

RESCHEDULED: DMC-ODS Outpatient Documentation Training

- Please note the DMC-ODS Outpatient Documentation Training (announced in the June 2022 UTTM) will no longer take place on July 14, 2022.
 - The LPHA Meeting will take its place
- All DMC-ODS Documentation Trainings will be sunsetting effective July 1, 2022.
- Programs are advised to complete the CalMHSA Documentation Trainings as described in the “**CalMHSA Documentation Trainings**” section later in this month’s UTTM.



Licensed Practitioner of the Healing Arts (LPHA) Meeting

- The County of San Diego HHSA Behavioral Health Services SUD Quality Assurance team is pleased to announce a Skill Building Workshop for Licensed Practitioners of the Healing Arts and discussion will include a review of the various forms and instructions.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Thursday, July 14, 2022**
 - Time: 1:00 p.m. to 4:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

Treatment Planning Skill Building Workshop

- The County of San Diego HHSA Behavioral Health Services SUD Quality Assurance team is pleased to announce the next Skill Building Workshop for Treatment Planning.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Friday, July 29, 2022**
 - Time: 9:30 a.m. to 12:30 p.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings for August 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ **Care Coordination & Discharge Skill Building Workshop**
 - Wednesday, August 10, 2022, from 1:00 p.m. to 4:00 p.m.
 - ❖ **Progress Notes Skill Building Workshop**
 - Monday, August 15, 2022, from 1:00 p.m. to 4:00 p.m.
- An opportunity to build and develop a SUD Treatment provider’s skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.






Save the Date: Annual DMC-ODS Training

The fourth annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the fourth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- ❖ Date: **Thursday, August 18, 2022**
- ❖ Time: 9:00 a.m. to 12:00 p.m.
- ❖ Where: via WebEx – *Registration information coming soon!*



CalMHSA Documentation Trainings

- CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](#).
- **Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS for training.**
- The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:
 - ❖ [CalAIM Communication Materials](#) *(new additions)* 
 - Communication Materials for Staff
 - Communication Materials for People in Care
 - ❖ [CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard](#) 
 - Documentation Guides *(new additions)*
 - SUD Clinical Staff (revised 06/24/2022)
 - SUD Certified Peer Support Specialists (revised 06/24/2022)
 - SUD AOD Counselors
 - SUD Medical Staff
 - Training Dashboard *(new additions)*
 - New option to "Download data" (into an Excel spreadsheet) at the bottom of the webpage
 - ❖ [CalAIM Policies & Procedures and Attestations](#) *(new additions)* 
 - Documentation Requirements (BHIN 22-019)

All Behavioral Health Services Providers | Quarterly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur quarterly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

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

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC and attest to information once registration is completed.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

Reminder: Serious Incident Reports

- Reminder that the new SIR form is available on the Optum website.
- The SIR form has been updated to include time of incident and location of incident.
- In addition, the SIROF has been updated and is in the process of being posted to the Optum website. Providers are asked to use these updated versions immediately.

Update: Health Questionnaire

- DHCS licensing/certification regulations require the use of the DHCS Health Questionnaire form 5103.
- As of 6/30/22, we are sunseting the SUDURM Health Questionnaire form. It is in the process of being removed from the Optum site and replaced with the DHCS version.
- During this transition process, the updated form can be located here: [DHCS updated form 5103 – Health Questionnaire](#).

Update: County Threshold Languages & Beneficiary Materials

- As of 7/1/22, additional languages have been added to the county threshold languages. Threshold languages include:
 - Somali
 - Arabic
 - Chinese (Mandarin)
 - Korean
 - Persian (including Farsi, Dari)
 - Spanish
 - Tagalog (including Filipino)
 - Vietnamese
- We are in the process of updating beneficiary materials with the additional threshold languages and will notify the system of care when the materials are available.



Update: Reporting Self-identified Disallowances

- DHCS requires timely reporting of overpayments to the County within 60 days.
- The Self-Identified Disallowance reporting process is used to meet this requirement.
- For services rendered prior to 7/1/2022, prior year reasons for disallowance/recoupment should be followed and the current reporting tool should be used.
- For services rendered after 7/1/2022, DHCS is providing us with new reasons for disallowance/recoupment to follow which is expected to focus on fraud, waste, and abuse.
- We will provide an updated tool with changes once we receive more information from DHCS.

Reminder: Transitional Care Services (TCS) Replaced with New Program Enrollment

- Effective 7/1/22, the SanWITS program enrollment TCS was ended, and the new SanWITS program enrollment called “Before Admission/After Discharge” is now available.
- The billable services for outpatient and residential remain the same and are not limited to care coordination:
 - Outpatient: individual counseling or case management
 - Residential: case management

Reminder: National Suicide Prevention Hotline number changing



- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) will transition to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Once this system is online it will route seamlessly into the ACL.

Update: Timely Access Reporting

- We are aware of ongoing challenges and barriers with reporting access time data and that the timely access data is not reflective of the community experience.
- 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](#).

Reminder: Interim Services

- QA is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

UTTM Tip of the month



- Although CalAIM is effective 7/1/22, the County of San Diego is not requiring change on this date as described in the [SOC memo dated 6/14/22](#).
- During the transition phase, programs can still use current forms and follow current timeline regulations.
- During this transition period we would encourage programs to address workflows related to CalAIM changes including daily residential notes, progress note timelines and progress note required elements, and changes to medical necessity.

BHS Health Plan Administration

CalAIM Communication Materials for Providers and for People in Care

- CalMHSA recently released two communiques intended for different audiences. [CalAIM Made Easy](#) is a quick resource intended for providers, and it summarizes what CalAIM is, when the changes are slated to happen, and includes an outline of these changes and what providers need to know.
- Another informational page intended for [individuals in care](#) is available, and it includes a brief description of CalAIM, its goals, and what it means for individuals. The page is also available in [Spanish](#).
- Both informational documents include links to further resources. Please feel free to distribute within your organizations and at your sites.

Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification – until July 31, 2022, for legacy applicants 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. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination. Individuals who would like to apply for certification scholarship through the legacy process must [fill out the online interest form](#) before July 31, 2022, to be considered. The Q&A page is in the process of being posted on the Optum Website and will contain a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

MAT Performance Improvement Project (PIP)

The proposal for the new MAT PIP was approved by the EQRO representative in early March 2022. This PIP will focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and medication assisted treatment (MAT).

In May, the team at HSRC leading the PIP identified a set of questions around current eligibility for MAT and barriers to access within the DMC-ODS that will help inform the next steps of the PIP and future interventions. The questions were posed to key stakeholders in June.

Next steps include:

- Assemble a stakeholder workgroup to help guide the PIP project and interventions
- Begin intervention design



Proposed Study Question:

1. Will implementing a standard protocol in the DMC-ODS at admission for clients with OUD for referral to MAT increase the proportion of clients with MAT who are dual enrolled in residential/outpatient treatment and OTP by 5%?
2. Secondly, will implementation of this protocol increase the proportion of dual-enrolled clients who receive MAT within 90 days of their OUD diagnosis by 5%?

FUA ED Visit Performance Improvement Project (PIP)

- The non-clinical PIP efforts have pivoted to focus on Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence to align with CalAIM PIP requirements.
- The PIP design and interventions will be proposed following data analysis.
- The next step is to work with CalMHSA in obtaining the FUA ED Visit data in order to complete analysis and formulate a study question.

Management Information Systems (MIS)

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, July 18, 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

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 Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 - 5) SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **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.

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

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: 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%91919-response.aspx>

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

Care Coordination & Discharge Skill Building Workshop

- The County of San Diego HHSA Behavioral Health Services SUD Quality Assurance team is pleased to announce the next Skill Building Workshop for Care Coordination & Discharge.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, August 10, 2022**
 - Time: 1:00 p.m. to 4:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

Progress Notes Skill Building Workshop

- The County of San Diego HHSA Behavioral Health Services SUD Quality Assurance team is pleased to announce the next Skill Building Workshop for Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Monday, August 15, 2022**
 - Time: 1:00 p.m. to 4:00 p.m.
 - Where: via WebEx – [Please click here to register!](#)

New: Upcoming Trainings for September 2022

- Please look out for future notice to register for the following virtual trainings:
 - ❖ Recovery Services Skill Building Workshop
 - Friday, **September 9, 2022**, from 9:30 a.m. to 12:30 p.m.
 - ❖ Peer Support Specialist Skill Building Workshop
 - Tuesday, **September 20, 2022**, from 9:30 a.m. to 12:30 p.m.
- An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics.
- If you are in need of an ASL interpreter, please let us know at least 7 business days in advance so that we may secure one for you. We will be unable to guarantee accommodations for requests made later than 7 business days.

RCA Documentation Training

- Date and Time: Thursday, **September 29, 2022**, from 9:00 a.m. to 12:00 p.m.
- Where: via WebEx. *Registration will be required.*

Annual Quality Assurance DMC-ODS Training

The fourth Annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the fourth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.



- Date: **Thursday, August 18, 2022**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: via WebEx – [Please click here to register!](#)

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QA.

- QA will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QA will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QA can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Reminder: Medical Record Review (MRR)

- The new fiscal year is upon us and MRR season has begun.
- Keep a look out for communications from your QA Specialist to schedule your program's MRR.

Update: Adolescent SUD Best Practices Guide replacing Youth Treatment Guidelines

- Youth Treatment Guidelines was replaced by the Adolescent SUD Best Practices Guide in 10/2020.
- The Adolescent Substance Use Disorder Best Practices Guide is designed to help counties develop specialized treatment for adolescents with substance use disorders and best serve the complex needs of this population.
- It is available on the DHCS website at: <https://www.dhcs.ca.gov/services/MH/Pages/Operations-Branch.aspx>.
- We are in the process of adding the guide to the Optum site under the "Manuals" tab.
- DHCS is in the process of updating SABG policy manuals to reflect this change. We will share more information when it becomes available.



Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

New: Quick Guide - Priority SDOH codes for problem lists

- Now on the [Optum SUD website under the toolbox tab](#)
- What are these codes and why are they important?
 - The priority Social Determinants of Health (SDOH) codes are an important component of treating and diagnosing the clients we serve with a client-centered and whole person treatment approach.
 - Utilizing these codes during the assessment process is designed to strengthen rapport building with clients while providing a clearer clinical picture of the individual's quality of life and access to resources. A client's behavioral health and substance use recovery can also be negatively impacted by these social and economic factors.

Reminder: Clients with Other Health Coverage (OHC)

- Providers are responsible for billing BHS client's private insurance, when applicable.
- It is recommended that providers request the client obtain an EOC or letter of non-coverage from their insurance company.
- If the EOC cannot be obtained, providers shall have the client sign an AOB and 42 CFR Part 2 ROI.
- For residential authorizations, programs shall submit either the EOC or letter of non-coverage or a signed AOB and 42 CFR Part 2 ROI for clients with OHC.
- See [BHS Information Sharing Notice – BHS 2020-02](#) for more information.

Reminder: National Suicide Prevention Hotline number change

- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) transitioned to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- The system is online and will route seamlessly into the ACL.



UTTM Tip of the Month: Telehealth services

- May still be provided to clients in DMC-ODS.
- Consent to telehealth services does not need to be documented in every progress note.
- Consent to telehealth services must be documented at least once in client file, prior to initiating the service.
- For more details related to telehealth service provision, see [BHIN 22-019](#)

BHS Health Plan Administration

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. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS.

MAT Performance Improvement Project (PIP)

The proposal for the new MAT PIP was approved by the EQRO representative in early March 2022. This PIP will focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and medication assisted treatment (MAT).

The team at HSRC met virtually with the DMC-ODS CORs in early June to begin an initial discussion around current eligibility for MAT and barriers to access within the DMC-ODS that will help inform the next steps of the PIP and future interventions. During June, the team at HSRC learned of a CalAIM PIP [Pharmacotherapy for Opioid Use Disorder (POD)] with potential overlap with the proposed MAT PIP. When additional information about the POD CalAIM PIP is available, the team will assess feasibility of combining intervention implementation efforts.

Next steps include:

- Determine the degree of overlap between the proposed MAT PIP and the CalAIM POD PIP.
- Assemble a stakeholder workgroup to help guide the PIP project and interventions.
- Begin intervention design.

Proposed Study Question:

1. Will implementing a standard protocol in the DMC-ODS at admission for clients with OUD for referral to MAT increase the proportion of clients with MAT who are dual enrolled in residential/outpatient treatment and OTP by 5%?
2. Secondly, will implementation of this protocol increase the proportion of dual-enrolled clients who receive MAT within 90 days of their OUD diagnosis by 5%?

Connections PIP

In June 2022, HSRC continued ongoing efforts toward finalizing the Connections PIP. The HSRC program analyst responded with some questions about the SanWITS data, and the PIP lead worked on gathering information for the query. A project summary draft was generated internally for distribution to workgroup members.

Next steps include:



- HSRC program analyst will analyze SanWITS data for differences in recidivism between clients who received the MEET intervention and clients who did not (from the same LOC and time frame). Results will be shared with BHS for review and discussion.
- HSRC project manager will send a summary of the findings presented to EQRO to the Connections PIP Workgroup members to close out the project.

Access Times PIP June 2022

In June 2022, HSRC began development of the Access Times Non-Clinical PIP. Research staff reviewed available BHAB dashboards to evaluate trends and assess the most up-to-date urgent access time compliance rates across the DMC-ODS. HSRC also met with a DMC-ODS program manager to gather information about current usage, workflow, and barriers to meeting urgent access time compliance rates from their perspective. Additional information was requested from BHS staff who monitor these rates. From each of these contacts, HSRC has determined a number of issues surrounding urgent access time compliance and can begin to move forward with planning for a PIP workgroup.

In parallel with these efforts, the BHS Population Health team was assigned three new required CalAIM PIPs (two related to SUD) and made plans to work with the UCSD research centers and others to meet these deliverables. It was determined that the Access Times PIP would be placed on hold until FY 2023-24, if a problem was still evident in the data, and the CalAIM PIP, "Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)" would be used for both the CalAIM and EQRO deliverable requirements (a strategy endorsed by EQRO). However, on June 29, HSRC attended an EQRO webinar regarding the CalAIM PIPs and learned that further discussion would be necessary before committing to this initial decision.

Next steps:

- HSRC and BHS representatives will revisit plans for the Access Times PIP or the FUA PIP for meeting EQRO requirements.
 - If the decision is to continue development of the Access Times PIP, HSRC staff will initiate planning for an urgent access time compliance PIP workgroup.
 - If the decision is to pursue the FUA CalAIM PIP as the deliverable for the EQRO PIP, next steps will be determined after the initial workgroup discussion hosted by BHS Population Health.

Management Information Systems (MIS)

Important - 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 Encounter Diagnosis Section Change – anticipated Oct 2022

- The diagnosis will populate the encounter screen from the diagnosis list, but remain editable.
- This change is in preparation of forthcoming Contingency Management pilot.
- In addition, Diagnosis will be assigned through either the Adolescent ILOC (when applicable) or through the Diagnosis List.
- This will be temporary change until the new problem list is added to SanWITS.

