

MENTAL HEALTH SERVICES

Updates

UPDATE! SNF/Residential Setup & Bed Days for CSI

The description of SC 910 "Adult Residential" has been updated in CCBH to "Residential". For those residential programs who bill SC 910 for bed days, no action is needed as the SC update was solely to the description. Please continue to use SC 910 as it has always been used.

UPDATE! Access to Services Journal (ASJ) changes will Go Live! in CCBH on September 14, 2020.

As reviewed in the August QIP meeting - ASJ changes go live in CCBH on Monday, Sept. 14, 2020. The ASJ template will be updated and available on the Optum Website.

OPOH Updates

Section M:

- Updated to clarify that the FTE staffing ratio requirements of licensed to unlicensed staff applies to CYF SOC only as reported in August 2020 MH UTTM:
 - Contractor's program shall maintain a minimum ratio of **1 direct FTE Licensed clinician to 3 direct FTE license-eligible clinical staff** (including trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization
 - Contractor shall **budget 40 unduplicated clients per direct clinical FTE** (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on 1:40 ratio shall be maintained.

Optum Website Updates **MHP Provider Documents**

OPOH Tab:

- **Section M:**
 - Clarification of FTE staffing ratio requirements of licensed to unlicensed staff applies to CYF SOC only

References Tab:

- Crisis Intervention SC70 Guideline
- Process for Transferring Clients between Different Program Sites

Knowledge Sharing:

New! Crisis Intervention (SC70) Guideline

A helpful [guideline](#) to assist in a greater understanding of what is to be included when documenting a Crisis Intervention service SC70 has been developed and can be found on the Optum Website under the References Tab.

Crisis Intervention, or Service Code 70, is a response to an unplanned event that focuses on helping the client to cope with a crisis and maintain their functioning in the community. Crisis intervention may include assessment or evaluation of client's current level of risk to themselves or others, contacting collaterals, or providing therapeutic interventions to de-escalate the client. Crisis Intervention is only provided to the client or the client with family present.

Your documentation must clearly indicate that the client was in a crisis which there was a safety risk of Danger to self or others, therefore requiring a crisis intervention on your part. Service Code 70 should only be used when there is a safety risk for the client or for others.

New! Disallowance Reason Code

Beginning FY20-21, Disallowance Reason Code #37 has been added to the Medical Record Review (MRR) Tool and the Void/Replace Form. Disallowance Reason Code #37 will be utilized to disallow services which do not have prior authorization as required by DCHS (ie: START, TBS, Day Tx, IHBS, Adult Residential...)

Transferring Clients Between Different Program Sites

When a program has different sites and there is potential for clients to transfer between sites, there are certain documentation requirements which must be met. The documentation standard for this process, whether the program sites are under the same or different unit numbers, that programs are expected to follow can be found on the Optum Website under the [References Tab](#).

QI Matters Frequently Asked Questions:

New! FAQ's received by QI Matters.

Q: Can a clinician bill SC14 for reviewing the previous BHA, client plan, psychiatric assessments in Cerner for "assessment, diagnosis, and treatment purposes"?

A: If a clinician is just reviewing client records without conducting a session to complete the BHA, and they are records external from CCBH, including but not limited to Hospital Discharge Summary, Treatment Summary from an external provider, Conservator's Investigation Report or a previous BHA from another program, they can use SC14 to claim that time. If the clinician is conducting a BHA session in order to create the initial or update the BHA, then the time spent reviewing external records can be included in the service time of SC10. Reviewing Internal records would be considered cost of doing business and not a billable activity. (reference: [MH UTTM Sept 2018](#))

Q: I recently gained information in an individual therapy session that required an updated diagnosis and a need to update the BHA. Is it alright to bill for updating the BHA in documentation time of a SC 30 note?

A: Yes, you may add the documentation time to the SC30 note for the updating the BHA. You want to be sure that your documentation indicates the reason for the update was based on the new information that was gained during the session and how it informed the update to the BHA.

Q: During this pandemic era, we have been performing "No-Contact" drop offs of therapeutic supplies which would later be used for treatment sessions, resulting in travel time. Is this a billable or non-billable service?

