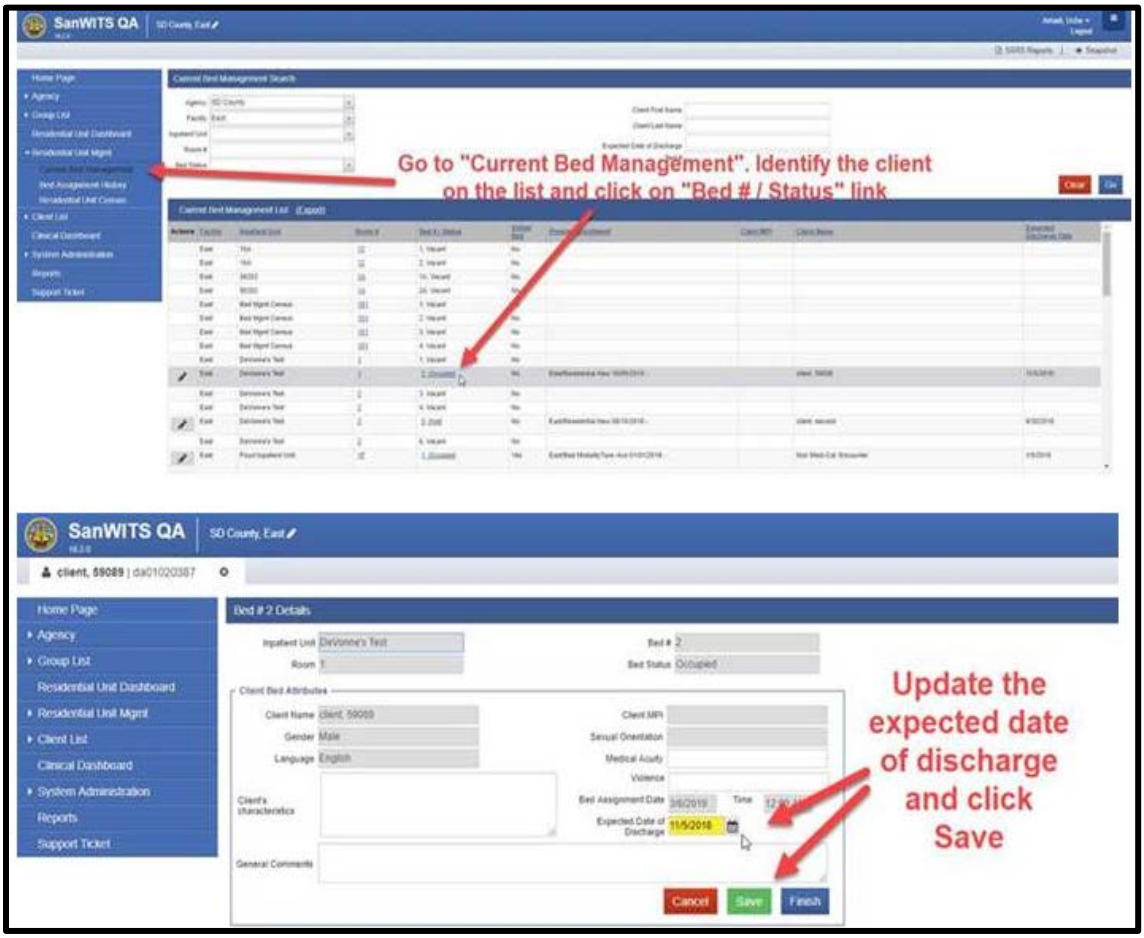
1. Changing Level of Care
   - When a client changes level of care (LOC), End Date the Program Enrollment for the existing LOC on the last day the client was authorized for that LOC at 11:59PM. Then, Start the new LOC at 12:00AM.
   - For example, if a client was authorized for ODS RES 3.1 from 11/1/18-11/15/18 then on 11/16/18 client's LOC changes to ODS RES 3.5 you'll do the following:



   - For these clients changing LOC, please allow one hour before running the Census when ending the Program Enrollment.

