



Mental Health Services



Updates

ICD10 Diagnosis Changes – Z-code

Replacements

Effective **October 1, 2023**, the following Z-codes will be replaced as follows:

- Z55.8 *Other problems related to education and literacy* will be replaced by Z55.6 *Problems related to health literacy*.
- Z62.819 *Personal history of unspecified abuse in childhood* will be replaced by Z62.814 *Personal History of child financial abuse* and/or Z62.815 *Personal history of intimate partner abuse in childhood*.

Inactive Diagnosis F43.8 Reminder – No longer Valid – Requires Update

Diagnosis F43.8 Other Reactions to Severe Stress was removed by CMS as a valid billable diagnosis code October 1, 2022 and changed to F43.89 Other Reactions to Severe Stress in CCBH on 10/6/22. Providers are requested to review for any clients which still carry the F43.8 diagnosis as an active diagnosis and will need to update this diagnosis to the appropriate diagnosis code in order to prevent services from being denied/suspended. Providers were advised via the October 2022 MH UTTM that they would need to utilize these diagnoses in place of F43.8 going forward. MHBHU has informed programs via email requests to make these corrections when they occur and will begin notifying assigned QA Specialists when encountering future errors due to this diagnosis remaining an active/claimed diagnosis. (MH UTTM October 2022)

Entering Physical Addresses on Demographic Forms

The Mental Health Billing Unit (MHBHU) has requested a reminder to our SOC regarding entering PHYSICAL addresses on the Demographic Form in CCBH. Incorrect

Optum Website Updates MHP Provider Documents

References Tab:

- On 08/02, the [MIS-25 Program Listing Report](#) was updated
- On 08/22, a new [CPT Crosswalk](#) was uploaded due to updates on Credentials, revised definitions, ICC moved under CM heading, and billing tips/reminders.
- On 08/22, the [Tip Sheet for Billable Services](#) was updated to correspond with CalAIM and CPT Coding.
- On 08/29, a new [MRR Tool FY 23-24](#) was uploaded.

OPOH Tab:

- On 08/24, [OPOH Section J - Provider Contracting](#) was uploaded due to an update to Updated Inventory Guidelines for County Contracts.
- On 09/01 [OPOH Section M – Staff Qualifications](#) and [OPOH](#) were updated to reflect addition of Registered Psychological Associate in alignment with Ph.D and Psy.D licensed/waivered, updated allowances for Student Interns to complete the BHA and provide Psychotherapy- with co-signature per changes in State SPA by DHCS and added Other Qualified Provider description per State SPA.

Forms Tab:

- On 08/21, there were updates made to the [AOB - English Form](#) to reflect new language of “Patient” and change Mental Health to “Behavioral Health.”

Cerner Millennium Tab:

- On 07/22, the [New Terms in Cerner Millennium](#) and [Cerner Millennium FAQs](#) were uploaded.
- On 08/07, the [Cerner Millennium Town Hall](#) presentation was uploaded.
- On 08/09, the [SOC Staff Talking Points](#) was uploaded under Cerner Information – SOC Resources header.

UCRM Tab:

- On 08/09, the [Medication Progress Note](#) was updated to be in line with CalAIM and CPT Coding changes.
- On 08/15, the [Client Plan Form Fill](#) and [Signature Page](#) were updated to reflect language change from “Refused” to “No Signature.”
- On 08/21, a new [Authorization to Use/Disclose PHI](#) was uploaded to reflect new signature lines in both English and Spanish.
- On 08/29, the [BHA Explanation](#) sheet was updated to include Student Interns are able to complete the entire BHA with a co-signature per DHCS changing the State SPA.

addresses cause delays in billing and require undue burden to the Billing Unit in needing to correct these errors before they can send billing to the State.

Physical addresses should be entered in one of the two following ways:

- A valid, physical address that includes city, state and correct zip code. Example: 123 Any Street, San Diego, CA 92108
- If the client is homeless and does not have a PHYSICAL address – programs should use their facility address. Do NOT write the word “Homeless” or enter a P.O. Box for the PHYSICAL address
 - If a client is homeless and but does have a P.O. Box – this should be entered in the MAILING Address only.

Billing for Master’s Degree Students (Student Interns) UPDATE!

DHCS has provided an update on billing guidance related to services rendered by non-registered, licensed or waived students who are working in a field practicum. Master’s degree students and non-licensed PhD students who are working in a field practicum may provide clinical services within their scope of practice under the supervision of a licensed behavioral health professional. DHCS will be submitting a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to clarify the role of practicum students as SMHS and DMC/DMC-ODS providers. Once the SPA is approved, the effective date will be retroactive to July 1, 2023.

