



We are excited to invite you to Recovery Happens 2022! This event will be held at Liberty Station on **September 17, 2022, from 10:00 a.m. to 1:00 p.m.**

[Recovery Happens](#) is a community event celebrating those in recovery and the people who support them. This free, in-person event will include speakers sharing their recovery journeys, entertainment, a recovery count-down, and family-friendly activities. [View the event flyer here!](#)

There will be an opportunity to connect to an array of resources, including community resources, financial and legal services, education information, employment support, physical and spiritual wellness opportunities, Veteran's services, health resources and harm reduction resources.

Exhibitor Information

Participation as an exhibitor at the resource fair is free. If your organization would like to host a table at the event, please send your contact information and participation interest to Dawn Hull (dawn.hull@sdcounty.ca.gov), with a cc to Juan Barajas (juan.barajas@sdcounty.ca.gov). Please note we are unable to accommodate vendor sales at the resource fair. All exhibitors will be provided a table, shade covering and two chairs.

Please share the attached event flyer and mark your calendars to join us on September 17th. We are looking forward to celebrating individuals in recovery, family, and friends who support those on their recovery journey, and connecting individuals to valuable resources because ***Together We Are Stronger!***

Thank you and we hope to see you at Liberty Station!

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, September 22, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Update: QIP Meeting Date Changes

- Due to meeting conflicts and holidays, several upcoming QIP meetings have been rescheduled to another date.
 - September – no change
 - October – rescheduled to 10/20/22
 - November – rescheduled to 11/17/22
 - December – rescheduled to 12/15/22

Annual DMC-ODS Training

- The QA team is in the process of reviewing attendance to ensure all required program staff were in attendance. Those not in attendance, we will connect with you directly.
- The FAQ is in the process of being finalized and will be posted to the Optum site with the slides for the meeting.

Reminder: SUD QA Workshops

SUD QA has cancelled workshops for the remainder of the calendar year.

- Providers are reminded to complete the CalMHSA documentation trainings.
- Additionally, providers are encouraged to participate in SUD QA "Office Hours"
 - [Click here to join the meeting](#) - Thursday, 9/08/22, 2:00-3:00 p.m.
 - [Click here to join the meeting](#) - Thursday, 9/15/22, 10:00-11:00 a.m.
 - [Click here to join the meeting](#) - Thursday, 9/29/22, 10:00-11:00 a.m.



New: CalMHSA Trainings for DMC-ODS

- All Medical Directors and direct service staff are required to complete the trainings as well as supervisors and managers of direct service staff.
- OTP programs are required to take the following trainings:
 - CalAIM Overview
 - Access to Service
 - Care Coordination
- All other DMC-ODS providers are required to complete the following CalMHSA trainings:
 - CalAIM Overview
 - Assessment
 - Diagnosis & Problem List
 - Progress Notes
 - Discharge Planning
 - Access to Service
 - Care Coordination
- Trainings shall be completed by 2/15/2023. QA is monitoring attendance monthly.

CalAIM Reminders

- When pre-CalAIM forms expire, programs should use the new CalAIM forms. For example, if a treatment plan expires after 9/1/22, a problem list should be developed in its place.
- New forms have been posted on the Optum website "SUDURM" tab and include the Adult ASAM Criteria Assessment, Problem List, Progress Notes, and Peer Plan of Care.
- During this transition period we encourage programs to continue addressing workflows related to CalAIM changes including movement to daily residential notes, new progress note timelines and required elements, and changes to medical necessity.
- The following documents are sunsetted as of 9/1/22:
 - Adult Initial Level of Care
 - ASI
 - Treatment Plan
 - Level of Care Recommendation Form
 - Continuing Service Justification

Update: DHCS CalAIM FAQ

DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#), which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage. A CalAIM FAQ tab is in the process of being added to the Optum site where these FAQ's will also be posted.



Reminder: Brief Initial Screening

- Programs are reminded that collecting information during a screening of a client is required for ASAM data reporting to DHCS.
- Programs have the option of using the SUDURM Brief Initial Screening tool or using another screening tool of your choice.
- If you choose to use a screening tool of your choice, the tool must have required data elements needed for ASAM reporting.
- ASAM data shall be entered into SanWITS in the ASAM screen using the "Brief Initial Screening" option.

Update: SUDURM

- A memo was sent to the SOC on 8/16/22 with updated SUDURM forms, instruction sheets and summary of changes.
- These forms are in the process of being posted to the Optum site and older versions are being removed.
- Programs are expected to begin using the new documentation effective 9/1/22.