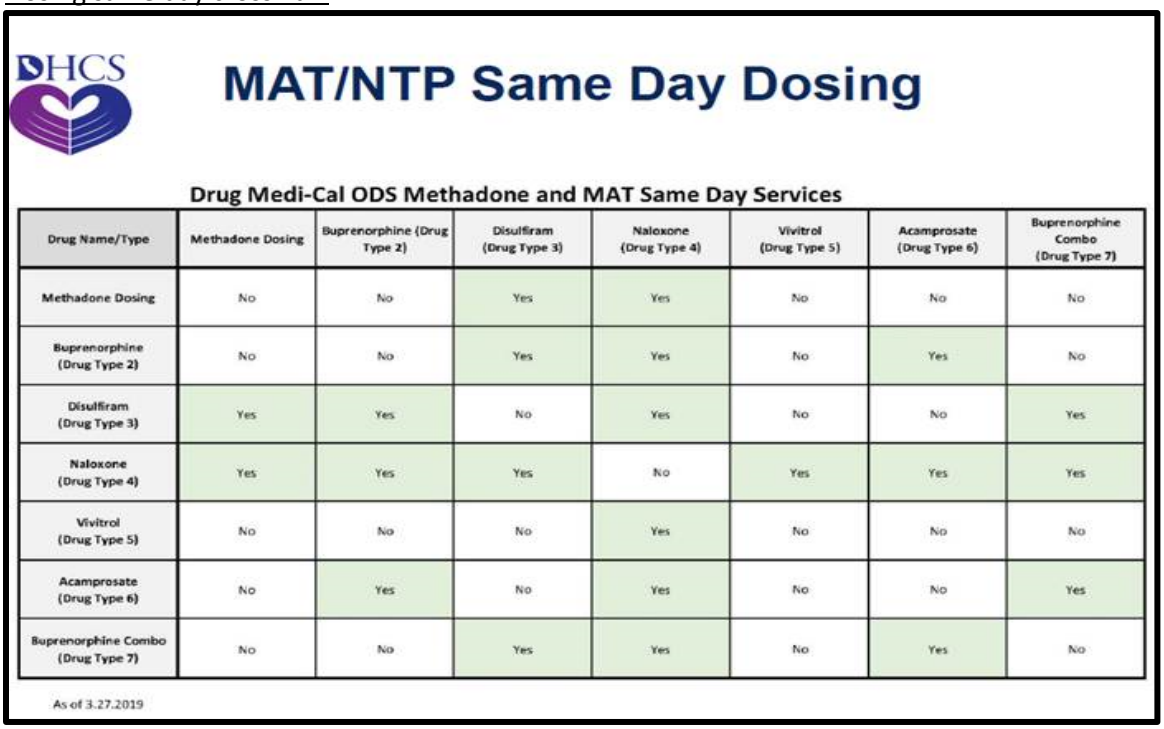
2. Placing clients on "Leave"
   - Placing the client on **Leave Status** when the client is out of the facility for more than 24 hrs.
   - The guidelines are specific for clients that are hospitalized, AWOL, or incarcerated for 7 consecutive days.
   - If the client is out of the facility for up to 7 consecutive days, the client should be able to return to the program to continue residential treatment without discharging and readmitting. The current authorization period remains the same and the number of days the client was on medical leave counts toward the client's 90-day DMC reimbursable period.

3. Updating an Expected Discharge Date



OTP Providers

1. Dosing same day crosswalk



MAT/NTP Same Day Dosing

Drug Medi-Cal ODS Methadone and MAT Same Day Services

Drug Name/Type	Methadone Dosing	Buprenorphine (Drug Type 2)	Disulfiram (Drug Type 3)	Naloxone (Drug Type 4)	Vivitrol (Drug Type 5)	Acamprosate (Drug Type 6)	Buprenorphine Combo (Drug Type 7)
Methadone Dosing	No	No	Yes	Yes	No	No	No
Buprenorphine (Drug Type 2)	No	No	Yes	Yes	No	Yes	No
Disulfiram (Drug Type 3)	Yes	Yes	No	Yes	No	No	Yes
Naloxone (Drug Type 4)	Yes	Yes	Yes	No	Yes	Yes	Yes
Vivitrol (Drug Type 5)	No	No	No	Yes	No	No	No
Acamprosate (Drug Type 6)	No	Yes	No	Yes	No	No	Yes
Buprenorphine Combo (Drug Type 7)	No	No	Yes	Yes	No	Yes	No