Reminder: Effective September 1, 2022, these four records will be Discontinued in SanWITS

1. Adult Initial Level of Care Assessment
 2. Level of Care Recommendation
 3. Treatment Plan
 4. Diagnostic Determination Note (DDN)
- SanWITS trainings for the above 4 records have been discontinued as of August 1, 2022
 - Diagnosis will need to be created through the Diagnosis List.
 - ASAM result for Adults will need to be entered on the ASAM screen.

CalOMS Education – “Source of Referral” on Contact screen/Intake screen

- Source of referral reflects the client’s **principal** source of referral.

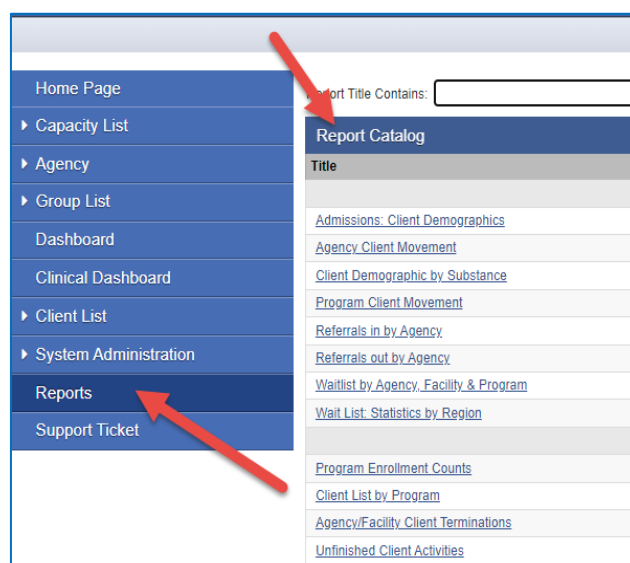
CODE	SOURCE	SOURCE DESCRIPTION
1	Individual	Includes self-referral, family member or friend. If a client reports themselves as “self-referred” but have been referred by another agency, use the client’s administrative paperwork as the referral source
2	Alcohol / Drug Abuse Program	Any program whose activities are primarily related to SUD abuse prevention, education, or recovery services
3	Other Health Care Provider	Physicians, psychiatrists or other licensed health care or mental health professionals, general hospitals, psychiatric hospitals, mental health programs, and nursing homes
4	School / Educational	School principals, counselors, teachers, a student assistance program, or any other educational agency
5	Employer / EAP	A supervisor, personnel officer, employee counselor, or an agent of an Employee Assistance Program (EAP)
6	12-Step Mutual Aid	Programs such as Alcoholics Anonymous, or Al-Anon
7	Probation or Parole	Any person that is sentenced under the law and is sent to treatment as a condition of probation or parole
8	Post-release Community Supervision (AB 109)	The realignment of Criminal Justice and Rehabilitation programs from the State to the counties
9	DUI / DWI	County or privately operated programs that provide counseling, education, and referrals for ancillary services for those individuals who have been mandated to complete a driving-under-the-influence program
10	Adult Felon Drug Court	Any Adult Drug Court client that is charged with, or convicted of a felony. Do NOT use this code for misdemeanants
11	Dependency Drug Court	Any adult client that is involved with the Child Protection Services (CPS) and referred to treatment by a Dependency Drug Court (Family Drug Court) Program. If the client is referred to treatment without the involvement of Dependency Drug Court (Family Drug Court), the referral should be coded as a CPS referral, see # 14 below.
12	Court / Criminal Justice	<ul style="list-style-type: none"> Any referral from a police official, judge, prosecutor, probation or parole officer, or other person affiliated with a federal, state, or county judicial system, or is sentenced for a non-SUD related crime, Is an Adult Drug court client charged with, or convicted of a misdemeanor, Or is a juvenile charged with, or convicted of a crime and referred by a Juvenile Drug Court
13	Other Community Referral	Community and religious organizations or any agency that provides services in areas such as poverty relief, unemployment, shelter, or social welfare. Defense attorneys are included in this category
14	Child Protective Services	Any client that is referred into treatment by CPS and is NOT referred into treatment by a Dependency Drug Court (Family Drug Court) Program

NOTE: Source of Referral as it relates to the Criminal Justice Status field in the Admission record.

- If Source of Referral code values 7, 10, or 12 are entered, then Criminal Status field cannot equal 1-No Criminal Involvement, or the submission to the State will be rejected.
- If Source of Referral code value 8, (AB 109 clients) is entered, then the Criminal Justice Status must be a value 4, or the submission to the State will be rejected. The two fields – Source of Referral and Criminal Status, together, are used by DHCS to track AB 109.

SanWITS Report Catalog Changes

- Due to upcoming and previous SanWITS system changes, the Report Catalog has become out-of-date and contains some obsolete reports. MIS is conducting research into the usage and frequency of these reports to aid in the decision to eliminate the Report Catalog or limit the reports offered moving forward. Any reports deemed necessary will be developed to align with the system changes. Refer to email sent on Jul 21, 2022, titled Action Required by 8/5/22 SanWITS Report Survey, and reminder email sent on Aug 2, 2022. We have requested providers to check with their staff to determine if any of the reports listed are readily utilized and the frequency of usage. Responses were due to MIS by Aug 5, 2022, in order to be considered in our decision.
- Reports can be found by clicking Reports on the left side navigation panel in SanWITS as seen below. Individual reports are listed by category.



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

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. Copies of the OHC and Medicare Advantage emails sent to the SUD Providers on 07/08/2022 are now posted on the Optum website- BHS Resources- Billing folder. [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

SUD Billing Announcement: Medicare Advantage Plan Rules for OTP Providers (msg) 	Email announcement regarding Medicare Advantage billing rules
SUD Billing Announcement: Other Health Coverage Rules for Outpatient Providers (msg) 	Email announcement regarding OHC Rules
SUD Billing Announcement: Other Health Coverage Rules for Residential Providers (msg) 	Email announcement regarding OHC Rules

B. For Outpatient and Residential Programs

- Please review all the claims on hold (service dates from January 2022 to current) that may have been impacted by the Medicare Advantage certification delay for clients with dual coverage (those with Medicare Part C plans: Blue Shield Promise Part C, Health Net Part C, and Molina Health Part C). These claims should be released, batched, and billed to DMC while waiting for the 2022 Medicare Advantage Coverage certification.

Sample eligibility response: with Medicare Part C Molina


Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: [REDACTED] CNTY CODE: 37. PRMY AID CODE: 6H. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-COMMUNITY HLTH GRP; MEDICAL CALL (619)422-0422. PART A, B AND D MEDICARE COV W/MEDICARE ID: [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: MOLINA HEALTHCARE. COV: OIM DVR.

Subscriber Name: [REDACTED]	Subscriber ID: [REDACTED]
Subscriber Birth Date: [REDACTED]	Issue Date: 07/19/2022
Primary Aid Code: 6H	First Special Aid Code: 80
Second Special Aid Code:	Third Special Aid Code:
Responsible County: 37-San Diego	Medicare ID: [REDACTED]
Primary Care Physician Phone:	Service Type: OIM DVR
Service Date: 02/01/2022	Trace Number/Eligibility Verification Confirmation Number: [REDACTED]

- Please follow the OHC Rules (please see item A) if the OHC has not responded nor provided a suitable response to your submitted claims after 90 days.

C. For OTP

- For clients with dual coverage (Medicare or Medicare Part C), please bill the primary plan first, do not bill straight to DMC.
- Please follow the Medicare Advantage rules (please see item A) if the Medicare Part C plan has not responded nor provided a suitable response to your submitted claims after 90 days.
- Please remember to submit the Medicare or Medicare Part C EOB to the adsbillingunit.hhsa@sdcounty.ca.gov as soon as it becomes available.

D. Justice Override

- Clients who are identified as justice override must be billed as county billable.
- In SanWITS, please release to billing, place on hold, and use the hold reason county billable.

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](https://www.sdcph.org/covid19).

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

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: 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%91response.aspx>

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto: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



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.

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- RSVP please, WebEx invite will be sent.
- At least one representative from each facility is highly recommended.
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- 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.

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- Type of Training Classes:
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- **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://optumsandiego.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://ca-cpi.org):



- The PPSDS Data Use Entry Guide can be accessed at: [PPSDS-Data-Entry-User-Guide.pdf \(ca-cpi.org\)](https://ca-cpi.org)
- Data review requirements can be accessed at: [Quality Prevention Monitoring Desk Guide \(ca-cpi.org\)](https://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://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://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

Important update from DHCS

Certified Peer Support Specialist Certification Exam



- CalMHSA, in partnership with DHCS, is releasing the initial administration of the Medi-Cal Peer Support Specialist Examination. The initial administration of the exam is for *early test takers* who met certification requirements and elected to participate in the initial administration phase of the exam between **September 23 – October 14, 2022**.
- The Certification Exam will be made available for ALL test takers starting **December 2022**.
- For more information on the exam, please refer to the [Preparation Guide](#).

Reminder: 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.



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 available on the Optum site where these FAQs will also be posted.



CalAIM Highlights

- SUD QA is developing an additional FAQ focused on CalAIM documentation standards.
 - The CalAIM FAQ includes questions gathered from QI Matters and SUD QA Office Hours.
 - Expected to be posted by 10/28/22 under the “CalAIM FAQ” tab on the Optum Website.

UTTM Tip of the Month

Just because treatment planning documentation standards have changed due to CalAIM, communication with participants about their plan of care is still something that should be occurring.

- Review assessment information to determine problem list items.
- Review problem list with participant and discuss individualized plan of care.
- Reminder that there are no changes for OTP providers.

Reminder: QIP Meeting Date Changes

- Due to meeting conflicts and holidays, several upcoming QIP meetings have been rescheduled to another date.
 - October – rescheduled to 10/20/22
 - November – rescheduled to 11/17/22
 - December – rescheduled to 12/15/22

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, October 20, 2022**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Update: Annual DMC-ODS Training

- QA has posted the PowerPoint slides of the annual DMC-ODS training to the Optum site under the “Training” tab.
- Posting includes a document for Q&A related to topics shared during the training.
- Training attendance has been reviewed to ensure all programs participated. Programs identified with no attendees will be notified and reminded to review the training to remain compliant with the annual training requirement.

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

- As part of Network Adequacy requirements (BHIN [22-032](#) and [22-033](#)), providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- Providers are required to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers and Program Managers are required to attest to all SOC information **monthly**.
- New hires and transfers are required to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

The County of San Diego is pleased to announce we will soon be implementing EPSDT 0.5 services

- Services are intended for beneficiaries under the age of 21:
 - Who are at risk of developing a substance related problem or for those whom there is not yet sufficient information to diagnose a substance use disorder.
 - Identified youth who are at risk for substance use and misuse and seek to stop or reduce before it escalates.
 - Includes: assessment, education, screening, brief intervention, and other interventions aimed at reducing or preventing substance misuse.
 - A tip sheet is in the process of being posted to the Optum site under the “Toolbox” tab.



Peer Plan of Care Co-signatures

Per [BHIN 22-019](#), peer support services must be based on an plan of care approved by any treating provider who can render reimbursable Medi-Cal services.

- This requirement indicates that peer plans of care should be co-signed by any treating provider who can render reimbursable Medi-Cal services.
- The need for a co-signature is linked to the peer role. Therefore, if the Peer staff member holds both peer and SUD counselor credentials, they would still need to obtain a co-signature on plans of care.

SUDURM Updates

Adolescent Initial Level of Care Assessment

- Change in timelines of completion
 - Outpatient programs – To be completed within 30 calendar days from day of admit or within 60 calendar days if under the age of 21 or experiencing homelessness.
 - Residential programs – To be completed with 10 calendar days from day of admit.
- Added section for “If referral is being made but admission is expected to be DELAYED, reason: (Must select one of the reasons below, if applicable)”
- Added Nicotine or Tobacco screening questions to Dimension 1
- Added Provisional Diagnosis Narrative for LPHA

Physician’s Direction Form

- Added Medical Director’s Printed Name to all sections
- Added Physical Examination Results section
 - Medical Director will check this box when the Medical Director reviews the client’s physical examination results that were obtained in the last 12 months. If checked, the results must be included in the chart.
 - Medical Director’s Printed Name, Signature, and Date: Medical Director reviewing client’s file must print name, sign, and date.
- Both updated documents are available on the Optum site under the “SUDURM” tab.

Tobacco Use Disorder and Additional Resources

- On January 1, 2022, Assembly Bill (AB) 541 went into effect, requiring SUD recovery or treatment facilities to assess for and take actions to address client tobacco use disorders.
- In May 2022, DHCS issued information notice [BHIN 22-024](#) to provide clarification and resources to DMC-ODS programs regarding the implementation of AB 541.
- In addition to requiring assessment for tobacco use disorders, for those identified with a tobacco use disorder, the program will need to:
 - Provide information to the client on how continued use of tobacco products could affect their long-term success in recovery from a substance use disorder
 - Recommend treatment for tobacco use disorder in the treatment plan
 - Offer either treatment, subject to the limitation of the license or certification issued by the department, or a referral for treatment for tobacco use disorder
- The California Department of Public Health (CDPH) California Tobacco Control Program has published [“Understanding Assembly Bill \(AB\) 541: Assessment of Tobacco Use Disorder in Substance Use Disorder Recovery or Treatment Facilities”](#) to provide education and resources for Tobacco Use Disorder (TUD) screening, assessment, and treatment, as well as the adoption of tobacco-free campus policies.
- [Resources related to smoking and tobacco cessation](#) have been provided under the “Toolbox” tab on the Optum website.



Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Management Information Systems (MIS)

CalOMS – Open Admissions Errors Email

- If the client is due to have an annual update; however, the client is going to be discharged, **ONLY** create the discharge
 - The annual update and discharge cannot be submitted to the state within the same extract, this will cause a 475 error “Annual Update cannot be submitted after the matching Admission record has been Discharged”
 - CalOMS extracts occur at a minimum twice a month – 1st and 15th of the month.

Important – Contact Screen (Access Times)



- These three fields – 1st Available Intake/Screening Appt, 2nd Available Intake/Screening Appt, and 3rd Available Intake Screening Appt are intended to capture the Facility’s availability to offer an appointment, and is **not** to be based on the perspective client’s availability.
 - Should always be the facility’s actual availability.
- The field 1st Accepted Intake/Screening Appt is intended to capture an appointment the perspective client accepted.
 - The accepted date may, OR may not be one of the facility’s 1st, 2nd, or 3rd available appointments.
 - If the Disposition field is “Made an Appointment”, the 1st Accepted Intake/Screening Appt field should contain the actual date the client accepted.
 - If the Disposition field is anything other than “Made an Appointment”, user should use the work-around date 1/1/2025.
 - This work-around date **must not** be used in the facility’s three availability fields.

Revised - SanWITS Encounter Diagnosis Section Change – anticipated Nov 2022

- The diagnosis will populate the encounter screen from the diagnosis list but remain editable.
- This change is in preparation of forthcoming Contingency Management pilot.
- In addition, Diagnosis will be assigned through either the Adolescent ILOC (when applicable) or through the Diagnosis List.
- This will be temporary change until the new problem list is added to SanWITS.

