



Mental Health Services



Updates

Mental Health Diagnosis Updates in CCBH:

CMS released new Diagnosis Code changes effective 10/1/2022; the list can be accessed via CMS here: [2023 ICD-10-CM | CMS](#). These codes are to be used for client encounters occurring from October 1, 2022 through September 20, 2023. **Diagnosis Code F43.8 Other Reactions to Severe Stress was changed to F43.89 Other Reactions to Severe Stress and F43.81 Prolonged Grief Disorder was also added.**

Medicare/Medi-Medi Client Plan Requirements:

Client plan requirements for Medicare and Medi-Medi clients continue to remain in effect due to applicable federal regulations/guidance and have not been superseded by the CalAIM documentation reforms. Medicare standards for client plans remain as follows:

Individualized Treatment Plan: Services must be prescribed by a physician and provided under an individualized written plan of treatment established by a physician after any needed consultation with appropriate staff members. The plan must store the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. (A plan is not required if only a few brief services will be furnished.) (CMS Publication 100-02. Medicare Benefit Policy Manual. Chapter 6. Section 70.1).

Client Plan Folders vs Limited Service Logs:

Programs that require a client plan for specified services (IHBS, ICC, TBS, TFC, STRTP) should continue to utilize a client plan folder and do not need to open a Limited Service Log. Only those programs/service lines that do not require a client plan will need to open a Limited Service Log in order to hold their progress notes. This information has been updated on the Client Plan Explanation Sheet and uploaded to the Optum Website.

Corrections to the Client Plan Explanation Sheet:

The Client Plan Explanation Sheet has been updated to remove instructions regarding the requirement of signatures for client plans; this requirement was removed as part of the CalAIM documentation reform (BHIN 22-019). Additional language updates were made to further clarify client plan requirements for Medicare beneficiaries and the use of client plan folders vs limited service logs for clients requiring a client plan. The updated Explanation Sheet has been uploaded to the Optum Website.

Optum Website Updates **MHP Provider Documents**

UCRM Tab:

- The Case Management-Peer Support CP PN Form-Fill has been posted.
- The Case Management-Peer Support MHSA CP Explanation Sheet has been posted.
- The General Progress Note Explanation Sheet has been posted.
- The Client Plan Form-Fill version has been posted.
- The Client Plan Explanation Sheet has been posted.

UTTM Tab:

- The FY 21-22 Combined UTTM PDF has been posted.

Certified Peer Support Specialist Certification Exam:

- CalMHSA, in partnership with DHCS, is releasing the initial administration of the Medi-Cal Peer Support Specialist Examination. The initial administration of the exam is for *early test takers* who met certification requirements and elected to participate in the initial administration phase of the exam between **September 23 – October 14, 2022.**
- The Certification Exam will be made available for ALL test takers starting **December 2022.**
For more information on the exam, please refer to the [Preparation Guide](#).

Errors with the Problem List:

Some providers have reported issues when attempting to create their problem list. QA has consulted with MIS and the direction is to open a new diagnosis form. Providers should review all diagnoses, update as appropriate, enter a comment in the box regarding the reason for the update (i.e., Diagnosis Form update being completed administratively in order to create the problem list), Final Approve it, and then hit refresh. This should resolve the issue. Note: It is important to refresh in order for the update to fix the error!

Knowledge Sharing

CalMHSA Documentation Trainings

CalMHSA has been collaborating with DHCS on the integration of CalAIM requirements and documentation standards. Part of their process has been to create training guides and videos to support counties in implementation. The County is asking that all providers have staff complete the online training, through CalMHSA LMS, as well as review the documentation guidelines, which can be found here: [California Mental Health Services Authority | CalAIM \(calmhsa.org\)](#). Attached to this month's UTTM, there is a handout with detailed instructions on how to register with CalMHSA LMS in order to register for training. The following are additional items that can be found on the CalMHSA website geared to support providers with the roll out of the CalAIM initiative:

CalAIM Communication Materials (new additions)

- Communication Materials for Staff
- Communication Materials for People in Care

CalAIM Documentation Guides, Web-Based Trainings & Training Dashboard

Documentation Guides (new additions)

- MH Clinical Staff (revised 06/23/2022)
- MH Certified Peer Support Specialists
- MH MHRS & Other Staff
- MH Medical Staff
- SUD Clinical Staff (revised 06/24/2022)
- SUD Certified Peer Support Specialists (revised 06/24/2022)
- SUD AOD Counselors
- SUD Medical Staff

