



Mental Health Services



Updates

Free Digital Behavioral Health Virtual Services Platform for Children & Families

The Department of Health Care Services (DHCS) today launched the Behavioral Health Virtual Services Platform – two free behavioral health services applications for all families with kids, teens, and young adults ages 0-25. Launching as part of the state's [CalHOPE](#) program, with funding from the Children and Youth Behavioral Health Initiative (CYBHI), the web- and app-based platforms will offer all California families with kids, teens, and young adults ages 0-25 free one-on-one support with a live wellness coach, a library of multimedia resources, wellness exercises, and peer communities moderated by trained behavioral health professionals to ensure content is appropriate and safe for all users.

The Behavioral Health Virtual Services Platform is a combination of two different web- and app-based applications that support two distinct groups: **BrightLife Kids**, developed by Brightline, is for parents or caregivers and kids 0-12 years old. **Soluna**, developed by Kooth, is for teens and young adults ages 13-25. Families with multiple children whose ages span 0-25 can use both platforms to meet their unique needs. Each app will also offer coaching services in English and Spanish, as well as telephone-based coaching in all [Medi-Cal threshold languages](#).

- Free Coaching: Live one-on-one coaching sessions with a trained and qualified behavioral health wellness coach delivered through in-app chat or video appointments. Telephone coaching will also be available in all Medi-Cal threshold languages.
- Educational Content: Age-tailored educational articles, videos, podcasts, and stories.
- Assessments and Tools: Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.
- Care Navigation Services: A searchable directory and live care navigation support to connect users to their local behavioral health resources, including connecting users with their health plan, school-based services, or community-based organizations that can provide clinical care options and care coordination services.
- Peer Communities: Moderated forums and programs to connect users with other youth or caregivers.
- Crisis and Safety Protocols: Crisis and emergency safety resources for platform users experiencing a mental health crisis or who require immediate assistance (e.g., 988).

WHERE TO FIND THE APPS: BrightLife Kids is available for download on IOS devices in the Apple App Store and will be available for Android devices in mid-2024; it is also available online at [CalHOPE](#). Soluna is available for both IOS and Android devices in the Apple App Store and Google Play Store. To find out more, visit [CalHOPE](#).

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a new statewide Medi-Cal benefit available to eligible members with complex needs that often engage with several delivery systems to access care. Enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health and health-related care, including physical, mental, and dental care, and social services. While this benefit is provided by the member's Managed Care Plan (MCP) – it may include engagement and collaboration with our MHP system of care providers. Our MHP providers should be familiar with the basics of ECM and the Populations of Focus that are eligible for this benefit and make the appropriate referral to the member's Managed Care Plan for ECM services.

Enhanced Care Management is available to specific groups, called Populations of Focus, including:

- Adults, unaccompanied by youth and children, and families experiencing homelessness
- Adults, youth and children who are at risk for avoidable hospital or emergency department care
- Adults, youth and children with serious mental health and/or substance use disorder needs



- Adults living in the community and at risk for long-term care institutionalization
- Adult nursing facility residents transitioning to the community
- Children and youth enrolled in California’s Children’s Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s).
- Children and youth involved in child welfare (foster care)
- Adults and youth who are transitioning from incarceration
- Pregnant and post-partum individuals, birth equity population of focus (starting 2024)
- Additional information and definitions can be found here: [ECM Policy Guide Updated September 2023.pdf \(ca.gov\)](#)

Managed Care Plan (MCP) Enhanced Care Management (ECM) Referral Forms and Email Contacts

Providers should utilize the below links for ECM referrals and contacts – all referrals should be directed to the MCP using the below forms/email contacts:

Medi-Cal Managed Care Plan	Referral Form	Email Address
Blue Shield Promise	ECM Referral Form (blueshieldca.com)	Email: ECM@blueshieldca.com
Community Health Group	ECM Referral Form (chgsd.com)	Email: ecm-cs@chgsd.com
Kaiser	ECM Referral Form (kaiserpermanente.org)	Email: RegCareCoordCaseMgmt@KP.org
Molina	ECM Referral Form (molinahealthcare.com)	Email: MHC_ECM@Molinahealthcare.com

Enhanced Care Management & Community Support Links

211 CIE developed a list of Enhanced Care Management and Community Supports contracted providers. The Matrix linked below includes the names of the providers, their contact information, the services they provide, and what health plan they are contracted with. The Matrix also includes instructions on how to use the matrix to filter and drill down information based on Health Plan, provider or CalAIM service.