Update: CA Managed Care Plans (MCP)

- DHCS announced changes to its Managed Care Plans (MCP) this week.
- Effective 1/2024, the MCP(s) will change from 7 plans to 3 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 16 months, DHCS will develop a transition plan ensuring no client lapses.
- This change will reduce the number of MCP(s) programs will have to navigate for coordinating care and will streamline processes so providers can focus on service to clients.

Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests

- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is 'urgent'.
 - Requests for WM shall be considered 'urgent'.
 - Clients referred to outpatient due to limited residential capacity, shall be considered 'urgent'.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client's condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time data is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD(s) for non-compliance with outpatient, residential, and OTP timely access standards.
 - **NEW: DHCS clarified as part of CalAIM, residential programs shall follow the 10-business day standard for timely access.**
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.
- **Currently** - The QA team will be reaching out to programs individually as part of a performance improvement project to get your feedback about processes, barriers, and recommendations for accurately reporting access times at your program.
- This is not related to contract compliance; there will be no corrective action based on feedback provided.
- If you have questions or information you would like to share, please email [QI Matters](#).



QA Reminders: Warm Handoff

- Reminder that waitlists are not allowed in the DMC-ODS system.
- If your program lacks availability and is unable to meet access times standards, facilitation of a warm hand off to another provider shall be provided.
- Programs shall continue to assess all clients for priority population admission requirements and provide Interim Services within 48 hours.
- Examples of interim services include:
 - referrals/education for prenatal care, HIV/TB services/education, referrals for housing, self-sufficiency services, medical care, etc.
- Clients transitioning to another level of care, including Recovery Services, should begin services at the next indicated level of care within 10 business days of discharge. For coordination up or down the continuum of care, the handoff is considered complete after there is confirmation that the client has engaged, and initial appointment has occurred.

Reminder: Optum – Authorization Requests

- Residential Authorization Requests: Authorization forms and fax cover sheets have been updated on optumsandiego.com. All programs shall use the new forms when submitting authorization requests to Optum. Starting Monday 9/19/2022, Optum will no longer accept nor process the old forms for authorization requests. Optum will respond to incomplete requests by advising the program to resubmit utilizing the updated forms.
- Please also ensure utilization of the new fax cover sheet, Adult or Adolescent, when submitting an authorization request to Optum. On the fax cover sheet, it is very important that each request has the “All Requests” and type of request (Initial, Continuing, Extension, Level of Care Change) boxes filled out completely. Please also address the “Other Health Coverage” box as applicable.
- For Continuing and Level of Care Change authorization requests, programs may submit the SUD Residential Authorization form or the Adult ASAM Criteria Assessment (for adolescents, the Initial Level of Care Assessment) which may already be complete at time of request.



- ❖ **Are authorization timelines changing now too?** No; timelines for authorizations remain the same.
- ❖ **Does an LPHA need to sign the authorization request forms?** No; an LPHA does not need to sign but does, at minimum, need to be consulted and their name and date of consultation shall be on the form submitted.

Other reminders:

- Please ensure the phone number of the person you want contacted about the authorization request is updated on the fax cover sheet.
- Please review the fax cover sheet and authorization request forms for completion prior to submitting.

Update: FY22-23 Reasons for Disallowance

- Interim reasons for recoupment/disallowance for FY22-23 have been [posted to the Optum site under the monitoring tab](#).
- The list is considered interim because we are expecting a confirmed list from DHCS.
- Please note:
 - OTP programs – No change to known reasons for disallowance
 - All other LOC – See highlighted reasons in the guide.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of July-Sept (Q1) will be due by Oct 15, 2022.
- The tool has been updated to include a new question for OTPs regarding the testing requirement that was implemented on 1/1/2022 for Hepatitis C, Fentanyl and Oxycodone; it requires a yes or no response.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process. See SUDPOH G.8.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit to QIMatters.HHSA@sdcounty.ca.gov or fax (619) 236-1953.

Reminder: DMC Recertification Requirements

- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- NOTE – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- NOTE – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- Don't forget to attest to your profile in the SOC application this month! By September 2022, DHCS requires all County BH Plans to submit mental health services provider data using 274 reporting requirements on a monthly basis. Reporting requirements are still being developed for SUD.
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.

Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Remember to complete your certification application on CAPeerCertification.org for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

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

Management Information Systems (MIS)

Reminder: CalOMS Admission Data

- Before CalOMS tx questions are collected, a program participant must have the following three items met:
 1. A SUD related problem, and
 2. The client must have completed the intake process (Not the SanWITS Intake screen) to the program, and
 3. The SUD treatment must have started
- **NOTE:** If an individual started the intake process, but did not return, the CalOMS admission should not have been entered in SanWITS.



Important Reminder - Staff Professional Credential/Licenses/Certifications

- Audits are showing large discrepancies in what is reported for the NACT and what is on the staff profiles in SanWITS.
- SanWITS should be the source of truth.
- Providers must report any changes in staff profile information using the SanWITS User Modification or Termination form as changes occur.

SanWITS Quarterly Users Group Meeting – Let's Get Together!

Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QA updates, and address User concerns.

- Next meeting: Monday, Oct 17, 2022, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent.
- At least one representative from each facility is highly recommended.
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting.

We welcome and encourage you to send us agenda items to be covered during our User Group Meetings

[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov. Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 - 2) Residential Facilities - Bed Management & Encounter Training
 - 3) Outpatient / OTP Facilities – Group Module & Encounters Training
 - 4) SanWITS Assessments (SWA)– designed for direct service staff who complete Adolescent Initial Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment**
- Please remember, if unable to attend class, cancel the registration as soon as possible.



SUD Billing Announcements/Reminders

A. For Outpatient and Residential Providers

Re: Medicare Advantage or Medicare Part C health plans: Blue Shield Promise -Part C, Health Net-Part C, Molina-Part C.

The Medicare Advantage FFS-Equivalent Coverage Certification has been approved and will be effective until Dec 2022. If you have any claims on hold in SanWITS from March 2022 to current for clients with one of these 3 Medicare Advantage health plans, please release them to billing and submit the batch to the SanWITS Clearing House as soon as possible. Please prioritize the March claims so we can bill them to the State on time. For claims on hold from 07/2021 to 02/2022, please contact the adsbillingunit.hhsa@sdcounty.ca.gov immediately to determine if late billing can be done.

B. For OTP Providers

OTP Providers should continue billing Medicare, including Medicare Part C / Medicare Risk Plans /Medicare Advantage/Cal Medi-Connect risk insurance. If Medicare denies your claims in full or only pays a portion of the billed amount, please submit your Medicare EOBs to adsbillingunit.hhsa@sdcounty.ca.gov and contact us at the earliest opportunity to determine if we can bill the unpaid amount/balance to Medi-Cal.

C. **For All Providers**

Please visit the Optum website - BHS Provider Resources to access the billing tip sheets and other important communications. [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://www.optum.com)

SUD Prevention Contractors Corner

PPSDS (Primary Prevention Substance Use Disorder Data Service)

The State of California administers the Primary Prevention SUD (substance use disorder) Data Service (PPSDS) system for counties and providers to report substance abuse primary Strategic Prevention Plans (SPP), programs, and service activities funded by the Substance Abuse Prevention and Treatment Block Grant (SABG) primary prevention set-aside. The CA Department of Health Care Services (DHCS) utilizes prevention data for the annual SABG report and application as well as other national, state, and local data requests. SUD prevention contractors are required to enter activity data into PPSDS as they occur (or at least monthly).

For more information regarding the DHCS SUD Primary Prevention Data Collection and Reporting Service, please see [DHCS SUD Primary Prevention Data Collection and Reporting Service \(ca-cpi.org\)](https://www.ca-cpi.org):



- The PPSDS Data Use Entry Guide can be accessed at: [PPSDS-Data-Entry-User-Guide.pdf \(ca-cpi.org\)](https://www.ca-cpi.org)
- Data review requirements can be accessed at: [Quality Prevention Monitoring Desk Guide \(ca-cpi.org\)](https://www.ca-cpi.org)
- Data quality standards which define such standards to ensure counties and sub-contractors enter quality data into the prevention data system are available at: [PPSDS-Pv-Data-Quality-Standards.pdf \(ca-cpi.org\)](https://www.ca-cpi.org)
- For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.

For additional information regarding DHCS Primary Prevention resources, please visit [Primary-Prevention \(ca.gov\)](https://www.ca.gov).

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com. To receive updates via text, send **COSD COVID19** to **468-311**.

Coronavirus Disease 2019
COVID-19

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
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.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