Up To The Minute!

Trainings & Events (QA)

Reminder: Skill Building Workshops in July 2024

- The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.
- Please look out for future notice to register for the following virtual trainings:
    - Outpatient Quality of Care
        - **Wednesday, July 17, 2024, from 1:00 p.m. to 2:30 p.m.**
        - Please click here to register.
    - Residential Quality of Care
        - **Monday, July 22, 2024, from 1:00 p.m. to 2:30 p.m.**
        - Please click here to register.
- **New: Skill Building Workshops in August 2024**
    - Outpatient Quality of Care
        - **Tuesday, August 13, 2024, from 9:30 a.m. to 11:00 a.m.**
        - Please click here to register.
    - Residential Quality of Care
        - **Thursday, August 22, 2024, from 1:00 p.m. to 2:30 p.m.**
        - Please click here to register.

If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, July 25, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

SmartCare

- Upcoming Town Halls (combined MH & SUD)
    - **Monday, July 29, 2024, 1:00 p.m. – 2:00 p.m.**
    - Click here to join the meeting
- Optum SmartCare Tab has been updated to include-
    - 2024-06-18 EHR Town Hall
    - SmartCare Site Leads (May 2024)
    - EHR Implementation FAQs (as of 06/20/2024)
    - 2024-05-21 EHR Town Hall

Up To The Minute!

Save the Date: Annual DMC-ODS Training

The sixth annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the sixth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

❖ Date: **Thursday, August 22, 2024, from 10:00 a.m. - 11:30 a.m.**
❖ Where: via Microsoft Teams – Registration is required.
❖ Please click here to register.

Updates & Reminders (QA)

SUDURM Form Changes

The SmartCare Implementation Team & QA are reviewing all currently active SUDURM forms and mapping them against available forms in SmartCare to ensure documentation requirements and standards will be met upon transition to SmartCare. A Crosswalk Grid which will indicate the status of all current forms will be released to providers at the end of July and any new forms will be shared for review during the August Townhall. Updated SUDURM forms will be posted on the Optum Website for provider access on 9/1/24. Providers will continue to use all current SUDURM forms and templates until the SmartCare Go Live on 9/1/24.

Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client.
- Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the tip sheet posted on the Optum site under the "Monitoring" tab.

Beneficiary Materials Order Form Update

- The Beneficiary Materials Order form has been moved from the PDF order form to an online Smartsheet form.
- Programs will submit their requests for hard copies of beneficiary materials via the Smartsheet form (will also be linked under the "Beneficiary" Tab).
- Reminders for ordering:
  o Allow 3-5 Business days for processing. Processing time may be longer if materials are currently being reordered. County staff will notify you via email when materials are ready for pick-up.
  o Pick-up materials within 7 days of notice from Monday to Friday between 8:30 a.m. to 3:00 p.m. at BHS Admin.
  o All County of San Diego Beneficiary Materials are available in electronic format on www.optumsandiego.com under the "Beneficiary" tab.

smartsheet

SUD NOABD Webinar

- The SUD NOABD webinar is currently being recorded.
- When the recording is completed, the webinar, PowerPoint, and webinar transcript will be posted soon on the Optum website and available on the "QA Training" Tab.

Up To The Minute!

Reminder: Quality Assurance Program Review (QAPR) formerly known as Medical Record Review (MRR)
- The new fiscal year is upon us and the record review season has begun.
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR).

Health Plan Administration (HPA)

System of Care (SOC) Application
- Reminder that staff and program managers are expected 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.

DHCS Behavioral Health Information Notices (BHINs) inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation (aka CalAIM)
- Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Management Information Systems (MIS)

Important Notice: Quarterly User Group – July Meeting Cancelled
- With the transition to SmartCare EHR, the quarterly user group will be re-evaluated.
- Next scheduled meeting is Oct 21, 2024 – changes will be announced through the UTTM.

Important Notice: Final SanWITS Training Dates
- SanWITS classes will not be offered after the following dates, with registration closing 7 days prior to the training date:
  - Assessments (SWA)- 6/27 (registration will close 6/20)
  - Introduction to Admin Functions (IAF)- 7/10 (registration will close 7/3)
  - Outpatient/OTP Encounters and Group Modules- 7/16 (registration will close 7/9)
  - Residential Encounter and Bed Management- 7/17 (registration will close 7/10)

New Hires After Final Training Dates
- New Rendering staff will be entered in SanWITS for the purpose of showing on the encounter drop down menu for billing.
  - User form must be submitted as current practice.
- Current staff will continue entering data in SanWITS.
- Administrative Staff can continue entering data for Rendering staff as needed.
- New Admin staff, upon request and special approval, can receive access to SanWITS for the sole purpose of not disrupting billing or state reporting.
  - User form must be submitted to SUDEHRSupport.HHSA@sdcounty.ca.gov

Up To The Minute!

SanWITS Virtual Trainings Provided – See last dates for SanWITS Trainings above.

- Register online with RegPacks at: https://www.regpack.com/reg/dmc-ods
- Type of Training Classes:
    1) SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types.
    2) Residential Facilities - Bed Management & Encounter Training.
    3) Outpatient / OTP Facilities – Group Module & Encounters Training.
    4) SanWITS Assessments (SWA)– designed for direct service staff who complete Adolescent Initial Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment.
- Please remember, if unable to attend class, cancel the registration as soon as possible.

Population Health - Network Quality & Planning
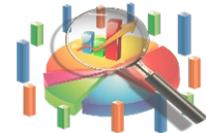
POD Performance Improvement Project (PIP)

Goal: *Increase the percentage of new Opioid Use Disorder (OUD) pharmacotherapy treatment events among members served at the OTPs aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.*

- Pilot providers began handing out the California MAT Expansion Toolkit and the MAT tri-fold pamphlets. As of the end of May 2024, the toolkit handout was provided to 299 clients and the pamphlet was provided to 64 clients. A video educational resource is being developed and a potential vendor has been identified. The plan is to have this video intervention finalized by September 1, 2024.
- If you have more questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
                                    SUDEHRTraining.HHSA@sdcounty.ca.gov
                                    SUDEHRFax.HHSA@sdcounty.ca.gov

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Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Up To The Minute!

Trainings & Events (QA)

Skill Building Workshops in August 2024

The BHS SUD QA team is pleased to announce Skill Building Workshops for Quality of Care. This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in delivering and documenting quality services. QA will review County and CalAIM documentation standards, facilitate clinical exercises, and offer a forum for providers to discuss and consult best practices with one another.

- Please look out for future notice to register for the following virtual trainings:
  - Outpatient Quality of Care
    - **Tuesday, August 13, 2024, from 9:30 a.m. to 11:00 a.m.**
    - Please click here to register.
  - Residential Quality of Care
    - **Thursday, August 22, 2024, from 1:00 p.m. to 2:30 p.m.**
    - Please click here to register.
- **New: Skill Building Workshops in September 2024**
  - Outpatient Quality of Care
    - **Wednesday, September 11, 2024, from 1:00 p.m. to 2:30 p.m.**
    - Please click here to register.
  - Residential Quality of Care
    - **Tuesday, September 17, 2024, from 9:30 a.m. to 11:00 a.m.**
    - Please click here to register.

If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

SmartCare

- **Upcoming Town Halls (combined MH & SUD)**
  - **Tuesday, August 13, 2024, 11:00 a.m. – 12:00 p.m.**
    - Click here to join the meeting.
  - **Tuesday, August 27, 2024, 1:00 p.m. – 2:00 p.m.**
    - Click here to join the meeting.

- **Optum SmartCare Tab has been updated to include-**
  - SmartCare FAQs as of 6/25/2024
  - SmartCare Site Lead Kick Off Meeting PPT 07.17.2024
  - SmartCare CANS PSC July 2024
  - SmartCare Client Insurance Entry July2024
  - SmartCare Client Insurance Plan Request Form
  - SmartCare EHR Data Migration July 2024
  - SmartCare EHR Training Summary (July 2024)
  - SmartCare LMS Log in Tip Sheet
  - CalMHSA Required Training by Role Grid
  - SmartCare Training Registration Tip Sheet
  - 2024-07-19 BHS Provider Memo – EHR Update
  - 2024-07-29 SmartCare Town Hall

Up To The Minute!

Annual DMC-ODS Training

The sixth annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the sixth year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. At least one program leadership staff (i.e. Program Management, Quality Improvement/Assurance Staff, Clinical Supervisors) from every program must attend. Registration is required.

- ❖ Date: **Thursday, August 22, 2024, from 10:00 a.m. - 11:30 a.m.**
- ❖ Where: via Microsoft Teams.
- ❖ Please click here to register.

Root Cause Analysis Training

The next **Root Cause Analysis (RCA) Training** session is scheduled for **Wednesday, September 11, 2024, from 12:30 p.m. to 3:30 p.m.** 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 quality improvement (QI) staff.** Please click here to register.

Updates & Reminders (QA)

Update: FY2324 SUDPOH (Q4)
- The revised SUDPOH and Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH (08/01/24) is planned for release on 10/21/24.

Reminder: Daily Admissions
- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Reminder: Missed Appointments
- **For new referrals**: When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
  - Additionally, the referral source, if available, should be informed.
- **For current clients**: When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk the client (or caregiver, if applicable) will be contacted by clinical staff the same day as the missed appointment.
      - ➢ If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.

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- o Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Update: SUD NOABD webinar
- The NOABD webinar has been uploaded to the Optum website. It can be found under both the **"QA Training"** and **"NOABD"** tabs.

Health Plan Administration (HPA)

System of Care (SOC) Application
- Reminder that staff and program managers are expected to attest in the SOC application monthly.
- Please ensure that the attestations include any required cultural competence training completed.
- 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.

DHCS **Behavioral Health Information Notices (BHINs)** inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation (aka **CalAIM)**
- Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Management Information Systems (MIS)

Reminder: Transition to SmartCare
- Any services started in SanWITS and dated before 9/1/24, will be continued in SanWITS.
- The EHR Quarterly User Group will be re-evaluated after we go live with SmartCare.

New Changes Coming for MIS Teams
- Our current MIS SUD and MH teams will be combined as we move into SmartCare.
- There will be a new email EHRSupport.HHSA@sdcounty.ca.gov for both SUD and MH (combined support desk).
  - o This email account is not active yet.
  - o The current email addresses SUDERHSupport.HHSA@sdcounty.ca.gov and MHEHRSupport.HHSA@sdcounty.ca.gov will forward to the new EHRSupport.HHSA@sdcounty.ca.gov for a few months after activation.

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- There will be a new email EHRAccess.HHSA@sdcounty.ca.gov for all SmartCare new access, terminations, and modifications.
  - This email account is not active yet.
  - The current email address MHEHRAccessRequest.HHSA@sdcounty.ca.gov will forward to the new EHRAccess.HHSA@sdcounty.ca.gov for a few months after activation.
- The MH ARF and the SanWITS User Form are being combined into one SmartCare Access Request Form
  - SmartCare Access Request Form is expected to be available for use by August 9, 2024.
  - The new form will include new access, modifications, and terminations.

Billing Unit (BU)

1. The latest DMC-ODS Billing Manual and Service Table version 2.0 have been published on the Optum website under BHS Provider Resources-DMC Billing. Please review these important documents and email adsbillingunit.hhsa@sdcounty.ca.gov (County-SUD Billing Unit) if you have any billing or billing-related questions.
   - https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/billing/DMC-ODS-Billing-Manual-v-2-0.pdf
   - https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/billing/DMC-ODS-Service-Table-v-2-0.xlsx

| SUDPOH | SUDURM | Forms | Communications | QA Training | Manuals | Toolbox | Beneficiary | NOABD | UTTM | SanWITS | Billing | PC1000 |

| Medical Director Info | Recovery Residences | Monitoring | Training - SanWITS | Contracts/Fiscal Admin Svcs | Serious Incident Reporting | SmartCare |

Billing

Name	Description	Date
DMC-ODS Billing Manual v-2.0 (pdf)	The DMC-ODS Billing Manual is a DHCS publication which outlines the processes and rules for SD/MC claims for DMC-ODS services.	2024-07-11
DMC-ODS Service Table v-2.0 (xlsx)	DMC-ODS Service Table for FY 2024-2025	2024-07-11

   - https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/dmc-ods.html

2. Outpatient (non-OTP) programs should review the Service Table's Medicare COB Required column for Medicare billing requirements. Check if the service or procedure code requires Medicare billing before billing Medi-Cal. Please email adsbillingunit.hhsa@sdcounty.ca.gov if you need additional guidance.

Medicare COB: Coordination of Benefits

Medicare COB Required?

- ☑ (Select All)
- ☑ No
- ☑ Situational. H0004 when related to NTP or MAT dosing (H0004 with UA and HG modifiers) requires Medicare COB. For all other situations, H0004 does not r...
- ☑ Situational. H0005 when related to NTP or MAT dosing (H0005 with UA and HG modifiers) requires Medicare COB. For all other situations, H0005 does not r...
- ☑ Yes
- ☑ Yes. However, do not submit T2021 to Medicare. Counties will bill Medicare using the appropriate CPT code, then indicate the COB amount on the claim su...
- ☑ Yes. However, do not submit T2024 to Medicare. Counties will bill Medicare using the appropriate CPT code, then indicate the COB amount on the claim su...

3. OTP programs must continue to bill Medicare (Medicare Part B or C). Obtaining the Medicare insurance documentation is necessary for us to bill the unpaid balance to Medi-Cal (payor of last resort).

Up To The Minute!