As of 3.27.2019

2. Encounter Visit Type
    - Counseling services do require a "visit type" selected that reflects the type of visit - for instance treatment plan, assessment, etc. More information can be found in the Provider Services Guide – link is below and posted to the Optum website. https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/manuals/Provider_Services_Guide_9-6-18.pdf

3. Start and End Times
    - Currently Start and End time on the encounter for Individual Counseling services is not required; only the session time and total duration time is required and should be rounded down to the nearest number divisible by 10 min increments (ex. 53 minute session=50 minutes).
    - If this changes, programs will be notified by MIS/QM.

Reminder: Data Entry and Billing Staff

- Progress notes are to be completed with all required elements, such as start/end times, signatures, etc., within established timelines (within 7 days from date of service for outpatient, within the following week for residential).
- If established timelines have not expired, missing elements may only be completed by the documenting staff signing the note.
- Once the established timeline for completing progress notes has expired, progress notes must not be amended to include missing elements required for billing.
- Progress notes missing required elements, are consider out of compliance and are non-billable.

Important: Identification of Non-BHS Contracted Clients in SanWITS

- All Non-BHS Contracted Clients are identified in SanWITS by selecting **"Non-BHS Contracted" in the Special Population field** in the **Admission record.**
- This client population should not be placed in Residential beds; no payor group enrollments; no encounters created

Non-Billable Encounter Audit:

- Non-billable encounters should never be released to bill.
- Billable indicator on these encounters should be "NO"
- Under administrative actions, select finalize.
- If you have released non-billable encounters, these claims in the claim item list should be rejected, and the billable indicator marked as no, then finalize the encounter.
- If you have billed non-billable encounters, these claims should be reported to the billing unit at ADSBillingUnit.HHSA@sdcounty.ca.gov and QM at QIMatters.HHSA@sdcounty.ca.gov

SanWITS Billing Classes

- Register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
- Prerequisite required: SanWITS Basic training

SanWITS Quarterly Users Group Meeting for Residential Providers – May 2019

- Next meeting: Monday, May 20, 2019 at 9am (Residential Providers Only)
- Location: Scottish Rite Center (Shell Room), 1895 Camino del Rio South, San Diego, CA 92108
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
- At least one representative from each facility is highly recommended.

- **Note:** Meetings are held monthly, on the 3rd Monday, and are specific to modality (e.g., Outpatient, Residential, OTP)
    - Outpatient programs will meet – Apr, Jul, Oct, Jan
    - Residential programs will meet – May, Aug, Nov, Feb
    - OTP programs will meet - Jun, Sep, Dec, Mar

SanWITS and SSRS Trainings

- Register online with RegPacks at: https://www.regpacks.com/reg/templates/build/?g_id=100901152
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
    - SanWITS Basic – Fundamental SanWITS functions that are applicable to All program types
    - Residential Facilities - Bed Management & Encounter Training
    - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the "Downloadable Forms" tab and must be completed and returned to SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved another training will be required before access is given.
- If you are unable to attend class, cancel the registration as soon as possible so that staff on the waitlist can attend.

Communication

- Billing questions?
  Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions?
  Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions?
  Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute…

SUD Provider Edition

June 2019

ASAM Criteria-(C) Training presented by Ca. Institute for Behavioral Health Solutions (CIBHS)

This free interactive training will provide an overview of the ASAM Criteria, Levels of Withdrawal Management and ASAM Levels of Care. The training course meets qualifications for the provision of six continuing education credits (CEs). Click HERE to register!