Training Dashboard (new additions)

- New option to "Download data" (into an Excel spreadsheet) at the bottom of the webpage

CalAIM Policies & Procedures and Attestations (new additions)

- Documentation Requirements (BHIN 22-019)
- No Wrong Door (BHIN 22-011)

DHCS has released the [CalAIM Behavioral Health Initiative FAQ](#), which is intended to be a resource in the implementation of CalAIM behavioral health initiatives, including Documentation Redesign. This will be updated on a regular basis and a new webpage devoted to addressing CalAIM Behavioral Health FAQs is coming soon. For more information, please visit the [CalAIM Behavioral Health](#) webpage.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders

- As part of Network Adequacy requirements (BHIN [22-032](#) and [22-033](#)), providers have been asked to utilize the System of Care (SOC) application to collect the information needed to assist the County with routine submission.
- Providers are required to **frequently** update their current profile (community-based locations, cultural competency hours, etc.) in the SOC application **as changes occur** to show accurately on the provider directory.
- Providers and Program Managers are required to attest to all SOC information **monthly**.
- New hires and transfers are required to register **promptly**, and attest to information once registration is completed.
- For **tips, FAQs, and other resources** on how to complete the registration and/or attestations, visit the [SOC Tips and Resources](#) website.
- If you have any questions regarding registration, login, or the SOC Application, please reach out to the Optum Support Desk at 800-834-3792, Option 2, or email sdhelpdesk@optum.com.

Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification

County Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. Individuals who would like to apply for the initial certification scholarship must [fill out the online interest form](#) to be considered. Kindly note the extended **application deadline** for certification is **November 30, 2022**. Remember to complete your certification application on CAPEerCertification.org for your scholarship application to be processed by CalMHSA. Visit the [Q&A page](#) for a list of commonly asked questions and corresponding responses on Peer Support Services in BHS. The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Management Information Systems (MIS)

New ARF and new addresses:

New ARF's are available now on the Optum's RegPacks site: www.regpack.com/reg/optum

Please download and use these ARFs immediately. We will be denying any ARFs not current after 11/1/22. The new ARFs have information on them for the Certified Peer Support Specialists. If you have a staff who has been certified by the State, please select the correct Credential from the drop-down menu:

CREDENTIAL AND CERTIFICATION INFORMATION (Select one option and provide licensi

Administrative Staff

Unlicensed Clinical Staff: Select for Unlicensed Staff

Program Manager attests to Use

Licensed Clinical Staff: S

License or Registration #:

NPI #:

If User is a Medical certified pro

Next, you must click the checkbox below and enter the Program Manager's name to attest that the staff is Certified:

CREDENTIAL AND CERTIFICATION INFORMATION (Select one option and provide licensing information as appropriate.)

Administrative Staff

Unlicensed Clinical Staff: Select for Unlicensed Staff



Program Manager attests to User's Peer Support Certification Program Manager Name:

New Addresses beginning 11/1/22:

We have new addresses. On 11/1/22, a new ARF will be available on the RegPacks with our new email for submissions:

MHEHRAccessRequest.HHSA@sdcounty.ca.gov

Our new Help Desk email is:

MHEHRSupport.HHSA@sdcounty.ca.gov

All emails sent to the old addresses will not go through. Please make note of these addresses and inform all staff.
Thank you!

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 Improvement Partners (QIP) Meeting: Tuesday October 25, 2022, from **2:00pm – 4:00pm** 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.

Office Hours

Please see the schedule below for the October 2022 virtual **Office Hours** sessions. Each session will be hosted by two of our Quality Assurance Specialists.

Please remember that the Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff. Our team has noticed that primarily PM's and QI staff have been in attendance. Line staff should utilize these office hours as well, to attend and ask any questions they may have. Additionally, please bring your questions when you attend Office Hours so that we can utilize the time efficiently and address questions from the SOC.

Registration is not necessary, please contact Christian (Christian.soriano2@sdcounty.ca.gov) or reply to this message if you would like a calendar reminder for any specific sessions. If you need an ASL interpreter, please notify us at least 7

business days before your desired session. If you have any further questions/comments regarding these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov. Sessions for future months are forthcoming.

