to patient or patient's

MENTAL HEALTH SERVICES

QM would like to wish our Systems of Care a Healthy and Happy New Year!

Updates

Beginning **January 1, 2022**, with the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) is designing a coherent plan to address beneficiaries' needs across the continuum of care. The goal is to ensure access to the right care in the right place at the right time. To achieve this, DHCS is updating the criteria for access to specialty mental health services; the most recent updates being to medical necessity, diagnosing, and updating of reasons for recoupment.

Medical Necessity:
- Adult beneficiaries 21+: the language has remained fairly similar; focusing on impairments in social, occupational, or other important activities and having mental health disorder or a suspected MH disorder not yet diagnosed.
- Youth beneficiaries under 21: now medical necessity may be met by risk of disorders due to trauma, homelessness or involvement with CWS or juvenile justice system & impairment or need for services not required for a Medi-Cal Managed Care Plan to deliver.

Diagnosis:
- DHCS has removed their approved Included Title 9 diagnoses lists and is now allowing for diagnosis of any mental health disorder, according to the criteria set in the DSM and ICD-10 classifications.
- Services can be provided due to a suspected mental health disorder that has not yet been diagnosed (and/or due to significant trauma for youth) with approved ICD-10 codes such as: codes for "other specified", "unspecified", or other Z codes.
- Neurocognitive disorders or substance-related and addictive disorders are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system

Reasons for Recoupment: Significant changes
- All services are reimbursable with the use of Z03.89 prior to a diagnosis, if needed.
- No longer disallowing services prior to a Client Plan being in place*
- Updated medical necessity criteria must still be met and documentation present in chart to substantiate the need for SMHS. However, progress notes that do not document impairment and intervention will not be recouped*
- Day treatment breaks and/or mealtimes counted in program are no longer considered to be reason for recoupment*

*QI will be updating Medical Record Review (MRR) Reasons for Recoupment document and process to reflect these changes effective 1/1/22. However, all items will remain Compliance issues until DHCS documentation reform details are provided (current timeline is by July 2022).

* For additional details, see Reasons for Recoupment changes grid and Medical Necessity CalAIM updates, both dated 1/1/22. These documents may also be found on the Optum website under the references tab.

Optum Website Updates
MHP Provider Documents

OPOH Tab:
- All OPOH Sections have been reviewed and the following sections are being revised as appropriate to reflect the updated criteria for accessing SMHS and update to language regarding medical necessity, diagnoses, and reasons for recoupment:
  - Section A
  - Section D
  - Section F
  - Section G
  - Section L
  - Section P
- Once revisions completed, they will be uploaded to the Optum Website

Healthy San Diego Tab:
- HSD Medi-Cal Quick Guide MH Screening Tool
- HSD Adult Medi-Cal MH Severity Analysis

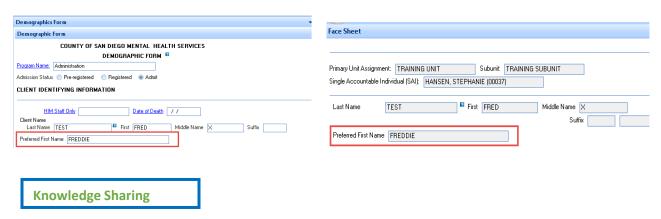**Revised Professional Licensing Waiver Request Form (DHCS 1739 rev 11.2021)**

The Mental Health Professional Licensing Waiver Request Form has been revised to include for following new questions:
- Verification of completion of 3000 hours of supervised professional experience
- Verification of whether the individual seeking PLW has an approved waiver with DHCS

The updated form can be found on the Optum Website under the Forms Tab.

Demographic Form/Face Sheet Update

There is a new field in the Demographic Form that will pull into the Face Sheet. The question is under the Name of the client, and is Preferred First Name. This field can be used if the client wants to be called by a different name. It is not a required field.

It is not a required field – however it has been added based on feedback received to ensure we are being more inclusive and sensitive to client preferences/identification. Please see the screen shots below:

Knowledge Sharing

Post Discharge Coordination of Care – Access Time Data Entry

New or current clients discharged from a 24-hour facility (acute psychiatric hospital or crisis house) shall be assessed by program within 72 hours. If after assessment, the client is deemed urgent, client shall be seen within 48 hours of contact with program. A need for urgent services is defined in Title 9 as a condition, which without timely intervention, is certain to result in a person being suicidal, homicidal, or gravely disabled, and in need of emergency inpatient services. *Not all hospital discharges may be considered Urgent.

Urgent Psychiatric Condition
- Title 9 defines an "Urgent Psychiatric Condition" as a condition, which without timely intervention, is certain to result in an immediate emergency psychiatric condition. The County further refers to Urgent as a condition for which treatment should not wait for a normally scheduled appointment, as it would place the health or safety of the individual or another individual in serious jeopardy in the absence of an intervention
- Access Standard: Face-to-face clinical contact with client within (48) hours of referral.

