Reminder: Skill Building Workshops in January 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
  - Outpatient Quality of Care
    - **Thursday, January 11, 2024, from 9:30 a.m. to 11:00 a.m.**
    - *This event has passed.*
  - Residential Quality of Care
    - **Wednesday, January 31, 2024, from 9:30 a.m. to 11:00 a.m.**
    - Please click here to register

- **New: Skill Building Workshops in February 2024**
  - Outpatient Quality of Care
    - **Tuesday, February 13, 2024, from 1:00 p.m. to 2:30 p.m.**
    - Please click here to register
  - Residential Quality of Care
    - **Thursday, February 29, 2024**, from 1:00 p.m. to 2:30 p.m.
    - Please click here to register
- 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, January 25, 2024**
  - Time: 10:00 a.m. to 11:30 a.m.
  - Where: via Microsoft Teams - Participation information sent by email prior to the QIP meeting.

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 (BHIN 23-048).
- The Beneficiary Handbook and Summary of Changes were sent out the System of Care on Friday, 12/29/2023 and are in effect starting 01/01/2024.
- The handbook has been posted to the Optum site under the "Beneficiary" tab; translated versions in the County's threshold languages will be available in the near future.
- 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 **01/15/2024**.

HSD Health Plan Contact Card Updated

.The Healthy San Diego Health Plan Contact Card has been updated as of 12.22.23 to reflect the current Medi-Cal Managed Care Plans. The updated Contact Card has been uploaded to the Optum Website > BHS Provider Resources > Healthy San Diego page.

Healthy San Diego
Health Plan Contact Card

Health Plan	Member Services/ Transportation	Magellan RX	Telephone Advice Nurse	ECM Referral form/ECM email	Behavioral Health Dept.
Blue Shield CA Promise Health Plan	1-855-699-5557	800-977-2273	1-800-609-4166	ECM Referral Form (blueshieldca.com) Email: ECM@blueshieldca.com	1-855-321-2211
Community Health Group	1-800-224-7766	800-977-2273	1-800-647-6966	ECM Referral Form (chgsd.com) Email: ecm-cs@chgsd.com	1-800-404-3332
Kaiser Permanente	1-800-464-4000	800-977-2273	1-800-290-5000	ECM Referral Form (kaiserpermanente.org) Email: RegCareCoordCaseMgmt@KP.org	1-877-496-0450
Molina Healthcare	1-888-665-4621	800-977-2273	1-888-275-8750	ECM Referral Form (molinahealthcare.com) Email: MHC_ECM@Molinahealthcare.com	1-888-665-4621

Medi-Cal Managed Care Plans cover transportation to all Medi-Cal Covered Services.
Pharmacy benefits for all Medi-Cal beneficiaries are covered by the State's Medi-Cal Rx Program (800) 977-2273

Jewish Family Services of San Diego Patient Advocacy (619) 282-1134	San Diego County Access & Crisis Line (888) 724-7240	Consumer Center for Health Education & Advocacy (877) 534-2524

12-22-23 Note: Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Clarification: Billing for Duration-Based/Time-based Services
- There have been continued questions around why services less than 8 minutes cannot be claimed. Unfortunately, this is not stated explicitly in the DMC-ODS Billing Manual.
- This billing standard, sometimes called the "7-minute rule," is set by the Centers for Medicare and Medicaid Services (CMS) and applies to both HCPCS and CPT codes.
- This information can be found on the Medicare Claims Processing guidelines issued by CMS on 12/27/2010, starting on page 4, and is also referenced in the CPT Coding trainings available through CalMHSA.
  - Links to the CalMHSA Trainings can be found on the "CalAIM For BHS Providers" tab on the Optum website.
- Per the DMC-ODS Billing Manual, "If a provider renders the same service to the same beneficiary on the same day more than once, the provider should submit the claim as one service rather than two services."
  - For example, if a provider renders individual counseling for 15 minutes in the morning, and the same provider provides more individual counseling for the same beneficiary for 30 minutes in the afternoon, the claim would be submitted for 45 minutes of individual counseling.
- We will continue to update providers should any changes occur to this minimum requirement.

Reminder: Updated Documentation Redesign Requirements
- A memo along with updated forms and instruction sheets was sent to all providers on December 26, 2023, reflecting documentation changes found in BHIN 23-068.
  - The memo, new forms, and instructions will be posted to the Optum website shortly.
- The SUD Treatment Progress Note instructions that were sent out have been updated with the following:
  - **Duration of Direct Client Care for the Service**
    - Note: If billing a 24-hour bundled service (i.e., bed day), enter "bed day" in this field
  - **Total Time (including: service, documentation, travel) in minutes.**
    - Note: If billing a 24-hour bundled service (i.e., bed day), this field is not required
- Please use the updated forms and requirements for all documentation and services provided on or after January 1, 2024

Reminder: Physical Examination Requirements
- Providers are required to obtain physical examination results for each client. If the client had a physical exam within the 12-month period prior to admission, the physician shall review the results within 30 calendar days of admission (for outpatient; 10 days for residential).
- If the client has not had a physical within the 12-month period prior to admission, the physician may perform a physical examination within 30 calendar days of admission for outpatient programs; within 10 days of admission for residential programs (if the program is able to provide IMS).
- If neither of the above have taken place, then a goal of obtaining a physical examination must be included on the initial and updated treatment plans.
  - BHIN 22-019 had previously stated this was excepted; however BHIN 23-068 has restored it
    - As Treatment Plans continue to not be required, this requirement can be met by notating it within the assessment record, problem list, progress notes, or using a dedicated care template.
- In all instances, a copy of the physical examination results must be filed in the chart.

