



Mental Health Services



Updates

Inactive Service Codes Reminder – Suspense Reports

QA has been made aware of a significant number of suspended services by programs due to use of inactive service codes. Programs are reminded that only the listed service codes on the CPT Crosswalk for SMHS are allowable services for Medi-Cal for reimbursement. Service codes indicated as “Inactive” or “Removed” are no longer allowable service codes and should not be utilized. Services indicated as “removed” **cannot** be provided or claimed after **6/30/23**. This will result in the claim being suspended/denied.

The following Services/Service Codes are no longer allowable/removed as of 7/1/23 and should **not** be utilized by any programs: SC15 External Report Preparation; SC20 Medication Service Comprehensive; SC21 Medication Group; SC36 Rehab – Family; SC40 Rehab – Collateral Group; SC37 Rehab – Evaluation; SC33 Collateral.

Programs should be running their 9999 suspense reports to ensure service errors are self-identified and corrected in a timely manner. QA suggests these reports be run on a weekly basis to allow for timely identification and corrections – programs will be required to correct errors resulting from use of inactive service codes.

Medi-Cal Rx Announcements

The following alerts have been posted to the Medi-Cal Rx Web Portal on 1/2/2024.

1. [Medi-Cal Rx Monthly Bulletin for January](#)
2. [Updates to the Medi-Cal Rx Provider Manual](#)
3. [Changes to the Medi-Cal Rx Contract Drugs List](#)
4. [Changes to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#)
5. [Medical Foods Are Not a Covered Benefit](#)

If the above links do not take you to these documents, simply copy and paste the following link into your browser to access the Bulletins and News page: <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/>

For more information, contact MediCalRxEducationOutreach@magellanhealth.com

Medicare Billing Expanded to MFT/MHC – Enrollment Requirements

Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023) establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFT’s and MHC’s. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

Programs should ensure that their MFTs and MHCs complete the **Medicare enrollment process** in order to be able to bill Medicare for MFT or MHC services. MFT and MHC providers should review the [CMS Marriage and Family Therapists \(MFT\) and Mental Health Counselors \(MHC\) Provider Enrollment Frequently Asked Questions \(FAQs\)](#) for full enrollment information and instructions.

MFTs and MHCs can enroll electronically using the [Provider Enrollment, Chain, and Ownership System \(PECOS\)](#) or the paper CMS-855I enrollment application. PECOS is the online Medicare enrollment system. It offers a scenario-driven application, asking questions to obtain the required information for your specific enrollment scenario. Use PECOS for faster and easier

enrollment into Medicare. The CMS-855I application is completed by physicians and non-physician practitioners who render Medicare Part B services to beneficiaries. This includes a physician or practitioner who (1) is the sole owner of a professional corporation, professional association, or limited liability company and (2) will bill Medicare through this business entity.

How do I access PECOS?

You must create a user account in the [Identity & Access Management System](#) (I&A). The I&A system allows you to:

- Use [NPPES](#) to apply for and manage NPIs
- Use [PECOS](#) to enroll in Medicare, update or revalidate your current enrollment information*

*Please refer to the FAQ linked above for further information and instructions for completing the enrollment process.

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 are in effect starting 01/01/2024.
- The handbook has been posted to the Optum site under the “Beneficiary” tab; translated versions in the County’s threshold languages will be available in the near future.
- 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 are due to QI Matters by 01/15/2024.

HSD Health Plan Contact Card Updated

The Healthy San Diego Health Plan Contact Card has been updated as of 12.22.23 to reflect the current Medi-Cal Managed Care Plans. The updated Contact Card has been uploaded to the Optum Website > BHS Provider Resources > Healthy San Diego page.