Population Health - Prevention & Support

SUD Primary Prevention Contractors - ECCO Web-based Prevention Services Data Reporting System Update

- Only report hours and activities occurred within the reporting month.
- For reporting "No Activity" for the month, please select, "NO" and indicate in free-text field, "No activities for this month."
- ****Please note, contact for technical assistance requests or other questions will now be Rea Alvarez at rea.alvarez@sdcounty.ca.gov ****
- For information regarding DHCS Primary Prevention, please continue to visit Prevention and Youth Branch (ca.gov)

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
  SUDEHRTraining.HHSA@sdcounty.ca.gov
  SUDEHRFax.HHSA@sdcounty.ca.gov

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Up To The Minute!

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- Please look out for future notice to register for the following virtual trainings:
  - Outpatient Quality of Care
    - **Wednesday, September 11, 2024, from 1:00 p.m. to 2:30 p.m.**
    - This event has passed.
  - Residential Quality of Care
    - **Tuesday, September 17, 2024, from 9:30 a.m. to 11:00 a.m.**
    - Please click here to register.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

  - Date: **Thursday, September 26, 2024**
  - Time: 10:00 a.m. to 11:30 a.m.
  - Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Summit on Harm Reduction in SUD Treatment

DHCS is holding a *Summit on Harm Reduction in SUD Treatment* with the aim to reduce stigma and educate SUD treatment providers on taking a harm-reduction approach to SUD treatment services.

- **When:** San Diego County, February 11, 2025
- **Who should attend:** SUD treatment providers and staff who work with patients in an SUD treatment setting: (i.e. front office staff, social workers, peers, physicians, nursing staff, SUD counselors, psychologists, and case managers).
- For more information and to register, click the link here: (DHCS conference event site).

SmartCare

- Upcoming Town Hall (combined MH & SUD)
  - **Thursday, September 19, 2024, 9:00 a.m. – 10:00 a.m.**
  - Click here to join the meeting

Up To The Minute!

- **Optum SmartCare Tab has been updated to include-**
  SmartCare FAQs as of 08/20/2024   SmartCare Standalone Services Workflow
  Guide – Data and Bill Only v1   SmartCare Walk In Workflow
  Guide – Admin Service Entry v1   Administrative Service Entry
  Guide – CSU v3   Authorization for Services Process
  Guide – LTC.SNF Data and Bill With Res Board   Quick Start FAQs SmartCare CalMHSA Rx
  Guide – Residential v2   SanWITS to SC Preliminary Reports   Crosswalk
  EPCS Onboarding Guide   SmartCare DrFirst (CalMHSA Rx) Guidance
  SmartCare Non Billable Codes   SmartCare Program Crosswalk
  SmartCare SUDURM Changes   SmartCare Service Code Crosswalk
  SmartCare Then and Now EHR Transition Guidance   Help Desk Flyer
  SmartCare Workflow for Mental Health and Substance Use Disorder
  EPCS Invite Guide   Site Lead Checklist and Troubleshooting Guide
  ASAM Process for Non SmartCare Users   2024-08-01 BHS Provider Memo – EHR Update
  ASAM Reporting Tool   2024-08-23 BHS Information Notice – EHR Updates
  NOABD Log FY24-25   2024-08-28 BHS Information Notice – EHR Updates
  SmartCare Data Migration Resource   2024-08-13 SmartCare Town Hall
  SmartCare NOABD Process for MH and SUD   2024-08-27 SmartCare Town Hall

SmartCare Procedure Code Crosswalk

QA MH/SUD have created SmartCare Procedure Code Crosswalks to assist providers in the transition from our legacy systems to the new SmartCare Electronic Health Record. The Crosswalk can be found on the Optum Website in the MHP Documents and DMC-ODS Page. Definitions for procedure codes on the Crosswalk were created by CalMHSA. Programs may cross-reference our previous service definitions for those codes that cross-walked to SmartCare for greater clarification as needed, as *there has been no change regarding the use of these procedure codes in terms of scope of practice or service requirements/limitations in order to claim these codes.*

NOABD Procedure

- While SmartCare NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the NOABD Procedure and blank NOABD log posted on the Optum site under the "SmartCare" tab.

SmartCare Residential Authorizations

- Beginning 9/1/2024, SUD Residential Providers are not able to enter authorizations into SmartCare.
- To submit an authorization, Residential Providers are asked to take the following steps:
  1. Create Client in SmartCare.
  2. Add Clients Coverage in SmartCare.
  3. Enter "enrolled" or "requested" status. To note, Providers need to close "Program Enrollment" at discharge.
  4. Submit authorization request to Optum **via fax** (please call Optum for a SUD admit).
     *Note: 1-3 must be complete prior to submitting an authorization request. If these steps are not completed, Optum will return the request.
- Optum will review, make authorization determinations, and enters any authorizations into SmartCare.
- An updated fax cover sheet will be available on Optum to reflect these changes.

Up To The Minute!

Reminder: RESIDENTIAL PROGRAMS ONLY - Beneficiaries with Other Health Coverage (OHC)

- Reminder that for residential programs serving BHS clients with OHC, as part of the initial authorization process, submission of either will be required:
  1. The EOC or a letter of non-coverage; OR
  2. A signed AOB **AND** 42 CFR Part 2 compliant Release of Information Form.

HIMS Dept - SmartCare Client Information Change, Addition or Merge Requests (formerly forms BHS-025A and BHS-025B)

Effective 9/1/24 the BHS Health Information Management Services (HIMS) department is assigned to the task of ensuring the SmartCare system has accurate client information.

- All BHS SMHS and SUD program staff are required to notify HIMS of any updates or changes to the core client fields. Providers should not make any changes to core client fields independent of HIMS process.
  - Core client fields are: Name, DOB, SSN, and Gender.
- If program staff identifies or suspects a duplicate client record has been created in error, program should reach out to HIMS before proceeding to enter services for the client.
- Changes to Core Client Fields or Duplicate Clients should be submitted to the HIMS department using form BHS-025 via secure email at HIMDept.HHSA@sdcounty.ca.gov or secure fax 619-399-3503.
- Form BHS-025 will be available on the OPTUM website in the MHP Documents for MHP Providers and in the DMC-ODS page for SUD Providers under the "Forms" Tab.

Questions: Contact HIMS email: HIMDept.HHSA@sdcounty.ca.gov, phone: 619-584-3090, fax: 619-584-3506, Hours: Monday-Friday 6:00 a.m. - 4:30 p.m.

Coordinated Care Consent Downtime Form Updated

- The Downtime form for the SmartCare Coordinated Care Consent Form has been revised to reflect County of San Diego language based on feedback from our Compliance Office; these revisions were also updated in the electronic version within the SmartCare EHR.
- If a paper downtime form version is needed for use, programs should utilize the downtime form from the Optum Website instead of the downtime version from SmartCare – this form has been titled *"Coordinated Care Consent COSD rev 9.6.24"* to easily differentiate it from SmartCare versions.

Updates & Reminders (QA)

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of **July-Sept (Q1)** will be due by **October 15, 2024.**
- Forms are posted on the Optum site under the "Monitoring" tab.
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

Reminder: National Suicide Prevention Hotline number change

- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) transitioned to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Spanish language text and chat services are now available, as well as specialist services for LGBTQI+ youth and young adults.

Up To The Minute!

Perinatal Providers

DHCS has updated the Substance Use Disorder Perinatal Practice Guidelines (SUD PPG). The SUD PPG 2024 is now available as a resource on the DHCS webpage SUD Perinatal Services under the section titled "*Providers.*" The SUD PPG aims to ensure that California providers offer high-quality SUD treatment services and comply with state and federal regulations. These guidelines address SUD treatment services for women, specifically pregnant and parenting women seeking or having been referred to SUD treatment. A comparison to identify changes is currently taking place and will be messaged to providers.

Reminder: Use of Z-Codes/Social Determinants of Health (SDOH) codes

- **For Residential Providers:** Per DHCS, as of 9/30/2023, ICD-10: Social Determinants of Health (SDOH) codes are not available for use as an available primary diagnosis on problem lists. A list of Covered Diagnosis is in Appendix 5 of DHCS' Drug Medi-Cal ODS Billing Manual (dhcs.ca.gov).
- **For Outpatient Providers:** Per BHIN 24-001 and BHIN 22-013, Z-codes/SDOH are permitted to be used during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established.

Beneficiary Materials Update: Farsi/Dari Languages Consolidated to Persian

- We have received clarification that Farsi and Dari are two dialects of the same language, mutually intelligible in written format.
- Translated beneficiary materials in Farsi and Dari have been consolidated to match this clarification and in accordance with the County's threshold languages policy.
  - The consolidated documents have been renamed to "Persian (Dari_Farsi)"
- Additionally, our team has updated the footers on beneficiary materials to include the translated language so that they are easily distinguishable (for example: "DMC-ODS Beneficiary Handbook: Rev 01/2024_Arabic").
- All updates have been posted to Optum under the Beneficiary tab as well as the Beneficiary & Families page.
- If you have any questions regarding Beneficiary Materials, please email QIMatters.HHSA@sdcounty.ca.gov

Legislative Updates: AB 1740 Requirements to Post Human Trafficking Notice

AB 1740 amends Section 52.6 of the Civil Code relating to human trafficking to additionally require a notice, as developed by the Department of Justice, that contains information relating to slavery and human trafficking, including information regarding specified nonprofit organizations that a person can call for services or support in the elimination of slavery and human trafficking be posted by facilities that provide pediatric care, as defined in W&I Code Section 16907.5

- "Pediatric services" means all medical services rendered by any licensed physician to persons from birth to 21 years of age.
- Post a notice that complies with the requirements of this section in a conspicuous place near the public entrance of the establishment or in another conspicuous location in clear view of the public and employees where similar notices are customarily posted.
- The notice to be posted shall be at least 8 1/2 inches by 11 inches in size, written in a 16-point font.
- The notice to be posted shall be posted in English, Spanish, and in one other language that is the most widely spoken language in the county.

Up To The Minute!

The Human Trafficking Model Notice is available for download from the Department of Justice website in English, Spanish, Dual English/Spanish and 22 additional languages from the Human Trafficking Model Notice page. This notice is in the process of being posted to the Optum site. Specialists will ask for proof of compliance in the Quality Assurance Program Reviews beginning in Fiscal Year "2025-2026."

Reminder: Residential and Counselor Complaints

- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
    - Death of any resident from any cause, even if death did not occur at facility.
    - Any facility related injury of any resident which requires medical treatment.
    - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department.
    - Poisonings
    - Natural disaster
    - Fires or explosions which occur in or on the premises.
- Reporting methods include:
    - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
    - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
    - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
    - Form 5079 Unusual Incident/Injury/Death Report

Reminder: DMC Recertification Requirements

- DHCS requires DMC Providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.

Health Plan Administration (HPA)

System of Care (SOC) Application

- Reminder that staff and program managers are expected 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.

Up To The Minute!

DHCS **Behavioral Health Information Notices (BHINs)** inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation (aka CalAIM)
- Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Management Information Systems (MIS)

**DATAR and Capacity Management Change in Reporting**
- Providers are no longer required to email DHCS at DHCSPerinatal@dhcs.ca.gov when reaching 90% capacity.

Instead:
- Please note the Department of Health Care Services (DHCS) change in Capacity Management reporting requirements as identified in the Substance Use Disorder Perinatal Practice Guidelines, published on August 13, 2024: (see page 13)
  - "When a SUD treatment provider serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the provider must report this information to the DATAR for each month by the 10th of the following month."
- Please note the County MIS unit requires DATAR to be completed by the 7th of the month for the previous month.

Reminders: SmartCare
- All new Clients and/or services with effective date of 9/1/24 forward should only be entered in SmartCare (not SanWITS).
- The new SmartCare Access Request Form (ARF) is on Optum website under BHS Provider Resources> SmartCare Training SmartCare_Access_Request_Form_(ARF)_8.14.2024.pdf
- Other SmartCare Resources can be found on Optum on the "SmartCare" tab under BHS Provider Resources>DMC-ODS as seen below.

Up To The Minute!

- For trouble with login or passwords, use the "Forgot Username" and or "Forgot Password" links shown on the SmartCare login screen.
- New CalOMS Admission, Annual Update and Discharge forms have been created for SmartCare screens. These forms will be posted to Optum, but in the interim, forms are available via the Google Drive folder: https://drive.google.com/drive/folders/1zrrXtw-g7OZPbHqIzX1KrruRsJi2gQde?usp=drive_link

Population Health - Prevention & Support

SUD Primary Prevention Contractors - **ECCO Web-based Prevention Services Data Reporting System Update**
- Only report hours and activities occurred within the reporting month.
- For reporting "No Activity" for the month, please select, "NO" and indicate in free-text field, "No activities for this month."
- ****Please note, contact for technical assistance requests or other questions will now be Rea Alvarez at rea.alvarez@sdcounty.ca.gov ****
- For information regarding DHCS Primary Prevention, please continue to visit Prevention and Youth Branch (ca.gov).

Communication
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- EHR questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
  SUDEHRTraining.HHSA@sdcounty.ca.gov
  SUDEHRFax.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Up To The Minute!

Trainings & Events (QA)

Annual DMC-ODS Training

- QA has posted the recording of the Annual DMC-ODS Training to the Optum Site.
    - The training can be found on the new "SMH & DMC-ODS Health Plans" page: https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/smh-dmc-ods-health-plans.html under the "Training" tab for "DMC-ODS Only."
- The posting also includes the PowerPoint Slides, and a Q&A related to topics shared during the training.
- Training attendance has been reviewed to ensure all programs attended the training.
    - Programs identified with no attendees will be contacted and reminded to review the training for compliance with the annual training requirement.