Date: Thursday, **June 13, 2019**
Time: 9:30 A.M. to 4:00 P.M.
Where: Marina Village Conference Center
1936 Quivira Way (Terrace Room)
San Diego, CA 92109

CIBHSI LEADERS IN POLICY, TRAINING, EVALUATION, AND RESEARCH

Documentation Skill Building Workshops on ASAM Assessments in June

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on ASAM Assessments in June. Groups will be limited to 30 participants and reservations are required by emailing: BHS-QITraining.HHSA@sdcounty.ca.gov
- County Operations Center (5560 Overland Avenue, Rm. #171, San Diego, CA 92123)
  - Monday, **June 17, 2019**, at 1:30 P.M. to 3:30 P.M.
- 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)
  - Monday, **June 24, 2019**, at 1:30 P.M. to 3:30 P.M.
- No. Inland Live Well Center (Grand Ave Room B, 649 W. Mission Ave., Escondido, CA 92025)
  - Wednesday, **June 26, 2019**, at 9:30 A.M. to 11:30 A.M.

DMC-ODS Residential Documentation Trainings

Date: Tuesday, **June 18, 2019**
Time: 1:00 P.M. to 5:00 P.M.
Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, please email the following to: BHS-QITraining.HHSA@sdcounty.ca.gov
- Name of Person(s) Attending, Program Name, and E-mail Address for each individual

BHS SUD Treatment Provider Meeting

Meetings are typically held on the 3rd Tuesday of every month, 10:00 A.M. to 11:30 A.M.

- Next meeting: Tuesday, **June 18, 2019**, at 10:00 A.M. to 11:30 A.M.
- Location: Scottish Rite Center (Heald Room), 1895 Camino del Rio South, San Diego, CA 92108

NAADAC Offers Free Webinars

- Upcoming topic: "Healing Addiction and Shame Through Self-Compassion"
- Date: Wednesday, **June 26, 2019**, at 12:00 P.M. to 2:00 P.M.
  This free webinar will discuss components and functions of shame and self-compassion from a scientific and philosophical framework and provide resources for specific tools for utilizing self-compassion in the therapy room. The training course meets qualifications for the provision of 2 continuing education credits (CEs). Closed Captioning is available. Click HERE to register!

SUD QM Annual DMC-ODS Training

The first annual SUD QM DMC-ODS Overview will take the place of the July SUD Provider Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the first year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS requirements.

Date: Thursday, **July 25, 2019**

Time: **9:00 A.M. to 12:00 P.M.**

Where: Scottish Rite Ctr. (Claude Morrison Rm), 1895 Camino del Rio So., S.D. CA 92108

Root Cause Analysis (RCA) Training recommended for PM and QI Staff in July

- An interactive training to introduce Root Cause Analysis (RCA), a structured process to get to the "why's and how's" of an incident, without blame; and learn effective techniques for a successful RCA, along with Serious Incident Reporting requirements. To register, please RSVP to: BHS-QITraining.HHSA@sdcounty.ca.gov
- County Operations Center (5530 Overland Ave., Room 124, San Diego, CA 92123)
  - Friday, **July 19, 2019** at 9:00 A.M. to 12:00 P.M

Additional DMC-ODS Training Opportunities

- Look for other DMC-ODS training opportunities available by viewing the Responsive Integrated Health Solutions (RIHS) page at: https://theacademy.sdsu.edu/programs/rihs/dmc-ods/

DMC-ODS Quick Reference Training Guide

- The HHSA DMC-ODS website includes a DMC-ODS Quick Reference Training Guide that details various training requirements by staff type.
- Click here to be taken to this guide. We recommend saving it as a favorite for easy access in the future.

Resource Sharing

- At the June SUD QIP meeting, it was shared that some providers use Relias as an option for online training for continuing education and even things like computer skills training.
- The link to this resource is https://airs.academy.reliaslearning.com/

Reminder: "Termination" Notice of Adverse Benefit Determination (NOABD)

- When discharging any client for anything other than successful discharge, there must be a NOABD because you are terminating a service.
- The NOABD is required when a client is administratively discharged and is mailed, or hand delivered 10 days prior to the decision to discharge.
- The following three forms must be sent out with this (and all) NOABD forms:
  - The NOABD "Your Rights" Notice
  - The NOABD "Language Assistance" Notice
  - The Beneficiary Non-Discrimination Notice
- All forms are located on the "NOABD" tab of the DMC-ODS page on the Optum website.