Healthy San Diego

Health Plan Contact Card

| Health Plan | Member Services/Transportation | Magellan RX | Telephone Advice Nurse | ECM Referral form/ECM email | Behavioral Health Dept. |
|--|--------------------------------|--|------------------------|---|-------------------------|
| Blue Shield CA Promise Health Plan | 1-855-699-5557 | 800-977-2273 | 1-800-609-4166 | ECM Referral Form (blueshieldca.com) Email: ECM@blueshieldca.com | 1-855-321-2211 |
| Community Health Group | 1-800-224-7766 | 800-977-2273 | 1-800-647-6966 | ECM Referral Form (chgsd.com) Email: ecm-cs@chgsd.com | 1-800-404-3332 |
| Kaiser Permanente | 1-800-464-4000 | 800-977-2273 | 1-800-290-5000 | ECM Referral Form (kaiserpermanente.org) Email: RegCareCoordCaseMgmt@KP.org | 1-877-496-0450 |
| Molina Healthcare | 1-888-665-4621 | 800-977-2273 | 1-888-275-8750 | ECM Referral Form (molinahealthcare.com) Email: MHC_ECM@Molinahealthcare.com | 1-888-665-4621 |
| Medi-Cal Managed Care Plans cover transportation to all Medi-Cal Covered Services. Pharmacy benefits for all Medi-Cal beneficiaries are covered by the State’s Medi-Cal Rx Program (800) 977-2273 | | | | | |
| Jewish Family Services of San Diego Patient Advocacy (619) 282-1134 | | San Diego County Access & Crisis Line (888) 724-7240 | | Consumer Center for Health Education & Advocacy (877) 534-2524 | |

12-22-23 Note: Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Knowledge Sharing

CalAIM FUM PIP/BHQIP

Goal: to increase the percent of clients ages 18+ receiving a follow up within 7 and 30 days after a mental health ED visit by 5% from baseline.

The UC San Diego Health Services Research Center (HSRC) is processing additional responses to the Managed Care Plan (MCP) questionnaire (focused on aligning similarities and differences between plans) sent to Molina, Community Health Group (CHG), Kaiser, and Blue Shield. HSRC is also exploring telehealth options to be utilized in Emergency Departments in order to meet service delivery requirements for follow-up within seven days.

Next Steps: Deliver resource cards to ED once printed, process responses of MCP's practices in San Diego County, and outline workflow map for the MCP data exchange component.

Youth Group Therapy PIP

This Performance Improvement Project (PIP) will develop psychoeducational toolkits for different audiences and develop a pilot study examining the implementation of an enhanced outpatient clinical screening process to better identify youth who may be a good fit for group therapy. The PIP will highlight the benefits of group therapy and increase access and utilization among CYF outpatient clients experiencing anxiety, depression, and social skills challenges.

Next Steps: The PIP community advisory board plan to have the group therapy toolkit series completed and ready for dissemination and promotion in early 2024.

Medi-Cal Transformation (CalAIM)

- DHCS has rebranded the CalAIM initiative to Medi-Cal Transformation in response to feedback from members.
- Visit the CalAIM Webpage for BHS Providers for updates and essential information, including Certified Peer Support Services implementation and training resources, 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 Exam Available in Spanish

- CalMHSA released the Spanish language version of the Medi-Cal Peer Support Specialist Certification Exam.
- Please visit the CalMHSA website for more information regarding the exam and to register.

Medi-Cal Peer Support Specialist Certification RENEWAL

Visit the CalMHSA website for information on Certification Renewal requirements.

DHCS Behavioral Health Information Notices (BHINs)

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/provgovpart/Pages/2023-BH-Information-Notices.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.

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

- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app 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

EHR Townhall Meeting

The next Electronic Health Record Townhall Meeting is to be determined.

Management Information Systems (MIS)

Requirement for work Email Address for CCBH Access and Training

- Effective 2/1/2024 personal emails will not be accepted for Optum class registration.
- Provider staff must have the contracted Provider's business email address.
- This is required for both live and train sites.

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

QIP Meetings will continue to be held the last Wednesday of the Month from 1pm to 3pm via Microsoft Teams virtual-only:

[Click here to join the meeting](#)

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **held 100% virtually on Wednesday, January 31, 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 January 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.

January 2024 sessions:

UTTM January 2024

- Tuesday, January 16, 2024 9:00 am - 10:00 am
- Thursday, January 25, 2024: 3:00 pm - 4:00 pm
- Thursday, January 30, 2024: 9:00 am - 10:00 am

QI Matters Frequently Asked Questions

Q: Can you confirm if a peer support plan is still required if a peer support staff is providing services, and is a client plan still required for clients receiving ICC due to pathways eligibility?