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.



Reminder: For general information on COVID-19

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Coronavirus Disease 2019
COVID-19

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Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto: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

Reminder: 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.
- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.

Peer Support Services

- Services aim to prevent relapse, empower through strength-based coaching, support linkages to community resources and to educate beneficiaries and their families about their conditions and the process of recovery.
 - Individual and group services:
 - Educational skill building groups: to learn coping mechanisms and problem-solving skills.
 - Engagement services: activities and coaching to encourage and support participation in behavioral health treatment.
 - Therapeutic Activity: structured non-clinical activities such as advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support (defined as collaterals) to focus on the treatment needs by supporting the achievement of treatment goals.



PEER SUPPORT

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. Kindly note the extended **application deadline** for certification is **November 30, 2022**. Remember to complete your certification application on [CAPEerCertification.org](https://www.capeer.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. The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.



CalAIM Behavioral Health Payment Reform

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries. Payment reform will transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible. Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

Reminder: QIP Meeting Date and Time Changes



- Due to meeting conflicts and holidays, upcoming QIP meetings have been rescheduled to another date and time.
 - November – rescheduled to 11/17/22, from 10:30 a.m. to 12:00 p.m.
 - December – rescheduled to 12/15/22, from 10:30 a.m. to 12:00 p.m.

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, November 17, 2022**
- Time: 10:30 a.m. to 12:00 p.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

Update: SUDPOH

- The SUDPOH was updated on 11/3/22.
- The revision and Summary of Changes are in the process of being posted on the Optum site.
- The SUDPOH tab was updated to remove or relocate forms that were previously part of the SUDPOH appendices. See Summary of Changes for Details.
- Important note – SUDPOH has been reorganized to align with MH OPOH to remove redundancies and improve locating standards.
- Next anticipated update is planned for 1/2023.

Update: Serious Incident Report (SIR)

- The SIR form has been updated to include the email address to QI Matters.
- Please begin to use this updated form moving forward.
[https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/dmccodsforms/SIR_FormFill - rev. 10-27-22.docx](https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/dmccodsforms/SIR_FormFill_rev_10-27-22.docx)



Update: Subcontractors



- Prior language in the DMC Billing Manual and Intergovernmental Agreement (IA) had the following language:
 - *"A subcontractor shall not delegate its obligation to provide covered services or otherwise subcontract for the provision of direct patient/beneficiary services."*
- The most recent draft versions of both documents no longer contain this language. Programs should work with their assigned CORs if they wish to begin using subcontractors to provide direct services. Connect with your COR about updating your budget as needed.
- Further updates will be provided in the event that the original subcontractor language or similar requirement is included in final versions of the Billing Manual or IA.

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day, 7 days a week.

Update: Reporting Self-identified Disallowances

- DHCS requires timely reporting of overpayments to the County within 60 days.
- The Self-Identified Disallowance reporting process is used to meet this requirement.
- For services rendered prior to 7/1/2022, prior year reasons for disallowance/recoupment should be followed and the current reporting tool should be used.
- For services rendered after 7/1/2022, DHCS is providing us with new reasons for disallowance/recoupment to follow which is expected to focus on fraud, waste, and abuse.
- We will provide an updated tool with changes once we receive more information from DHCS.

Tip of the Month: Unified SUD progress note

- All levels of care should now be using the unified SUD progress note template.
- Respond to all prompts in the narrative of the note.
- Prompt #2 should be used to discuss client's treatment, their plan of care or the plan of action related to problems identified on the problem list.
- Residential programs are required to have a daily note that summarizes the day and must include at least one covered service.



Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QA.

- QA will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QA will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QA can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

New SUD MIS Email Address effective November 1, 2022

- New email addresses for Support, Fax, and Training.
- Only slight changes – simplified and consistent.
- Each start with SUDEHR.
- No underscoring.
- Please save these new addresses to your desktops.



NEW SUD MIS EMAIL EFFECTIVE 11/1/22

SUDEHRSupport.HHSA@sdcounty.ca.gov

SUDEHRFax.HHSA@sdcounty.ca.gov

SUDEHRTTraining.HHSA@sdcounty.ca.gov

Revised - SanWITS Encounter Diagnosis Section Change – anticipated late Nov 2022

- The diagnosis will populate the encounter screen from the diagnosis list, but remain editable.
- This change is in preparation of forthcoming Contingency Management pilot.
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- 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.

SUDEHRSupport.HHSA@sdcounty.ca.gov

Upcoming SanWITS Promotion now expected in January 2023

- In mid to late January, we anticipate updating the SanWITS system. The new SanWITS will include features such as a new user interface, enhanced architecture, CalOMS outcomes measures, and a diagnosis rewrite. The overall optics and functionality will shift significantly.
- Resources: To support existing users, training manuals and video tutorials will be uploaded to Optum website [SanWITS Training \(optumsandiego.com\)](https://optumsandiego.com) by mid-December for the following trainings:
 - SanWITS – Intro to Admin Functions (IAF)
 - Residential Facilities - Bed Management & Encounter Training
 - Outpatient/OTP Facilities – Group Module & Encounters Training
 - SanWITS Assessments (SWA)
- The resources can be identified by the acronym “OM”, for Outcomes Measures, which differentiates them from the resources that apply to the current SanWITS processes.
- Existing users have the option to re-attend training after the January promotion if they would prefer a hands-on opportunity.
- For new staff, the recommendation is that they postpone SanWITS training until after the January promotion because they will gain the most value learning the system in the format of the future. Attending training that will evolve significantly shortly thereafter would likely not be the best use of their time. However, if it is not possible to defer SanWITS training until after the January promotion, limited classes will still be available for registration through the standard RegPack link: [Online Registration Software for SanWITS User Training \(regpack.com\)](https://regpack.com). An example would be if a program is unable to meet its operational needs with its current staff and their individual system access levels, and urgent training is necessary
- If there are no available trainings listed and you have an immediate need to have a staff trained, please contact the SUD Support team at SUDEHRSupport.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

OTP

A. Medi-Medi

- 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.
- OTP Providers should not bill claims to DMC as primary for dually eligible clients (recipients who have both Medicare and Medi-Cal or what we know as Medi/Medi). Medicare should be billed as primary.
- Once the Medicare Explanation of Benefits (EOB) is obtained, the provider must contact the SUD Billing Unit to determine if any unpaid services can be billed to Medi-Cal. If Medicare rate is higher, there is no need to bill or cross to Medi-Cal.

B. FY2022-2023 OTP Rates

- Corrected DMC OTP Rates for Fiscal Year 2022-2023 have been deployed as of 09/2022. Counties have resumed submitting OTP claims and those denied with CO96/N54 (no interim rate for service type) to the State's Short-Doyle Medi-Cal system.

All Providers (Outpatient, OTP, Residential)

In addition to standard billing training, the SUD Billing Unit offers exclusive/separate training in the following areas:



- Review and interpretation of Medi-Cal eligibility response.
- Review of DMC claim denials and how to prevent or correct them.

Should you be interested and have completed the prerequisite training, please contact the adsbillingunit.hhsa@sdcounty.ca.gov.

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.

**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.

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- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
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- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
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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

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- 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
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- 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.
- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.

Medi-Cal Peer Support Specialist Certification

The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by December 31 on [CAPEerCertification.org](https://www.capeer.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. Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#). The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

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, December 15, 2022**
- Time: 10:30 a.m. to 12:00 p.m.
- Where: via WebEx - Participation information sent by email prior to the meeting.

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.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by January 15, 2023.
- 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: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A [web-based submission form](#) is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is [posted to the Optum site under the “Monitoring” tab](#).





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.

Reminder: Missed Appointments

- ❖ **For new referrals:** When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
 - Additionally, the referral source, if available, should be informed.
- ❖ **For current clients:** When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
 - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.
 - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- ❖ All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Reminder: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)



Reminder: CalFRESH Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client's CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client's CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.

Reminder: Updated forms and documents

Providers are expected to use the most current/updated forms and documents. Please refer to the SUDURM to ensure you are using the appropriate forms. Several forms were updated this FY, including but not limited to, progress note, health questionnaire, and SUD Program Admission Checklist.

- [SUD Treatment Progress Note](#)
- [Health Questionnaire](#)
- [SUD Program Admission Checklist](#)



Tip of the Month

Providers are reminded that a Care Coordinator must be identified and clearly documented within the client chart. The [SUD Program Admission Checklist](#) has been updated to include a prompt for Care Coordinator. The identified Care Coordinator must be an LPHA; however, care coordination services may be provided by other certified/credentialed staff.

Primary Counselor & Care Coordinator (LPHA) names and contact information provided to the client on

Primary Counselor Name: _____

Care Coordinator (LPHA) Name: _____

Management Information Systems (MIS)

Encounter Screen Change effective November 22, 2022

- Diagnosis for this Service section changed in preparation of Contingency Management Pilot.
- User will continue to see the active diagnosis populate the encounter screen.
- Diagnosis will show as editable; however, this change is only for Contingency Management Pilot program.
- **New diagnosis or changing diagnosis are not to be done through the diagnosis screen.**

Diagnoses for this Service

Primary: F11.10-Opioid Use Disorder, Mild on maintenance therapy(DSM 5)

Secondary:

Tertiary:

Contact Screen Change effective November 22, 2022

- The Date and Time field for the **1st Accepted intake/Screening Appointment** will now be optional for all Dispositions except “Made an Appointment”
- User must NOT use the workaround date of 01/01/2025 and time of 12:00 AM any longer.

Location: [dropdown]

Contact Made By: Self

LMHA: [dropdown]

Benefit Type: Medi-Cal

Presenting Needs: [text area]

Disposition: No appointment made

Appointments:

Appointment Type	Date	Appt Time
1st Available Intake/Screening Appt	11/05/22	8:00am
2nd Available Intake/Screening Appt	11/06/22	8:00am
3rd Available Intake/Screening Appt	11/07/22	8:00am
1st Accepted Intake/Screening Appt	[empty]	[empty]

Reminder: SanWITS Data Entry for Timely Access NOABDs

- SanWITS Misc. Notes are to be used to document NOABDs
- Three screens must be completed before accessing the Note section of SanWITS
 - Client Profile (client must exist)
 - Contact Screen (contact must have been made)
 - Intake Screen (if client does not get admitted, the Intake can be closed the same day after documenting the NOABD)
- Questions regarding SanWITS function, contact SUDEHRSupport.HHSA@sdcounty.ca.gov
- Questions regarding NOABDs, contact QIMatters.HHSA@sdcounty.ca.gov

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, Jan 23, 2023, 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

SUDEHRSupport.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.

Upcoming SanWITS Promotion **has encountered some delays and will not be deployed in January**



- We anticipate updating the SanWITS system. The new SanWITS will include features such as a new user interface, enhanced architecture, CalOMS outcomes measures, and a diagnosis rewrite. The overall optics and functionality will shift significantly.
- Resources: To support existing users, training manuals and video tutorials will still be uploaded to Optum website [SanWITS Training \(optumsandiego.com\)](https://www.optum.com) by mid-December for the following trainings:
 - SanWITS – Intro to Admin Functions (IAF) –
 - Residential Facilities - Bed Management & Encounter Training
 - Outpatient/OTP Facilities – Group Module & Encounters Training
 - SanWITS Assessments (SWA)
- The resources can be identified by the acronym “OM”, for Outcomes Measures, which differentiates them from the resources that apply to the current SanWITS processes.
- Existing users have the option to re-attend training after the promotion (**date still to be determined**) if they would prefer a hands-on opportunity.
- Trainings will continue until one month prior to the new deployment at which time Providers will be notified.
 - For new staff, the recommendation will be to postpone SanWITS training until after the promotion because they will gain the most value learning the system in the format of the future. Attending training that will evolve significantly shortly thereafter would likely not be the best use of their time. However, if it is not possible to defer SanWITS training until after the promotion, limited classes will still be available for registration through the standard RegPack link: [Online Registration Software for SanWITS User Training \(regpack.com\)](https://www.regpack.com). An example would be if a program is unable to meet its operational needs with its current staff and their individual system access levels, and urgent training is necessary.
- If there are no available trainings listed and you have an immediate need to have a staff trained, please contact the SUD Support team at SUDEHRSupport.HHSA@sdcounty.ca.gov

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Coronavirus Disease 2019
COVID-19

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- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.



Medi-Cal Peer Support Specialist Certification

The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online, while the Grandparenting/Legacy pathway for certification has been [extended](#) through June 30, 2023. The Medi-Cal Peer Certification Scholarship endorsement period has closed as of November 30, 2022. Please remember to complete your certification application by January 31 on [CAPeerCertification.org](#) for your scholarship application to be processed by CalMHSA. CalMHSA recently launched a searchable [Resource Library](#) on their website which includes application information, exam guides, procedures, and FAQs. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#). The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

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CalAIM Behavioral Health Initiative Frequently Asked Questions

DHCS has released an update to their [CalAIM Behavioral Health Initiative FAQ](#). This new webpage will be updated regularly and is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. For more information, please visit the [CalAIM Behavioral Health](#) webpage.



Updated COVID-19 Vaccination and Masking Guidelines

As a reminder, programs should visit the CDPH webpages, [Health Care Worker Vaccine Requirements](#) and [Guidance for the Use of Face Masks](#), and review DHCS information, [Behavioral Health Information Notice 22-058](#), for the most recent public health orders related to health care worker testing and vaccine requirements.

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- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
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- Date: **Thursday, January 26, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Reminder: Persons with Disabilities (PWD) Accessibility Assessment Requirement

- New programs and programs relocating to a new location are required to complete the PWD Accessibility Assessment to determine if you can accept all persons with disabilities.
- The assessment form is posted on the Optum site under the "Forms" tab.
- For more information about the PWD requirement, see SUDPOH Section E – Accessing Services.
- **Note:** Programs shall have an internal P&P in place to request interpreter services including services for deaf and hard of hearing clients.



Reminder: Level of Care Designations for Residential and WM Programs

- All licensed AOD residential/WM facilities shall obtain at least one DHCS LOC Designation and/or at least one residential ASAM LOC Certification per BHIN 21-001.
- QA is monitoring the DHCS report for status on each program's designation and communicating with COR teams for follow-up.
- Failure to comply with licensing requirements timely may result in revocation of the license as well as deactivation of DMC certification and inability to bill for DMC services.
- Please email QI Matters if you have questions.

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered "dependent" living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: For Residential Providers

- The CalAIM regulation states that there must be a **daily progress note**.
- This requirement means that residential programs are required to write a note that summarizes the services that were provided during the course of the day and the service type selected needs to be **BED DAY**.
- While programs can continue to write notes for 1:1 services, there must also be a daily note.
- Please refer to [BHIN 22-019](#) for additional information/details.



Reminder: SUD Treatment Progress Note

- All providers should be using the new [SUD Treatment Progress Note](#) to document services.