Update: Network of Care

- The Network of Care as an online service directory accessed through BHS, will no longer be available as of June 30, 2019.
- Other web resources that are still available to individuals, families and agencies seeking information can be found at the following:
  - Optum ACL website at https://www.optumsandiego.com/content/sandiego/en/access---crisis-line.html
  - 2-1-1 San Diego website at https://211sandiego.org/

Update: Group Sign-In Sheet requirements

- DHCS has clarified that Group Sign-In sheets must be signed on the same day as the group and include the signature date and printed name of the counselor or LPHA who conducted the group.
- The signature must be adjacent to the typed or legibly printed name for both the client and the SUD counselor or LPHA.
- The signature of the counselor or LPHA attests that the sign in sheet is accurate and complete.
- As a reminder the group sign-in sheet must also include the following:
    - Date of the counseling session
    - Topic of the counseling session
    - Start and end time of the counseling session
- The optional Group Sign-In Sheet template in the SUDPOH has recently been updated on the Optum website to reflect the change of the counselor or LPHA signature date.
- Reminder: All group sign-in sheet elements (ex. start/end times of group, topic of the session, etc.) must match the documentation on the progress notes for that group.

Reminder: Medical Director's Responsibilities

- DHCS audits in the last fiscal year looked for evidence of the specific requirements regarding substance use disorder medical director's responsibilities. A reminder that your programs' medical director's responsibilities shall at a minimum include all the following:
    - Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
    - Ensure that physicians do not delegate their duties to non-physician personnel.
    - Develop and implement medical policies and standards for the provider.
    - Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
    - Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
    - Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.
- Consistent with these responsibilities, we'd also like to inform you that programs must have written roles and responsibilities and a code of conduct for the medical director that is clearly documented, signed and dated by a provider representative and the physician.

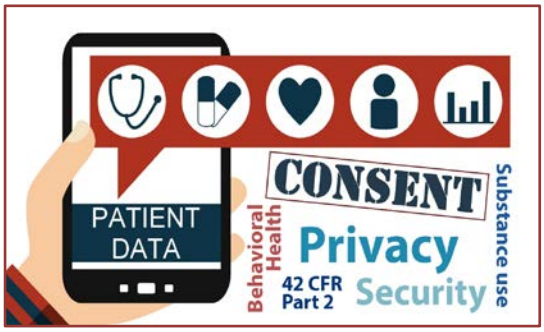
Important Reminder: Identification of Non-BHS Contracted Clients in SanWITS

- All Non-BHS Contracted Clients are identified in SanWITS by selecting **"Non-BHS Contracted" in the Special Population field** in the **Admission record.**
- This client population should not be placed in Residential beds; no payor group enrollments; no encounters created.

Reminder: QAR Changes starting July 1, 2019

- As of July 1, 2019, BHS will begin facilitating QAR for Outpatient (OS/IOS) programs.
- The new QM process and provider self-review process was reviewed at the June 6, 2019 SUD QIP meeting.
- Tip Sheets for both processes were distributed at the QIP meeting for attendees and sent via email for those attending via WebEx or unable to attend. Tip sheets will also be posted on the Optum website under the Tool Box tab.
- QM Staff will begin contacting each OS/IOS provider the week of June 24, 2019 to schedule initial QARs and providing a list of 5 clients for providers to begin internal self-reviews.
- Internal self-reviews shall be submitted to QI Matters by the 20th of each month. (Remember to send encrypted if tools include any PHI).

Clarification on Written Summary of 42 CFR, Part 2 Confidentiality Requirements



- Programs are to review 42 CFR, Part 2 – Confidentiality of Substance Use Disorder Patient Records and follow all requirements as stated.
- In section 2.22 Notice to patients of Federal Confidentiality Requirements, it states SUD providers are required upon admission to communicate to the client the federal law and regulations that protect the confidentiality of substance use disorder patient records and provide the client with a written summary of this information.
- This written summary **cannot** be cloned documentation of 42 CFR, 2.22 and must be developed by the program.
- It can be included as part of the program's Notice of Privacy Practices (HIPAA requirements).
- It must include a signed and dated acknowledgment by the client that they received the required written summary.
- The **BHS Provider Compliance Workgroup** will be discussing this topic in more detail on **Tuesday, June 18, 2019**. Please have your program *compliance, privacy, or security officers* reach out to Angie DeVoss (Privacy & Deputy Compliance Officer of COSD – HHSA) by emailing her at Angie.DeVoss@sdcounty.ca.gov if they would like to join.