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per calendar year.
    - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
    - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QA continues to provide support for COR teams monitoring this requirement.
- The web-based submission form has been recently updated to assist with ease in reporting trainings.
    - For CME/CEU MS Form submissions: Please submit *one MS form* per individual, per calendar year of reporting
    - Once submission is received and logged, additional certificates may be submitted for that individual by emailing them directly to QIMatters@sdcounty.ca.gov
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- The Annual CME-CEU Requirement Tip Sheet has been updated for this calendar year and posted to the Optum site under the "Monitoring" tab.
- Please contact QIMatters@sdcounty.ca.gov if you have any questions.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, October 24, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Up To The Minute!

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL
SAN DIEGO

SmartCare

SmartCare Tab has been updated to include-
- ✓ SmartCare FAQs as of 09/10/2024
- ✓ SmartCare Help Desk Flyer Post Go-Live
- ✓ Guide – Residential Workflow Change
- ✓ SmartCare Document Scanning
- ✓ SmartCare Client Insurance Plan Request
- ✓ Guidelines on Completing the SmartCare Client Plan Request Form
- ✓ BHS 025 Form and Instructions
- ✓ SmartCare ARF for BHS and Optum Staff
- ✓ SmartCare ARF for Treatment Programs
- ✓ SmartCare Reception View Tip Sheet
- ✓ ASAM Reporting – Youth and Providers not in SmartCare
- ✓ ASAM Reporting Tool
- ✓ 2024-09-19 SmartCare Town Hall

CORRECTION to the September 2024 UTTM: the use of Z-codes (Problem Lists and Diagnostic Documents)
The September 2024 UTTM stated that, for residential providers, ICD-10: Z-codes/Social Determinants of Health (SDOH) codes are not available for use as an available primary diagnosis on problem lists. To clarify, in SmartCare, Z-codes are not available for residential providers on the diagnosis document (2023.CalMHSA.com), which is used for billing. However, the Problem List (2023.CalMHSA.com) (look for 'Problem List") is a function in SmartCare that informs care planning, thus, a residential provider can document Z-codes in the problem list that would contribute or are related to the diagnosis. The diagnosis document and the problem list do not need to align. A list of Covered Diagnosis is in Appendix 5 of DHCS' Drug Medi-Cal ODS Billing Manual (dhcs.ca.gov).

For ADULT PROVIDERS using SmartCare
- As you know, San Diego was utilizing the ASAM Criteria Assessment Interview Guide for Adults on paper prior to SmartCare implementation.
  - ✓ Programs can continue to utilize this form on paper until it is built into SmartCare, and complete and submit the ASAM spreadsheet with required data points for initial assessments and re-assessments to MIS each month.
    OR
  - ✓ Programs may complete the CA-ASAM in SmartCare knowing that the Interview Guide will be replacing the form and staff will need to adjust once implemented.
- For programs serving youth and/or programs that use their own EHRs, please reference the guidance found at: ASAM Reporting for Youth and Providers Not in SmartCare (Optum.com)

Screening and Assessment Reporting
CalMHSA will be building the current UCLA "ASAM Criteria Assessment Interview Guide for Adults" (3rd edition) into SmartCare by January 1, 2025, and this will replace the CA-ASAM form currently in SmartCare. As a result, Legal Entities utilizing SmartCare may determine best process for their program(s) moving forward.

Up To The Minute!

Updates & Reminders (QA)

QAPR Reminders
- SUD QA has specific timelines to meet for QAPR(s). It is important programs contact their assigned specialist if any delays are anticipated.
- We highly recommend programs designate more than one staff, preferably QA staff, to be available during the duration of the QAPR review to assist in submitting paperwork and/or interactions with SUD QA.

MHP/DMC-ODS Optum Changes
- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files.
- Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Update: SUDPOH
- The SUDPOH was updated on 09/23/24.
- This revision and Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release on 10/23/24.

Reminder: CalFRESH Benefits for Residential Clients
- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client's CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client's CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See All County Letter 19-51 for more information.

Reminder: DMC-ODS Eligibility
- The County of San Diego's DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
  - ✓ Adolescents age 12 – 17
  - ✓ Adults age 18 and over
  - ✓ Clients self-referred or referred by another person or organization.
  - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).

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- ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
- ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
- ✓ No DMC/Low Income or no insurance:
  - o Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
  - o Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
  - o Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
  - o Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
- ✓ Persons meeting DMC-ODS medical necessity criteria.
- ✓ Justice Overrides
- ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.

Health Plan Administration (HPA)

System of Care (SOC) Application
- • Reminder that staff and program managers are expected to attest in the SOC application monthly.
- • Please ensure that the attestations include any required cultural competence training completed.
- • 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.

DHCS **Behavioral Health Information Notices (BHINs)** inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to: BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation (aka **CalAIM)**
- • Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- • For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Up To The Minute!

Billing Unit (BU)

SUD BILLING ANNOUCEMENTS

A. DHCS has announced on 09/11/2024 that the lockout between NTP counseling and residential services has been removed by DHCS. This was deployed on September 10, 2024, and the changes will be retroactive to the service dates on 7/1/2023. The SUD Billing Unit has initiated the service replacement process for M80, or lockout denied claims so that we can rebill Medi-Cal.

B. The County ADS Billing Unit will be in charge of claim batching and the electronic claim file submission to the State. The SUD programs/providers will no longer be creating provider batches.

C. SmartCare has a billing feature called 'Overnight Billing Jobs', which is an automatic process that occurs every night. This nightly processor will mark the services entered by the program as 'complete' when they are free of service validation errors. To prevent any errors from being overridden, please DO NOT manually switch the service status from show to complete.

D. Services with errors will remain in 'show' status and will require data correction.
   1) Providers will have access to the canned report called "CalMHSA Service Error Report (My Office)" for a list of service errors.
   2) The county billing teams (SUD and MH) are developing a guide for correcting service errors and it will be available for providers soon.

E. The Monthly Medi-Cal Eligibility File (MMEF) functionality in SmartCare will provide information about the client's Medi-Cal eligibility status for the current month and previous 15 months.

F. ICD-10 Z codes are acceptable for outpatient services, but not for Residential Bed Day and Withdrawal Management services dated after 9/30/2023 when billed as a primary diagnosis. Please contact qimatters.hhsa@sdcounty.ca.gov if you have any questions or need further clarifications about this rule. The State has been denying the Res BD and WM services with ICD-10 Z code as primary diagnosis, and the County SUD billing team is unable to replace and rebill them to Medi-Cal.

All SUD providers will receive a separate email with more information about the billing workflow and updates. Please email adsbillingunit.hhsa@sdcounty.ca.gov if you have any questions.

Management Information Systems (MIS)

Reminder: Residential Providers
- After the required CalMHSA LMS trainings have been completed for the user's role, the Optum's supplemental Residential training is required before SmartCare access is granted.

SanWITS Updates
- Services with Date of Service (DOS) up to 8/31/24 must be completed in SanWITS.
- Any services entered in SanWITS with DOS after 8/31/24, must be deleted and entered in SmartCare for billing.
- Any State reporting such as CalOMS Admission, Annual Update, Discharges, or ASAM Summary Screen must be entered in SmartCare – there will not be any further uploads to the state from SanWITS.

Up To The Minute!

Reminder: SUD MIS and MH MIS are now Combined
- New inboxes are **Pending** activation – users will be notified upon activation.
  - BHSEHRSupport.HHSA@sdcounty.ca.gov
  - BHSEHRAccessRequest.HHSA@sdcounty.ca.gov

Population Health

1. **POD Performance Improvement Project (PIP)**
   Goal: *Increase the percentage of new Opioid Use Disorder (OUD) pharmacotherapy treatment events among members served at the OTPs aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.*

   ➢ As of the end of July 2024, pilot providers have handed out the California MAT Expansion Toolkit to 455 clients and the MAT tri-fold pamphlet to 220 clients. Due to the September 1st transition to SmartCare, the new county Electronic Health Record (EHR) for providers, previous tracking efforts are currently delayed and will be the focus for the next quarter.

2. **Residential Follow-Up Performance Improvement Project (PIP)**
   Goal: *Improve connection rates to a lower level of care within seven days of residential discharge.*

   ➢ Historically, the Connections project was implemented as part of a state-mandated Performance Improvement Project (PIP) by implementing Motivational Enhancement for Engagement in Therapy (MEET), an evidence-based, trauma-informed intervention, rooted in components of motivational interviewing, this project showed significant success in connecting those discharging from residential treatment. This new PIP will be re-launching the MEET intervention by scaling up to include the original pilot programs and are ***currently recruiting programs*** to participate!

❖ If you have more questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

SUD Primary Prevention Contractors - **ECCO Web-based Prevention Services Data Reporting System Update**
- **Please note, contact for technical assistance requests or other questions will now be Sunisa Prapaitrakool at: Sunisa.Prapaitrakool@sdcounty.ca.gov **
- For information regarding DHCS Primary Prevention, please continue to visit: Prevention and Youth Branch (ca.gov)

Naloxone and Fentanyl Testing Strips (FTS) Distribution
- It is allowable for Substance Use Block Grant (SUBG) funded programs to provide training, education, and ***distribution*** services for overdose prevention.
- For more information, please contact your COR team or the harm reduction inbox: HarmReduction.HHSA@sdcounty.ca.gov
- Please remember to report distributions monthly via the Naloxone distribution data form found here: CoSD NDP Data collection Form.

Up To The Minute!

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- EHR questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
                            SUDEHRTraining.HHSA@sdcounty.ca.gov
                            SUDEHRFax.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

Reminder: QIP Meeting Date Changes

- Due to meeting conflicts and holidays, upcoming QIP meetings have been rescheduled.
    - *November – rescheduled to 11/21/24, from 10:00 a.m. to 11:30 a.m.*
    - *December – rescheduled to 12/19/24, from 10:00 a.m. to 11:30 a.m.*

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, November 21, 2024**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Root Cause Analysis Training

The next **Root Cause Analysis (RCA) Training** session is scheduled for **Tuesday, December 10, 2024, from 9:30 a.m. to 12:30 p.m.** 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 quality improvement (QI) staff. Please click here to register.**

DHCS Harm Reduction Summits – Registration Open!

Summit registration is free and open now: San Diego County – **February 11, 2025**

The Department of Health Care Services (DHCS) is hosting five regional harm reduction one-day summits for substance use disorder (SUD) treatment providers in the fall of 2024 and winter of 2025. The five summits aim to reduce stigma and educate SUD treatment providers on taking a harm-reduction approach to SUD treatment services. Please forward the following information to treatment providers, clinics, and relevant contacts in your counties.

Why Attend?

- **Learn from experts:** Hear firsthand from community members, scholars, providers, and advocates about ways to integrate a harm reduction approach in your treatment setting.
- **Stay ahead with ASAM Guidance:** Get a deep dive into the forthcoming American Society of Addiction Medicine (ASAM) guidelines on effectively engaging and retaining non-abstinent patients in care.
- **Expand your network:** Connect with SUD treatment providers and local harm reduction organizations, building relationships that can enhance your patients' experiences.

SmartCare

- Upcoming Town Hall (combined MH & SUD)
    - **Tuesday, December 17, 2024, 2:00 p.m. – 3:00 p.m.**
    - **Click here to join the meeting**

Up To The Minute!

- Optum SmartCare Tab has been updated to include-
  - ✓ SmartCare FAQs as of 10-26-24
  - ✓ Guide – Group Documentation Tips – Mixed Programs
  - ✓ SmartCare ARF for Treatment Programs (Updated 11/01/24)
  - ✓ SmartCare ARF for BHS and Optum Staff (Updated 11/01/24)
  - ✓ SmartCare Workflow for MH-SUD (10/08/24)
  - ✓ NOABD Log – FY24-25
  - ✓ SmartCare Service Code Crosswalk
  - ✓ UMDAP Financial Assessment in SmartCare
  - ✓ SmartCare Scanning Documents Job Aid – Oct. 2024
  - ✓ SmartCare: How to find Incomplete Scans/Imports
  - ✓ 2024-09-25 BHS Info Notice – EHR Update
  - ✓ 2024-10-08 SmartCare Town Hall

Technical Support Hours

To continue supporting users in SmartCare, Optum will offer Technical Support Hours (formerly titled Office Hours) on an ongoing basis. Please see below for details, including how to join:

- Technical Support Hours are virtual sessions where users can "drop in" based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues.

- The following Technical Support Hours are available, and users can drop in by joining this MS Teams Link: **Click Here:**

Date	Day	Time	Technical Support Hours
5-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
6-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical
7-Nov	Thursday	2pm-3pm	Outpatient Admin Clerical Front Desk
12-Nov	Tuesday	2pm-3pm	Outpatient Prescribers
13-Nov	Wednesday	2pm-3pm	Program Managers, CORS, & QA
14-Nov	Thursday	2pm-3pm	Outpatient Nurses
18-Nov	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
19-Nov	Tuesday	2pm-3pm	Admin Billing Only
20-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
21-Nov	Thursday	2pm-3pm	Outpatient Prescribers
25-Nov	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
26-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
27-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical
2-Dec	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Dec	Tuesday	2pm-3pm	Outpatient Prescribers
4-Dec	Wednesday	2pm-3pm	Program Managers, CORS, & QA
5-Dec	Thursday	2pm-3pm	Outpatient Nurses
9-Dec	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Dec	Tuesday	2pm-3pm	Admin Billing Only
11-Dec	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
12-Dec	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers

Up To The Minute!