Problem List: SDOH and Z-Codes

- Per [BHIN 22-013](#), priority Social Determinants of Health Codes (SDOH) codes may be used by all providers to identify “persons with potential health hazards related to socio-economic and psychosocial circumstances” without the certification of an LPHA or LMHP.
- The [SDOH list of available Z-Codes](#) (Z55-Z65) may be found on the Optum website under the “Toolbox” tab.
- Although SUD counselors may only use the Z-Codes included in the priority SDOH within their scope of practice, LPHAs have access to additional Z-Codes as listed on the “Numerical Listing of DSM-5 Diagnoses and Codes” list found within the **DSM-5 Manual**.
- Code Z03.89 is reserved for LPHA use, as it is not included within the priority SDOH.

Reminder: Tobacco Use Disorder and Additional Resources

- On January 1, 2022, Assembly Bill (AB) 541 went into effect, requiring SUD recovery or treatment facilities to assess for and take actions to address client tobacco use disorders.
- In May 2022, DHCS issued information notice [BHIN 22-024](#) to provide clarification and resources to DMC-ODS programs regarding the implementation of AB 541.
- In addition to requiring assessment for tobacco use disorders, for those identified with a tobacco use disorder, the program must:
 - Provide information to the client on how continued use of tobacco products could affect their long-term success in recovery from a substance use disorder.
 - Recommend treatment for tobacco use disorder in the treatment plan (**add to Problem List**).
 - Offer either treatment, subject to the limitation of the license or certification issued by the department, or a referral for treatment for tobacco use disorder.
- The California Department of Public Health (CDPH) California Tobacco Control Program has published [“Understanding Assembly Bill \(AB\) 541: Assessment of Tobacco Use Disorder in Substance Use Disorder Recovery or Treatment Facilities”](#) to provide education and resources for Tobacco Use Disorder (TUD) screening, assessment, and treatment, as well as the adoption of tobacco-free campus policies.
- [Resources related to smoking and tobacco cessation](#) have been provided under the “Toolbox” tab on the Optum website.



Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Update: Ongoing Optum Cleanup & Updates

- QA is regularly updating several tabs on the Optum site. Outdated items are removed and archived and if necessary, replaced with updated versions.
- Optum tabs include an archive document outlining items removed.
- **Notable updates** – The outpatient and residential due date timeline tip sheets have been updated and posted under the “Toolbox” tab.



Reminder: SUDPOH

- The SUDPOH was updated on 11/3/22.
- The revision and Summary of Changes are posted on the [Optum](#) site.
- The “SUDPOH” tab was updated to remove or relocate forms that were previously part of the SUDPOH appendices. See [Summary of Changes](#) for details.
- Important note – SUDPOH has been reorganized to align with MH OPOH to remove redundancies and improve locating standards.
- Next anticipated update is planned for 1/2023.

Coming Soon: Beneficiary Materials Updates

- DHCS has made updates to the DMC-ODS Beneficiary Handbook to align with CalAIM.
- QA has received templates from DHCS and is currently working on updating the handbook to include county-specific information.
- QA will notify programs once the updated handbook (along with translated versions) are posted and available for ordering.

Tip of The Month: Connect with your QA Specialist



- Your assigned SUD QA Specialists can help answer many questions you might have.
- They are hubs for knowledge, resources, and can offer specialized technical support in navigating CalAIM and other regulatory requirements.
- If you don't know who your assigned specialist is, feel free to ask QI Matters and we'll get you connected: QIMatters.HHSA@sdcounty.ca.gov

Management Information Systems (MIS)

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, Jan 23, 2023, 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

SUDEHRSupport.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

Upcoming SanWITS Promotion has encountered additional delays



- Our anticipated deployment with the new user interface, enhanced architecture, CalOMS outcomes measures, and a diagnosis rewrite has been temporarily postponed.
- SanWITS vendor resources have been refocused to ensure billing under the new CalAIM Payment Reform.
- We anticipate SanWITS will have changes deployed and ready to bill under the new reform by July 1, 2023, FY23-24.
- More information on SanWITS changes will be forthcoming.

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 Prevention Contractors Corner

PPSDS (Primary Prevention Substance Use Disorder Data Service) Update!

As of October 31, 2022, San Diego County SUD prevention providers were asked to no longer enter activity data in to the PPSDS system. The Department of Health Care Services (DHCS) that oversees the PPSDS data service will be transitioning to a new database entry and reporting system for SABG funded activities in Spring 2023.



DHCS is migrating data entries made into PPSDS from July 1, 2022, through October 31, 2022, into the state's new database system to be available Spring 2023.

During the transition period, SUD prevention providers that use PPSDS will be entering activity data using an Excel spreadsheet (Prevention Providers Excel Worksheet) to capture data for required reporting of activities. SUD prevention providers should have already been contacted by DHCS to activate a Microsoft SharePoint to be used to report weekly activity data. For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov or Oscar Talaro at Oscar.talaro@sdcounty.ca.gov.

Important dates to remember:



- Implementation of the **new DHCS Primary Prevention Services Helpdesk email** at DHCSPrimaryPvServices@dhcs.ca.gov: **Thursday, December 1, 2022**
- Last day the current PPSDS helpdesk mailbox (PrimaryPVSUDDData@dhcs.ca.gov) will be monitored: **Friday, December 30, 2022**
- Last day to run data reports in PPSDS: **Friday, December 30, 2022**

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

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: 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>

Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
SUDEHRTTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.HHSA@sdcounty.ca.gov

NEW!



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

Reminder: 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.
- Note – CalMHSA training information is also available under the “Training” tab on the Optum site.



New: Skill Building Workshops in February 2023

- Please look out for future notice to register for the following virtual workshops:
 - Assessments & Problem Lists (Pilot)
 - **Friday, February 17, 2023**, from 9:30 a.m. to 11:00 a.m.
 - This workshop is an opportunity for SUD Treatment providers to develop and refine their skill set in establishing medical necessity, completing intake assessments, and identifying client needs and problem areas.
 - Progress Notes (Pilot)
 - **Thursday, February 23, 2023**, from 1:00 p.m. to 2:30 p.m.
 - This workshop is an opportunity for SUD Treatment providers to practice and refine their skill set in appropriately documenting rendered services and clinically relevant information.
- Due to limited capacity for the workshop, registration is required and capped at 35 attendees. If you register and are no longer able to attend the workshop, please cancel your registration via WebEx. Additionally, this workshop is intended for LPHA, SUD Counselor, and QA staff. If you are a Billing Specialist, Data Entry Specialist, or Office Administrator, this workshop is not for you. Please respect the limited space and leave registration open to eligible staff.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

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, February 23, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Root Cause Analysis (RCA) Documentation Training

Date and Time: **Tuesday, March 14, 2023**, from 12:30 p.m. to 3:30 p.m., via WebEx. Registration will be required.

Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 with no changes to [application instructions and certification standards](#). For any inquiries regarding certification application status, please reach out to PeerCertification@calmhhsa.org.
- The following information are available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.



CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

Updated COVID-19 Vaccination and Masking Guidelines

As a reminder, programs should visit the CDPH webpages, [Health Care Worker Vaccine Requirements](#) and [Guidance for the Use of Face Masks](#), and review DHCS information, [Behavioral Health Information Notice 22-058](#), for the most recent public health orders related to health care worker testing and vaccine requirements.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QA.

- QA will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QA will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QA can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Reminder: Removal of X-Waiver

- On December 29, 2022, Congress eliminated the "DATA-Waiver Program," and was confirmed [in a letter by the DEA](#) to its registrants on January 12, 2023.
 - This has eliminated the "X-Waiver" requirement to prescribe buprenorphine outside of an opioid treatment program.
 - Going forward, all prescriptions for buprenorphine only require a standard DEA registration number
 - There are no longer any limits or patient caps a prescriber may treat with buprenorphine
- Effective immediately, [SAMHSA will no longer be accepting waiver applications](#)
- [The California Society of Addiction Medicine](#) has clarified that California does not have any additional regulations above the federal level.
- Additionally, the Medication Access and Training Expansion ([MATE act of 2021](#)) was passed, this will add additional training requirements for all prescribers effective June 21, 2023.



Update: CA Managed Care Plans (MCP)

- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- Over the next 11 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.
- For more information see the [DHCS Medi-Cal Managed Care](#) website.

Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Program Specifications](#)

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Screenings Reminder:



- Programs are reminded that all clients must be screened prior to admit. Additionally, collecting all information during a screening of clients 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:
 - Date, CIN, First Name, Last Name, DOB, Type of screening, indicated LOC, Actual LOC, reason for difference (if applicable), delay reason
- ASAM data shall be entered into SanWITs in the ASAM screening using the “Brief Initial Screening” option:
 - Three screens must be completed before accessing the ASAM screen section of SanWITs
 - ✓ Client Profile (client must exist)
 - ✓ Contact Screen (contact must have been made)
 - ✓ Intake Screen (if client does not get admitted, the Intake can be closed the same day after documenting the Brief Initial Screening)

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) ([BHIN 21-073](#)), DMC-ODS program requirements ([BHIN 21-075](#)), behavioral health documentation requirements ([BHIN 22-019](#)), and the No Wrong Door policy ([BHIN 22-011](#)).
- The Beneficiary Handbook, including translated versions and the Summary of Changes, will be available on the Optum site by the March 12, 2023, effective date.
- Clients shall be notified of the changes. QA will provide notification information for programs to share with clients along with the Summary of Changes.

Reminder: Updating Assessments

- Effective 9/1/22, “reassessments” are no longer required and are not part of DMC-ODS as part of [CalAIM documentation reform](#)
- Assessments need to be updated as “clinically appropriate as the beneficiary’s condition changes.”
 - This can be done by using your completed Adolescent Initial Level of Care (ILOC) or Adult ASAM Criteria Assessment (ACA) and putting in the narrative fields “Updated without edits” and the date reviewed if there is no new information, or “Updated with edits” and the new information if you are adding new information.
 - Alternatively, programs may use their own self-developed tool to capture what has been updated as clinically appropriate.
 - These tools do not have to be sent to QIMatters for approval; however, they must not include any County of San Diego indicators or language (i.e., form numbers, logos) and ASAM language or logos removed.
 - Since these tools are not County approved, we do not know how DHCS would handle these during a review. These tools will be accepted during Medical Record Reviews or Technical Assistance reviews by the County of San Diego QA team as part of clinically appropriate assessment updates. However, programs may be at risk for compliance or recoupment as part of future DHCS reviews.
- The ACA or Adolescent ILOC still must be completed within the required timelines (10 calendar days for residential, 30 calendar days for outpatient, or within 60 calendar days in outpatient if the client is under 21 or experiencing homelessness).
 - An LPHA can still claim for the consultation between the LPHA and SUD counselor if an SUD counselor completed the ACA or Adolescent ILOC, but cannot claim for review of a “clinically appropriate update”, as [BHIN 21-075](#) states this is only for an initial, completed assessment.
 - We are seeking clarification from DHCS if further consultations as a result of a Level of Care review between an LPHA and SUD Counselor may be claimed after the initial assessment.

UTTM Tip of the Month

- Although DHCS has clarified that there is no requirement to include a narrative description of diagnosis in the assessment, providers should ensure the assessment is thorough, individualized and all fields are addressed or marked N/A where appropriate.
- Additionally, per BHIN 22-019, providers are required to add the diagnosis to the problem list.
- Please see the link below to DHCS FAQ: [CalAIM-BH-Initiative-FAQ-BH-Doc-Redesign](#)



Reminder: Discharge NOABD Timeline Requirements



- Programs should provide or mail the client an NOABD 10 days prior to discharge (date of NOABD + 10 days).
- The 10-day NOABD timeline may be exempt in very rare occasions (example: client exhibits violence at a residential program); however, the NOABD must still be provided, and programs must facilitate a warm hand off to appropriate services. The program must maintain adequate documentation justifying the reason to bypass the 10-day requirement.
- If a client appeals a discharge and an NOABD was not issued or did not follow the 10-day requirements, the client may access the State Fair Hearing appeal processes and bypass the County advocacy appeal processes.
- If a client appeals an NOABD, they will have the right to request Aid Paid Pending which will give the client the option to remain in the program until the appeal investigation is concluded. Please work closely with the advocacy agency if aid paid pending is requested.
- If a client AWOLs from the program and treatment, this is considered Termination of Services, and therefore both Outpatient and Residential programs are required to provide an NOABD. The NOABD may be sent to the client’s emergency contact if an ROI is on file or may be issued to the client’s last known address.
- Providers are required to log and maintain copies of NOABDs.
- Other types of NOABDs may have different timeline requirements. For more information, please see the [NOABD Table](#) on the Optum website.
- Contact QI Matters for answers to your questions: QIMatters.HHSA@sdcounty.ca.gov

New: Justice-Involved Waiver

- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
 - The state's priority is to ensure all Californians have access to high-quality and timely care.
 - Through the CalAIM initiative, we are creating a new standard for person-centered and equity-focused health care, including for the currently and formerly incarcerated.
- People re-entering the community after incarceration have significant physical and behavioral health needs and are at high-risk of injury and death, especially in the initial period after release.
- The justice-involved initiative ensures continuity of coverage through Medi-Cal pre-release enrollment and provides key services to support a successful re-entry.
 - Pre-release services will be anchored in comprehensive care management and include physical and behavioral clinical consultation, lab and radiology, Medication Assisted Treatment (MAT), community health worker services, and medications and durable medical equipment.
 - For those eligible, a care manager will be assigned, either in the carceral setting or via telehealth, to establish a relationship with the individual, understand their health needs, coordinate vital services, and make a plan for community transition, including connecting the individual to a community-based care manager they can work with upon their release.
- Under the initiative, county jails, county youth correctional facilities, and state prisons will:
 - Ensure all eligible individuals are enrolled in Medi-Cal before release.
 - Provide targeted Medi-Cal health care services to youth and eligible adults in the 90 days prior to release to prepare them to return to the community and reduce gaps in care. Eligible adults include those who have a mental health diagnosis or suspected diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition, a traumatic brain injury, intellectual or developmental disability, or are pregnant or postpartum. All incarcerated youth in a youth correctional facility are eligible with no clinical criteria required.
 - Provide "warm handoffs" to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair) have what they need upon re-entry.
 - Work with community-based care managers to offer intensive, community-based care coordination for individuals at re-entry, including through Enhanced Care Management.
 - Work with community-based care managers to make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the [DHCS CalAIM Justice Involved Initiative](#) website.



Reminder: Reporting Requirement – Self-Identified Disallowances

- DHCS requires timely reporting of overpayments to the County within 60 days.
- The Self-Identified Disallowance reporting process is used to meet this requirement.
- For services rendered prior to 7/1/2022, prior year reasons for disallowance/recoupment should be followed and the current reporting tool should be used.
- For services rendered after 7/1/2022, DHCS is providing us with new reasons for disallowance/recoupment to follow which is expected to focus on fraud, waste, and abuse.
- We will provide an updated tool with changes once we receive more information from DHCS.