Reminder: Share of Cost (SOC)

- Providers must verify the client's Medi-Cal eligibility every month and determine the SOC amount.
- Providers must file the Medi-Cal eligibility print-out or eligibility report in the client's chart.
- In the case of a Share of Cost, the provider must inform the client of the SOC amount and determine if the client agrees to pay the SOC and sign the SOC Financial Responsibility and Information form. Please refer to the DMC-ODS SOC Verification Process and flowchart shared by BHS Admin. Services for more information/instructions on how to proceed.
- At the end of the month, the provider must perform the SOC clearance process in the State website (www.medi-cal.ca.gov). Please contact the Billing Unit for instructions on how to clear the SOC.

County Billable Payor Group Enrollment (PGE)

- Tip Sheet was disseminated Jun 3rd, if you didn't receive it, inquire with SUD support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
- All SUD services DMC and County Billable encounters are now required to be released to bill
- **Do Not Batch** County billable PGE claims, place on Hold in the claim item list

- **New TUOS located in the Provider Reports folder**

OTP Providers Data Entry Standards Revision

- The 7-day data entry timeline for Methadone dosing has been removed due to consecutive day encounters being created.
- **Reminder**: all consecutive day encounters should not span past the end of the month.
- **This change applies to Methadone Dosing only.**

Changes to SSRS Access

- You may now receive access to SSRS to view and run reports without attending training. The role to receive this access is available on the new SanWITS User form (SSRS View and Run Reports).
- If you would like to be able to create your own reports, then you will need to attend the in-person SSRS training offered once a month.
- If you would like a specific report built by the County, please submit a Report Request Form, which is available on the Optum website.
- Tip sheet has been added to the Optum website on how to view and run the reports in SSRS.

New SanWITS User Form

- The newest version of the SanWITS User Form is available on the Regpack Training Registration website and the Optum San Diego website.
- The form must be completed electronically.
- The job functions are now aligned with the SanWITS trainings and will provide staff with the corresponding roles based on the training (example: access to all basic data entry roles after completing Basic Training).
- There are optional roles you may select in addition to the functions taught in training. SanWITS accounts are set up after successful completion of training and based on the selections on the User form.
- For modifications to access or for terminated employees please submit a new form to SUD_MIS_Support.HHSA@sdcounty.ca.gov .

SanWITS Billing Classes

- Register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
- Prerequisite required: SanWITS Basic training