[CalAIM Provider Matrix](#)

Update: Beneficiary Handbook

- Beneficiary Handbooks have been updated to align with Department of Health Care Services policies released between December 2022 through August 2023 ([BHIN 23-048](#)).
- The Beneficiary Handbook and Summary of Changes were sent out the System of Care on Friday, 12/29/2023 and became in effect 01/01/2024.
- A minor update was recently made to the handbook that went into effect 01/01/2024, the updated handbooks are currently in the process of being replaced on the Optum website.
 - In the meantime, they are available for downloading via Google Drive [here](#).
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 01/15/2024. If your program

Inactive Service Codes V/R Clean-Up Project

As noted in the January UTTM and during January’s QIP Meeting, QA has been involved in a CCBH clean-up project to address 3000+ suspended services due to the use of Inactive Service Codes that are no longer allowable as part of the transition to CPT codes. QA is currently in the process of the initial V/R for inactive service codes utilized between 7/1/23 through 12/31/23 and programs will receive updated spreadsheets of these “opened” progress notes with required correction instructions to either correct to the appropriate allowable service code or non-billable service code. Programs will be required to make the identified corrections as soon as possible as this is a time-sensitive ask to ensure the MHBU is able

to complete necessary billing set ups and recalculations in order to submit billing to the State. Please direct any questions to QIMatters.hhsa@sdcounty.ca.gov or to the MHBUS.

Knowledge Sharing

Medi-Cal Transformation (aka CalAIM)

- Visit the [CalAIM Webpage for BHS Providers](#) for updates and information, including Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant Behavioral Health Information Notices from DHCS.
- Please send general questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov. Please contact your COR for questions specific to your contract.

Medi-Cal Peer Support Specialist Certification RENEWAL

Visit the [CalMHSA website](#) for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs) provide information to County BH Plans and Providers regarding changes in policy or procedures at the Federal or State levels. To access BHINs, visit: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx In instances when DHCS releases draft BHINs for public input, San Diego BHS encourages Contractors to send feedback directly to DHCS and/or to HPA-BHS.HHSA@sdcounty.ca.gov.

System of Care (SOC) Application

- Reminder for staff and program managers to attest in the SOC application monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.
- NOTE: Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.

Electronic Health Record Updates

BHS and System of Care subject matter experts have begun the implementation process with CalMHSA and Smartcare. BHS would like to extend the invitation for a high level, introduction to the process and project via Teams.

- Tuesday, February 20, 2024, 1 pm – 2 pm
- If you are interested in attending please use the following link: [Click here to join the meeting](#)

If you experience any technical difficulties with the virtual session, please reply to this email or contact Christian.Soriano2@sdcounty.ca.gov.

Management Information Systems (MIS)

MIS Staff

CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779. Adrian Escamilla, IT Analyst for CCBH, (619) 578-3218.

Stephanie Hansen, IT Analyst for Millennium.

Training and Events

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held virtually on Wednesday, February 28, 2024, from 1:00 pm to 3:00 pm**. These meetings are intended to update the system of care (SOC) with recent and/or upcoming changes or announcements, as well as provide a live channel for SOC staff regarding their questions and concerns. The intended audience of these meetings are SOC leadership and QA/QI/compliance staff. ASL interpreters are available every session.

If you experience any technical issues during the virtual session, please reply to this message or contact Christian.Soriano2@sdcounty.ca.gov. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours

Please see the schedule below for the February 2024 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays and/or Mental Health Quality Improvement Partners (QIP) meetings.

Registration is not necessary. Please contact Christian (Christian.soriano2@sdcounty.ca.gov) 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 preferred session. If you have any further questions/comments regarding these sessions, please contact QIMatters.HHSA@sdcounty.ca.gov. Sessions for future months are forthcoming.

February 2024 sessions:

- Thursday, February 8, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, February 13, 2024, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Thursday, February 22, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, February 27, 2024, 9:00 am – 10:00 am: [Click here to join the meeting](#)

QI Matters Frequently Asked Questions

Q: We have been directed to run the 9999 reports in the last UTTM, but it is multiple pages long. What are we looking for?

A: The recommendation to run the 9999 report is due to discovery of significant errors in PN's related to use of inactive service codes or incorrect billing indicators. When we transitioned to CPT codes, programs were advised that they should run the 9999 report weekly/monthly to ensure appropriate service types are being utilized (ensuring no outdated codes are in use that will cause the service to fall into suspense), and that contact type/place of service is accurate for Telehealth and Telephone services (Telehealth Outside of Home (**T**)/Telehealth Home (**W**) utilized with Telehealth (**E**)/Telephone (**T**) contact types only). Additionally, the 9999 report allows programs to ensure services are meeting the minimum billing times as outlined in the CPT Crosswalk, and to convert any not meeting mid-point billing into Non-Billable Support Service codes. The Billing Unit is working to recalculate services, so this report should reduce in size in the coming weeks/months to only the affected services requiring correction and review.

Q: What steps need to be taken when a staff member goes on leave with progress notes that are left without final approval?