DHCS will also deploy updates to the Short-Doyle Medi-Cal claiming system to allow master’s degree students and non-licensed PhD students who are working in a field practicum to use appropriate Common Procedural Terminology (CPT) codes to claim for reimbursement and will assign county behavioral health fee schedule rates for students who are working in a field practicum. Students providing clinical interventions within their scope of practice should use appropriate CPT codes to claim for reimbursement and include their NPI and the taxonomy code of their supervising clinician.

The MHP has determined that practicum students may begin providing and claiming for psychotherapy services and should enter these services into CCBH, however the billing set up has been adjusted to hold claims for retroactive billing until the SPA is approved and the claiming system is updated. Master’s degree student interns working in a field practicum may resume providing services at the level of a licensed/registered/waivered clinician under the direct supervision of a licensed clinician with required co-signature for services as previously allowed.

Removal of Signature Requirements for Informed Consent of Psychotropic Medications

California Senate Bill (SB) 184 was chaptered on 6/30/22. This health budget trailer bill legislation updated and superseded state regulations (Cal. Code Regs. Tit. 9, § 852) that required mental health facilities to obtain patient signatures to demonstrate informed consent for antipsychotic medications delivered in specified community mental health settings. SB 184 eliminated the requirement to obtain patient signatures, and instead requires that facilities maintain written consent records that contain both of the following:

- A notation that information about informed consent to antipsychotic medications has been discussed with the patient; and
- A notation that the patient understands the nature and effect of antipsychotic medications, and consents to the administration of those medications.

Providers no longer are required to complete and obtain signature of clients when prescribing psychotropic or anti-psychotic medications, however they are required to include documentation of the above requirements in the client record when prescribing medication or when changing a medication. Use of Doctor’s Home Page requirements have not changed.

IHBS Prior Authorization Form Web-Based Electronic Submission Available 10/1/2023

Optum has completed approval and testing of a new web-based electronic submission form for Intensive Home Based Services (IHBS) prior authorization requests. Starting 10/1/23, in addition to faxing in requests to Optum at 866-220-4495, Optum will be accepting IHBS Prior Authorization Requests by web-based electronic submission. The form link and instructions on how to utilize the web-based form will be available on the Optum Website in MHP Documents under the UCRM Tab. Providers should select the IHBS Prior Auth Optum Web Based Electronic Form Submission Instructions to access

the link to the web-based form and follow the included instructions for submission. Questions? Please contact Optum: 800-798-2254, option 3 then option 4

CalMHSA Documentation Guides Updated

CalMHSA is pleased to announce that we have revised all eight CalMHSA Documentation Guides to incorporate changes brought about by payment reform. The revised Documentation Guides can be located [here](#). Additional edits/clarifications that were made can be reviewed in the "Documentation Guide Change Log" located at the end of each guide.

If you have questions about the revised CalMHSA Documentation Guides, please reach out to calaim@calmhsa.org.

Client Plan Interventions Automatically Linking to Service Notes - WorkAround

Due to the changes in Client Plan requirements, if there is only one intervention listed in the Client Plan such as ICC (for CYF SOC) or medication services (for Medicare required CPs) for example, the intervention will automatically populate when linking the service note to the Client Plan Folder.

Please ensure staff are **unselecting** the intervention if it does not correspond to the service documented by clicking the **green** checkbox next to the intervention, and then clicking the floppy disk icon to save. When final approving the note, a pop-up will appear indicating the service is unplanned, staff should click "yes" to proceed.

LVN/LPT Billing for Medication Administration and Injections

DHCS has released updated FAQs which address the ability of LVN's and LPT's to administer medications to patients orally or via injection to patients within the SMHS delivery System. Licensed Vocational Nurses (LVNs) and Licensed Psychiatric Technicians (LPTs) with the proper education and certification, under the supervision of a Registered Nurse or Physician, can administer medications orally or by injection to patients within the Specialty Mental Health delivery system.

They may claim for providing medication training and support using **Meds Training and Support** (HCPCS code H0034) and DHCS will clarify in version 1.5 of the SMHS billing manual that for DHCS behavioral health claiming purposes, **Oral Med Admin** (HCPCS code H0033) includes **all modes** of medication administration and can be used by LVN/LPT when providing injectable medication.

Claiming for Oral or Sign Language Interpretation:

Providers may claim for oral or sign language interpretation under the following conditions:

- A claim for interpretation should be submitted when a provider and the client cannot communicate in the same language, and the provider uses an on-site interpreter and/or an individual trained in medical interpretation to provide medical interpretation.
- Interpretation time may not exceed the time spent providing the primary service.
- Interpretation may not be claimed during an inpatient or residential stay as the cost of interpretation is included in the residential rate in Drug Medi-Cal or Specialty Mental Health systems.
- Interpretation cannot be claimed for automated/digital translation or relay services.
- Claiming guidance will be updated in version 1.5 of the Billing Manuals.