New Course Adjustments

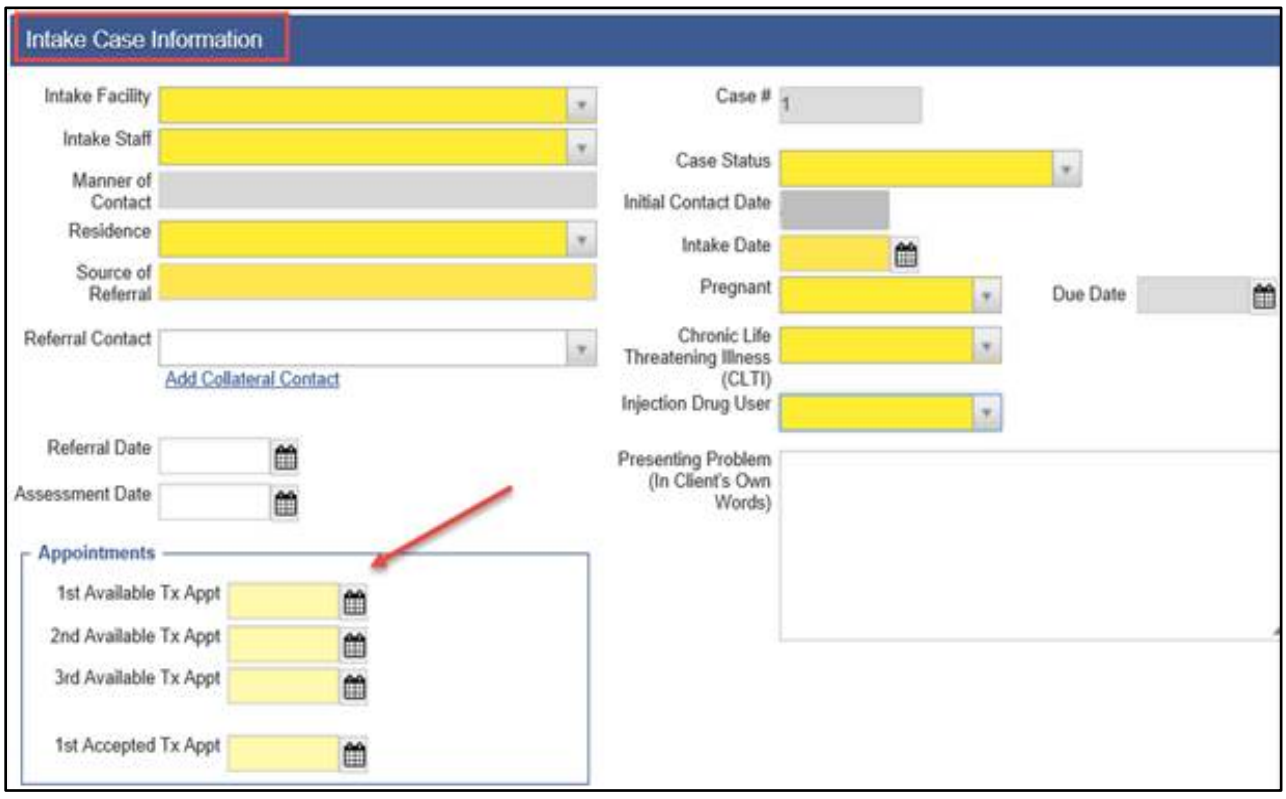
- Starting July 16, the "SanWITS Basic" class time will be from 9am-4:30pm, and the "Residential Encounters and Bed Management" and "Outpatient/OTP Encounters and Group Modules" class times will be from 9am-1pm. This will allow additional time to address common issues experienced by end users according to SUD MIS Support Desk call trends.
- Additional details will be noted in the July UTTM.

Update: Contact Screen and Intake Screen

- New fields should be in the system for data collection by July 1, 2019

CONTACT SCREEN

INTAKE SCREEN



Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

SanWITS and SSRS Trainings

- Register online with RegPacks at: https://www.regpacks.com/reg/templates/build/?g_id=100901152
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
  - SanWITS Basic – Fundamental SanWITS functions that are applicable to All program types
  - Residential Facilities - Bed Management & Encounter Training
  - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the "Downloadable Forms" tab and must be completed and returned to SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, another training will be required before access is given.
- If you are unable to attend class, cancel the registration as soon as possible so that staff on the waitlist can attend.

SanWITS Quarterly Users Group Meeting for OTP Providers – June 2019

- Next meeting: Monday, June 17, 2019 at 9am (OTP Providers Only)
- Location: Scottish Rite Center (Shell Room), 1895 Camino del Rio South, San Diego, CA 92108
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
- At least one representative from each facility is highly recommended.
  - **Note:** Meetings are held monthly, on the 3rd Monday, and are specific to modality (e.g., Outpatient, Residential, OTP)
    - Outpatient programs will meet – Apr, Jul, Oct, Jan
    - Residential programs will meet – May, Aug, Nov, Feb
    - OTP programs will meet - Jun, Sep, Dec, Mar

Answers to Residential Users Group Questions on 5/20/19:

- Clients that do not meet the clinical requirement to bill for a bed day should still be included on the Census and have a non-billable encounter created for that day.
- A program can bill room and board when a client is AWOL up to 7 days per the SUDPOH, however the program needs to document the measures they are taking to locate the client.

Residential: Changing Level of Care

- When a client changes Level of Care, a new authorization should be submitted to Optum.
- The existing program enrollment should be end dated and a new Program Enrollment matching the new authorized Level of Care opened.
- The Authorization must match the Program enrollment in order to bill.
- An ASAM record must be completed in SanWITS for each new level of care.
- Before discharging a client in SanWITS (ending program enrollment), make sure to review case file to verify if there were any LOC changes during the Treatment Episode.

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**