A: Dropping off materials would not be a billable unless there was a specialty mental health service tied to it. For example, dropping off materials to the family and checking in with them or providing a rehab service utilizing the materials.

Management Information Systems (MIS)

Update on Electronically Prescribed Contracted Substances (EPCS)

Starting on January 1, 2021, the Every Prescription Conveyed Securely Act will require prescriptions for controlled substances covered under Medicare to be transmitted electronically. In addition to being more convenient for clients, E-Prescribing can improve safety by reducing the potential for harmful interactions between drugs. Prescribers will be required to use a security token to E-Prescribe controlled substances in Cerner Community Behavioral Health

(CCBH). Staff who prescribe in EHRs other than CCBH should reach out to their system administrators for further instructions on E-Prescribing.

- If a prescriber is not using E-prescriptions in CCBH, the prescriber must take the DHP training.
- If a prescriber is E-prescribing currently through CCBH, please have them contact MISHelpDesk.hhsa@sdcounty.ca.gov to request an EPCS token.

Definition of a Controlled Substance: A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed. Controlled Substances include opioids, stimulants, depressants, hallucinogens, and anabolic steroids. A complete list of DEA controlled substances can be located on the Optum Website in the MHP Providers Documents under the References Tab: [List of Controlled Substances 08.20.20](#).

Update on Access to Services Journal (ASJ)

The State DHCS has directed counties to begin collection of expanded data elements in the Access to Services Journal in order to conduct in-depth analysis of access times for clients. The expanded data elements required by the state include 2nd and 3rd offered appointments, and treatment session dates. Capturing 2nd and 3rd available appointment offered dates measures a programs availability to serve clients regardless of patient preferences.

Below are a few reminders to support our effort to collect the most optimal data for reports:

- First Offered Appointment Date must be on or after Contact Date.
- Second Offered Appointment Date must be after First Offered Appointment Date.
- Third Offered Appointment Date must be after Second Offered Appointment Date.
- Although the offered dates are not system required, all three dates are needed for reporting, even if the client accepts the first or second offered appointment date.
- First, Second and Third Offered Appointment Dates must be three different dates. This is the case even if multiple appointments are available within the same day. Only Contact Date and First Offered Appointment Date can occur on the same day.
- Offered dates for Treatment Services have the same requirements.

A memo, tip sheet and video tutorial are available on the Optum website at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs/asi.html>.

If you have any questions, please contact the Optum Support Desk.

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

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

BHS Quality Improvement 7th Annual Mental Health Providers Knowledge Forum! Tuesday, **September 22, 2020 from 9:00 AM to 12:00 PM via WebEx.** PIT, MIS, QM will be reviewing data and MH SOC performance from the past fiscal year and share important updates for the new fiscal year. The intended audience is Program Management and Quality Improvement/Assurance Staff. Registration is required.

Cancelled! Quality Improvement Partners (QIP) Meeting: Tuesday September 22, 2020 cancelled in lieu of the All Providers Meeting scheduled 9:00 AM to 12:00 PM.

Support Partners Documentation Training: Monday, September 21, 2020 from 12:30PM to 3:30PM **via WebEx**. This practicum is intended for all levels of direct service providers, focusing on Progress Note documentation.

Root Cause Analysis Training: Friday, September 30, 2020 from 9:00AM to 12:00 PM **via WebEx**. This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. The intended audience of this training are program managers and QI staff.

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

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.

CCBH Trainings UPDATE! Optum is transitioning to fully virtual training format. All CCBH trainings will be provided virtually and no longer provided in the classroom setting. This will allow for greater convenience in attending by eliminating travel and allowing for expanded registration for trainings which will continue to be provided on a scheduled basis.

Additional options and resources will be available:

- A self-paced, virtual model consisting of resource packets plus practice exercises will be available. Please contact sdu_sdtraining@optum.com. This includes virtual Doctor's Homepage training to ensure physicians have EHR access.
- If you need additional staff trained for billing purposes, please contact sdu_sdtraining@optum.com to discuss further.
- Once staff pass the self-guided trainings, they are able to start documenting in CCBH.
- Please note, there are recorded trainings available on the Optum Website at MH_QM_Trainings

Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the [COVID-19 tab](#) on the Optum Website.

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