Waiver for Requirement of TCM and ICC Stand-Alone Care Plans

CMS has approved the TCM waiver to clarify that "stand alone" care plans are not required for Targeted Case Management (TCM) and Intensive Care Coordination (ICC) services. Services must be documented consistent with [22 C.C.R. §51351](#) and [42 CFR § 440.169\(d\)\(2\)](#). The approved waiver 1915(b) can be found on the [DHCS 1915\(b\) Waiver website](#). An update to BHIN 22-019 reflecting DHCS final guidance is forthcoming, however the MHP will move forward with removing the CM progress note care plan/ICC client plan requirements **effective 9/15/23**.

All other client plan requirements remain in effect for Certified Peer Support Services, IHBS/TBS/TF, STRTP and Medicare/Medi-Medi clients as previously indicated.

Workforce Training and Technical Assistance

For training access and availability, please visit the updated [BHS Workforce Training and Technical Assistance](#) site under Professional Trainings. All live trainings will be announced via BHS communication.

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.*

Logistics are being discussed between NAMI, BHS and UCSD regarding having peer support staff in the UCSD ED for navigation assistance. Communication team is working to finalize a card that will be provided to patients that are at the ER with direct ACL and NAMI contact information.

Next Steps: Finalize intervention implementation plan with UCSD ED & NAMI staff; generate handout to ED patients with NAMI and Access & Crisis Line contacts; outline workflow map for MCP data exchange; present to Hospital Partners for support and implementation.

Therapeutic Support for LGBTQ+ Youth PIP

- The updated *It's Up to Us* LGBTQ+ resource page has been active since October 2022, and it has increased page views by 300% when compared to the previous year.
- The Spring Youth Services Survey data from May 2023 is under analysis. Some results include:
 - **54.6%** reported providers asked about their sexual orientation.
 - **63.1%** reported providers asked about their gender identity.
 - **45.2%** reported providers talked about challenges they may face because of their LGBTQ+ identity.
 - **45.1%** reported providers shared LGBTQ+-specific resources.
 - **Significant increase** in the mean scores of: "Overall, I am satisfied with the services I received."

Next Steps: The CASRC team is currently working with San Diego County leadership to develop a community advisory committee, comprised of local practitioners to collaborate on the proposed 2024-25 PIP focused on group therapy.

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CALAIM WEBPAGE FOR BHS PROVIDERS

[READ MORE](#)

Peer Support Services Implementation (Reminders!)

- **Training Requirements** for certified Peer Support Specialists: [San Diego Certified Peer Support Specialist – TRAINING REQUIREMENTS](#)
- **Billing Codes** for certified Peer Support Specialists: [San Diego Certified Peer Support Specialists – BILLING CODES](#)
- [Q&A on Peer Support Services](#)

Medi-Cal Peer Support Specialist Certification

- Click here for the [Medi-Cal Peer Support Specialist Certification Registry](#). For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.

- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and [meets virtually every month](#).
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Supervision of certified Peer Support Specialists

- The *Supervision of Peer Workers Training* is a 1-hour recorded training that is available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California. [Register](#) for the Supervisor Training at the CalMHSA website.

Specialization Trainings for Certified Peer Support Specialists

- CalMHSA has announced the availability of areas of specialization for certified Medi-Cal Peer Support Specialists. These specializations focus on additional training that builds on the knowledge, skills, and abilities of Peer Support Specialists that have already been certified.
- Certified Peer Support Specialists who are interested in working in one of these specialty areas are strongly encouraged to take the corresponding trainings:
 - Parent, Caregiver, and Family Member Peer
 - Peer Services – In Crisis Care
 - Peer Services for Unhoused
 - Peer Services for Justice Involved
- To [learn more](#) about these specializations and the availability of scholarships, please visit the CalMHSA website.

CalAIM Behavioral Health Payment Reform

- Please visit <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/calaim-for-bhs-providers.html> for information and updates on BH Payment Reform implementation.
- 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.

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

Cerner Millennium Updates

Cerner Millennium Town Hall

- BHS and System of Care subject matter experts have begun working with the Cerner team on the development of the Millennium product, which will be replacing the current Cerner CCBH product. BHS would like to extend the invitation for a high level, introduction to the product via Teams. The next Town Hall meeting will occur:
 - September 12, 2023, 1:00 pm to 2:00 pm
 - If you are interested in attending, please use the following link: [Click here to join the meeting](#)

Management Information Systems (MIS)

CCBH is now managed by Adrian Escamilla. Please email him at Adrian.escamilla@sdcounty.ca.gov, or call: 619-578-3218 for questions that can't be answered by sending to our Help Desk emails.