Management Information Systems (MIS)

Important: Unfinished Client Activity Report for CalOMS Submissions

- To ensure data entry completion and submittal compliance, run the "Unfinished Client Activity" report located in SanWITS Reports Catalog.
- Report should be run at least twice a month - the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.
- Report identifies all client records that are still "In Progress" status meaning not completed.
- Unfinished records will not be submitted to CalOMS and will become non-compliant with DHCS.



Quarterly SanWITS User Account Audit

- Effective Feb 2023, MIS will begin quarterly audits on SanWITS user accounts.
- Emails will be sent to each provider Program Manager to verify user account status.

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, Apr 17, 2023, 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:

SUDEHRSupport.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 New User Form" and "SanWITS User Modification or Termination Form" Signature Requirement



- Effective March 1, 2023, all SanWITS User access forms will need to be signed by the Facility Program Manager or Facility Director.
- Program Manager or Facility Director signature must be dated/time stamped after the staff signature.

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.

BHS Population Health

MAT/POD PIP



The proposal for the medication assisted treatment (MAT) PIP was approved by the EQRO representative in early March 2022, with a planned focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and MAT.

The first meeting of the MAT/Pharmacotherapy for Opioid Use Disorder (POD) PIP stakeholder workgroup occurred on December 12, 2022. During the workgroup, a brief overview of the MAT PIP and the closely related CalAIM POD BHQIP was presented, followed by preliminary results from the supplemental TPS survey questions around enrollment pathways and barriers to receiving MAT. During the second part of the workgroup the group discussed 1) barriers to enrollment and receiving MAT and 2) potential interventions to address those barriers. Shortly after the stakeholder workgroup, the MAT PIP Advisory Committee learned that the CalAIM POD BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023, and at the end of December 2022 the team made the decision to focus on the POD BHQIP (retention in MAT) in the short term and revisit the original MAT PIP (enrollment in MAT) next year.

Next steps include:

- Compile meeting notes from the first stakeholder workgroup meeting and communicate the shift from designing an intervention to address both enrollment and retention in MAT to focusing solely on retention in the short term
- Continue analysis of TPS supplemental survey responses
- Begin intervention design



New (POD) Goal: Aim to increase the percentage of OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

FUA PIP

In December 2022, HSRC held the first FUA* PIP workgroup, which will inform identify strategies to improve follow-up rates for clients after an Emergency Department (ED) visit for alcohol or other drug use or dependence. The FUA workgroup will also serve to inform the FUM** PIP. The attendees included representatives from HSRC, BHS, NAMI, and SUD providers. The discussion confirmed perceived barriers, added some additional barriers for consideration, and provided ideas for interventions for this PIP.

Additionally, HSRC completed analysis of the TPS supplemental questions pertaining to the FUA PIP and shared these results at the first workgroup meeting. HSRC continued efforts to securely receive the plan data feed files to begin analysis of the claims data for the PIP.

Next steps:

- Present at the January 2023 Hospital Partners Meeting
- Synthesize information gathered from the December FUA/FUM PIP stakeholder workgroup
- Continue efforts to receive plan data feed files and begin analysis once in place
- Continue to work with BHS representatives to meet the CalAIM PIPs deliverable timeline

*FUA: Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (7 and 30 Day)

**FUM: Follow-Up After ED Visit for Mental Illness (7 and 30 Day)



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

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: 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>

Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov



SUDEHRTTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.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

Update: CalMHSA Trainings

- As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- For those with individual staff logins to the CalMHSA training system, CalMHSA provides an on-demand report programs can run to confirm staff attendance for each training. It is recommended that programs select San Diego County before generating the report: <https://www.calmhsa.org/calaim-2/>
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.
- More information will be provided in the future regarding monitoring compliance of completed trainings by staff.

Root Cause Analysis (RCA) Documentation Training

- **Tuesday, March 14, 2023**, from ~~12:30 p.m. to 3:30 p.m.~~ 9:00 a.m. to 12:00 p.m., via WebEx.
- *Registration Required.* [Register Here](#)

New: Skill Building Workshops in March 2023

- Please look out for future notices to register for virtual workshops:
 - Care Coordination & Discharge (Pilot)
 - **Tuesday, March 14, 2023**, from 1:00 p.m. to 2:30 p.m.
 - This workshop is an opportunity for SUD Treatment providers to define and determine the elements of a Care Coordination service, discuss the importance of “warm handoffs” and coordinating care, and review the discharge process.
 - [Register Here](#)
 - Recovery Services (Pilot)
 - **Thursday, March 16, 2023**, from 9:30 a.m. to 11:00 a.m.
 - This workshop is an opportunity for SUD Treatment providers to review the goal of Recovery Services and to exercise skills in facilitating client transition into services.
 - [Register Here](#)
- Due to limited capacity for the workshop, registration is required and capped at 35 attendees. If you register and are no longer able to attend the workshop, please cancel your registration via WebEx. Additionally, this workshop is intended for LPHA, SUD Counselor, and QA staff. If you are a Billing Specialist, Data Entry Specialist, or Office Administrator, this workshop is not for you. Please respect the limited space and leave registration open to eligible staff.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



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, March 23, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Update: Changes to RIHS Training System

- Effective 4/1/2023, RIHS will no longer provide training support for BHS staff and providers.
- BHS is transitioning all training material into a BHS training webpage that is expected to be available by 4/1/2023.
- More information, such as website links, will be sent in a future communication.

Language Updates from BHIN 23-001

- In this Information Notice, DHCS is now using the following language:
 - Narcotic Treatment Program (NTP), “also described in the ASAM criteria as an OTP”
 - Medications for Addiction Treatment (MAT), “also known as medication-assisted treatment”
- There are no identified changes to the services provided, this appears to only be a name change.

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Jan-Mar (Q3) will be due by April 15, 2023.
- 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.
- 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: CalFRESH Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client’s CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client’s CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.

Update: Public Health Emergency (PHE) Ending & Impacts to Medi-Cal Beneficiaries

- The COVID-19 Public Health Emergency will end on 3/31/2023.
- As of 4/1/2023, Medi-Cal redeterminations will resume. This will impact San Diego’s Medi-Cal beneficiaries and may place them at risk for losing their coverage.
- DHCS’ top goal is to minimize beneficiary burden and promote continuity of coverage.
- DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.
- **How you can help:**
 - Become a **DHCS Coverage Ambassador**.
 - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - The toolkit includes social media, call scripts, noticing, and website banners.
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available.
 - **Encourage Beneficiaries to Update Contact Information**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with County offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners.
 - Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with County office if they have not done so yet.



Reminder: DMC-ODS Eligibility

- The County of San Diego's DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
 - ✓ Adolescents age 12 – 17
 - ✓ Adults age 18 and over
 - ✓ Clients self-referred or referred by another person or organization.
 - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
 - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
 - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
 - ✓ No DMC/Low Income or no insurance:
 - Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
 - Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
 - Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
 - Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
 - ✓ Persons meeting DMC-ODS medical necessity criteria.
 - ✓ Justice Overrides
 - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) (BHIN 21-073), DMC-ODS program requirements (BHIN 23-001, superseded 21-075), behavioral health documentation requirements (BHIN 22-019), and the No Wrong Door policy (BHIN 22-011).
- The Beneficiary Handbook and Summary of Changes (in all threshold languages) will be sent out the System of Care by COB Friday 3/10/23 and are in effect starting 3/12/23.
- The new handbooks will also be posted to the Optum site under the "Beneficiary" tab.
- Beneficiary Material Order Forms are in the process of being updated to include additional threshold languages.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 3/15/23.

Reminder: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Health Plan Administration (HPA)

Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
 - Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
 - No changes to [application instructions and certification standards](#).
- For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The following information are available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs.
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.
- CalMHSA is inviting community feedback for existing landscape analyses of core competencies for Medi-Cal Peer Support Specialists specializations through focus groups scheduled this month and via feedback forms. The core competencies and landscape analyses for feedback are linked below under their respective areas of specialization. Please direct any questions to CalMHSA through Tatiana.Ortiz@calmhsa.org.
 - Area of Specialization: **Crisis Care**
 - [Crisis Care Core Competency Layout](#)
 - [Crisis Care Landscape Analysis](#)
 - [Feedback Form](#)
 - Focus Group Meeting
Date: Wednesday, March 15, 2023
Time: 1:00 - 2:15 p.m.
Zoom link: <https://us02web.zoom.us/j/3895736057>
 - Area of Specialization: **Working with Persons Who Are Unhoused**
 - [Unhoused Core Competency Layout](#)
 - [Unhoused Landscape Analysis](#)
 - [Feedback Form](#)
 - Focus Group Meeting:
Date: Friday, March 10, 2023
Time: between 9:00 - 10:15 a.m.
Zoom link: <https://us02web.zoom.us/j/3895736057>
 - Area of Specialization: **Justice Involved**
 - [Justice Involved Core Competency Layout](#)
 - [Justice Involved Landscape Analysis](#)
 - [Feedback Form](#)
 - Focus Group Meeting
Date: Thursday, March 16, 2023
Time: 10:00 - 11:30 a.m.
Zoom link: <https://us02web.zoom.us/j/3895736057>



Additional Advertising Requirements for SUD Recovery or Treatment Facilities and Mental Health Facilities

- With the implementation of SB 1165, the State has released updated requirements for advertising SUD Recovery/Treatment Facilities and Mental Health Facilities.
- Facilities must take note of these four key prohibited actions outlined by the bill:
 - Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
 - Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
 - Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
 - Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.
- DHCS may investigate an allegation of a violation of these additional requirements and may impose sanctions effective March 15, 2023. More information can be found in [BHIN 23-007](#).



CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

Management Information Systems (MIS)

Reminder: CalOMS Compliance

- Refer to SanWITS Data Entry standards posted to Optum website [SanWITS DMC-ODS Data Entry Standards Rev 2022.10.20](#)

	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 10 th and 11 th month from date of admission (note: there is an annual update alert in SanWITS)
Encounters	Residential Bed Day Within 24 hours of service Case Management Within 7 days Recovery Service Within 7 days	Within 7 days of service, Exception: OTP consecutive methadone dosing is within 7 days of the end date on the encounter

- Providers are expected to run the "Unfinished Client Activity" report to identify any client records that are missing data and have "In Progress" status on the Activity List screen.
- Unfinished Client Activity report should be run at least on the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.

Reminder: Outpatient Programs

- When changing Level of Care from IOS to OS and vice versa the current episode/intake MUST be closed, and a new episode/intake needs to be open for the new Level of Care (LOC) program enrollment (PE)
 - There should not be more than one LOC PE under an episode/intake.

Reminder: Residential Program

- SanWITS is set up to work in chronological order for bed management – If the client needs a level of care (LOC) change for instance 3.5 to 3.1, and the client is moving beds or needs a leave record under the new LOC program enrollment, the LOC change must be completed in SanWITS before moving the client bed or entering a leave record.
- The system will not allow you to back date the LOC program enrollment after the bed move or leave record has been completed.

Reminder: Programs that Use Group Module

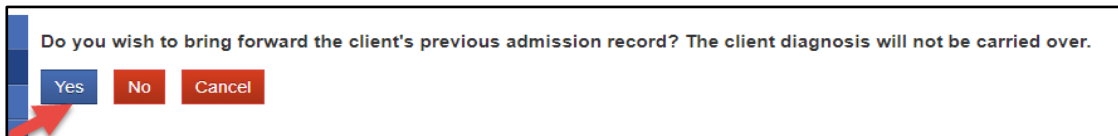
- SanWITS uses a formula to calculate the Group Counseling upon releasing at least one encounter from the group, at which time, the system determines the group is completed and calculates based on what was initially entered under the group session screen.
- When adding/removing a member from a group session after at least one encounter has been released to bill, make sure those claims are rejected back before adding/removing the member.

Preventing Encounters being outside the program enrollment date range

- Verify the client is actively receiving SUD treatment services at facility for service date (not discharged).
- Verify the client is in the appropriate program enrollment on the SanWITS encounter screen.
- Enter the discharge record and close the client program enrollment according to data entry standards (see SanWITS Data Entry Standards posted to Optum website under the SanWITS tab).
- Before Discharging the client verify billing has been completed.
- Before making corrections to the CalOMS Admission and/or Discharge, or program enrollment start/end dates, review encounters service dates.

Preventing Discrepancy between Program Enrollment and Type of Tx Service on the CalOMS Admission Screen

- When opening a new episode and answering “yes” to bring forward the client’s previous admission data, review, verify the client information, make necessary changes, and update the Type of Tx service to match the client Level of Care (LOC) Program Enrollment (PE).



Do you wish to bring forward the client's previous admission record? The client diagnosis will not be carried over.

Yes No Cancel

Non-BHS Contracted Clients

- Non-BHS Contracted Clients do not meet the County target population such as private pay, cash pay, clients who do not qualify for Medi-Cal, clients with Other Health Coverage (OHC) who do not qualify for Medi-Cal, and clients above the 200% FPL, etc.
 - Please refer to the SUDPOH for further details
- Non-BHS Contracted Clients must be entered in SanWITS for the purpose of CalOMS data collection for state reporting.
 - Refer to the DHCS CalOMS Data Collection Guide [CalOMS Tx Data Collection Guide](#)
 - **Do Not complete an ASAM, Payor Group Enrollment or Encounters for Non-BHS clients** [Non-BHS Contracted Client Program Enrollment CalOMS Reporting](#)

Reminder: DATAR

- Please email the SUD support desk SUDEHRSupport.HHSA@sdcounty.ca.gov the following information to request a DATAR submitter for your facility:
 - ✓ Name
 - ✓ Business Email
 - ✓ Facility/CalOMS#
- **Note:** Every facility should have at least 1 backup DATAR submitter.

Important: Unfinished Client Activity Report for CalOMS Submissions

- To ensure data entry completion and submittal compliance, run the “Unfinished Client Activity” report located in SanWITS Reports Catalog.
- Report should be run at least twice a month - the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.
- Report identifies all client records that are still “In Progress” status meaning not completed.
- Unfinished records will not be submitted to CalOMS and will become non-compliant with DHCS.



Reminder: Discrepancy in the Program Enrollment Termination Reason and Discharge Status on Discharge Profile

- When discharging a client, make sure that both the Termination Reason and Discharge Status are the same.
- The Termination Reason on the **Program Enrollment**’s screen must be the same as the client’s Discharge Status on the **Discharge Profile** screen to avoid mismatching data.

Quarterly SanWITS User Account Audit

- Effective Mar 2023, MIS will begin quarterly audits on SanWITS user accounts.
- Emails will be sent to each SUD Program Manager to verify user account status to ensure only appropriate staff have active accounts.

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, Apr 17, 2023, 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.

SUDEHRSupport.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.

Revised Forms - “SanWITS New User Form” and “SanWITS User Modification or Termination Form” effective March 10, 2023

- All SanWITS User access forms will need to be signed by the Facility Program Manager or Facility Director
 - Program Manager or Facility Director signature must be dated/time stamped after the staff signature.
- New SanWITS user forms will be released on or before **March 10, 2023**
 - Download and save the newest forms from [Optum San Diego](#)
 - Discard Older expired forms as they will no longer be accepted after March 9, 2023
- A few changes are noted below:

Section I: A staff role field has been added with a dropdown.