Special Population Update in SmartCare to reflect AB 352: In order ensure that medical records containing sensitive information such as counseling regarding abortion care, contraception and gender affirming care is not shared with states that have criminalized these kinds of care, SmartCare has developed specific special population categories to identify clients' records for review and redaction by HIMS prior to releasing them to providers in these states. Find out more at https://2023.calmhsa.org/ab-352-compliance-how-to-add-new-indicators-to-a-clients-record-in-special-populations/ AB 352: Bill Text - AB-352 Health information. (ca.gov)

ASAM Update
This is a change from previous messaging for all programs using SmartCare. Programs using SmartCare will use the CA-ASAM, until the new version of the ASAM is developed. (See updated guidance table below.) DHCS has given CalMHSA permission to wait to build a new ASAM tool into SmartCare until the ASAM 4th edition assessment is developed, tentatively in July 2025.

This change signifies that DHCS will not hold counties accountable to the requirements as outlined in BHIN 23-068 under DMC and DMC-ODS Assessments wherein it states: *(v.)"Effective January 1, 2025, DMC and DMC-ODS providers shall use one of the ASAM assessment tools described in (iv) above or a validated tool subsequently approved by DHCS and added to the list of approved DMC and DMC-ODS ASAM assessment tools."* (From the CalMHSA weekly bulletin on 10/31/2024.)

	BRIEF SCREENING	INITIAL ASSESSMENT	FOLLOW UP ASSESSMENT
Programs using their own EHR – Adults and Youth	• Submit ASAM data collection tool	• Submit ASAM data collection tool	• Submit ASAM data collection tool
Programs using SmartCare (SC) – Adults	• Collected by BQuIP in SC	• Adult programs working in SmartCare will use the CA-ASAM; reporting information is captured in SC	• Adult programs working in SmartCare will use the CA-ASAM; reporting information is captured in SC
Programs using SmartCare (SC) – Youth	• Paper form- submit ASAM data collection tool	• Youth programs working in SmartCare will use the CA-ASAM; reporting information is captured in SC	• Youth programs working in SmartCare will use the CA-ASAM; reporting information is captured in SC

Updated: November 2024 (Supersedes: October 2024 guidance)

Updates & Reminders (QA)

Reminder: MHP/DMC-ODS Optum Changes
- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files.
- Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Up To The Minute!

Update: SUDPOH
- The SUDPOH was updated on 10/01/24.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release on 11/27/24.

Coming Soon: Beneficiary Material Updates
- DHCS has integrated the SMHS and DMC-ODS Beneficiary Handbooks into one combined handbook. The integrated Behavioral Health Member Handbook will be effective January 1, 2025.
- QA is currently working on updating the handbook to include county-specific information and align updates as specified in BHIN 24-034.
- QA will be providing a Summary of Changes to outline significant updates at least 30 days prior to the release of the handbook.
- QA will notify programs once the updated handbook (along with translated versions) are available on the Optum site and when prints are available for ordering.

Reminder: Daily Admissions
- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Health Plan Administration (HPA)

System of Care (SOC) Application
- Reminder that staff and program managers are expected 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.
  - A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory. Please note this change will not affect the site address within SmartCare.

DHCS **Behavioral Health Information Notices (BHINs)** inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation (aka **CalAIM)**
- Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Up To The Minute!

Management Information Systems (MIS)

Reorganized: Management Information Systems (MIS)
- ❖ **System Administration and Access** – managed by Cheryl Lansang
  Contact: cheryl.lansang@sdcounty.ca.gov or call 619-578-4111

- ❖ **Program Integrity (PI) and Reporting -** managed by Dolores Madrid-Arroyo
  Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

New MIS Email Boxes are NOW ACTIVE!
- BHS_EHRSupport.HHSA@sdcounty.ca.gov
  - o **Refer** all support questions that cannot be addressed by the CalMHSA Support Desk - **Reminder: CalMHSA should be the first line of support.**
  - o **Refer** all CCBH related questions and/or CCBH ARFs.
- BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
  - o **Refer** all ARFs and Access concerns related to SmartCare or SanWITS.

- **The four email boxes below are being discontinued/removed (Do Not Use):**
  - o SUDEHRSupport.HHSA@sdcounty.ca.gov
  - o MHEHRSupport.HHSA@sdcounty.ca.gov
  - o MHEHRAcessRequest.HHSA@sdcounty.ca.gov
  - o BHS_EHRProject.HHSA@sdcounty.ca.gov

Important Reminder: SAS Program
- SAS Program in SmartCare is **ONLY** to be used in place of these SanWITS program enrollments:
  - o Before Admission/After Discharge
  - o Recovery Service
  - o Courtesy Dosing
- If a client is admitted to a Residential Level of Care (LOC) program, all services should be billed under that LOC program i.e., residential bed day and care coordination.

Licensed Providers
- Monthly reports will be generated to capture all licenses that will expire within the month.
- Users will receive a courtesy email notification.
- Users are responsible to renew license promptly and must notify MIS to avoid access disruption in SmartCare.

Avoid Delays with ARF Processing: Common Errors
- Incomplete form – missing fields
- Missing or incorrect user roles
- Hand-written forms – **Forms must be typed**
- Program name must be typed out – **Do not send number in place of name**
- Incorrect Taxonomy number

Up To The Minute!

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

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Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

New: Skill Building Workshops in January 2025

- Outpatient Quality of Care
  - **Thursday, January 9, 2025, from 9:30 a.m. to 11:00 a.m.**
- Residential Quality of Care
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Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per *calendar year.*
  - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
  - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QA continues to provide support for COR teams monitoring this requirement.
- The web-based submission form has been recently updated to assist with ease in reporting trainings.
  - For CME/CEU MS Form submissions: Please submit *one MS form* per individual, per calendar year of reporting.
  - Once submission is received and logged, additional certificates may be submitted for that individual by emailing them directly to QIMatters@sdcounty.ca.gov.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- The Annual CME-CEU Requirement Tip Sheet has been updated for this calendar year and posted to the Optum site under the "Training" tab.
- Please contact QIMatters@sdcounty.ca.gov if you have any questions.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

  - Date: **Thursday, December 19, 2024**
  - Time: 10:00 a.m. to 11:30 a.m.
  - Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Up To The Minute!

SmartCare

- **Upcoming Town Hall** (combined MH & SUD)
    - **Tuesday, December 17, 2024, 2:00 p.m. – 3:00 p.m.**
        - ➢ Click here to join the meeting

- **Optum SmartCare Tab has been updated to include-**
    - ✓ SmartCare FAQs as of 11/22/24
    - ✓ Guide – INTERIM- SmartCare CSU with Concurrent Program Enrollment Supplementary Guide
    - ✓ Guide – Admin Service Entry
    - ✓ SmartCare MFA 2024-11-19
    - ✓ SmartCare Stand Alone Service Programs Workflow
    - ✓ 2024-11-05 BHS Info Notice
    - ✓ 2024-11-12 SmartCare Town Hall

Update: Changes in the Coordinated Care Consent in SmartCare (Effective 12/11/2024)

- Below are the areas of the Coordinated Care Consent that have been updated (changes are highlighted).
- It is <u>not</u> required to have current clients re-sign this document. However, it is *recommended* to remain in compliance with regulations and timeliness of certain requests (i.e. grievances).

1. Who will share my information if I sign?

By signing, your information may be shared by and with any of the following that provide services to you (your providers) and which are connected to SmartCare:

- Health care providers, such as doctors, hospitals, and pharmacies.
- Mental health providers and substance use disorder providers.
- School-based providers, such as nurses, social workers, and counselors.
- San Diego County health care agencies.
- The San Diego County Office of the Public Conservator, only when performing their core care functions of reviewing referrals and arranging placement and treatment.
- Housing providers that help people find a home.
- Any jail staff who provide behavioral health services to you while you're incarcerated.
- Advocacy agencies, such as the Consumer Center for Health Education and Advocacy (CCHEA) or Jewish Family Services (JFS), only when you request they look into your care.

Your providers also include any health insurers that provide you with coverage, including any of your mental health plans.

7. Can I change my mind and revoke my authorization later?

Yes, you have a right to revoke this form at any time. If you want to revoke, you should contact us at your treatment provider. If you revoke, some of your providers will still be legally permitted to see some information about you via SmartCare in certain circumstances, but other information (such as your substance use disorder information) typically will be inaccessible to them.

Up To The Minute!

Translations for Coordinated Care Consent Form

Currently there is only an English language version of the Coordinated Care Consent electronic document available in SmartCare that contains **San Diego County specific language that must be used and signed by clients.** Providers should not use the SmartCare Downtime forms (English or Spanish) as these do not contain the County's required language – providers should only use the form created by San Diego County that is available on the Optum Website in MHP Documents in the UCRM tab.

The county will be providing translation in the required threshold languages but until these are available, providers should utilize an interpreter to review the COSD CCC form with the client prior to having them sign the document in SmartCare.

Updated: Risk Assessment

The access to the Risk Assessment in SmartCare has been resolved to allow all levels of credentialed/non-credentialed staff to complete this document, within their scope of practice and reviewing with clinical supervisor if required. When you search for Risk Assessment in SmartCare, you will see two options: Risk Assessment and Risk Assessment (c). **The correct Risk Assessment to utilize is the one that says "Risk Assessment" without the (c).**

Updates & Reminders (QA)

Reminder: Medication Monitoring for OTP programs and Extended MAT Services

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by **January 15, 2025.**
- Forms are posted on the Optum site under the "Monitoring" tab.
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

Update: Beneficiary Handbook

- The Integrated Behavioral Health Member Handbook has been updated to comply with BHIN 24-034 and is in the process of being translated into the County's threshold languages.
- QA sent an email to providers on 11/27/2024 with guidance for notifying clients of changes to the beneficiary handbook. The email includes the following:
    - Notification to clients (in process of posting on Optum's Beneficiary & Families page)
    - Summary of Changes for clients (in process of posting on Optum's Beneficiary & Families page)
    - Attestation
- Once clients are notified of upcoming handbook changes by one or more of the methods as outlined on the attestation, complete and return the attestation to QI Matters by January 31, 2025.
- The Integrated Behavioral Health Member Handbook and Summary of Changes in all threshold languages will be made available on the Optum site by the January 1, 2025, effective date.

Up To The Minute!

NOABD Procedure
- While NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the NOABD Procedure and blank NOABD log posted on the Optum site under the SmartCare tab.
- Due to PHI being included, please encrypt logs when sending unless your program/legal entity is already on the County Transport Layer Security (TLS) secure email list that ensures automatic encryption.
    - If you are not sure if your program/legal entity is on this list, please encrypt as a precaution.
- Reminder: NOABD Logs for Quarter 2 are due to QI Matters by **January 15, 2025.**
    - If your program has not sent in your log for Quarter 1, please do so as soon as possible.

Grievance and Appeals Updates
Please be advised, the 2025 Integrated Member Handbook will provide Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans with updated clarification and guidance regarding the application of federal regulations for processing grievances and appeals. DHCS is preparing a final BHIN to reflect these and other changes.

Key changes will include:
- NAR Your Rights Attachment: Updated Aid Paid Pending language.
- NOABD Your Rights Attachment: Updated Aid Paid Pending language.
- Grievances and appeals resolutions are limited to a maximum of 30 days with no extensions granted.

Update: Serious Incident Reporting Changes – Critical Incident Reporting
Please be advised that effective 1/1/25 SIR Reporting processes will be changing. Space will be made during QIP for discussing the following changes.
- Eliminate tiered system to report incidents (level 1 vs level 2)
    - Level 1 SIR to be defined as Critical Incidents
        - Reduced Critical Incident types to focus on clinically critical incidents: death, suicide, overdose, assault, alleged abuse, significant injuries on premises, media event.
- Level 2 SIR and Unusual Occurrence to be defined as Non-Critical Incidents.
- Eliminate SIR Phone Line.
    - Programs will email QI Matters upon occurrence or notification of Critical Incidents as the initial report of the incident, or
    - at any time for Incident consultation.
- Completed Incident Reports and their submission to QA is due within 24 hours of knowledge of incident for both Critical and Non-Critical Incidents.
    - Programs will submit CIR's using revised word document that will be submitted to QI Matters.
    - Programs report Non-Critical Incidents via a SmartSheets submission form. No PHI will be included in this submission and will be sent directly to Program COR and QA.
- Tip Sheets/FAQ's and CIR submission form will be available on the MHP and DMC-ODS Health Plan Optum pages. Additional information on processes will be available in SUDPOH/OPOH.

Up To The Minute!

Timely Data Entry Standard Language (SUDPOH)
In Accordance with BHIN 24-020, Behavioral Health Plans (BHPs) are required to have a system in place for tracking and measuring timeliness of care. To align with the Department of Health Care Services (DHCS) documentation requirements **recorded inquiries** should be documented within three (3) business days of the request for services in the electronic health record, with the exception of emergent or urgent type which shall be completed within one (1) calendar day.

Please refer to embedded links for step by step guide on documenting timely access to OTPs, How to Complete the DMC Opioid Timeliness Record - 2023 CalMHSA, Outpatient, and Residential treatment How to Complete the DMC Outpatient and Residential Timeliness Record - 2023 CalMHSA.

Also, as a resource for SUD providers-
- DHCS, in collaboration with ASAM, published the Engagement and Retention of Non-abstinent Patients in Substance Use Treatment, *Clinical Consideration for Addiction Treatment Providers,* to provide guidance and support to address the complexities of patient non-abstinence during treatment, reduce administrative discharges, and implement strategies focused on lowering barriers to care to improve engagement and retention of non-abstinent patients in the continuum of care*.*

Update: SUDPOH
- The SUDPOH was updated on 11/01/24.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release on 12/26/24.

