Mental Health Services

Updates

Telehealth Consent Requirements

Per BHIN 22-019, effective July 1, 2022, Health Care Providers are required to confirm consent for telehealth or telephone services, in writing or verbally, at least once prior to initiating applicable health care services via telehealth to a Medi-Cal beneficiary. The provider must document in the patient record provision of this information and the beneficiary's verbal or written acknowledgement that the information was received. System of Care providers are encouraged to develop their own processes and/or written consent forms in order to adhere to this mandate, however the consent for telehealth services must contain the following explanation:

- Beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit
- The use of telehealth is voluntary, and consent may be withdrawn at any time by the beneficiary without affecting their ability to access covered Medi-Cal services in the future
- The availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- The potential limitations and risks related to receiving services through telehealth as compared to an in-person visit to the extent that any limitations or risks are identified by the provider

Optum Website Updates
MHP Provider Documents

- The DPC 203 Forms were removed from the Optum Website. The most up to date forms may be accessed by contacting your County COR or County assigned Analyst.
- The Access to Service Journal Template was updated to include the three new Referred To and Referred From options of Managed Care Plan-PCP, Managed Care Plan-MH Provider and Emergency Room.

Peer Support Specialist Tab:

- The Scholarship Flyer Peer Support Specialist Certification Program was posted on Optum.
- The Medi-Cal Peer Support Specialist Certification Overview presentation was posted.
- The BHS HPA Peer Support Specialist Services Q&A was posted.

References Tab:

- The Updated BBS Required Notice to Consumers 2022 was posted.

Communications Tab:

- The BHS Contractor Memo-CalAIM Documentation Reform 5.20.2022 was posted.

CalAIM Tab:

- There is a new CalAIM Tab on the MHP Provider Documents page.
- The BHS Contractor Memo-CalAIM Documentation Reform 5.20.2022 was posted.

Billing Unit/Finance Tab:

- The old Financial Eligibility and Billing Manual 2018 was removed from the Manuals Tab. The updated manual is located on the Billing Unit/Finance Tab.

HRA Requirement Update:

QM acknowledges that often times a client is open to multiple programs. When clients are hospitalized, completing an HRA at every program creates redundancy for both the client and the staff. Given the nature of CCBH and the ability to view the HRA's, QM has made a revision to the requirements for programs completing HRA's upon discharge from 24-hour facilities.

If there is a HRA completed within the required timeframe from the client's discharge by one of the other programs to which the client is open, the supplemental program(s) may simply add a Never-Billable Informational Only Note acknowledging the review and acceptance of the information in the HRA.

Additionally, the review of the HRA can also be claimed in a billable service only if/when you are providing a direct service to the client. For example: A client comes into your program for a face-to-face service after a recent hospitalization and the staff reviews the recent hospitalization, discussing any changes to the safety plan and reviewing a completed HRA.

BBS Updated Requirement to Provide Notice to Psychotherapy Clients:

Effective January 1, 2022, the BBS has implemented changes for when you must provide notice and to documentation requirements.

- For new clients, you are required to provide this notice prior to initiating psychotherapy services, or as soon as practicably possible thereafter. The "as soon as practicably possible thereafter" allowance is new, and is intended to allow a provider to provide services first in an emergency, and then provide the notice once the emergency has passed and it is appropriate to do so.
- Effective January 1, 2022, programs to document in the client's record that you received the notice.

In addition, if you are not licensed or registered with the Board and are providing mental health counseling in an exempt setting, there are some changes you need to make to the wording of the notice moving forward.

- If you are unlicensed or unregistered with the Board but providing services within the scope of practice of Board licensees in an exempt setting (a governmental entity, a school, college, or university, or an institution that is both nonprofit and charitable), the wording of the notice has changed. You are required to provide your clients with a notice about how to file a complaint with your agency. The fact that your setting is considered exempt is conditional upon you doing this.

The notice must be in at least 12-point font, and must be in substantially the following form:

- *NOTICE TO CLIENTS*
  The (Name of office or unit) of the (Name of agency) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at (Name of agency). To file a complaint, contact (Telephone number, email address, internet website, or mailing address of agency).
- *The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board's online license verification feature by visiting www.bbs.ca.gov.*
- If you are a Board licensee or registrant, the wording of the notice has not changed.
- You do not need to distribute the new version of the notice to existing clients. You only need to distribute the new version, as listed above, to new clients you begin seeing on or after January 1, 2022.