Section II- Licensing Issuer field has been added. The Taxonomy#, License#, License Issuer and Issue Date are now required fields if an NPI or License type is entered.

Section III- A complete list of roles has been added to each training class description.

Section IV- User forms must now be signed by a Program Manager or Director

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
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- Type of Training Classes:
 - 1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types.
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- **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 Unit

I. Medicare Advantage FFS-Equivalent Coverage Certification for Outpatient and Residential programs except OTP.

The Medicare Advantage FFS-Equivalent Coverage Certification approval is effective until 12/31/2022. If you have any claims on hold from September 2022 to current for clients with these insurances should be released to billing and batches should be submitted to the SanWITS clearing house. Please prioritize September 2022 claims (if available) as we only have until the end of March 2023 to bill the State without the required Delay Reason Code (DRC). Please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov immediately for claims beyond the six-month billing deadline (from the date of service).

The certification letter must be renewed and approved by the State each year and as of today, the 2023 certification is still in progress. We would like to continue billing the claims straight to DMC for these three Medicare Advantage Plans: **Medicare Part C insurances (Blue Shield Promise -Part C, Health Net-Part C, Molina-Part C)**, and if claims are denied, the County Billing Team (SUD BU) will replace and rebill the claims upon receipt of 2023 certification.

II. OTP Providers

- OTPs are expected to continue to bill Medicare, including Medicare Part C / Medicare Risk Plans / Medicare Advantage
- Methadone and counseling services (individual and group) even if the client is out of county should be billed to DMC. Please note that we can bill DMC for these services; do not put them on hold unless there are other valid reasons to do so. Please continue to assist the client with the transition should they intend to live in San Diego.

III. Cal MediConnect

Effective January 1, 2023, Cal MediConnect (MCC) no longer exists. Review any prior clients with Cal MediConnect in the past and make sure to update their Medicare-risk insurance and bill appropriately.

IV. Additional Reminders to All Providers (Outpatient, OTP, and Residential)

1. Please review all the claims on hold and bill to DMC if applicable.
2. My team sends an email to providers if the claim batch contains more than 5000 claims, so you have time to reject and split the batch into two. We do this to prevent the State from rejecting our batch submission, as their claim system only accepts up to 5,000 claims at a time.
3. Please respond to all billing unit emails as soon as possible, or if unable, have a member of your team respond so we can process your claims.



Should you require further assistance, please contact the Billing Unit at: ADSBillingUnit.HHSA@sdcounty.ca.gov or call our main line at 619-338-2584.

Population Health

1. MAT/POD PIP

The proposal for the MAT PIP was approved by the EQRO representative in early March 2022, with a planned focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and medication assisted treatment (MAT). In December 2022, the MAT PIP Advisory Committee learned that the CalAIM Pharmacotherapy for Opioid Use Disorder (POD) BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023, and at the end of December 2022 the team made the decision to focus on the POD BHQIP (retention in MAT) in the short term and revisit the original MAT PIP (enrollment in MAT) next year.



In January, the PIP evaluation team provided a PIP status update during the Adult Council meeting (January 9, 2023), and continued analysis of the supplemental survey responses received from clients who responded to the TPS survey in October 2022. The PIP evaluation team also continued to work to securely receive the claims data feeds to be able to calculate baseline data for the project, and provided a CalAIM BHQIP deliverables status update summary to SDCBHS to assess progress toward Milestone 3d(ii).

Next steps include:

- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline (2/6/2023).
- Inform the stakeholder workgroup of the shift from designing an intervention to address both enrollment and retention in MAT to focusing solely on retention in the short term and facilitate the bi-monthly workgroup (2/13/2023).
- Begin intervention design.
- Continue efforts to receive plan data feed files and begin analysis once in place.

POD Goal:

Aim to increase the percentage of OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

**2. FUA PIP**

In January 2023, HSRC compiled the FUA*/FUM** PIP workgroup meeting notes and reviewed internally. On January 9, representatives from HSRC joined the Adult Council Meeting to provide a status update on the SUD EQRO and BHQIP PIPs to align with the council's current focus on access to care. On January 20, HSRC joined the Hospital Partners Meeting to present the FUA/FUM projects and request input from hospital providers to help inform the intervention. During this meeting, it was requested that attendees be given an opportunity to provide more thorough feedback outside of the meeting; therefore, HSRC developed a Hospital Partners Survey to collect these responses. The survey design was completed in January and reviewed internally.



Throughout January, HSRC continued efforts to securely receive the plan data feed files to begin analysis of the claims data for the PIP. Additionally, HSRC helped coordinate a meeting between SDCBHS, UCSD, and Managed Care Plan (MCP) representatives to discuss piloting information exchange for data from patients visiting the emergency department. HSRC staff also provided a CalAIM BHQIP deliverables status update summary to SDCBHS to assess progress toward Milestone 3d(ii).

Next steps include:

- Distribute Hospital Partners Survey and begin analysis of responses; combine findings with stakeholder workgroup feedback and begin to develop an intervention proposal.
- Participate in SDCBHS, UCSD, MCP meeting to discuss pilot to receive data from MCPs for patients visiting the ED (February 6)
- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline (February 6)
- Participate in meeting with EQRO representative to discuss status of the PIPs (February 15)
- Facilitate second bi-monthly FUA/FUM PIP Stakeholder Workgroup (February 27)
- Continue efforts to receive plan data feed files and begin analysis once in place.

**FUA: Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (7 and 30 Day)*

***FUM: Follow-Up After ED Visit for Mental Illness (7 and 30 Day)*

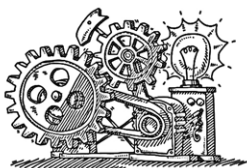
Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
SUDEHRTraining.HHSA@sdcounty.ca.gov
SUDEHRTax.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

New: Skill Building Workshops in April 2023

- Please look out for future notice to register for the following virtual trainings:
 - Withdrawal Management (Pilot)
 - **Tuesday, April 11, 2023**, from 1:00 p.m. to 2:30 p.m.
 - This workshop is an opportunity for SUD Treatment providers to review the Withdrawal Management standards in DMC-ODS, discuss ongoing assessment and documentation, and practice skills to assist in transition to a lower level of care.
 - [Register Here](#)
 - Assessments & Problem Lists
 - **Thursday, April 20, 2023**, from 1:00 p.m. to 2:30 p.m.
 - This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in establishing medical necessity, completing intake assessments, and identifying client needs and problem areas.
 - [Register Here](#)
- Due to limited capacity for the workshop, registration is required and capped at 35 attendees. If you register and are no longer able to attend the workshop, please cancel your registration via WebEx. Additionally, this workshop is intended for LPHA, SUD Counselor, and QA staff. If you are a Billing Specialist, Data Entry Specialist, or Office Administrator, this workshop is not for you. Please respect the limited space and leave registration open to eligible staff.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



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, April 27, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

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.

Fentanyl Test Strips

- ***What are Fentanyl Test Strips?***
 - Fentanyl test strips (FTS) are an inexpensive form of drug testing technology which have been shown to be effective at detecting the presence of fentanyl and fentanyl analogs in drug samples.
 - FTS are a type of harm reduction intervention.
- ***Why Fentanyl Test Strips?***
 - The goal of FTS is to mitigate harm and reduce overdose deaths.
 - Alerting people who use drugs to the presence of fentanyl can provide opportunities for safety planning, such as:
 - Never using alone
 - Having a person with naloxone nearby while using
 - Using less
 - Abstaining from use
- ***Is Distributing Fentanyl Test Strips Legal?***
 - Yes
 - On August 29, 2022, Assembly Bill No.1598 was signed and chaptered into law by the Governor. The new law, which went into effect on January 1, 2023, permits entities beyond syringe services programs (SSPs) to distribute fentanyl test strips.
- ***How can Interested Programs Begin Distributing Fentanyl Test Strips?***
 - Become a County Naloxone Distribution Network provider: as network providers, programs receive free naloxone and, beginning in Spring 2023, can also receive fentanyl test strips for distribution. For more information, please email the BHS Harm Reduction Team at HarmReduction.HHSA@sdcounty.ca.gov.
 - Purchase FTS on their own: with pre-approval from their Contracting Officer Representative (COR) and/or the program's funding source, programs may purchase FTS on their own and distribute to participants under the new law. For product information, pricing, and ordering visit [BTNX | Harm Reduction](#) or [Fentanyl | DanceSafe](#)



Update: BHS Training and Technical Assistance

- BHS training information can be found on the [BHS Training and Technical Assistance](#) website.
- Access to [Academy of Professional Excellence](#) eLearnings are available for: Implementing Harm Reduction, Pathways to Well-being, and Introduction to Trauma Informed Care.
- Additional, system of care trainings will be announced through BHS email communication.

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
 - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
 - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A [web-based submission form](#) is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is [posted to the Optum site under the "Monitoring" tab](#).

Update: SUDPOH

- The SUDPOH was updated on 03/20/23.
- The revision and Summary of Changes are posted on the Optum site.
- Next anticipated update is planned for 07/14/23.

Update: DHCS Behavioral Health Information Notice 23-008

- This Information Notice allows graduate students to provide counseling services in an AOD program and exempts them from the counselor registration and certification requirements.
- A graduate student providing counseling services in an AOD program shall:
 - Be enrolled as a university graduate student in psychology, social work, marriage and family therapy, or counseling.
 - Be completing their supervised practicum hours to meet graduate school requirements; and
 - Provide proof of enrollment as a graduate student to the AOD program on an annual basis.
- If a graduate student is no longer enrolled in a university program, they shall notify the AOD program in writing of their withdrawal within one working day, and the AOD program shall immediately remove the former graduate student from providing counseling services.
- We currently have a series of questions in to DHCS regarding these graduate students related to scope of practice, billing, and credentialing, and will provide more information as those questions are answered prior to implementation.



Update: Payment Reform and Billing Manual

- We still have multiple questions in to DHCS regarding payment reform and errors in the billing manual, including a valid billing code(s) for Care Coordination as of 7/1/23.
- A revised billing manual is expected the week of 4/10/23 which we hope will answer some questions, but we do not anticipate that all our questions will be answered.
- We will continue to communicate with the system via UTTM and QIP on updates and will be providing the system with information, guides, and a crosswalk as soon as we have enough basic information to proceed.
- **Update:** The most recent update to the [CalAIM FAQ](#) states that as of 7/1/23, residential SUD providers will no longer be able to bill care coordination (formerly case management) separately, and it will be included in the reimbursement rates and updated in a future billing manual. This does not remove the necessity of providing care coordination for residential providers.



Reminder: Attestation for Beneficiary Handbook Changes

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 3/15/23. There are several outstanding attestations. Please complete and submit to QI Matters as soon as possible.

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.

Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.

Reminder: Missed Appointments

- **For new referrals:** When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
 - Additionally, the referral source, if available, should be informed.
- **For current clients:** When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
 - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client’s emergency contact, or initiating a welfare check.
 - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.



Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment.
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department.
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises.
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
 - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
 - [Form 5079 Unusual Incident/Injury/Death Report](#)

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client’s living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. **NOTE** – Recovery Residences and Sober Living should be considered “dependent” living.





- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Persons with Disabilities (PWD) Accessibility Assessment Requirement

- New programs and programs relocating to a new location are required to complete the PWD Accessibility Assessment to determine if you can accept all persons with disabilities.
- The assessment form is posted on the Optum site under the “Forms” tab.
- For more information about the PWD requirement, see SUDPOH Section E – Accessing Services.
- **NOTE:** Programs shall have an internal P&P in place to request interpreter services including services for deaf and hard of hearing clients.

Health Plan Administration (HPA)

Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
 - Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
 - No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status “In Revision” must complete additional requests for information in order to proceed. For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The *Supervision of Peer Workers Training* is now available through CalMHSA at no cost. This training meets the State’s training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
 - [Register](#) for the Supervisor Training at the CalMHSA website.
- The following information are also available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs.
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.



Provider Directory Application Programming Interface (API) coming soon!

- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible, standards-based Provider Directory API ([BHIN 22-068](#)). This upcoming change may result in potential administrative relief, would create more efficient coordination of care between MCPs and BHS programs, and even possibly allow clients to look up BHS network providers’ information on phone applications.
- To help prepare for this change, staff providers are asked to:
 - Update provider directory information in the SOC Application as changes occur.
 - Attest to the accuracy of provider directory information on the SOC Application monthly.
 - Are you a program manager? Remember to attest to your program’s information on the SOC Application monthly.
- Please be on the lookout for further announcements and additional information for provider directory requirements.

Transportation Benefit for Medi-Cal Beneficiaries

- As a reminder, Medi-Cal beneficiaries may avail of non-medical transportation (NMT) or non-emergency medical transportation (NEMT) from their Medi-Cal Managed Care Plans ([BHIN 22-031](#)). Transportation to Mental Health and SUD treatment appointments are included in this benefit.
- To access transportation benefits, BHS providers and/or beneficiaries can call the health plans' member services department found in the linked [FAQs](#).

Additional Advertising Requirements for SUD Recovery or Treatment Facilities and Mental Health Facilities

- With the implementation of SB 1165, the State has released updated requirements for advertising SUD Recovery/Treatment Facilities and Mental Health Facilities.
- Facilities must take note of these four key prohibited actions outlined in the DHCS guidance [Behavioral Health Information Notice 23-007](#):
 - Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
 - Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
 - Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
 - Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.
- DHCS may investigate an allegation of a violation of these additional requirements and may impose sanctions effective March 15, 2023. More information can be found in [BHIN 23-007](#).

Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines

Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.



CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

CalOMS – Unfinished Client Activity Report for CalOMS Submissions

- To ensure data entry completion and submittal compliance, run the "Unfinished Client Activity" report located in SanWITS Reports Catalog.
- Report should be run at least twice a month - the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.
- Report identifies all client records that are still "In Progress" status meaning not completed.
- Unfinished records will not be submitted to CalOMS and will become non-compliant with DHCS.

Reminder – Admissions

- CalOMS Admission should be completed for a client entering SUD Level of Care treatment services such as: OS, IOS, OTP, Res 3.1, Res 3.3, Res, 3.5, WM 3.2
- Do not complete an Admission for a client entering one of these SanWITS program enrollments: Recovery Service, Before Admission/After Discharge, Early Intervention.



- If an admission was entered by mistake, contact SUDEHRSupport.HHSA@sdcounty.ca.gov for a deletion request.

Reminder – SanWITS has been updated to include two new DMC billable service codes for Certified Peer Support Specialist (CPSS)

- BH Prevention Education Services/Peer H0025 (Group service Only)
 - Enter by selecting the appropriate service on the Group Session Notes Screen in the Service field.
 - **Prevention Education Peer Group Outpatient
 - **Prevention Education Peer Group 0.5 Early Intervention
 - **Prevention Education Peer Group RES
 - **Prevention Education Peer Group 3.2 WM
- Self-Help/Peer Service H0038 (individual services)
 - Enter this service through the SanWITS encounter screen.