Reminder: MHP/DMC-ODS Optum Changes
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- Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Reminder: Record Retention
- Per WIC 14124.1, records are required to be kept and maintained under this section shall be retained:
  - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
  - from the date of completion of any audit,
  - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Up To The Minute!

Health Plan Administration (HPA)

System of Care (SOC) Application
- Reminder that staff and program managers are expected to attest in the SOC application monthly.
  - Providers and program managers will need active SmartCare accounts to attest once data connections are created between SmartCare and the SOC application.
- 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.
  - A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory. Please note this change will not affect the site address within SmartCare.

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Medi-Cal Transformation (aka **CalAIM)**
- Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS.
- For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Management Information Systems (MIS)

CalOMS Open Admissions
- To avoid Non-Compliance – complete all Open Admission records by the specified due date on the email notification.
- **Important: Providers must not make these corrections – client's Name, DOB, SSN and/or Gender**
  - These changes must be reported to the HIMS representative for corrections.
- To help avoid CalOMS errors – any other corrections can be reported to BHS_EHRSupport.HHSA@sdcounty.ca.gov

ASAM State Reporting
- ASAM Reporting Tool is due the 5th of each month by submitting to BHS_EHRSupport.HHSA@sdcounty.ca.gov
- **Providers using an EHR other than SmartCare:**
  - Adult and Youth clients – All ASAMS for Brief Initial Screening, Initial Assessment, and Follow-up Assessment must be submitted using the ASAM Reporting Tool.
- **Providers using SmartCare** for Adult clients:
  - Brief initial Screening must be entered in SmartCare.
  - Initial and Follow-up assessments can be entered in SmartCare or submitted with the ASAM Reporting Tool.
  - MIS must be notified of which option you choose for these 2 assessments – Initial and Follow-up.

Up To The Minute!

- **Providers using SmartCare** for Youth clients:
  - Brief initial Screening must be submitted using the ASAM Reporting tool.
  - Initial and Follow-up assessments can be entered in SmartCare or submitted with the ASAM Reporting tool.
  - MIS must be notified of which option you choose for these two assessments – Initial and Follow-up.
- **For tracking purposes – MIS should be notified if Program does not have youth clients for the corresponding month.**

Important Reminder: SAS Program
- SAS Program in SmartCare is **ONLY** to be used in place of these SanWITS program enrollments:
  - Before Admission/After Discharge
  - Recovery Service
  - Courtesy Dosing
- Clarification: If a client is admitted to a Residential Level of Care (LOC) program, please do not open an SAS program to bill care coordination. This service can be billed under the LOC program.

New SmartCare Training Option for SUD Residential Program Staff
- The Optum Training Department is pleased to offer an asynchronous, self-paced training option for those who work in residential programs.
- This opportunity was previously available only to outpatient staff via the CalMHSA Learning Management System.
- Video tutorials can be accessed at the bottom of the SmartCare Training page on the Optum website: SmartCare Training.
- Program staff simply watch the videos that pertain to their role, and then complete a quiz.
- Once a score of 80% or higher is achieved on the quiz, SmartCare access is granted.
- Classroom and live virtual training options remain for those who prefer to have a live instructor guiding them through the system, and enrollment in those training modalities continues through RegPack: Online Registration Software for SmartCare User Training.

Billing Unit (BU)

SUD Billing Announcements
1. Programs should continue to follow the DMC-ODS Billing Manual and Service Table 2.0 for the general SUD billing requirements and processes, which include lockout or same-day billing.
2. For guidance on SmartCare client insurance or coverage plans, please refer to the documents posted on the Optum website under the SmartCare tab.
   - SmartCare Client Insurance Entry July2024 (pdf)
   - SmartCare Client Insurance Plan Request_updated 08.30.2024 (docx)
   - Guidelines of Completing the SmartCare Client Plan Request Form (pdf)
3. Once we have more information about the new system, the SUD Billing Unit will provide SUD-specific billing tip sheets for SUD programs.

Up To The Minute!

4. As previously announced, the county billing team will be responsible for batching and submitting Medi-Cal claims to the State. The SUD-specific billing training will be established according to the billing responsibilities/needs of the programs.
5. Contact adsbillingunit.hhsa@sdcounty.ca.gov if you have any billing questions, including claims prior to 09/01/2024.

Population Health

***SUD Primary Prevention Contractors -* ECCO Web-based Prevention Services Data Reporting System Update**
- To request ECCO CA Onboarding Training (available twice a month) or technical assistance, please contact Sunisa Prapaitrakool at Sunisa.Prapaitrakool@sdcounty.ca.gov
- Data Quality Standard 2024 is available under ECCO Briefcase.

Naloxone and Fentanyl Test Strips Distribution
- Monthly report distributions MS form due by the 5th of the following month: CoSD Naloxone Distribution Program (NDP) Data Collection Form
- To become a partner, contact NDP contractor: Harm Reduction Coalition of San Diego (They fill orders for providers and/or individuals) Phone: 1-888-NARCAN-0 (1-888-627-2260), Email: harmreduxsd@gmail.com
- Other great resources for NDP and more: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/od2a/naloxone.html

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- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- The Annual CME-CEU Requirement Tip Sheet has been updated for this calendar year and posted to the Optum site under the "Training" tab.
- Please contact QIMatters@sdcounty.ca.gov if you have any questions.

SUD Quality Improvement Partners (QIP) Meeting
The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.
  - Date: **Thursday, January 23, 2025,**
  - Time: 10:00 a.m. to 11:30 a.m.
  - Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Up To The Minute!

SmartCare User Group Meeting – January 2025 Session
BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.

- **Wednesday, January 29, 2025, from 9:00 a.m. – 10:00 a.m.**
- **For a link and the reminder, please see separate email invitation that went out.**

Updates & Reminders (QA)

Reminder: MHP/DMC-ODS Optum Changes
- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files.
- Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Update: SUDPOH
- The SUDPOH was updated for January 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in February 2025.

IMPORTANT: Phase out of Legacy Transaction Services (access to MEDS website for verifying eligibility)
DHCS requires that all providers (with a National Provider Identifiers NPI) and submitters performing transactions on the Medi-Cal Providers website register for the Medi-Cal Provider Portal. After December 9, 2024, submitters were required to log in through the Provider Portal. After January 20, 2025, providers using NPIs will no longer be able to log in through legacy Transaction Services and will be required to log in through the Provider Portal. These organizations must complete registration for the Provider Portal to prevent interruptions in day-to-day electronic transactions with Medi-Cal.

- ❖ Please see the Electronic Services Transition page for more details.

Upcoming Medi-Cal Provider Portal Office Hour – Jan 21, 2025 10am – 11am
DHCS will host a live, virtual Medi-Cal Provider Portal Office Hour to answer questions regarding the Provider Legacy Credential Deactivation. Registration can be found using the Microsoft Teams web link.

SUDURM Updates
The SUDURM Uniform Chart Order for Adult and Youth (Optum.com) has been updated and you can now find it on our Optum SUDURM page. This form is for use when SmartCare is down or new staff pending access to SmartCare.

Up To The Minute!

SB 1024 BBS Requirements for Licensed and Registered Clinicians

SB 1024 sponsored by the Board of Behavioral Sciences, mandates the following for all licensees and registrants:

- Licensees and registrants must display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person.
- SB 1024 defines who qualifies as a supervisee in group supervision and caps the number of supervisees at eight (8) individuals in group supervision.
- SB 1024 specifies who is included in the limit of six supervisees receiving individual or triadic supervision per supervisor in non-exempt settings.
- Program and clinical supervisors are advised to review the BBS SB 1024 FAQ document available on the BBS Website Clarification on Number of Supervisees per Supervisor Effective January 1, 2025

CPT Code changes

- H0034 "Group Medication Training and Support" has been added into SmartCare for all residential and outpatient programs (not for NTP use). Programs are permitted to backdate to 09/01/2024 using this code.
- As of 01/01/2025, DHCS is no longer allowing the CPTs code 99441-99443 to be used. DHCS recommends the use of H0001 instead.

Lock out for Outpatient providers

Outpatient providers are not able to bill for an assessment with someone who is enrolled in a residential program due to same day billing restrictions. Rather than bill an assessment procedure code, programs may use a Care Coordination code. The DMC-ODS Billing Manual v2-0.pdf (dhcs.ca.gov) indicates that Care Coordination can be claimed on the same day as other outpatient, residential or inpatient services as appropriate for client's level of care. Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/ specialty medical providers.
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and mutual aid support groups.

Grievance and Appeals Timeline Changes

- Grievances and appeals resolutions are required to be determined by the County within 30 calendar days from the date the grievance is filed.
- Updated timeline/limit requirements and the grievance/appeal process is outlined in the updated 2025 Behavioral Health Member Handbooks which go into effect on January 1, 2025.
- Final DHCS BH Information Notice regarding changes to Grievance/Appeal timeline is pending, however DHCS has stated that this change is effective with the release of the updated Member Handbook.

Up To The Minute!

Update: Beneficiary Handbook
- The MHP and DMC-ODS beneficiary handbooks have been integrated into the Behavioral Health Member Handbook to comply with Department of Health Care Services' BHIN 24-034.
- The Behavioral Health Member Handbook and Summary of Changes were sent out the System of Care on Tuesday, 12/31/2024 and are in effect starting 01/01/2025.
- The Behavioral Health Member Handbook in all threshold languages and large print versions are in the process of being posted to the Optum page and will be available on the SMH & DMC-ODS Health Plans page under the "Beneficiary" tab, as well as on Optum's Beneficiary & Families page.
- 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 and with the Integrated Behavioral Health Member Handbook are due to QI Matters by 01/31/2025.

Reminder: Serious Incident Reporting Changes – Critical Incident Reporting:
Please be advised that effective 1/1/25 the new incident reporting processes and naming conventions were revised.
- Eliminate tiered system to report incidents (level 1 vs level 2)
  - Level 1 SIR to be defined as Critical Incidents
    - Reduced Critical Incident types to focus on clinically critical incidents: death, suicide, overdose, assault, alleged abuse, significant injuries on premises, media event.
- Level 2 SIR and Unusual Occurrence to be defined as Non-Critical Incidents.
- Eliminated SIR Phone Line.
- Completed Incident Reports and their submission to QA is due within 24 hours of knowledge of incident for both Critical and Non-Critical Incidents.
  - Programs will submit Critical Incident Reports using revised word document that will be submitted to QI Matters via secure email or secure fax.
  - Programs report Non-Critical Incidents via online submission form.
    - No PHI will be included in this submission and will be sent directly to Program COR and QA.
- Tip Sheets/FAQs and CIR submission form is available on the MHP and DMC-ODS Health Plan Optum pages. Additional information on processes is available in SUDPOH/OPOH.
- For any incident that was submitted to QA as an SIR prior to 1/1/25, programs will be required to follow former standards/processes.

Forthcoming BHIN regarding Opioid (Narcotic) Treatment Program (NTP) regulation changes
BHS is expecting a BHIN shortly and will inform affected programs when it is posted. Per the draft BHIN, NTP's can expect extensive changes to their treatment standards to include, but not limited to, patient admission criteria, criteria for take-home MOUD eligibility, guidelines for the initial dosage of methadone, and restrictions on patient supply of take-home methadone. For more information, see the updated federal guidelines at Federal Guidelines for Opioid Treatment Programs (SAMHSA.gov).

Up To The Minute!

Youth Providers: New Free Statewide MH Resources Available: CA Child & Adolescent Mental Health Access Portal (Cal-MAP)

For any youth providers who work with SUD clients who also have mental health concerns, Dept of Health Care Services (DHCS) launched a web-based portal – California Child & Adolescent Mental Health Access Portal (Cal-MAP News Release (dhcs.ca.gov)) - that gives California primary care providers access to no-cost direct consultations, education, and resources to assist them in navigating and addressing mental health and substance use disorders for patients between 0 and 25 years of age.

Reminder: Interim Services

- Programs shall be responsible for keeping records of interim services and documenting efforts for each client.
- Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the tip sheet posted on the Optum site under the "Monitoring" tab.

Reminder: CalFresh Benefits for Residential Clients

- Residential SUD programs cannot require clients to apply for CalFresh.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client's CalFresh benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client's CalFresh benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See All County Letter 19-51 for more information.

Health Plan Administration (HPA)

System of Care (SOC) Application

Reminder that staff providers and program managers will need active SmartCare accounts to attest once data connections are created between SmartCare and the SOC application, and that that staff and program managers are expected to attest in the SOC application monthly.

- A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory (e.g., suppressed location). Please note this new feature will not affect the site address within SmartCare.
- Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.

Behavioral Health Information Notices (BHINs) released by DHCS inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to BHS-HPA.HHSA@sdcounty.ca.gov.

Up To The Minute!

Medi-Cal Transformation (aka **CalAIM)**. Visit the CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Management Information Systems (MIS)

NEW Reports Available in SmartCare

Two new reports have been added to SmartCare, and all staff should have access to these reports.

- CoSD Active Clients Report – This report identifies the total number of active clients in a program for a specific date or date range.
- CoSD Client Services Report – This report provides service details including procedure code, service time, documentation time, and travel time, among other data fields. Staff can run this report for any date range or program(s).

Please note these new reports are prefixed with CoSD, to be sure staff are running the correct report. If staff are unable to access these reports, please reach out to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov for assistance.