Updated Requirement To Provide Notice To Psychotherapy Clients (ca.gov)

FY 22-23 Medical Record Review Process Changes

FY 22-23 brings changes to the Medical Record Review (MRR) Process! Effective July 1, 2022, as we begin rolling out CalAIMS Documentation Reform changes, QM will also be rolling out an updated MRR process. Our FY 22-23 MRR process brings the following changes:

- Newly revised tool focused specifically on DHCS's documentation reform and Fraud, Waste and Abuse that has been shortened from 71 items down to 38 items.
- Your medical record review will consist of an internal QM review of 10% of services for each server during the quarter in which the review period falls (the review period will consist of a two-month period).
- Programs will be provided 15 days to complete their self-review and attestation.
- Programs will complete self-attestation addressing review of hybrid chart documents and program integrity processes. **Programs may be required to submit documentation upon request which evidence/support the self attestation.*
- For this fiscal year (22-23) programs will not be required to submit their five chart reviews, as it is expected that programs are completing self-reviews as part of their program integrity and service verification as indicated in their program policies.

QM Specialists will be reaching out to their assigned programs to begin scheduling Medical Record Reviews for FY 22-23 in the coming weeks. Please note, all MRR's are scheduled for FY 22-23 in advance at the start of the new fiscal year. You will be offered the option of a virtual or on-site meeting for your MRR exit review. Additional questions regarding the MRR process can be submitted to QIMatters@sdcounty.ca.gov.

Medication Monitoring Process Changes for FY 22-23

As a result of feedback from EQRS and an effort to more effectively monitor programs that provide medication services, QM will be implementing a Medication Monitoring Oversight Committee (MMOC) and new process for quarterly medication monitoring. Effective July 1, 2022, Medication Monitoring will no longer be attached to your annual Medical Record Review. Instead, medication monitoring submissions will be reviewed quarterly by your assigned QM Specialist, as well as completing a spot review of Doctor's Home Page compliance via a randomly selected sample of medication services provided during the reported quarter. The MMOC will provide second level review in cases of identified patterns or trends in noncompliance or variances and work closely with our Medical Directors to determine corrective actions steps and/or QIP requirements as necessary, as well as provide ongoing tracking of any identified trends or continued compliance concerns. Programs will be provided a completed Medication Monitoring Report quarterly as well as any required QIP or other corrective actions steps within 30 days of their quarterly Medication Monitoring submission. This updated process was reviewed at the May QIP meeting and will also be reflected in the OPOH.

Updated Serious Incident Report (SIR) Form

The SIR form has been updated to include the following changes:

- "written and verbal" drop down selection for Type of Notification added
- Time of incident prompt box with "unknown" option check box added

The most recent version of the form will be posted on Optum as of 7/1/22 and programs will need to utilize the updated form effective 7/1/22.

Updated DPC 203 Form:

The DPC 203 Forms were removed from the Optum Website. The most up to date forms may be access by contacting your County COR or County Assigned Analyst.

Update to the Access to Services Journal Program Template

The Access to Services Journal Program Template has been updated to include the three new Referred To/From options of Managed Care Plan – PCP, Managed Care Plan – MH Provider, and Emergency Room. This form can be found on the Optum Website → BHS Provider Resources → MHP Provider Documents → Training → Other Training Resources and Tip Sheets.

New: CalAIM Training Plans

- QM is developing required training plans for CalAIM updates related to Screening Tools, Transition Tools and Documentation requirements.
- The training plans will need to include information about relevant staff required to attend training.
- QM will be proposing a minimum number of staff to attend with a recommendation for certain positions or roles to be included based on areas of focus.
- Training attendance will be monitored by QM for compliance, as DHCS is requiring the percentage of identified staff trained to be routinely reported.
- Programs will be able to identify specific staff based on QM recommendations.
- Additional communication is being developed that will include the proposed details, requirements and timelines.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
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Knowledge Sharing

- **The COVID-19 PHE will end soon and** the process of redetermining eligibility for **millions of Medi-Cal beneficiaries will begin**
- To Minimize beneficiary burden and promote continuity of coverage for beneficiaries, DHCS has created a Coverage Ambassador role
- 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.