A: The possible scenarios for non-final approved notes are as follows:

- If the staff are still at the program and have entered billing information with completed narratives and signature but are missing final approval, they can approve their notes later. Depending on the length of time, the unapproved

progress note (PN) would appear on the Billing Suspense Report and be considered out of compliance. Best practice would be to ensure PN's are final approved prior to staff going on leave by running the non-final approved notes report prior to staff leave. Program managers are able to final approve completed/signed progress notes if identified while staff is on leave in order to lessen risk of progress notes being accidentally deleted and losing documentation as noted below.

- However, if the staff is no longer at the program but they entered the corresponding billing information with completed narratives and signature, the Program Manager/Director can final approve the notes. It is also recommended that they enter a Never-billable note indicating reason for their final approving of these notes.
 - If the staff are no longer at the program and there is no signature by them, the Program Manager/Director would need to change the note to the corresponding **Non-billable** code, please refer to MH CPT Crosswalk *Non Billable & MAA Service* tab (i.e., 802 for 10, 30, 32, etc.; 800 for 50; 882 for 82, etc.).
- If the progress notes are not complete, meaning billing information or narratives are missing, and the staff are no longer at the program, these would not be billable notes and should be voided/deleted.

Q: For the programs Quarterly Medication Monitoring, can the committee review services from the previous quarter and submit these to QA?

A: No. The expectation is that the review covers the current quarter, which is why the due date for submission is the 15th of the month following the end of the quarter. For example, Quarter 2 is Oct 1 – Dec 31 and the date to submit the review tool is Jan 15. This allows time for review of 1% of services of each provider for the specific quarter. Refer to OPOH Section G. 10-G11 “programs are required to review one percent (1%) of their *active medication case load each quarter*, with a minimum of one chart reviewed”; this should be interpreted as that corresponding quarter, and not services taking place prior. For example, services reviewed in September would not be considered part of Q2. Programs/Medication Monitoring Committees are encouraged to complete reviews closer to the last month of the quarter to ensure that selected charts are an accurate sample of the active cases in that particular quarter. The current OPOH is available on the OPTUM site, under the OPOH tab [TABLE OF CONTENTS \(optumsandiego.com\)](#).

Optum Website Updates: MHP Provider Documents

Forms Tab:

- [Transition of Care Tool for Medi-cal Mental Health Services Explanation](#) sheet was uploaded 01/16/24 due to the Managed Care Plan Table being updated as there are only have 4 MCPs now (Blue Shield, Community Health group, Kaiser, and Molina).

Manuals Tab:

- [San Diego Inpatient Operations Manual](#) was updated to align with current Medi-cal transformation requirements and BHS Utilization Review processes.

OPOH Tab:

- [Section C - Accessing Services](#) was uploaded on 01/17/24 due to updated Transition of Care Tool information and added section on MCRT, including assessment and training requirements.
- [Section E – Integration with Physical Healthcare](#) was uploaded on 02/01/24 as the Managed Care Plan link was updated.
- [Section H - Cultural Competency](#) was updated on 01/10/24 due to: changes in the description of cultural competence; updated statistics (2021) for SD County for population percentages of different cultures; description added on how SDCBHS reduces disparities/identifies demands areas for services and adjusts changes in long term plan for continued cultural competence; addition of the Community Experience Partnership; provision of links for Cultural Competency Academy included; new information about Staffing assessments and requirements; and languages requirements for consumer preferences.

QA MH... UP TO THE MINUTE

February 2024



- [Section J - Provider Contracting](#) was updated on 01/09/24 due to added language regarding Conflicts of Interest after Disclosure Requirements as part of Contractor Compliance Attestation.
- [Section M - Staff Qualifications](#) was uploaded on 01/17/24 due to: updated DCHC Information Notice; License Waiver section was updated to include correct DMH Letter and DHCS link; Information regarding Professional License Waivers was updated; added information on how to apply for PLW and where to submit required information; and Removal of previous scope of practice information for LPCCs regarding assessment/treatment of couples and families.
- [OPOH](#) was uploaded 02/01/24 to account for most recent changes.

UCRM Tab:

- On 02/01/24 the My Safety Plans in [Arabic](#), [Chinese](#), [Dari](#), [Farsi](#), [Korean](#), [Somali](#), [Spanish](#), [Tagalog](#), and [Vietnamese](#) were updated to include new question related to lethal means.
- [Care Plan Explanation](#) sheet was modified and renamed on to 01/05/24 based on documentation reform requirements updated as of 1/1/24 and BHIN 23-068.

Training Tab:

- [Access to Service Journal Program Template](#) was updated on 02/01/24.

EHR Implementation Tab:

- On 02/01 the [2024-01-30 EHR Town Hall](#) presentation was uploaded.

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