Avoid Delays with ARF Processing: Common Errors

- Incomplete form – missing fields
- Missing or incorrect user roles
- Hand-written forms – **Forms must be typed**
- Program name must be typed out – **Do not send number in place of name**
- Incorrect Taxonomy number

Two Types of ARFs

- SmartCare ARF for BHS and Optum Staff – to be used by non-clinical BHS and Optum staff.
- SmartCare ARF for Treatment Programs – to be used by both BHS and contracted staff who works at a treatment program.

Population Health

In October 2024, the California Department of Health Care Services (DHCS) issued updated guidance on Performance Improvement Projects (PIPs). As part of this update, the Health Services Advisory Group (HSAG), the state's new External Quality Review Organization (EQRO) contractor, introduced revised PIP guidelines. A significant change in the new guidance is that HSAG will now designate specific topics for all PIPs going forward. In response, Behavioral Health Services (BHS) is reviewing its current PIPs to ensure alignment with the new requirements outlined by the EQRO. For any PIPs that do not align with the updated guidance, BHS will assess next steps to determine how to proceed.

- o The current SUD PIPs include:
    1. Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service.
    2. Follow-up after Emergency Department Visit for Substance Use (FUA).

❖ For more information go to **HSAG PIP**

If you have further questions, please contact: bhspophealth.hhsa@sdcounty.ca.gov

Up To The Minute!

Naloxone

Behavioral Health Services (BHS) strongly recommends offering naloxone to all clients at County-contracted substance use disorder treatment programs. Naloxone is a safe, life-saving medication that reverses opioid overdoses, including those from heroin, fentanyl, and prescription painkillers. It will not harm someone overdosing on non-opioid drugs.

If you're not distributing naloxone, we encourage you to join the County Naloxone Distribution Network, which provides free naloxone to participating programs. For more information, contact HarmReduction.HHSA@sdcounty.ca.gov or visit the County's *About Naloxone* page and or the *Centers for Disease Control and Prevention naloxone website* Lifesaving Naloxone | Stop Overdose | CDC.

Increasing access to naloxone for those at risk of an overdose and their family and friends is a top priority for the BHS. Thank you for helping expand access to this critical resource.

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

  The four email boxes below are being discontinued/removed (Do Not Use):
  - *SUDEHRSupport.HHSA@sdcounty.ca.gov*
  - *MHEHRSupport.HHSA@sdcounty.ca.gov*
  - *MHEHRAcessRequest.HHSA@sdcounty.ca.gov*
  - *BHS_EHRProject.HHSA@sdcounty.ca.gov*

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

SmartCare User Group Meeting – February 2025 Session

BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.

- **Thursday, February 27, 2025, from 10:00 a.m. to 11:00 a.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, February 20, 2025, from 10:00 a.m. to 11:30 a.m.**

Updates & Reminders (QA)

Priority Reminder! Diagnosis Documents

- ALL programs must review to ensure that there is a signed Diagnosis Document for ALL clients who are/were open to their program since migration on 9/1/24.
- Diagnosis Documents are **program-level** documents, and each program must enter their own Diagnosis Document.
- Programs should verify that the Diagnosis was migrated over correctly and there is a valid ICD-10 Diagnosis relevant to your service provision.
- For clients that were migrated from legacy system identified as missing migrated diagnosis – program must enter a Diagnosis Document and ensure start date of diagnosis is backdated to 9/1/24.
- For "new" clients opened to programs within SmartCare, programs must enter a Diagnosis Document and ensure start date of diagnosis is backdated to align with the client's enrollment date.

ICD-10 Z-Code Change

- **Programs may have an error code related to the use of Z59.7; if so, programs may want to consider one of the two specifiers below.**
- Please be advised that on October 1, 2024, the Centers for Medicare & Medicaid Services (CMS) updated to the ICD-10 code list to reflect that Z59.7 Insufficient social insurance and welfare support is no longer valid, as the clinician must choose a more specific option, namely:
    - o Z59.71 Insufficient health insurance coverage or,
    - o Z59.72 Insufficient welfare support.
- A Knowledge Base article for clinical staff about these changes, called "ICD-10 Annual Updates: What you need to know" is available on the Clinical Documentation page in the Diagnosis section.

Services Moved to Completed Status with Unsigned Note or Unfinished Documentation

- A service in "Show" status that passes validation during the Nightly Billing Job will move to "Complete" status **regardless** of the note status (i.e., note is unsigned, narrative has not been completed).
- Providers are still able to finish documenting their narrative sections of the service note and sign the service note even though the service has been moved to the "Complete" status.
- Changes to the service/billing indicators cannot be made, however, and would require the provider to utilize the Error Reporting Process.

Up To The Minute!

Correction to CalMHSA HelpDesk guidance – Error status
- CalMHSA HelpDesk has provided guidance to some providers to change service notes to "Error" status.
- **This guidance is incorrect** - providers should **NOT** change any service to "Error"
- Providers should follow the Error Reporting Process which can be found on the CalMHSA Knowledge Base: How to Report an Error that Needs to be Corrected - 2023 CalMHSA

Documenting additional info for scheduled appointments resulting in a no show
- CalMHSA is working to add a method of entering informational notes directly attached to the no-show or cancelled service. This is currently in development.
- If you provide a billable service during the time scheduled for an appointment with the client:
    - ✓ Mark the scheduled appointment as a no-show.
    - ✓ Create a new, unscheduled service to document the new service.
- Talk to your supervisor if you have questions about whether the tasks you provided were billable or simply informational.
- Potential scenarios when additional info may be needed:
    - ✓ Review of the client's chart to discuss the case with your treatment team, or otherwise prepare for an upcoming service.
    - ✓ When the client doesn't show, work on something else related to the client's case.
    - ✓ Drive out to meet the client and the client isn't present at the appointed meeting place. mark the scheduled appointment as a no-show.

Reminders
- Programs are reminded that regardless of the Nightly Billing Job, they are responsible for completing self-review and PI activities to ensure accurate claiming, billing and documentation of services provided.
- The Nightly Billing Job should be viewed as functioning similar to our legacy system's suspense report which is not intended to be all-inclusive of those errors which require provider review/clinical review.

Procedure Code: "Contribution by Non-LPHA" Renamed
- **Effective 2/21/25,** Procedure Code "Contribution by Non-LPHA" will be renamed **"Assessment Contribution"**
- Associated degree types/credentials that may utilize this procedure code will not change. If this code is selectable in their service set up, the provider is allowed to use it.
- Procedure Code description will be updated to reflect that this code can also be used by LPHAs for assessment services that do not meet the 31-minute threshold for CPT Code 90791 (procedure code Assessment LPHA).

Permissions Removed from Safety/Crisis Plan List Page Due to CDAG
- Permissions to this list page have been removed to prevent inappropriate disclosures due to CDAG, this page will be deactivated to ensure no custom user roles can access this non-CDAG'd screen.
- CalMHSA will switch to a new core document and deactivate current document.
    - o Documents already created and signed will <u>not</u> be impacted.
- ***Any "Safety/Crisis Plan" documents that are in progress will need to be completed and signed before cutover to new document on 2/21/25.***

Up To The Minute!

Permission Changes to Service Note Reviewer Screen
- The following roles now have permission to the Service Note Reviewer screen:
  - Clinician Supervisor, LPHA/Clinician, Non-LPHA, Prescriber, IP/CSU/Res, Prescriber IP/CSU/Res, Nurse Medical IP/CSU/Res, Medical Supervisor, Medication Rx, Pharmacist, Medical Records/Quality Assurance, CalMHSA SysAdmin, County Affiliate SysAdmin, and Auditor/Read Only.

Configuration Change to Discharge Summary in SmartCare
- **Effective 2/20/25,** Non-authors will be able to edit/sign/collaborate on the Discharge Summary Document.
- This will allow for more collaborative documentation on the Discharge Summary Document by treatment team members.

Incident Reporting Reminders
Please be reminded that **Protected Health Information (PHI)** should **never** be included in the N-CIR online submission form. PHI refers to any information that can be used to identify a patient and is linked to their health status. Examples include, but are not limited to:
- Patient names
- Addresses
- Medical record numbers
- Dates of birth

Including PHI in your N-CIR submission violates privacy regulations and will require a Privacy Incident Report (PIR) submitted through **compliance**.

Additionally, to avoid any delays in incident report communications, **please remember to include your contract number** when applicable. This ensures timely and efficient handling of incident reports.

Grievances & Appeals
- Grievances and appeals resolutions are required to be determined by the County within 30 calendar days from the date the grievance is filed.
- Grievances and appeals resolutions are limited to a maximum of 30 days with no extensions granted.
- When requested, SUD providers shall provide copies of medical records to the JFS Patient Advocacy Program and CCHEA within **(3) business days** from the date of the medical record request with signed records request. This has changed, was previously (7) calendar days.

Reminder: MHP/DMC-ODS Optum Changes
- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files.
- Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Up To The Minute!

Update: SUDPOH
- The SUDPOH was updated for February 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in March 2025.

Incidental Medical Services (IMS) Tip Sheet
- An **IMS Tip Sheet** has been posted to the Optum website.
- Additional guidance/explanation re: IMS requirements, the application process, MAT, and billing information.
- The tip sheet can be found on the Optum website in the SUD Resources Tab in the combined SMH & DMC-ODS page.

Ambulatory Withdrawal Management (AWM) Tip Sheet
- An **AWM Tip Sheet** has been posted to the Optum website.
- Additional guidance/explanation re: Billing information, billable services, same-day services.
- The tip sheet can be found on the Optum website in the SUD Resources Tab in the combined SMH & DMC-ODS page.

Management Information Systems (MIS)

ARF Submission Reminders
- Termination ARF must be submitted timely. If employment end date is known, Termination ARF can be submitted in advance.
- A Modify ARF must be submitted when a staff is changing programs. In comment state what programs staff is leaving or joining for proper processing.
- ARF with Revision date of 11/1/24 must be used to avoid delays or ARF rejections. Obtain current version here: SmartCare ARF for Treatment Programs 11.01.2024.pdf.
- An ARF must be submitted to obtain access to a new or existing program.
- License information must be provided under Section II on the ARF for all licensed staff.

Program Integrity (PI) and Reporting - managed by Dolores Madrid-Arroyo
- ❖ Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

Program Integrity Item:
A reminder that services should not be changed to a "Complete" or "Error" status by a provider. Request must be made through the "My Reported Errors (My Office)" screen in SmartCare.

Report Items:
All new reports in SmartCare will be prefixed with "CoSD" in the report name. Go to My Reports (My Office), under Search field enter CoSD to obtain all new reports available.

Up To The Minute!

NEW Reports Available in SmartCare:

Three reports were added to SmartCare in January

- CoSD Admissions Morning Report
- CoSD Service Error Report
- CoSD ADC Report (report excludes screenings)

Upcoming reports to be released:

- CoSD Charges/Claims Report
- CoSD Client Insurance & Date Span Report
- CoSD Progress Note Timeliness Report
- CoSD TADT Timeliness Report

Billing Unit (BU)

SUD Billing Unit announcements/reminders:

A. SmartCare billing or Overnight Job has been turned on as of January 27, 2025. Service validations will be performed by the nightly billing processor.

B. The services that pass initial validation or have no errors detected will move to 'complete' status.

C. If any services fail initial validation due to service errors, they will remain in 'show' status and a warning and error message will be displayed. These services will not be staged to the correct payer or billed to Medi-Cal until the errors are corrected.

D. The CoSD Service Error Report (My Office) is available in SmartCare for programs to help track, review, and clean up service errors so that the services can be completed and ready to be billed.

E. Helpful guides on how to troubleshoot service errors and the team to contact for assistance is included in the Clearing COSD Service Error Report (My Office) document that was sent to programs.

F. For the service error "Financial Information has not been completed for this client":

   1. Verify the client's Medi-Cal eligibility or if the client has other health coverage or Medicare that needs to be billed.

   2. Submit the SUD "SmartCare Client Insurance Plan Request Form" to the ADSBillingUnit.HHSA@sdcounty.ca.gov for the following scenarios:

      a) New clients in our SOC (System of Care)/SmartCare.

      b) Clients that do not have an active coverage plan (any plans) in SmartCare.

      c) Existing clients in our SOC whose coverage has changed or expired.

      d) County Billable SUD-For Unfunded SUD Clients Only: ***Please provide a brief explanation for the county billable.***

Up To The Minute!

e) NTP/OTP programs with Medi-Medi clients so the SUD billing unit can add the Medicare plan (Part B or Medicare Part C) to the client's coverage.
Note: If your program received a 100% or satisfactory payment from Medicare, please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov for further information.

f) Non-NTP programs (Outpatient and Residential): For all clients with Other Health Coverage, including clients with Medicare Risk Part C.

Notes:
1. The SmartCare Client Insurance Plan Request Form available to download from the SmartCare tab of the Optum website (Guidance available **here**).
2. Please make sure that you obtain the completed/signed Assignment of Benefits (AOB) and Release of Information (ROI).

