



## MENTAL HEALTH SERVICES



### Updates

#### CURES 2.0 Database

On **July 1, 2021**, the mandatory consultation requirement will change. California licensed health care practitioners shall consult the CURES database to review a client's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance for the first time and at least **once every 6 months thereafter** if the medication remains a part of their treatment.

CURES consultation shall continue to be documented in a medication progress note, when applicable, attesting to the review of a client's CURES history in order to demonstrate compliance within the required timelines.

Additionally, access to the CURES database will change on **July 1, 2021**. Physicians without a DEA registration may submit an application to the Department of Justice to obtain approval to electronically access information regarding the controlled substance history of a client.

#### **New!** Case Management vs Collateral Guidelines

A Case Management vs Collateral Guideline (BHS QM 03.11.2021) can be found on the Optum Website under the [References Tab](#). This Guideline is provided to assist providers in differentiating between case management and collateral services in order to ensure billing to the appropriate service code.

#### OPOH Updates

**Section C:** Pages C.17-C.18, were updated with the following information – language was updated from old DSM-IV-TR to current DSM-V language.

**Section D:** Pages C.22-D.23 updated language to AOA Outpatient Guidelines for Brief Solution-Focused Outpatient Services

- Updated language referencing initial Behavioral Health Assessment and Client Plan shall be completed and final approved within 30 days of program assignment.
- Removed language referencing 12 session count
- Removed language referencing requests for exception to UM process. UM is a State requirement.
- Updated language referencing NOA-A to NOABD

**Section G:** Section G, Page G.10 updated reference for Medication Monitoring to the MHP contract with DHCS from Ex. A, Att. 1, App. A, B.4 to Ex. A, Att 5, 1.H

**Section M:** Section M, Page M.9-M.10 updated staffing ratios:

#### Optum Website Updates MHP Provider Documents

##### References Tab:

- Case Management vs Collateral Guidelines

##### OPOH Tab:

- **Section C:** pages C.17-18 updated language from DSM-IV-TR to DSM-V
- **Section D:** pages D.22-23 updated language to A/OA Outpatient Guidelines for Brief Solution-Focused Outpatient Services
- **Section G:** page G.10, updated reference for Medication Monitoring
- **Section M:** page M.9-M.10 update to staffing ratios

- Removed 1:3 ratio of licensed staff to Masters Level Student Intern and reverted to previous language “Outpatient providers’ ratio of clinicians/therapists to Masters Level Student Interns shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per 3 FTE Masters Level Student Interns. Masters Level Student Interns may provide psychotherapy services, under the close supervision of the clinician/therapist.”
- Added STRTP client to staff ratios 1 MH staff to every 6 clients.

### **Meet Our New QM Specialist!**

The QM team is pleased to announce Olivia Martinez, LMFT as our newest Mental Health QM Specialist.

Olivia comes from Mental Health Systems, Inc. Families Forward -Wraparound Program. Olivia held various roles with MHS Families Forward Wraparound by starting as a bilingual Wraparound Facilitator, promoting to Program Admin Supervisor, and promoting again to Regional Supervisor. Olivia supervised Family and Youth Support Partners, BA level Counselors, and MA licensed-eligible staff as well as completing County mandate monthly reports. Olivia also, worked at New Alternatives, Therapeutic Behavioral Services as a bilingual Case Manager. Olivia has a passion to support military service members and their families, she held a role as a Clinical Counselor with the Psychological Health Outreach Program. When not at work Olivia enjoys spending time with her family and pets. Olivia has two boxers named Pebbles and Bam Bam along with 7 rescued cats named Tucker, Minks, Papi, Nola, Sonny, Mama Cat, and Cooper. Olivia enjoys traveling with her husband, shopping, and nature walk/hikes.

### **Knowledge Sharing**

### **Grievances & Appeals Reminder**

In accordance with 42 CFR and Title 9, the MHP Quality Management Unit distributes the Guide to Medi-Cal Mental Health Services, which contains information on client rights, as well as a description of the services available through the MHP, and the avenues to obtain resolution of dissatisfaction with MHP services. **Note:** *New clients must receive a copy of the Guide to Medi-Cal Mental Health Services when they first obtain services from the provider and upon request, thereafter. (Handbooks are available in threshold languages.)*

**Programs are reminded that the Grievances & Appeals information needs to be sent out to clients when initial intakes are conducted via Telehealth to ensure clients receive their important beneficiary rights information.** At all times, Grievance and Appeal information must be readily available for clients to access without the need for request, therefore grievance/appeal forms (*in threshold language*) along with addressed envelopes should be provided to clients.