A: Peer support services still require a care plan at the start of the provided services and will be updated as clinically indicated, however the stand-alone TCM/PSS Progress Note is no longer required to be used. The PSS care plan documentation should be threaded throughout the client record in the BHA, Formulation Summary, Problem List, Progress notes Next Steps.

ICC services are considered TCM and will require ongoing care planning during CFT meetings, with planning documented within the CFT progress notes.

With the recent changes indicated in BHIN 23-068, QA has released a new [Client Plan Explanation sheet on Optum](#) (now available on the [UCRM tab](#)) [MHP Provider Documents \(optumsandiego.com\)](#) to clarify the new care planning requirements and specific Client Plan elements required for the different service types as of 1/1/24.

Q: As a perinatal behavioral health program, we support women who are experiencing perinatal mood and anxiety disorders. I want to confirm that F53.0 Postpartum Depression is an active diagnosis that we can bill for. It is an ICD-10-CM code. Similarly, would we be able to utilize ICD code 090.6 "Postpartum Mood Disturbance"?

A: Medi-Cal and CalAIM reform requires a CMS approved ICD-10 Mental Health Diagnosis as found in the current DSM. F53.0 Postpartum Depression is reimbursable MH diagnosis and would be billable for MH services and is available in CCBH. "Post Partum Mood Disturbance" 090.6 would be considered a medical condition/diagnosis and not a Medi-Cal reimbursable Medi-Cal MH diagnosis for SMHS.

[Optum Website Updates: MHP Provider Documents](#)

Forms Tab:

- **Medication Monitoring Submission Forms** for [Adult](#) and [Children](#) were uploaded 12/19/23 due to updating amount of variance boxes to include the new question on the Medication Monitoring Tools.
- **Medication Monitoring Tools** for [Adult](#) and [Children](#) were updated 12/20/23 due to addition of the following question: *Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason?*, and updated Informed Consent language for question #6 in the AOA Tool and #7 in the Children's Tool, to indicate *informed consent has been provided and agreed to by client is evidenced within client chart*.

OPOH Tab:

- [Section M- Staff Qualifications](#) on 12/20/23 was uploaded due to removal of previous requirements for LPCC's and PCC Interns to treat couples and families.
- [Section I- Management Info System](#) was uploaded on 12/20/23 due to updated website links and e-mails.
- [Section G- Quality Improvement](#) on 12/21/23 was uploaded to reflect updated information about access times and reworded to *Access Times Monitoring*.
- [Section D- Providing Specialty Mental Health Services](#) was uploaded 12/22/23 as there was a change in language for Institutional Out of County to reflect frequency of visits to occur every 90 days. Telehealth contacts to occur monthly in between face-to-face visits. Frequency of visits may be adjusted based on clinical need on a case-by-case basis, as approved by Public Conservator's Office COR or designee.
- [OPOH](#) was uploaded 01/04/24 to account for most recent changes.

UCRM Tab:

- [Problem List Explanation](#) Sheet was uploaded on 12/19/23 to include Peer Support Specialist as individuals who can complete document.



- **IOP & PHP Prior Authorization Day Services Request [Form Fill](#) & [Explanation Sheet](#)** were uploaded 01/04/24 as language for Out of County clients was updated.
- The Client Plan Explanation Sheet has been updated with the new care planning requirements noted in BHIN 23-068. The title of the form has also been changed to Care Plan Explanation on the UCRM Tab.
- The Peer Support Client Plan Note is being deactivated in CCBH and removed from the UCRM Tab on the Optum Website as per the new care planning requirements in BHIN 23-068, Peer Support Services no longer require a stand alone /Client Plan/Care Plan. The Care Planning will be documented as per the new BHIN 23-068 guidance.

Communications Tab:

- [BHS Info Notice - SMHS Documentation Reform](#) was uploaded 01/04/24 as a reminder of Assessment, Problem List, Progress Notes, ICC & TCM and Care Planning requirements from DHCS.

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.hsa@sdcounty.ca.gov