Resources & Support (QA)

Recent Communications
- **1/16/2025 –** Q2 Medication Monitoring Postponement
- *Bring questions to the next QIP meeting.*

Resources
- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- **System of Care (SOC) Application** – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- **Medi-Cal Transformation (**aka **CalAIM) –** info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts
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- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

Root Cause Analysis (RCA) Training
- **Monday, March 24, 2025, 9:00 a.m. to 12:00 p.m.**

SmartCare User Group Meeting – March 2025 Session

BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.
- **Wednesday, March 26, 2025, from 9:00 a.m. to 10:00 a.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting
- **Thursday, March 27, 2025, from 10:00 a.m. to 11:30 a.m.**
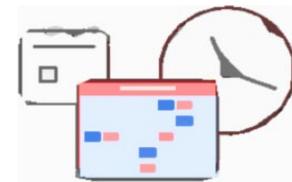
New: Skill Building Workshops in April 2025
- Outpatient Quality of Care
    - **Wednesday, April 2, 2025, from 9:30 a.m. to 11:00 a.m.**
- Residential Quality of Care
    - **Thursday, April 17, 2025, from 9:30 a.m. to 11:00 a.m.**

Updates & Reminders (QA)

Reminder: Medication Monitoring Resuming for Q3
- Medication Monitoring for the period of Jan-Mar (Q3) will be due by **April 15, 2025.**
- Forms are posted on the Optum site under the "Monitoring" tab and were recently updated on 02/13/25. Please use the updated documents listed below:
    - Medication Monitoring Tool & Medication Monitoring Tip Sheet
    - Medication Monitoring Submission Form
    - Medication Monitoring McFloop Form
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

NOABD Procedure
- While NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the NOABD Procedure and blank NOABD log posted on the Optum site under the SmartCare tab.
- Due to PHI being included, please encrypt logs when sending unless your program/legal entity is already on the County Transport Layer Security (TLS) secure email list that ensures automatic encryption.
    - If you are not sure if your program/legal entity is on this list, please encrypt as a precaution.
- Reminder: NOABD Logs for Quarter 3 are due to QI Matters by **April 15, 2025.**
    - If your program has not sent in your logs for Quarter 1 and/or Quarter 2, please do so as soon as possible.

Up To The Minute!

Reminder: Record Retention
- Per WIC 14124.1, records are required to be kept and maintained under this section shall be retained:
  - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
  - from the date of completion of any audit,
  - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Behavioral Health Information Notices (BHINs)
There are new BHINs to review:
- ✓ BHIN 25-001 discusses updates in the information gathered in CalOMS discharge.
- ✓ BHIN 25-003 updates the Certification of Alcohol and Other Drug Program standards.

Reminder: CalAIM Documentation Training Requirements
Programs are responsible to ensure that **all BH clinical staff** (including supervisors and managers) have completed all required CalAIM trainings.
- New staff shall complete these trainings **within 90 days** of their hire date.
- Information and list of required trainings can be reviewed on the Optum CalAIM for BHS Providers page: CalAIM for BHS Providers
- Instructions for accessing these trainings: https://www.calmhsa.org/calaim-2/
- Instructions for viewing training completion evidence can be found on the CalMHSA site (https://www.calmhsa.org/calaim-2/); this includes how to view the dashboard or download the data.

SmartCare Help Desk HubSpot
- Effective March 1, 2025, SmartCare support for system issues is offered by CalMHSA during normal business hours (M-F 8am-5pm)
- Connect via Live Chat or Submit a Ticket. Both can be accessed via 2023.calmhsa.org or more information at Optum --> SMH & DMC-ODS Health Plans --> Who to Contact

MAT Providers: Naltrexone National Drug Code now in SmartCare
The National Drug Code (NDC) for Naltrexone has now been added in the SmartCare live environment.

Service Error – Unable to Find Matching Rate
- "Unable to Find Matching Rate" service errors for group notes will be triggered when Group Co-facilitation is provided by providers of different credentials who cannot claim the same group procedure code.
- If providers have different credentials (i.e.: MHRS and Peer Support Specialist co-facilitate a group) each provider will need to document their group service separately for all clients utilizing the appropriate group procedure code allowed for their credential.
- Group services with this error code will not bill until these service errors are corrected. Programs are requested to address these errors in a timely manner to ensure reimbursement is not delayed.

Up To The Minute!

Update re: Services Edited After Moving to Complete or Error Status and Signed Notes

- Impact of changes to services edited after moving to Complete or Error and Signed Notes are still being reviewed with CalMHSA and tested for resolution/impact to billing.
- Programs should not make any additional changes to these notes.
- Please follow the instructions previously provided <u>by COSD only</u>:
    - ✓ A service that is in Complete status should not be edited. If an edit is necessary, staff must submit a request via the *My Reported Errors* screen in SmartCare.
    - ✓ If the service is in Complete status, but the note is not yet signed, then staff can continue to make edits to the body of the note only and sign (do not make any changes to the service details).
    - ✓ If the service is in Complete status and the note is Signed, staff should no longer make any edits to the service or note. If an edit is necessary for the service/note, staff must submit a request via the *My Reported Errors* screen in SmartCare.
    - ✓ If a service is in Complete status, do not use the Override Service Detail feature.

New Service Note Status: "Pending"

- Staff can now mark services in Pending status.
- Use of "Pending" instead of "Show" allows staff the time needed to finish notes and supervisors to complete their final reviews before signing off.
- Once the service/note is ready for billing, <u>staff must change the status from Pending to Show</u> so the service/note will go through validation.
- If the service/note passes validation, then the service/note will move to Complete status.

Service Note Reminders

- Staff should **never** mark a service as Complete or Error.
- A service is marked as Complete by the system when the service passes validation.
- A service should <u>only</u> be marked in Error by MIS or the Billing Unit, so we can be sure that the service has not been batched or billed before changing the status.
- If a staff is no longer with your program, and assistance is needed to finish/sign the service/note, please reach out to BHS_EHRSupport.HHSA@sdcounty.ca.gov.

LPHA Consultation

As a reminder, LPHAs may bill for meeting with an AOD counselor to review assessments/reassessments as clinically appropriate.

- Per CalMHSA: "oftentimes, a non-LPHA completes the ASAM assessment. When this is the case, the non-LPHA must consult with the LPHA and review the ASAM assessment. Document this consultation in a service note using TCM/ICC as the procedure code."
- For more information, visit the CalMHSA website: https://2023.calmhsa.org/asam-assessment/

Up To The Minute!

New 5150 Certification Training/Renewals Process

The JFS Patient Advocacy Program has been given the responsibility of verifying and administering the 5150 Certification Training Manual and Tests. The new step by step process for the 5150 Certification is listed below.

1. Qualified providers are to email 5150authorization@jfssd.org to request a link to the manual and test (identify which facility they are associated with, and the name and discipline of the person taking the test).
2. Once individuals access the Jotform through the link, they will answer a few questions to ensure that their professional status meets the requirements set by the board of directors to be able to initiate 5150 detentions.
3. The individual will then review the digital 5150 training manual. Individuals can move back and forth between pages while reviewing the manual.
4. After reviewing the manual, the questions for the test will begin. At that time, individuals will not be able to go back to the manual.
5. After completing the test, individuals will be informed whether they passed the test or not. A score of 85% or more is a passing grade (they may take the test again if you did not pass).
6. Once the individual passes the test, a certificate of completion will be available for the individual to download and print (please retain a copy of the certificate for your records) and the certificate of completion will be emailed to the point of contact for each facility. JFS Patient Advocacy Program will be notified of each pass or fail.
7. The authorization to initiate 5150s is valid for 5 years from the date of successful completion of the test.
8. Please email 5150authorization@jfssd.org with any questions, for assistance with technical support, or if you wish to schedule a live (virtual or in-person) training, for an individual or an entire group.

Reminder: MHP/DMC-ODS Optum Changes

- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files. Continue to use the MH or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Update: Integrated Quick Guide

- The SMHS and DMC-ODS Quick Guide to Behavioral Health Services have been integrated into one combined pamphlet and updated on all the County threshold languages, effective February 2025.
- The Integrated Quick Guide in all 8 threshold languages are posted on the Optum SMH & DMC-ODS Health Plans page under "Beneficiary" tab, as well as on the "Beneficiary & Families" page.
- The guides can be ordered (limit 50 per language) using the Beneficiary Materials Order Form **available online** in the Optum's page. Requests received will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs and clients may access the Quick Guides via the links provided above.

Up To The Minute!

Update: Integrated Beneficiary Handbook
- QA is currently working on updating the Integrated Behavioral Health Member Handbook to include county-specific benefits and services that will be available effective 4/5/2025.
- QA sent out an email to providers on 3/6/2025 with guidance for notifying clients of updates to the beneficiary handbook. The email includes the following:
  - Behavioral Health Services (BHS) – Information Notice: Integrated Member Handbook – Notice of Significant Changes (available on the Optum Beneficiary & Families website).
  - Attestation for notifying clients of significant changes
- Once clients are notified of upcoming benefit updates on the handbook by one or more of the methods as outlined on the attestation, complete and return the attestation to QI Matters by 4/30/2025.
- The Integrated Behavioral Health Member Handbook in all threshold languages will be made available on the Optum site by the 4/5/2025 effective date.
- QA will notify programs once the updated handbook (along with translated versions) is available on the Optum site and when prints are available for ordering.

Update: SUDPOH
- The SUDPOH was updated for March 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in April 2025.

Management Information Systems (MIS)

ARF Update
- A Group ARF is now available in the Optum website. This ARF can be used for existing active users that requires the same request type and account change request.

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.
- ❖ Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Program Integrity Items:
- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Any changes made to the Level of Care (LOC) on a client bed assignment must be reported to the MIS Support Team to error out the services under the incorrect LOC. This will allow the system to generate the new services under the correct LOC.
- Before making any **corrections** to the LOC bed day, contact the MIS Support Team.
- To prevent CalOMS errors, the Effective Date on the discharge document must match the client's discharge date.
- Non-BHS clients must be entered in SmartCare for the purpose of CalOMS. There is a tip sheet available on the Optum website, CalOMS Reporting for Non BHS Contracted Clients 2024.11.17.pdf, that shows how non-BHS clients should be flagged and identified in SmartCare.
- CalOMS Documents must not be deleted. Please reach out to the MIS support email for assistance on duplicates or errors.

Up To The Minute!

Report Items:

New Reports Available in SmartCare

- CoSD Charges/Claims Report
- CoSD Progress Note Timeliness Report
- CoSD Staff Licenses and Expiration Dates Report
- CoSD TADT Report

Upcoming Reports to be Released

- CoSD Client Demographic Data Report
- CoSD Client Insurance & Date Span Report
- CoSD Client Services Report (updated version)
- CoSD Unsigned Documents Report

Population Health

SUD Primary Prevention Contractors - **ECCO Web-based Prevention Services Data Reporting System Update**

- The updated DHCS Substance Use Block Grant (SUBG) Primary Prevention Data Quality Standards (DQS) 2025 has been published.
- For information regarding DHCS Primary Prevention, please continue to visit Prevention and Youth Branch (ca.gov)
- Please contact your COR team with any questions.

Resources & Support (QA)

Resources

- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- **System of Care (SOC) Application** – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- **Medi-Cal Transformation** **(**aka **CalAIM) –** info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

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Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

SmartCare User Group Meeting – April 2025 Session
BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.
- **Monday, April 14, 2025, from 10:00 a.m. to 11:00 a.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting
- **Thursday, April 17, 2025, from 10:00 a.m. to 11:30 a.m.**

Skill Building Workshops in April 2025
- Residential Quality of Care
  - **Thursday, April 24, 2025, from 9:30 a.m. to 11:00 a.m.**

Updates & Reminders (QA)

Reminder: MHP/DMC-ODS Optum Changes
- QA is continuing to build a single SMH & DMC-ODS resource page.
- DMC-ODS is complete. Files were transferred to the new page or sunset if no longer accurate.
- The DMC-ODS page will remain live until 7/1/25 with reminders about where to access resources.
- MHP is still in process but close to being complete, with some tabs/files fully migrated.
- Continue to use the MH page as the source of your information for now unless the tab specifically directs you to the new page.

Update: SUDPOH
- The SUDPOH was updated for April 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in May 2025.

SUDPOH changes and reminders
Action Needed for all programs: AB 2081 – Disclosure Requirements for SUD Programs: Beginning January 1, 2025, licensed alcoholism or drug abuse recovery facilities and certified alcohol or drug programs **must disclose their licensing/certification status on their websites and admission forms. The disclosure on the program's website and admission intake forms must include a link to the DHCS Website listing facilities on probation or with a revoked/suspended license.**

D.8: Documentation Standards for non-group services: All providers must follow clinical documentation standards as outlined in BHIN 23-068, which, among other documentation standards, indicates a progress note shall, among other components, "provide sufficient detail to support the service code(s) selected for the service type(s) as indicated by the service code description(s) and for non-group services, include a typed or legibly printed name, signature of the service provider, and date of signature."

Up To The Minute!

I.12: DHCS Audits: DHCS may conduct audits or reviews (for example, the Licensing and Certification units of DHCS). When a program is contacted by DHCS for any type of review, be it a scheduled or unannounced visit, it is expected that the program will immediately notify the program COR and the BHS SUD QA unit. The QA can be notified via email at: QIMatters.HHSA@sdcounty.ca.gov.

Behavioral Health Information Notices (BHINs)
SUD QA recommends programs to review all relevant BHINs. The latest BHINs can be found here: 2025-BH-Information-Notices (dhcs.ca.gov)
- **BHIN 25-001 discusses updates in the information gathered in CalOMS discharge.**
- **BHIN 25-003 updates the Certification of Alcohol and Other Drug (AOD) Program standards for all programs in the County of San Diego as of January 1, 2025.**
  - ❖ *Two Highlights:*
    - Uncertified Programs: DHCS may conduct an investigation into any complaint alleging that a business entity is maintaining an uncertified program. In this case, Programs in uncertified status shall cease all AOD services upon receipt of the notice of operation in violation of law. If they do not cease operations, DHCS shall assess a civil penalty of two thousand ($2,000) dollars per day. Per the Health and Safety Code Chapter 7.1 § 11832, DHCS shall issue certifications every two years.
    - Reminder that, prior to admission to any AOD certified program, an AOD counselor or HCP shall conduct a screening of an individual utilizing the DHCS5103 - Client Health Questionnaire/Initial screening (dhcs.ca.gov). While this used to be optional, per this update, this is now a requirement pre-admission.