False Claims Act Annual Training Requirement

Providers are an integral part of ensuring that there are prevention strategies in place to protect client, providers and stakeholders from fraud, waste and abuse. Through the prevention, early detection, investigation and ultimate resolution we support quality of care and sound clinical practices required by the Federal and State False Claims Act.

MHP Contractors and FFS/TERM Network providers are required to complete the County of San Diego False Claim Act training annually. The training is available on the County website here.
(https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/compliance_office/training.html)

Please welcome our new QI Specialists!

Carlie Amacher is a Licensed Marriage and Family Therapist, who began her career working with children and families in the Central Valley of California. For a number of years she provided therapy services to Youth in the Child Welfare System.
Later in her career she worked on a multi- disciplinary team providing mental health treatment to adults with severe mental illness while

also serving in a leadership role for training staff on clinical documentation standards. Carlie Amacher is an adjunct professor for a Master's in Clinical Counseling program and before deciding to move back to San Diego, she was the Trainer for Stanislaus County's Behavioral Health Department for 500+ staff. Training on Topics such as Telehealth, Practicing Self-Care and Working from Home, Child and Adolescent Needs and Strengths Assessment (CANS), and Helping Children Build Resiliency.

She served for a number of years on The Cultural Competence, Equity, and Social Justice Committee with a focus on expanding mental health access and support to, difficult to reach populations. She is a Humboldt county native but enjoys San Diego's warm weather and going for walks to get coffee with her husband and dog Charlie

Liliana "Lily" Cerrillo is a Licensed Marriage and Family Therapist, having received her MA in Marital and Family Therapy with a certificate in Latin American Family Therapy; and is in the process of receiving her AAMFT Approved Supervisor Certification. Lily's clinical focus is working with severe mental illness, co-occurring disorders, crisis intervention, the Latinx and geriatrics populations, and clinical supervision; by being Bi-lingual and Bi-cultural she implements a culturally sensitive approach when meeting with service partners and other entities. She has worked at non-profit and for-profit organizations, such as Center for Community Solutions, Union of Pan Asian Communities, Community Research Foundation, and Alvarado Parkway Institute. Most recently she was with San Diego Youth Services as a Clinical Supervisor and Director of Services. During her spare time Lily is a mentor through SDSU's Aztec Mentor Program, enjoys comedy shows, trying out different foods, cooking/baking new recipes, and traveling. She is excited to be a part of the QI Team and is ready to expand her knowledge with HHSA.

QI Matters Frequently Asked Questions

Q: If we obtain a verbal consent for a Release of Information (ROI) during the phone services, can we document this in the progress note and obtain the wet signature during the next in person service?
A: The ROI cannot be used until you have a wet signature. As of 7/1/21, the State flexibility ends and programs must obtain wet signatures on ROIs (see BHIN 21-046).

Q: Can I still obtain verbal consent for a client plan signature vs a wet signature?
A: Title 9 allows for verbal consent of the client plan as long as the client's participation in and agreement to the plan is documented in a progress note.

Q: What about if the psychiatrist provides services 100% telehealth, but the client is seen for clinic based services for therapy?
A: Signature on the consent for antipsychotic medications via a wet signature should be obtained.

The July 2021 MH UTTM provided the update re: the expiration of COVID Waivers and effective dates, along with the BHS IN 20-146 which outlines the Updated guidance for BH programs regarding COVID 19 public health emergency flexibilities and waivers/signature requirements.   The BH IN 21-046 is posted on the Optum Website under MHP Documents in both the COVID-19 tab and the Communications tab.

Management Information Systems (MIS)

‼ DHP ARF Reminder ‼

A reminder that new prescribers will need access to e-prescribe as soon as they come on board. Please submit DHP ARFs before their onboarding date if possible so that MIS can build their accounts and get them set up for immediate access to DHP. In addition, if they will need EPCS tokens, it will be helpful if someone in your organization can pick one up for them at our office so they can begin the identification process immediately on their first day. A DHP packet and the link to Optum's training page with the practice video will be sent to you so they can train on their first day. After training, let us know so we can activate them. EPCS tokens can take a week or so for final authorization.

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

UTTM January 2022

Cerner Reminder

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

Training and Events

Quality Improvement Partners (QIP) Meeting: Tuesday, **January 25, 2022** from **2:00p – 4:00p** via WebEx. Attendance is encouraged as we will be reviewing CalAIM changes to Medical Necessity and Reasons for Recoupment, as well as proposed changes to documentation.

DHP Training: January 31, 2022   This is a are self-paced, virtual class and you may enroll through the standard RegPack link: www.regpack.com/reg/optum.

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. We hope to see you there.

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**