



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: stomas@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

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 15th!

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 – HHS) 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"

The screenshot displays the SanWITS interface for an encounter. Key fields are highlighted with red boxes to indicate required corrections for disallowed services: 'Note Type' is 'Non Billable', 'Billable' is 'No', and 'Medi-Cal Billable' is 'No'. Other visible information includes the encounter ID (521229), program name (DMC Billing Test Facility/ODS 3.1 RES - 6/1/2018), service (Residential Bed Day 3.1 RES), start date (7/31/2018), and the number of service units (1). The rendering staff is listed as Emerson, Cynthia.

- 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.

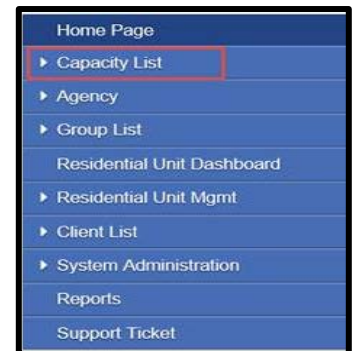
Acceptable Values	
DL Number	DL State
99900	Declined to State
99902	None or not applicable
99904	Client unable to answer
Valid DL # or ID	Corresponding State

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:



Capacity List Search							
Modality	Program Name						
Facility GeoCode	Beds/Slots Available						
Agency Name	Facility Name						
Age Group	Gender Specific						
							Clear Go
Capacity List							
Actions	Agency/Facility	Facility City	Program	Modality	Available Program Slots	# on Readiness List	Age/Gender
	Vista Hill Foundation/ParentCare Central FRC(8566)	San Diego	ODS IOS	ODS IOS	41	0	Adult/Female
	Vista Hill Foundation/Parentcare FRC East(3736)	La Mesa	ODS OS	ODS OS	44	0	Adult/Female
	Vista Hill Foundation/ParentCare Central FRC(8566)	San Diego	ODS OS	ODS OS	19	0	Adult/Female

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/dm_c_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:

1st Program Enrollment for ODS RES 3.1 from 11/1/18-11/15/18

Program Enrollment Profile

Facility: RES Train 2
Program Name: ODS 3.1 RES
Program Staff: Rodriguez, Lourdes
Personal: No
PS Court Phase: []
Start Date: 11/1/2018
End Date: 11/15/2018
Start Time: 2:46 PM
End Time: 11:59 PM
Termination Reason: Transferred to another program at this facility
Next Step: Transfer to another Program within the current case and keep the Client in I.
Notes: []
Buttons: Cancel, Save, Finish

2nd Program Enrollment for ODS RES 3.5 from 11/16/18 ongoing

Program Enrollment Profile

Facility: RES Train 2
Program Name: ODS 3.5 RES
Program Staff: Rodriguez, Lourdes
Personal: No
PS Court Phase: []
Start Date: 11/16/2018
Start Time: 12:00am
End Date: []
End Time: []
Termination Reason: []
Notes: []
Buttons: Cancel, Save, Finish

- 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

Go to "Current Bed Management". Identify the client on the list and click on "Bed # / Status" link

Update the expected date of discharge and click Save

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**