Important: Reporting Provider Changes to the County and State

- It is the Providers responsibility to report to DHCS any modifications to information previously submitted to DHCS within 35 days from the date of the change. Most changes may be reported on a DHCS 6209 form. See [Medi-Cal Supplemental Changes DHCS 6209.pdf](#) for further details.
- The information below often gets overlooked and not reported on DHCS 6209 supplemental change form through PAVE system and therefore is not reflected on DHCS Master Provider File (MPF).

- Legal Entity: The name of the administrative/corporate office. This should match what is on file with the Internal Revenue Service (IRS).
- Doing Business as Name (DBA): The name of the facility where services are provided. This name may or may not be the same as the Legal Entity.
- Director Name, Email, & Phone Number: The name, email, and phone # for the director of the Legal Entity.
- Program Contact Name, Email, & Phone Number: The name, email, and phone # for the program contact at the facility where the services are being provided (not the administrative or corporate address).

- Please see SUDPOH for additional information and instruction.
 - Provider changes must also be reported to:
 - SUDEHRSupport.HHSA@sdcounty.ca.gov
 - QIMatters.HHSA@sdcounty.ca.gov
 - Assigned program COR.

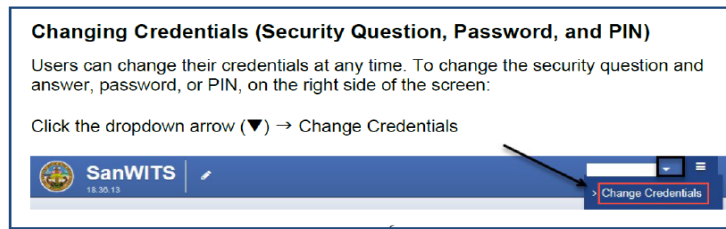
3 Ways to Reset your SanWITS Password

1. The fastest way to reset user password is by clicking the Forgot Password link on the Login page.
 - In order to use this function, user would have to have security questions and answers previously set during initial account or when password has previously been reset.
 - If user attempts to log in twice and fails, **do not attempt a third time**, just click on Forgot Password, and enter security question answer, this will generate an email to reset password and pin#

2. User can email the SUD Support desk at SUDEHRSupport.HHSA@sdcounty.ca.gov to have credentials reset, M-F, 7:00 AM-5:00 PM.
3. User can also call 619-584-5040, 4:30 AM – 11:00 PM every day for OPTUM to reset your credentials – for this option, the user will be prompted to leave a voice message with name and phone # in order to receive a call back.

Changing SanWITS Password and Pin

If User wants to change password and pin# or security question and answer, while logged into SanWITS, use the **Change Credentials** link located in the upper right-hand side of the home page by clicking the down arrow next to the users name as seen below.



- After you click the change credentials link, enter new information in screen below, then click **Change**.

A screenshot of the 'Change Password' form in the SanWITS application. The form includes fields for 'User ID', 'Security Question' (with a dropdown arrow), 'Answer', 'Old Password', 'New Password', 'Confirm Password', 'Old PIN', 'New PIN', and 'Confirm PIN'. At the bottom, there are 'Change', 'Cancel', and 'Show Password/PIN' buttons.

Reminder: DATAR Capacity Management Reporting

- Along with reporting in the DATAR website, Providers are responsible to report when reaching or exceeding 90% capacity to the State.
- See email dated 7/28/21 on Optum website under the SanWITS tab [Important Notice - DATAR Capacity Reporting](#).

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, Apr 17, 2023**, 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
SUDEHRSupport.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.

Reminder to use the new SanWITS User Access Forms posted to Optum:



- ✓ [SanWITS New User Form rev 03.09.23.pdf](#)
- ✓ [SanWITS User Modification Termination Form rev 03.09.23.pdf](#)
- ✓ [SanWITS BHS County & Optum Staff User Form rev 03.29.23.pdf](#) (County staff and Optum staff only)

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 Unit

1. The Out-of-County Billing tip sheets have been updated and can be accessed through the Billing and Communications tabs on the Optum BHS Resources site. [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Billing		
Name	Description	Date
OTP OOC Medi-Cal Tip Sheet (pdf)		2023-03-28
Outpatient OOC Medi-Cal Tip Sheet (pdf)		2023-03-28
Residential OOC Medi-Cal Tip Sheet (pdf)		2023-03-28

2. OTP providers must continue to bill Medicare, including Medicare Part C/Medicare Advantage/Medicare Risk insurances.
 - The Explanation of Benefits (EOB) should be emailed to the County Billing Unit as soon as it becomes available.
 - If 90 days have passed after claim submission or date of service and there has been no appropriate insurance response or denial, you must submit proof of billing to the ADSBillingUnit.HHSA@sdcounty.ca.gov.
3. Outpatient and Residential providers must continue to bill Medi-Cal or DMC if a client with dual coverage has the following Medicare Risk insurances:
 - a) Blue Shield Promise Health Plan-Part C
 - b) Health Net-Part C
 - c) Molina Healthcare of California-Part C

Network Quality and Planning - Population Health

1. MAT/POD PIP

The proposal for the MAT PIP was approved by the EQRO representative in 2022. In December 2022, the MAT PIP Advisory Committee learned that the CalAIM Pharmacotherapy for Opioid Use Disorder (POD) BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023, and the team made the decision to focus on the POD BHQIP (retention in MAT) in the short term and revisit the original MAT PIP (enrollment in MAT) next year.

The PIP evaluation team secured access to the claim data feeds which will enable the team to calculate baseline data for the project. It is anticipated that analysis of these claims data will provide additional insight for development of a PIP intervention. A draft of the PIP Submission Tool was submitted for internal BHS review in preparation for the DMC-ODS EQRO visit in April.

Next steps include:

- Analyze claims data to obtain baseline data for the DMC-ODS.
- Begin intervention design.
- Provide updates to the PIP Submission Tool, if needed.



POD Goal:

Aim to increase the percentage of new OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

2. FUA PIP

HSRC received the plan data feed files with claims data in February 2023 to begin evaluating the baseline data for the BHQIPs, including FUA. HSRC circulated the Hospital Partners Survey designed and compiled responses. HSRC submitted the EQRO PIP Tool draft for internal BHS review in preparation for the DMC-ODS EQRO visit in April 2023.

Next steps:

- Continue collection of Hospital Partners Survey and analyze responses.
- Develop intervention.
- Send data request to MCPs for data exchange pilot.
- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline.
- Continue efforts to process and analyze plan data feed files.
- Provide any updates to EQRO PIP Tool.

Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
SUDEHRTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.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

New: Skill Building Workshops in May 2023

- Please look out for future notice to register for the following virtual trainings:
 - ❖ **Progress Notes Skill Building Workshop**
 - **Friday, May 12, 2023**, from 9:30 a.m. to 11:00 a.m.
 - This workshop is an opportunity for SUD Treatment providers to practice and refine their skillset in appropriately documenting rendered services and clinically relevant information.
 - [Register Here](#)
 - ❖ **Care Coordination & Discharge Skill Building Workshop**
 - **Tuesday, May 23, 2023**, from 9:30 a.m. to 11:00 a.m.
 - This workshop is an opportunity for SUD Treatment providers to define and determine the elements of a Care Coordination service, discuss the importance of “warm handoffs” and coordinating care, and review the discharge process.
 - [Register Here](#)
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



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, May 25, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Update: CA Managed Care Plans (MCP)

- DHCS announced changes to its Managed Care Plans (MCP) after revoking the RFP.
- Effective 1/2024, the MCP(s) will change from 7 plans to 4 plans. This means all clients in the other plans that are ending, will need to transition into a new plan.
- DHCS is developing 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.
- For more information see the [DHCS Medi-Cal Managed Care](#) website.



New: Indian Health Care Provider (IHCP) Referral Resource

- American Indian/Alaska Native (AI/AN) MC clients can request DMC services from an AI/AN provider of their choice.
- We created a referral resource document for programs to use to refer a client to an IHCP when IHCP services are requested.
- The IHCP referral resource is posted on the [Optum site under the "Toolbox" tab](#).

Reminder: Daily Admissions

- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.



New: Open Payments Database

- As required by Assembly Bill (AB) 1278, during the initial office visit physicians are required to provide clients with a written or electronic notice of the Open Payments Database.
- The Open Payments Database Notification to Clients must be posted at any program where services provided by any physician are available. This notice will be available on the Optum Website under the “Beneficiary” Tab
- If a client receives services from a physician, a form must be completed. This form will be available on the Optum website under the “SUDURM” tab.
- QA will begin monitoring that the notice is posted beginning FY 23-24.

Update: ASAM Level of Care Discrepancy Reasons

- QA is monitoring ASAM LOC Discrepancy Reason data.
- Based on monitoring data indicating data integrity concerns, QA is updating the LOC Discrepancy reasons to reduce the number of options, leaving clearer options to choose from.
- The options in SanWITS were updated effective 5/1/23.
- The ASAM forms and instructions are in the process of being updated and will be sent out to the system of care once the revision is completed.

Reminder: Advance Directives

- Clients have a right to provide advance directive instructions to all of their healthcare providers.
- An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care.
- Currently, the Mental Health system of care requires programs to provide clients with the [PUB 325](#) brochure from the California Department of Social Services (CDSS) and discuss their right to an advance directive.
- In an effort to align with MH, SUD programs will be required to provide and discuss the PUB 325 with clients upon intake and document in the client file.
 - We will also be making the PUB 325 available for downloading and printing on the DMC-ODS page on the “Beneficiary” tab.
 - We will be making an update to the SUDURM to include a section documenting the discussion and provision of this brochure – more to come on this.



Update: Justice-Involved Waiver

- DHCS' justice-involved initiative is part of CalAIM, a broad initiative to transform Medi-Cal.
- DHCS expects correctional facilities to launch pre-release services between April 2024 and March 2026.
- Once their facility offers pre-release services, youth and eligible adults in jails, youth correctional facilities, or prisons can begin receiving targeted Medi-Cal services 90 days before their expected release date. Anyone who is incarcerated is eligible for pre-release services, provided they meet other criteria, including those who are incarcerated for a short term.
- For more information see the [DHCS CalAIM Justice Involved Initiative](#) website.

Reminder: DHCS Reviews/Audits

When a program is contacted by DHCS for any type of review/audit, be it a scheduled or unannounced visit, it is expected that the programs will immediately notify the assigned COR and SUD QA.

- QA will attempt to make staff available to participate in the review or exit interview.
- If a corrective action plan (CAP) is required for any type of review, QA will work with programs directly and will submit finalized CAP(s) to DHCS on behalf of the program.
- QA can be notified of reviews/audits at QIMatters.HHSA@sdcounty.ca.gov.

Reminder: SABG Information & Resources

- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
 - SUDPOH
 - Program Specifications are posted on the Optum site under the “Manuals” tab.
 - [SABG Policy Manual](#)
 - [SABG Program Specifications](#)



Tips in Allocating Pre-Certified PSS Charges to Case Management

- To assist providers in correctly allocating pre-certified Peer Support Specialist (PSS) charges to case management, providers can utilize the “3-15 Encounter Report with Contact Type and Service Location”.
- The 3-15 Encounter Report provides data on total duration in minutes by encounter by rendering staff. Providers can filter by encounter date to determine case management services provided within a specific period.
- The report is available in the Provider report folder on SanWITS.
- To access and run this report, please contact the SUD MIS support desk at SUDEHRSupport.HHSA@sdcounty.ca.gov. For all other questions, please contact your COR.

Health Plan Administration (HPA)

Update on Peer Support Services Implementation

As has been shared previously by Behavioral Health Services (BHS), the County supports implementation of peer support services as a **new benefit** within BHS programs and envisions optimization of the Certified Peer Support Specialist role across all levels of service. This entails that all program staff members in positions that require behavioral health lived experience must be trained and certified per the process defined on the [CalMHSA](https://calmhsa.org) website. Programs are encouraged to continue to work with their assigned COR to identify positions which require behavioral health lived experience and need to complete the peer certification process.

Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](https://calmhsa.org) is now online.
- The Legacy pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022. See “Grandparenting Certification Requirements” on the CalMHSA website.
 - Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
 - No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status “In Revision” must complete additional requests for information to proceed. For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The following information are also available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs.
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Supervision of Certified Peer Support Specialists

- Per [BHIN 22-018](#), Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county’s regular continuing training requirements.
- Supervisors do not need to complete the training prior to PSS billing.
- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is now available through CalMHSA at no cost. This training meets the State’s training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
 - [Register](#) for the Supervisor Training at the CalMHSA website.



Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines

Reminder: Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.



CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

Management Information Systems (MIS)

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, July 17, 2023, at 9:00 a.m. – 11:00 a.m.**
- 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 agenda items to be covered during our User Group Meetings SUDEHRSupport.HHSA@sdcounty.ca.gov

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email: ADSBillingUnit.HHSA@sdcounty.ca.gov.
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) 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>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

SUD Billing Unit

Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal)

The Medicare Advantage FFS-Equivalent Coverage Certification/letter has been approved by the Department of Health Care Services (DHCS) with a validity period from 01/01/2023 to 12/31/2023 for the following Medicare Part C plans:

1. Blue Shield Promise Part C

Eligibility Message: SUBSCRIBER LAST NAME [REDACTED] CNTY CODE: 37, PRMY AID CODE: 60, MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN; MEDICAL CALL (800)605-2556, HCP: CALL (800)605-2556 FOR HCP INFORMATION, PCP: CALL THE HCP FOR PCP INFO, PART A, B AND D MEDICARE COV W/ MEDICARE ID [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDICAL; MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDICAL; OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN, CARRIER NAME: BSC PROMISE HEALTH PLAN, [REDACTED] COV: OIM DVR.

2. Health Net Part C

Eligibility Message: SUBSCRIBER LAST NAME [REDACTED] CNTY CODE: 37, PRMY AID CODE: 1H, 1ST SPECIAL AID CODE: 80, MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHIP HEALTH NET; MEDICAL CALL (800)675-6110, HCP: CALL (800)675-6110 FOR HCP INFORMATION, PCP: CALL THE HCP FOR PCP INFO, PART A, B AND D MEDICARE COV W/ MEDICARE ID [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDICAL; MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDICAL; OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN, CARRIER NAME: HEALTH NET OF CA, COV: OIM R.

3. Molina Part C

Eligibility Message: SUBSCRIBER LAST NAME [REDACTED] CNTY CODE: 37, PRMY AID CODE: 60, 1ST SPECIAL AID CODE: 80, MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHIP MOLINA HEALTHCARE; MEDICAL CALL (888)665-4621, PART A, B AND D MEDICARE COV W/ MEDICARE ID [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDICAL; MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDICAL; OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN, CARRIER NAME: MOLINA HEALTHCARE, [REDACTED] COV: OIM DVR.

4. Aetna Part C

Eligibility Message: SUBSCRIBER LAST NAME [REDACTED] CNTY CODE: 37, PRMY AID CODE: 1G, MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: AETNA BETTER HEALTH OF CALIFORNIA PLAN; MEDICAL CALL (855)772-9076, PART A, B AND D MEDICARE COV W/ MEDICARE ID [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDICAL; MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDICAL; OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN, CARRIER NAME: AETNA BETTER HEALTH OF CA, CARRIER NAME: CIGNA HEALTH CARE, COV: OIM DVR.

