



MENTAL HEALTH SERVICES



Updates

BHA Form Fill Templates

The BHA Form Fill Templates have all been updated and are now live in CCBH. The Presenting Problem and Clinical Formulation sections were updated to include the new CalAIMS language in the help text. The updates can also be found on the Optum Website, under the UCRM Tab. BHS Provider Resources → MHP Provider Documents → UCRM.

Medi-Cal RX Rollout Concerns:

Since the roll-out of Medi-Cal RX beginning January 1, 2022, the following concerns have been expressed by providers:

- Delays in claims processing
- Incorrect information being provided to consumers and pharmacies
- Portal documents/*covermy meds* forms not working properly,
- Formulary restrictions
- Urgent medications not being authorized/delayed in approval,
- Excessive helpline wait times

Due to these concerns, BHS will centralize provider feedback through the QI Matters email: gimatters.hhsa@sdcounty.ca.gov in order to ensure the information is routed to the appropriate parties. The County of San Diego is sharing concerns with DHCS to address issues identified by our providers.

Please remind your clients that JFS and CCHEA may be contacted for advocacy regarding care concerns that arise due to the current process.

- Jewish Family Service (JFS): [Patient Advocacy - JFSSD](#)
- Legal Aid Society of San Diego (CCHEA): [Behavioral Health | Legal Aid Society of San Diego \(lassd.org\)](#)

Providers are encouraged to work directly with clients and pharmacies to access emergency medications when needed. Additional details can be found here: [Revised Emergency Fill Quantity Limit and Frequency Policy \(ca.gov\)](#).

Reference: BHSIN 02.11.2022

OPOH Updates:

OPOH Section F - Pages F.2-F.3 updated Process Definitions for Grievances, Discrimination Grievances, Grievance Exemptions and Appeals and State Fair Hearing Processes.

OPOH Section F – Pages F.8-F.9 updated Advocacy Services and Records Requests.

Optum Website Updates MHP Provider Documents

OPOH Tab

Section F - Pages F.2-F.3 updated Process Definitions for Grievances, Discrimination Grievances, Grievance Exemptions and Appeals and State Fair Hearing Processes.

Section F – Pages F.8-F.9 updated Advocacy Services and Records Requests.

UCRM Tab

BHA Form Fills are updated

Peer Certification and Peer Support Services Implementation

For individuals who are employed as a peer as of January 1, 2022 and seek certification under the legacy standards, or those individuals certified out of state and are seeking to be certified under these standards, a Medi-Cal Peer Support Specialist Certification Program must grant certification if the individual has:

Either:

- 1 year of paid or unpaid work experience (1550 hours) as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums

OR

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics. CEs can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

AND has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
 - One from a supervisor
 - One from a colleague/professional
 - One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam

Peers employed as a peer January 1, 2022, and seeking certification through the legacy process must complete or begin the process by December 31, 2022. After this date, peers seeking certification under a Medi-Cal Peer Support Specialist Certification Program must complete the initial certification process. Peers with out of state certification seeking reciprocity have no sunset date to seek certification.

We encourage peers currently working in the system to begin gathering the required information to the best of their ability.

As more information is released, we will communicate it to the system through future UTTMs, QIPs, and other forums.

Knowledge Sharing

NOABD Policy and Procedure(P&P):

QM has noticed a trend in programs needing to update their NOABD P&P upon review during the MRR. Programs are encouraged to review their NOABD P&P to ensure it reflects the most current information accurately per the OPOH Section F. Additionally, programs are reminded that all types of NOABD's should be listed and defined/explained within the P&P itself (Please refer to page 142 of the OPOH). For questions, please contact QI Matters.

Staff Signature Logs Reminder:

Staff Signature Logs must include all employee signatures – including the program MD and nursing staff. Programs are reminded that the log should include the staff's printed name, signature, and credentials.

YTSE:

QM has noticed a trend of the Youth Transition Self-Evaluation Form (YTSE) not being completed in full. Programs are reminded that when completing the YTSE, if the client has score of 3 or below in any area, this needs to be reviewed and addressed in the action/comments section to be considered complete. This is also indicated on the directions on the YTSE Form. Failure to address any areas scoring 3 or below results in a mark out of compliance on the relevant MRR tool question.