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: 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: 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.

Health Plan Administration (HPA)

Medi-Cal Transformation (CalAIM)
- DHCS has rebranded the CalAIM initiative to Medi-Cal Transformation in response to feedback from members.
- Visit the CalAIM Webpage for BHS Providers for updates and essential information, including Certified Peer Support Services implementation and training resources, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Medi-Cal Peer Support Specialist Certification Exam Available in Spanish
- CalMHSA released the Spanish language version of the Medi-Cal Peer Support Specialist Certification Exam.
- Please visit the CalMHSA website for more information regarding the exam and to register.

Medi-Cal Peer Support Specialist Certification RENEWAL
- Visit the CalMHSA website for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)
BHINs provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit:https://www.dhcs.ca.gov/provgovpart/Pages/2023-BH-Information-Notices.aspx. In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or 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.
- NOTE: Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.

Management Information Systems (MIS)

Coming Soon: SanWITS Multi-Factor Authentication (MFA) early 2024
- MFA is being added to SanWITS to provide a more secure log-in (County required).
- Username and Password will still be required; however, a time-based one-time (TOTP) password will replace the pin#.
- MFA/TOTP Set Up Process & User Guide will be sent to all SanWITS users and posted to the Optum Website – anticipated date Jan 10, 2024.

SSRS Report – SUDPI=20 Contact Type and Service Location Discrepancy report
- Report is in SanWITS/SSRS /Provider Folder.
- Report shows ALL encounters post 7/1/23 where Contact Type entered is "Phone" and the Service Location does not have one of the two Telehealth options selected.
- On the encounter screen, if phone is selected under the Contact Type, the Location must be one of the two Telehealth locations.
  - Telehealth Provided in Patient's Home
  - Telehealth Provided Other than in Patient's Home
- Report must be run, and corrections made before batching claims to ensure claims are submitted accurately.

OTP Providers – MAT dosing
- MAT dosing is a unit-based service which only allows for 1 unit to be billed per day.
- If there are multiple doses of same medication, same day, for same client – the Spit Dosing feature on the encounter must be used.
- The system will create fractional units for each dose adding up to 1 unit.
- Do not create separate encounters for Split dosing.

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

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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, January 22, 2024, 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

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.

Billing Unit (BU)

Billing Announcements
- The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: **BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C, AETNA BETTER HEALTH OF CA** is valid until December 2023. Your claims must be billed to DMC within the 6-month billing period from the date of service.
- The 2024 letters to the health plans have been sent and are currently in process. The coverage certification approval is not yet available, but the ADS Billing Unit (county) will keep you updated.
- Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.
- We were informed that Aetna and Health Net may leave San Diego and move their clients to Blue Shield, Community Health Group, Molina, or Kaiser. The ADS Billing Unit will continue to provide you with updates as they become available.

1. **CalAIM FUA PIP/BHQIP**
    Goal: to increase the connection rate by 5% to a follow up appointment within 7 and 30 days after an ED visit for Alcohol and Other Drug Abuse.

    The UC San Diego Health Services Research Center (HSRC) is processing additional responses to the Managed Care Plan (MCP) questionnaire (focused on aligning similarities and differences between plans) sent to Molina, Community Health Group (CHG), Kaiser, and Blue Shield. HSRC is also exploring telehealth options to be utilized in Emergency Departments in order to meet service delivery requirements for follow-up within seven days.
    *   ❖ **Next Steps:** Deliver resource cards to ED once printed, process responses of MCP's practices in San Diego County, and outline workflow map for the MCP data exchange component.

2. **CalAIM POD PIP/BHQIP**
    Goal: Aim to increase the percentage of new pharmacotherapy for Opioid Use Disorder (OUD) treatment events (i.e., MAT) among members served at the OTPs for at least 6 months by 5%.

    The two pilot OTP sites have continued to participate by disseminating the California MAT Expansion Toolkit handout to clients and tracking the dissemination of the material electronically. The PIP Advisory group plans to expand the intervention to the other OTP sites in early 2024.
    *   ❖ **Next Steps:** Disseminate MAT education pamphlet upon approval, utilize SanWITS data from the OTPs to monitor intervention implementation, continue to monitor dissemination of California MAT Expansion Project handouts at the pilot sites.

Prevention and Support Services

ECCO Web-based Prevention Services Data Reporting System Update
*   Thank you to the Primary Prevention Service Providers who were able to attend the TA session hosted in December. Corissa Saylor, the ECCO State representative, was able to provide guidance on Community-Based processing (CB) entries and answer provider questions.
*   Please remember to continue to complete recording of service hour and activity numbers of data by the 5th of each month (including any month where the 5th may fall on a Saturday or Sunday) using your ECCO program account. BHS staff will be reviewing ECCO program accounts and communicating with providers any corrections or changes needed. Final monthly data reports to the State are required to be submitted by the County on or before the 10th of each month.
*   Tip: Community-Based data reports in ECCO are always accessible to providers. There is no need to reach out to ECCO administrators or BHS TA team to open a previous month that may need to be edited.
*   For technical assistance requests or other questions, please contact Dave Edison at dave.edison@sdcounty.ca.gov.
*   For information regarding DHCS Primary Prevention, please visit Prevention and Youth Branch (ca.gov)

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