This coverage certification allows the Outpatient and Residential programs to bill the SUD claims directly to Medi-Cal for clients with dual coverage: Medicare Risk/Part C (listed above) and Medi-Cal. This update has been emailed to all the SUD Outpatient and Residential programs on 05/02/2023.

<input type="checkbox"/> Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal) - Residential Providers Outlook item	<input type="checkbox"/> Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal) - Outpatient Providers Outlook item
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Please review your claims on hold in SanWITS-Claim Item List. If claims are still on hold because a client has one of these four (4) Medicare Part C or Code F plans from service date 01/01/2023 onwards, please batch the claims and submit to the Clearing House as soon as possible. We also recommend to continue tracking your denials and contact the ADSBillingUnit.HSHA@sdcounty.ca.gov if your claims have been denied due to these Medicare Advantage plans so we can review them and determine if they can be replaced and rebilled to DMC.

Updated Aid Code List

- The latest SDMC Aid Code Chart has been published on the Optum San Diego website and can be found in the BHS Resources under the Billing tab. [Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://www.optumsandiego.com)

Navigation bar with buttons: SUDPOH, SUDURM, Forms, Communications, QM Training, Manuals, Toolbox, Beneficiary, NOABD, UTM, SanWITS, **Billing**, PC1000, Medical Director Info, Recovery Residences, Monitoring, Training - SanWITS, Peer Support, Contracts/Fiscal Admin Svcs, MIS EHR Interop Project, CalAIM FAQ.

- Also, an email notification about the updated list of aid codes was sent to all programs on April 21, 2023.

Network Quality and Planning - Population Health

1. MAT/POD PIP

The MAT PIP Advisory Committee learned that the CalAIM Pharmacotherapy for Opioid Use Disorder (POD) BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023. The team decided to focus on the POD BHQIP (retention in MAT) and revisit the original MAT PIP (enrollment in MAT) next year.

- The PIP evaluation team explored the newly received data plan feeds to calculate baseline data for SDCBHS.
 - Pending clarity on the methodology from DHCS.
 - Received MAT-related NDC codes and began moving forward with analyzing data for the MOUD-related claims.
 - The PIP stakeholder workgroup meeting will be held in May to address identified methodological issues such as diagnosis information is not included in the pharmacy claims data, need to link the pharmacy claims data to diagnosis information in SanWITS to identify which clients should be included in the study for the POD PIP.



- **POD Goal:** To increase the percentage of new OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.



Next steps include:

- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss deliverable timeline.
- Continue to analyze claims data to obtain baseline data for the DMC-ODS.
- Begin intervention design.
- Provide PIP updates to the EQRO during the PIP session.

2. FUA PIP

*FUA projects were established as timely follow-up care is associated with a reduction in substance use, future ED use, hospital admissions and bed days.

- HSRC continued to work with the plan data feed files containing Medi-Cal claims data to evaluate San Diego County baseline rates for the BHQIPs. Methodology questions were sent to BHS to request clarity from CalMHSA and/or DHCS for the three HEDIS measures for the BHQIPs, including FUA.
- HSRC provided an update on the FUA/FUM BHQIPs at the March Hospital Partners Meeting and re-circulated the link to the Hospital Partners Survey to attendees.

Next steps:

- Continue efforts to process and analyze plan data feed files for baseline rates.
- Develop FUA intervention.
- Send data request to MCPs for data exchange pilot.

**FUA: Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (7 and 30 Day)*

Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
SUDEHRTTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.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

New: Skill Building Workshops in June 2023


- ***Please look out for future notice to register for the following virtual trainings:***
 - ❖ Recovery Services
 - **Thursday, June 15, 2023, from 9:30 a.m. to 11:00 a.m.**
 - The goals of this workshop are:
 - Review the purpose of Recovery Services in DMC-ODS.
 - Discuss ongoing assessment and the admission process.
 - Practice skills to assist in transition of care.
 - Offer a forum for LPHAs and AOD Counselors to discuss best practices.
 - ❖ Withdrawal Management
 - **Thursday, June 22, 2023, from 1:00 p.m. to 2:30 p.m.**
 - The goals of this workshop are:
 - Review the Withdrawal Management standards in DMC-ODS.
 - Discuss ongoing assessment and documentation.
 - Practice skills to assist in transition to a lower level of care.
 - Offer a forum for LPHAs and AOD Counselors to discuss best practices.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.



Root Cause Analysis (RCA) Documentation Training

Monday, June 26, 2023, from 9:00 a.m. - 12:00 p.m. via WebEx. *Registration Required.* [Please click here to register.](#)

New: CalMHSA CPT Code Trainings

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- CalMHSA has released CPT Code trainings geared towards direct service providers.
 - There are separate trainings for both SMHS and DMC/DMC-ODS.
 - You can find both trainings under the “CalAIM Training” heading (where the required documentation trainings are) on the [CalMHSA LMS](#).
 - If you have not previously registered, log-in instructions are found [here](#), and questions can be emailed to calaim@calmhsa.org
 - As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
 - New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
 - For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
 - For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement by managing the [web-based submission form](#) for reporting and reviewing evidence submitted to QI Matters to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is [posted to the Optum site under the “Monitoring” tab](#).

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, June 22, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Annual DMC-ODS Training

- The Annual DMC-ODS Training will be held on 8/24/23 at 10:00 a.m.
- At least one member of leadership per program is required to attend.
- More information will be communicated out separately in the near future.



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.

Reminder: Payment Reform Crosswalk

- The [Payment Reform Crosswalk memo](#) was sent out on 5/19/23 and is available on the Optum site under the “Communications” tab.
- The Crosswalk itself is available on the Optum site under the “Toolbox” tab.
- A reminder that the codes and services on the crosswalk are not active until 7/1/23, and services such as screening cannot be claimed until that date.
- Any further updates to the crosswalk will be communicated through the UTTM and QIP.

Update: ASAM at discharge

- Effective 7/1/23 we will be ending the county-requirement that an updated ASAM is done as part of discharge.
- Programs need to continue updating ASAM assessments “as clinically appropriate when the beneficiary’s condition changes” as stated in [Information Notice 22-019](#).
- This will no longer be part of any County Medical Record Review tools starting in FY 23-24.

Reminder: Group size

- Group counseling (clinical/therapeutic) is limited to no more than 12 participants in Outpatient and Residential settings. (SUDPOH, Appendix A.2)
- In residential programs, only patient education (non-clinical) groups may exceed 12 participants. Please refer to the [Residential Service Programming Requirements](#) tip sheet for more information.

SUDURM: Upcoming Updates

- Forms to be updated to include new Level of Care discrepancy reasons: Adult ASAM Criteria Assessment (AACA), Adolescent Initial Level of Care Assessment, Brief Level of Care Screening
- Discharge Summary: Added sections for CalOMS discharge date and Program’s discharge date. Updated reasons for discharge to align with Mental Health reasons and to identify true discharge reasons. Update will also include drop-down for types of NOABD provided to client.
- Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs: Form will be updated to include two new sections.
 - Advance Directive – Right to advance directive and brochure must be discussed with client.
 - Open Payments Notice – If applicable, written notice but be signed and dated at initial visit (If your Medical Director or other licensed physician does not provide direct services to clients, there is no requirement to post this notice or the Physician’s Notice to Clients).



- A formal communication will go out to the System of Care once these updates are completed and will include all updated forms, a summary of changes, and notice of effective date. Thereafter, they will be available on the Optum website under the “SUDURM” tab.

Reminder: Missed Appointments

- **For new referrals:** When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
 - Additionally, the referral source, if available, should be informed.
- **For current clients:** When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
 - They must be contacted within 1 business day by clinical staff.
 - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
 - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client’s emergency contact, or initiating a welfare check.
 - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Reminder: CalFRESH Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client’s CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client’s CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.

Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
 - Death of any resident from any cause, even if death did not occur at facility.
 - Any facility related injury of any resident which requires medical treatment.
 - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department.
 - Poisonings
 - Natural disaster
 - Fires or explosions which occur in or on the premises.
- Reporting methods include:
 - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
 - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.



- Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
- [Form 5079 Unusual Incident/Injury/Death Report](#)

Reminder: Record Retention

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Health Plan Administration (HPA)

Peer Support Services Implementation

- **Update:** As previously shared, positions that have been identified as requiring behavioral health lived experience must be filled with Certified Peer Support Specialists who are trained and certified per the process defined on the CalMHSA website. Programs may hire individuals working toward peer certification within 90 days of hire. COR approval is needed for situations that the timeline cannot be met by a peer. For additional information,
 - MH UTM: [2023-05-17-BHS Memo-Update on Peer Support Services Implementation](#)
 - DMC-ODS UTM: [2023-05-17-BHS Memo-Update on Peer Support Services Implementation](#)
- **Training Requirements** for certified Peer Support Specialists:
 - MH UTM: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
 - DMC-ODS UTM: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
- **Billing Codes** for certified Peer Support Specialists:
 - MH UTM: [San Diego Certified Peer Support Specialists – BILLING CODES](#)
 - DMC-ODS UTM: [San Diego Certified Peer Support Specialists – Billing Codes](#)
- **Q&A**
 - MH UTM: [Q&A on Peer Support Services](#)
 - DMC-ODS UTM: [Q&A on Peer Support Services](#)



Medi-Cal Peer Support Specialist Certification

- The [Medi-Cal Peer Support Specialist Certification Registry](#) is now online.
- The Legacy (grandparenting) pathway for certification has been [extended](#) through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
 - Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
 - No changes to [application instructions and certification standards](#).
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the [application portal](#). Applicants with the status “In Revision” must complete additional requests for information to proceed. For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The following information are also available on the CalMHSA website for peers:
 - A searchable [Resource Library](#) that includes application information, exam guides, procedures, and FAQs.
 - Information on [training providers](#)
 - An updated [Exam Accommodations Policy](#)
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Supervision of Certified Peer Support Specialists

- Per [BHIN 22-018](#), Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county's regular continuing training requirements.
- Supervisors do not need to complete the training prior to PSS billing.
- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is now available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
 - [Register](#) for the Supervisor Training at the CalMHSA website.



CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

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

- Don't forget to attest to your profile in the SOC application this month!
- 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.

Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines

Reminder: Please review DHCS guidance [Behavioral Health Information Notice 23-014](#) for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

Management Information Systems (MIS)

Important: Provider Changes to be Reported to PED (Provider Enrollment Division)



- All SUD Treatment Providers that have a DMC certification are responsible for keeping their Director information current with PED.
- Providers must use the PED's electronic PAVE system to submit an update within 30 days of a change.

Coming Soon – Payment Reform Changes to SanWITS anticipated June 29, 2023

- Training Materials are being updated – anticipate posting to Optum by June 14th.
 - SanWITS users who enter encounters/billing should review new training materials/videos prior to July 1st.
- Trainings are to be updated beginning late June – outpatient encounter training June 27th and Residential encounter training June 29th.
- Some of the expected Changes on the Encounter screen are:
 - Rendering staff field moved to top of screen and to be entered first (services now will be filtered per discipline)
 - Date should be entered second (there are pre- July 1st services and services from July 1 forward)
 - Service field entered third.
 - Total Service Duration Field (only direct service time, do not round up or down)
 - Session field has been removed.
 - Travel and Documentation fields are now optional.
 - New Group bundles (post July) have been added to the Group session field preceded by hashtag #

Change: CalOMS Admission “Current Living Arrangements” effective July 1, 2023

- Current Living Arrangements field will be updated by removing the value Homeless and replacing it with more specific values as seen below:
 - Homeless/In Shelter
 - Homeless/Out of Shelter
 - Homeless/Living w Other(s)

Reminder: CalOMS Open Admissions Report

- The Open Admissions Report is a state compliance report showing all clients that have an open account with the state.
 - Clients receiving SUD treatment are required to be opened and closed with the state through CalOMS Admission and CalOMS Discharge records.
 - If a client has been in SUD treatment 10 -11 months from admission date, and each anniversary after, the client is required to have an CalOMS Annual Update.
- After each CalOMS extract is submitted to Department of Health Care Services (DHCS), an Open Admissions report is generated from the state site.
- This report shows all clients that have an open account with the state, admission date, date of last annual update.
- Providers must determine if the client is still actively receiving SUD treatment – and needs an annual update or should be discharged.
- Do not enter an CalOMS Annual Update after a CalOMS Discharge has been submitted, as the record will be rejected with an error.

Reminder: Closing Clients Episode/Intake in SanWITS

- Client's episode/intake should be closed if the client is no longer receiving SUD Treatment, Recovery Services, or Before Admission/After Discharge services.
- Make sure the billing has been completed, SanWITS records have been completed, and the CalOMS errors have been completed.

Reminder: SanWITS Account

- SanWITS will automatically lock the user account at 3 months (90 days) of no login activity.
 - Depending on how long the users account has been locked, the user may be reinstated by contacting the SUDEHRSupport.HHSA@sdcounty.ca.gov for a possible skills assessment.
- After 6 months of no activity, the user will be required to complete the SanWITS training classes to have account reinstated.

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, July 17, 2023, at 9:00 a.m. – 11:00 a.m.**
- Quarterly meetings are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
 - Jul, Oct, Jan, Apr
- ASL Interpreters are being requested for each meeting.



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

SUDEHRSupport.HHSA@sdcounty.ca.gov

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- 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
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Billing Unit (BU) – SanWITS Billing Classes

- Questions or to Schedule billing training – Call 619-338-2584 or email: ADSBillingUnit.HHSA@sdcounty.ca.gov
- BU uses Microsoft Teams application for training.
- Prior to BU training, user must have completed SanWITS Intro to Admin Functions (IAF) training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training.

Network Quality and Planning - Population Health

1. POD PIP

The PIP evaluation team has continued to analyze the claims data and await clarity on methodology from DHCS. The team reviewed the updated CalAIM BHQIP template from DHCS and provided feedback and analyzed baseline data from the OTP programs.

- The PIP evaluation team presented data with a status update to the DMC- EQR representatives at the annual site visit and received positive feedback.



POD Goal: Aim to increase the percentage of new OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

Next steps include:

- Monthly CalAIM PIP meetings, analyze claims data, begin intervention design, and hold next stakeholder workgroup meeting.

2. CalAIM FUA PIP

HSRC presented the FUA PIP progress at the DMC-EQR session. The planned interventions were supported and well-received. The bi-monthly FUA/FUM Stakeholder Workgroup convened, and the stakeholders contributed to an implementation plan which included recruiting ED pilot sites.

- The HSRC evaluation team proceeded with calculating HEDIS measure benchmarks from the claims data, basing value sets used on the MY 2022 Quality Rating System Value Set Directory.

Next steps:

- Recruit ED pilot sites, confirm baseline claims data, finalize FUA intervention, re-engage MCPs on data exchange, and hold monthly CalAIM PIP meetings.

Communication

- Billing questions? Contact: ADSBillingUnit.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
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
SUDEHRTTraining.HHSA@sdcounty.ca.gov
SUDEHRFax.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