Call Script Samples

Beneficiary Caller	County BHS Response
Do I need to report any household changes to keep my Medi-Cal coverage?	Yes, you are required to report any changes in your household, such as income, if someone becomes pregnant, a new household member, and any changes to your address, to your local county office. This may help ensure that you continue to receive your Medi-Cal coverage after the end of the federal COVID-19 public health emergency. For more information call: 1-866-262-9881.
Are we required to fill out and return renewal packets when we receive them?	Yes, it is important that Medi-Cal beneficiaries respond to county requests for updated information, including renewal packets. This will make sure the county has the most current information it needs to renew your Medi-Cal coverage. It will also help the county see if you qualify for other no-cost or lower cost coverage. For more information call: 1-866-262-9881.
Will I be discontinued from Medi-Cal coverage if I got a raise during the COVID-19 public health emergency?	Please report income changes by calling 1-866-262-9881. If your income goes up or your household changes, as long as the COVID-19 public health emergency continues, you will not lose your Medi-Cal coverage.

I moved. Whom should I tell that I moved?	You may report this change by phone, online, mail, fax, or in person. Visit the County of San Diego Medi-Cal Program website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/medi-cal_program.html or call 1-866-262-9881 for more information.
How do I sign up for an online account to access my Medi-Cal case or report changes?	You can access your Medi-Cal case, complete your annual renewal, or report changes to your case by creating an online account. You can create one today by going to benefitscal.com and selecting the "Create an Account" link in the upper right hand corner of the page. For more information call: 1-866-262-9881.

CalMHSA LMS & Documentation Guides

The CalMHSA website California Mental Health Services Authority | CalAIM (calmhsa.org) contains helpful documentation guides for mental health providers. Currently, there is a Clinical Staff documentation guide, with guides for Medical Staff, MHRS staff, and Peer Support Specialist staff coming soon! Additionally, the website contains a link to view and complete CalMHSA's web-based CalAIM documentation training via LMS. Please see the below links for more information:

» LMS
» Documentation Guide

BHS Health Plan Administration Team

BHS has a new Health Plan Administration Team! For further CalAIM and/or Peer related Q&As, please email: **bhs-hpa.hhsa@sdcounty.ca.gov**

QI Matters Frequently Asked Questions

CalAIM Roll-Out Questions:

Q: Does the 3-day Final Approval requirement exclude weekends?

A: We are seeking clarification from DHCS on this.

Q: We feel that the 3-day progress note requirement is unrealistic when supervising students. How will this be addressed?

A: There are discussions occurring on a higher level regarding the 3-day requirement with DHCS as it relates to co-signing and supervision of students. We are rolling these requirements out thoughtfully and slowly in phases. We will be including SOC in the development of the BHA, Problem List, and Client Plan in Cerner Millenium.

Q: Is Date of Service day 1 or day 0?

A: The Date of Service is Day 1.

Q: Will the 3-day requirement be enforced starting July 1?

A: The 3-day requirement will not be enforced until after the roll out of the BHA, Problem List, and Client Plan.

Q: Is September 1, 2022 the deadline for programs to implement the reduced documentation and 3 day deadline correct?

A: Yes, a phased approach will begin July 1 with full implementation as of September 1. Memos and/or UTTM updates will continue to be provided as ongoing process and changes roll out in CCBH.

Q: Will MRR's not begin until September?

A: No, MRR's will begin at the start of FY in July as usual. The MRR tool has been sent to QI Leadership for review. The focus of the tool is on the seven domains and has been reduced from 71 to 36 questions, pared down to focus on goals of CalAIM.

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

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 Management Trainings
RCA Documentation Training**:** Thursday, **June 30, 2022,** from **9:00am – 12:00pm** via WebEx. *Registration Required.*

Quality Improvement Partners (QIP) Meeting: Tuesday June 28, 2022, from **2:00p – 4:00p** via Microsoft Teams.
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