Other MIS Staff: Dolores – 619-559-6453, Manuel – 619-559-1082, and for Millennium Michael – 619-548-8779. Stephanie Hansen is mainly working with Millennium and is not easily reachable. Thank you!

Please remember our new emails:

For ARFs: mhehraccessrequest.hhsa@sdcounty.ca.gov

For Help Desk: mhehrsupport.hhsa@sdcounty.ca.gov

MIS Questions?

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: mhehrsupport.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!

CCBH Client Plan and Progress Note Training

As a result of CalAIM Behavioral Health Initiatives, many programs are no longer required to enter client plans into CCBH (see BHIN 20-043 for details). Enrollment numbers for Client Plan and Progress Note (CPPN) training remain high, so programs are encouraged to individually evaluate whether the CPPN training is, in fact, necessary. A Progress Note training, plus indicating the need for Limited Service Log access when enrolling in training, may suffice in many instances. Enrolling in the correct class will reduce the confusion staff experience when they are taught functions they won't actually perform, and it will reduce wait times for staff who truly need CPPN training.

Training and Events

Quality Assurance Trainings:

- RCA Training: Thursday, September 21, 2023, from 9:00 am to 12:00 pm. *Registration required.* [Please click here to register.](#)

Office Hours:

Please see the schedule below for the September 2023 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.

September 2023 sessions:

- Thursday, September 14, 2023, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, September 19, 2023, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Thursday, September 28, 2023, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

QI Matters Frequently Asked Questions

Q: A Family Support Partner is currently working with a family and scheduled to start the 80-hour training in September, and therefore won't be certified until roughly October if they pass the exam. Can they continue to work with the families already on their caseloads?

Can they bill the other non-peer codes that other MHRS would bill, until they become certified peers and therefore need a new ARF to change their billing access?

A: In this specific scenario, an SMHS program with existing peer staff who are moving into required Certified Peer Specialist positions would continue their current work under the credential of Para-Professional or Other Qualified Provider until they become certified and CCBH is updated with their credentials, and certified peer specialist activities are within their scope and the associated codes are available for use. Please note that individuals with lived experience hired in SMHS positions that have not been identified as requiring behavioral health lived experience do not require certification and are able to provide direct services to clients within their appropriate scope of practice as an MHRS or Other Qualified Practitioner upon hire. Refer to OPOH Section M for credential/staff qualifications.

Q: Our program just hired a new peer support specialist, but they haven't completed their certification training yet. Are they able to provide the peer support services while they complete their certification? Are they able to provide and bill for other services until they become certified?

A: Positions that have been identified as requiring behavioral health lived experience must be filled with Certified Peer Support Specialists who are trained and certified per the process defined on the CalMHSA website. While we are locally emphasizing the best practice approach that required peer positions are filled with Certified Peer Specialists, or certification is obtained within 90 days of hire, there is flexibility for supporting programs and individuals who cannot meet the requirements and timelines. Programs may work with the peer staff to determine if 'Other Qualified Provider' criteria is met so specialty mental health services can be delivered with the use of appropriate billing codes in the interim.

Q: Our program works with IHSS (In-home support services) to support clients. Would this time count as coordination for the Community Based Wrap Service code?

A: This code is intended for care coordination between MH and outside systems that may (or may not) include transition, e.g., the client's PCP or a medical provider. IHSS is generally a service benefit that is provided through the client's MCP, and not covered by SMHS/MHP so they would be able to use this service code if most appropriate when coordinating care/services with IHSS.

Q: We have questions about the 3-day timeline requirement for notes. Does the date of service count as day-one, and will the Department of Health Care Services (DHCS) be adjusting the progress note timeframes outlined in Behavioral Health Information Notice (BHIN) 22-019?

A: As of AUGUST, DHCS advised that it does not plan to update the progress note timeframes that appear in [BHIN 22-019](#). Providers shall complete progress notes within **three business days** of providing a service, with the exception of notes for **crisis services, which shall be completed within one business day**.

The day of the service shall be considered day-zero. For example, a service on Monday 9/4 must be final approved by Thursday 9/7.

Q2: How does this timeframe apply when notes are completed by providers practicing under supervision?

A2: Some providers work under direct supervision of a licensed professional. In these instances, the treating provider shall complete progress notes (sign and save) in accordance with the timeframes noted above, outlined in [BHIN 22-019](#). Any required review of the progress notes by a supervising professional should then be completed and co-signed in accordance



with clinical best practices, within a timely manner after the service has occurred. Please reference the BH IN 22-019 memo and the [CalAIM-BH-Initiative-FAQ-BH-Doc-Redesign](#) for more information.

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