### **Social Security Number (SSN) Reminder:**

Enter the Social Security Number (SSN) of the client. The SSN should be requested. If the client does not provide a SSN, this field shall be left blank. If the SSN provided by the client is already in the system, the number will not be accepted. If a prompt indicates that the SSN already exists, locate and review that the other client’s Demographic form/screen to ensure that the client name associated with that SSN is not an alias of the presenting client.

### **Cloned Documentation Reminder**

Reminder, Program Staff are cautioned about the use of "cloned documentation" as it fails to substantiate medical necessity and risks disallowance. (*Compliance Bulletin #30 10/17/2011 Cloned Documentation*)

“When documentation is worded exactly like or similar to previous entries, the documentation is referred to as cloned documentation.

## QM MH... UP TO THE MINUTE

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Whether the cloned documentation is handwritten, the result of pre-printed template, or use of Electronic Health Records, cloning of documentation will be considered misrepresentation of the medical necessity requirement for coverage of services. Identification of this type of documentation will lead to denial of services for lack of medical necessity and recoupment of all overpayments made.

It would not be expected that every patient had the same exact problem, symptoms, and required the exact same treatment. Cloned documentation does not meet medical necessity requirements for coverage of services rendered due to the lack of specific, individual information for each unique patient.

Documentation exactly the same from patient to patient is considered cloned and often occurs when services have a specific set of limited or select criteria. Cloned documentation lacks the patient specific information necessary to support services rendered to each individual patient.”

### QI Matters Frequently Asked Questions

**Q.** How would I claim time for SC14 when I reviewed records/documentation before a session but then the client was a no-show?

**A.** You would document the No-Show Progress Note indicating 0:00 service time and correct service code for intended service and no-show indicators. You would then enter an SC14 Progress Note with the service time accurately for time spent reviewing the documents/records.

**Q.** What are the basic limits for time being claimed for reviewing materials in an SC14?

**A.** QM has not set basic limits, but service time claimed should be evidenced in the documentation and how it informs treatment.

**Q.** Is the SC14 included in productivity or is it similar to SC815 (which is not included)?

**A.** QM would need to look at set-up and contract. If you have program specific questions, please write to QI Matters.

**Q.** Can the Program RN review progress notes for SC14?

**A.** Yes, prior to a meeting, the RN can review recent notes and document how this will inform treatment.

### Management Information Systems (MIS)

#### MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: [MISHelpDesk.HHSA@sdcounty.ca.gov](mailto:MISHelpDesk.HHSA@sdcounty.ca.gov)

#### Cerner Reminder

For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). Please do not call Cerner directly!

### Training and Events

**Child, Youth & Families Documentation Training:** Monday, **April 26, 2021** from **12:30p – 3:30p** via WebEx. Registration Required.

**Audit Leads Practicum:** Thursday, **April 29, 2021** from **12:30p – 4:00p** via WebEx. Registration Required. Focus of this training is to provide technical assistance to program level QI staff and PMs that conduct chart audits  
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Quality Improvement Partners (QIP) Meeting: Tuesday, April 27, 2021 from 2:00p – 4:00p via WebEx.

**Important information regarding training registrations:**

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

If you have any questions, or if you are having difficulty with registration, please reply to this email or contact [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov). We hope to see you there.

**Optum CCBH Trainings:** Optum has transitioned to a **fully virtual training format**. All Trainings now have a video tutorial that is posted on the Training Tab on the Optum Website. While the View-Only and Reports Trainings no longer have class trainings, there have also been videos created for these to help assist staff and programs that may need to use them for reference. Please email [sdu\\_sdtraining@optum.com](mailto:sdu_sdtraining@optum.com) if you have any questions about the process.

**Resources and Links**

**Your QI Specialist = a Valuable Resource!**

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, documentation feedback and/or education and staff training needs. Programs are encouraged to reach out to your assigned QI Specialist directly, we are here to support you and your staff! If you are unsure who your assigned QI Specialist is, please reach out to QI Matters.

**BHS COVID-19 Resources and Links**

For the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

Is this information filtering down to your clinical and administrative staff?  
Please share UTTM with your staff and keep them *Up to the Minute!*  
Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)