13. I can explain my own cultural background.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
ACTIONS/COMMENTS:						

Serious Incident Reporting Reminders:

Incidents involving death of a client:

- When reporting the death of a client, programs may contact the County Medical Examiner’s Office to confirm the client is deceased and the date of death.
- Programs may also request the CME Report. This report may assist you in completion of your Serious Incident Report of Findings Report (SIROF), especially when the death is due to unknown circumstances.
- The report is taking Medical Examiner 6-9 months to complete.
- Contact the Medical Examiner at 858-694-2895 to confirm client’s death, date of death and receive CME case number. May ask for preliminary cause of death if known. Document this information in the SIR.
- Email the Medical Examiner at records.mx@sdcounty.ca.gov. to obtain the CME report. The Medical Examiner will send the program a copy of the final report once it is completed.

SIROF Extensions:

- In the event a program is awaiting final cause of death determination from the CME report, the program may be granted an additional 30 days to complete the SIROF.
- If you need an extension, please reach out via QIMatters and the request will be processed.
- SIROF extension requests must be sent to QI Matters every 30 days while waiting for the medical examiner’s report.

SIROF Reports:

- SIROF reports are to document your investigation into the events leading up to the incident and look at whether or not there are any measures the program can take to prevent a similar incident from occurring in the future.
- When answering question #1 (Serious Incident Summary of Findings) there should be a **brief** description of the incident. The main focus of the question should be on what was discovered during your investigation of the events leading up to the incident. This includes a chart review, policy and procedure review, interviews with client and staff, etc. This question is your analysis of your investigation.

- Question #2 (Recommendations/Planned Improvements) would address any changes in the client's treatment you would implement to assist the client or other clients in your program, quality improvement practices to implement, changes to P&P's etc.
- Please refer to the Serious Incident Report of Finding Explanation Sheet for further information.

QI Matters Frequently Asked Questions

Q: With the staff signature log, does that also include administrative staff and other managers? For instance, a QA Manager or Program Director?

A: The staff signature log requirement applies for all staff who provide services and document in CCBH/client charts.

Q: Can staff use a digital signature (Adobe) for medication consent forms, or does it need to be a wet signature?

A: Docu-Sign is the only approved digital signature medium at this time.

Q: We have a client who is requesting to be closed from our clinic because she is seeing a psychiatrist at another clinic. In this instance, would an NOABD be required before discharging the client? The client is transferring to a lower level of care clinic for therapy but is transferring to another psychiatrist within our same level of care.

A: In this case, the client is requesting a planned discharge due to seeking services elsewhere. Planned or client requested discharges do not require the NOABD.

Q: I had a question about the medication monitoring tool and the McFloop. If there is a variance found but that variance is within the standards of clinical practice and there is documentation to support that in the patient's chart, would a McFloop be required given there would not be any corrective action needed or could the reviewer just note in the comments section of the med monitoring tool that the variance is acceptable and not complete the McFloop?

A: Yes, you would need to document that the variance is within the standards of clinical practice and that the McFloop is not indicated.

Management Information Systems (MIS)

Tips for logging into CCBH due to recent user reported errors:

- Use Microsoft Edge
- Use current workspace receiver
- Clear cache
- Use most current link (available via the Optum Website)
- Cerner Screen → Cerner Session Clean up (if CCBH freezes)
- Ensure scale and layout for all monitors is at 100%

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 or email SDHelpdesk@optum.com. Please do not call Cerner directly!

Training and Events

Quality Management Trainings

Support Partners: Wednesday, **March 16, 2022**, from **12:00p – 3:00p** via WebEx. *Registration Required.*

Audit Leads Practicum: Monday, **March 21, 2022**, from **12:30p – 3:30p** via WebEx. *Registration Required.*

RCA Documentation Training: Tuesday, **March 29, 2022**, from **9:00a – 12:00p** via WebEx. *Registration Required.*

Recovery International Online Workshop

Empowering Success – Bringing Out the Best in a Peer Employee: Wednesday, March 30, 2022, at 1:00pm via Zoom. This training is for mental health service providers who work with or supervise peer staff in the Adult/Older Adult Behavioral Health System of Care. *Registration Required via the link provided on the flier attached to the February 2022 UTTM email.*

Quality Improvement Partners (QIP) Meeting: Tuesday March 22, 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