October 2022 Office Hours:

- Thursday, 10/13/2022, 3 pm to 4 pm: [Click here to join the meeting](#)
- Tuesday, 10/18/2022, 9 am to 10 am: [Click here to join the meeting](#)
- Thursday, 10/27/2022, 3 pm to 4 pm: [Click here to join the meeting](#)

QI Matters Frequently Asked Questions

Q: Would it be double dipping/ duplicating services if a client is meeting for employment services both here (AOP clinic) and at a clubhouse?

A: Clubhouses do not bill Medi-Cal so this would not be considered duplication of services with Medi-Cal. You would still want to coordinate care however with the Clubhouse to ensure the best clinical care for the client.

Q: I have a client who I opened on 8/24. Client has had 3 no shows and I have not been able to provide any service since opening, other than 2-3 collaterals with parents attempting to engage client, with no success. Can I discharge without doing a discharge summary in this scenario?

A: Yes, a discharge summary is not required to be completed as the client received fewer than five services. Please keep in mind that as this is a termination of services, you still need to issue the termination notice NOABD which requires a 10-day notice be issued to the client's last known address prior to the closure of services.

Q: For clients receiving case management services, is there a date that the CM CP note needs to be in CCBH by? And if a client receives a SC 50 service between now and that date, and we do not have a CM CP note yet completed, will we still be considered out of compliance?

A: The expectation is that the Case Management Client Plan note is completed at the next contact with the client for existing clients, and during treatment planning or when case management is added for new clients.

Q: Are we no longer putting the Z codes on the DX forms? And only putting them on the Problem list?

A: You may continue to provide MH Z-codes in the Diagnosis form

Q: If we have already put a Z code on the DX form and it shows up on the problem list to be checked, do we need to check it there as well?

A: The Z-codes that are included as selections on the Problem List are the SDOH (Social Determinants of Health) Z-codes that were identified by CalMHSA, in conjunction with DHCS that may be utilized by all levels of staff/credential levels to be part of the problem list as an area of treatment focus; they are best included on the problem list vs the diagnosis form.

Q: Is the Problem list being dated from when we opened our clients? Or from when they took effect?

A: The problem list should be dated to match the date it is initiated/completed, not the date of client admission; all clients are required to have a final approved Problem List by 10/15/22.

Q: Are there any examples of what is to be in the comment section.? Are we explaining the reason for the Z codes?

A: The comment section is not a required field. Explanation of selected z-codes is not required; providers may utilize this area to indicate clarification of a selected Z-code but is not required.

Q: Could you please clarify if a HRA must be completed for any client who is discharged from a behavioral health facility, regardless of the reason they were there or if the HRA should only be completed if the client was in said facility for SI/HI?

A: The HRA is required to be completed and final approved within 5 calendar days from discharge from acute care 24-hour facilities (hospital or crisis house) and thereafter anytime a client presents with risk factors. If the client was in a hospital or START program, they would require the HRA regardless of the reason. Grave disability can also present as possible risk to the client or others.

Q: Are we required to obtain wet signatures for medication consent forms?

A: The wet signature is required on the Informed Consent for the Use of Psychotropic Medication form whenever an antipsychotic medication is prescribed. If the medication prescribed is not an antipsychotic, the verbal agreement/signature is acceptable.

Q: Are we allowed to document verbal consent for release of information forms? Can requests for medical records be processed with verbal authorization?

A: It is a HIPAA requirement that the ROI forms must have a wet signature or be completed via DocuSign.

Q: Are we allowed to document verbal consent to treatment?

A: Verbal consent is acceptable on the consent to treatment.

Q: When we collaborate with a client on the problem list, do we need to document that we collaborated with them on their problem list, and they agreed? Or is that only for the CM CP note?

A: Anytime you are collaborating with the client and there is a change to the problem list as a result, it should be documented as part of the direct service that occurred – not just in when you are providing case management or completing the CM CP note. The General Progress Note required elements includes “Update to the Problem List” with prompt/help text indicating to include any changes or updates to the client Problem List. I have attached the relevant explanation sheets which provide instruction on both the problem list and general progress note requirements.

Q: I wanted to ask if “office” is an appropriate location to bill for a member in a lock out setting for non-billable 55 service codes. Or does the provided at location need to be where the member is located?

A: When a Client is admitted to a lockout setting (i.e.: IMD, SNF, ICF, State Hospital) the *Provided At* for all notes must be the lock out setting.

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