Attention: Teen Recovery Centers
Per the SUDPOH C.3, TRCs shall utilize the CRAFFT Questionnaire as a screening tool to evaluate need for treatment services or referral to early intervention services. Programs that utilize SmartCare as their electronic health record (EHR) can now perform the CRAFFT Questionnaire in SmartCare (access by typing "CRAFFT 2.1" into the search bar).

Timely Access Data Tool (TADT)
- Programs are reminded to enter the Timely Access Data into SmartCare, as this helps ensure compliance with timeliness standards for service delivery.
- Timeliness data is reported via the CoSD TADT Report (My Office) in SmartCare.
- We are aware that there are two options for reporting data for DMC-ODS providers– Outpatient and Opioid Reports. **Residential programs are to use the Outpatient option for reporting.**
- Find how to input information at: https://2023.calmhsa.org/ → *Substance Use Documentation* tab → Under *Timely Access/Timeliness (TADT)*
  - https://2023.calmhsa.org/how-to-complete-the-dmc-outpatient-timeliness-record/
  - https://2023.calmhsa.org/how-to-complete-the-dmc-opioid-timeliness-record/
- Staff who have been assigned the SD Reports role in SmartCare can access the CoSD TADT Report.
- The instructions on how to pull timeliness data are also available on the CalMHSA website at: How to Pull Timeliness Data - 2023 CalMHSA
- You can find more information on timely access and this tool in BH Information Notice 24-020 (dhcs.ca.gov)

Up To The Minute!

Guidance for Facilities on Service and Support Animals

Guidance for facilities regarding service animals and support animals has been added to the SUDPOH: Section G: Member Rights. SUD QA recommends programs to review the information in the April edition of the SUDPOH for more details:

- "Service animals" are animals that are trained to perform specific tasks to assist individuals with disabilities, including individuals with mental health disabilities.
- "Support animals" are animals that provide emotional, cognitive, or other similar support to an individual with a disability.

Reminder: DMC-ODS Eligibility

- The County of San Diego's DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
  - ✓ Adolescents age 12 – 17
  - ✓ Adults age 18 and over
  - ✓ Clients self-referred or referred by another person or organization.
  - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
  - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
  - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
  - ✓ No DMC/Low Income or no insurance:
    - o Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
    - o Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
    - o Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
    - o Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
  - ✓ Persons meeting DMC-ODS medical necessity criteria.
  - ✓ Justice Overrides
  - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.

Up To The Minute!

Reminder: CalFresh Benefits for Residential Clients
- Residential SUD programs cannot require clients to apply for CalFresh.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client's CalFresh benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client's CalFresh benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See All County Letter 19-51 for more information.

Management Information Systems (MIS)

SUD Residential
- When transferring from 3.2 to 3.5/3.1/3.3 or vice versa, a manual change of billing procedure is required when transferring through Residential dashboard.
- Tip sheet is available in the Optum website: SUD Residential Level of Care Tip Sheet.pdf

SmartCare Access
- LMS required trainings should be completed **prior** to sending the ARF to avoid having your access request from being rejected.
- For CSU and Residential staff, additional CSU/Residential trainings must also be completed prior to submitting an ARF to obtain additional residential access.
- SmartCare Training grid and Video Tutorials are available in the Optum website: SmartCare Training
- SmartCare ARF dated 11-01-2024 must be used when requesting access. Any other ARF will be rejected due to missing required information.
- To change your taxonomy on NPPES, there is a "How to" guide on the CalMHSA website: How Users Can Update their Taxonomy Code on NPPES - 2023 CalMHSA
- For password resets and login issues, please use the "Forgot your password" feature or contact CalMHSA help desk.

Population Health – Network Quality & Planning

1. **Peer Support Services**
   Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service by 5%.
   UCSD Health Services Research Center (HSRC) will conduct a deep dive into the peer service data from 2024 to identify: a) programs to invite to the PIP workgroups and b) programs where peer services could be expanded.

2. **Follow-up after Emergency Department Visit for Substance Use (FUA)**
   Increase the percentage of adult, Medi-Cal eligible clients from pilot Emergency Departments (EDs) who receive services from the DMC-ODS within 7 and 30 days after an ED visit for Substance Use.

Up To The Minute!

The UCSD PIP team joined the Healthy San Diego Behavioral Health Quality Improvement Workgroup to learn what each Health Plan is doing for the state-mandated PIP topics and interventions. UCSD is currently meeting with the BHS PIP team to discuss possible interventions and plans to present at the upcoming Quality Review Committee (QRC) meeting in April. UCSD will plan to have the PIP design completed by the submission date of July 14, 2025.

For more information on the PIP process go to **HSAG PIP**
If you have further questions, please contact: **bhspophealth.hhsa@sdcounty.ca.gov**

Resources & Support (QA)

Recent Communications
- **04/04/2025** – Update: Integrated Behavioral Health Member Handbook Effective April 5, 2025
- *Bring questions to the next QIP meeting.*

Resources
- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- **System of Care (SOC) Application** – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- **Medi-Cal Transformation (**aka **CalAIM) –** info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

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- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

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Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

Up To The Minute!

Training & Events (QA)

SmartCare User Group Meeting – May 2025 Session
- **Wednesday, May 21, 2025, from 2:30 p.m. to 3:30 p.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting
- **Thursday, May 22, 2025, from 10:00 a.m. to 11:30 a.m.**

FY 25-26 QAPR (Quality Assurance Program Review) Practicum
- FY 25-26 QAPR (Quality Assurance Program Review) tool is under revision to improve monitoring processes and quality of care monitoring.
- SUD QA leadership will be offering 2 practicums focusing on the QAPR tool for FY 25-26.
- This practicum will review the QAPR tool and how the questions on the tool are evaluated by the QA team during an audit. The workshop will also address State and Federal guidelines as they relate to the QAPR processes.
- We will be offering two dates: **Monday, June 23rd 2:30 p.m. to 4:00 p.m. and Tuesday, June 24th, 10:00 a.m. to 11:30 a.m.** Keep a look out for registration information.
- Programs will be contacted by their assigned QA Specialist at the start of the new fiscal year to coordinate scheduling the QAPR.

Root Cause Analysis (RCA) Training
- **Thursday, June 26, 2025, from 9:00 a.m. to 12:00 p.m.**

Privacy & Confidentiality Training
Business Assurance and Compliance has updated the Privacy & Confidentiality training, and it is now posted on the Optum site and the link on the BHS DMC training page is now active. **BHS SUD required trainings**

Updates & Reminders (QA)

SmartCare Reporting:
A dashboard (CoSD SmartCare Report Tracker) has been created to help program staff track the progress of the various reports BHS data teams are building within SmartCare. These reports can be distinguished from existing SmartCare or CalMHSA reports as they will begin with CoSD. Many of these reports were created at the behest of program staff and COR teams to help track and monitor their programs, to adhere to privacy standards, as enhancements of existing reports that do not fulfill our Counties specific needs, or as quality-of-life improvements. At the time of distribution this dashboard is still under construction and should be live next week. The data teams wanted to get the link out so everyone would have the opportunity to bookmark the link, and to view and review the dashboard before the next SmartCare User Group in case you had any questions. Any questions about these reports may be directed to BHS-DataScience.HHSA@sdcounty.ca.gov.

Up To The Minute!

Reminder: Discontinuation of CADRE and CCISC Requirements
- Per BHS Information Notice dated 4/1/25 "Discontinuation of CADRE and CCISC Requirements**"**
    - Discontinue CADRE training requirements. Programs are expected to provide appropriate training to address co-occurring needs within their program and in alignment with Statement of Work.
    - Discontinue CADRE Quarterly and subcommittee meetings.
    - Discontinue Annual CCISC report and related assessments.
- Programs are to ensure the continuance of service structures to ensure the needs of individuals with co-occurring disorders are met.

Update: CalMHSA Clinical Documentation Guides
In partnership with the Department of Health Care Services (DHCS), CalMHSA is pleased to announce the release of two updated clinical documentation guides—one for Specialty Mental Health Services (SMHS) and one for Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS). These updated guides reflect the most current documentation requirements and expectations to support the work of service providers. **Both guides can be accessed here.**
- Align with current state documentation requirements.
- Simplify and clarify expectations.
- Support consistent, high-quality clinical documentation.
- Previously, there were four separate guides for each; now, everything is consolidated into a single, comprehensive manual for SMHS and a single manual for DMC/DMC-ODS.
- We encourage you to bookmark this **link** and always reference the guides directly to ensure you are using the most up-to-date version, as they will be revised periodically.

Reminder: Documentation Requirements
- Outpatient providers: each service provided must have an individualized note to reflect the service.
- Residential providers: one note per day to reflect services provided throughout the course of the day. Exceptions – Care Coordination and Peer Support Services.
- Templated and/or canned notes should not be used to document services.
- Providers are encouraged to implement a QA process of reviewing notes to ensure notes meet guidelines.
- Please refer to BHIN-23-068 for details regarding specific regulations.

Use of "Pending" Status for Service Notes in SmartCare
- Use of the "Pending" status was created to allow providers necessary time to complete documentation of their service notes before putting the service note into "Show" status which triggers the overnight job and moves the note to "Completed" for billing to the State.
- There are currently over **6,000 services** marked in "Pending" status which means they have not been moved to "Show" and will not move through the overnight job to Complete and will not bill to the State.
- Programs should be routinely running the service report in order to monitor services that remain in "Pending" status and changing these services to "Show".
- Providers are reminded that they must manually change their service note to from "Pending" to "Show" upon completing their documentation and signing the service note.

Up To The Minute!

Reminder: Daily Admissions
- Outpatient and residential programs shall have capacity to conduct daily admissions for all days they are open.
- Outpatient programs are expected to be open and offering admission appointments five (5) days a week at minimum.
- Residential programs are expected to be open and offering admission appointments 24 hours a day.

Reminder: Missed Appointments
- **For new referrals**: When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
  - ✓ They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
  - ✓ Additionally, the referral source, if available, should be informed.
- **For current clients**: When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
  - ✓ They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk the client (or caregiver, if applicable) will be contacted by clinical staff the same day as the missed appointment.
      - ➢ If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.
  - ✓ Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Reminder: MHP/DMC-ODS Optum Changes
- QA is continuing to build a single SMH & DMC-ODS resource page.
- DMC-ODS is complete. Files were transferred to the new page or sunset if no longer accurate.
- The DMC-ODS page will remain live until 7/1/25 with reminders about where to access resources.
- MHP is still in process but close to being complete, with some tabs/files fully migrated.
- Continue to use the MH page as the source of your information for now unless the tab specifically directs you to the new page.

Reminder: SABG Information & Resources
- For programs receiving SABG funds, it is important to be familiar with SABG requirements.
- Resources include:
  - o SUDPOH
  - o Program Specifications are posted on the Optum site under the "Manuals" tab.
  - o SABG Policy Manual
  - o SABG Program Specifications

Up To The Minute!

Update: SUDPOH
- The SUDPOH was updated for May 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in June 2025.

Management Information Systems (MIS)

CalOMS
- **For error 331:** To correct it, if the client did NOT have services delivered on behalf of another county and only received services in San Diego, please put None or not Applicable. This will correct the 342 error. However, if the client received services delivered from another county, input the county name and the special services contract ID for the other county (that is not San Diego).
- Standalone Service enrollments do NOT require CalOMS Admission/Discharge.
- For Annuals and Discharges please make sure the FSN and AD dates are matching from the ones given in the initial CalOMS emails. If they do not match, please email BHS_EHRSupport.HHSA@sdcounty.ca.gov to help avoid CalOMS errors.

SmartCare Access
- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected.
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at (800) 834-3792 from 4:30am–11pm, 7 days a week, including Weekends & Holidays.
- To avoid your claims from being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470.
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J.
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account.

Billing Unit

Here are the **Billing Reminders/Announcements.** The frequently asked questions or concerns received by the SUD billing team from the programs are addressed by these items.
1) Programs should continue to review and clear service errors. Please utilize the COS Service Error report to identify services in error.
2) For services with "financial information has not been completed for this client," error, it means that the client does not have an active or available plan (coverage) for the specified service date you are trying to bill. When reviewing this type of service error, it is recommended to run the CoSD Client Insurance and Date Span report. By using this report, you can determine the coverage plan and payer order that the client has available in SmartCare.
3) Only submit the SmartCare Client Plan Request form to the ADS Billing Unit for clients who are listed on your service error report, for clients with other plans other than Medi-Cal, or plans that need to be corrected or modified by the SUD billing team in SmartCare.
   Note: Please do not attempt to add or modify the plan on your own as services may have been batched or billed already to the State.

Up To The Minute!

4) Please use this format to name and save your file when submitting the SUD Client Plan Request form: **Program Name Initials-SmartCare Client ID-Type of Coverage.** Example: SDC-12345678-Medi-Cal or UPAC SAS-2000012X-County Billable.

5) Programs must enter the client address and other components in the Client Information screen. Failure to complete the required fields properly may result in a charge error and prevent the County billing team from batching and billing claims to Medi-Cal.

- On the General tab, please click the Details button to enter the address.
- On the Demographics tab, please complete the client's Ethnicity, Gender Identity, Sexual Orientation, and Race.
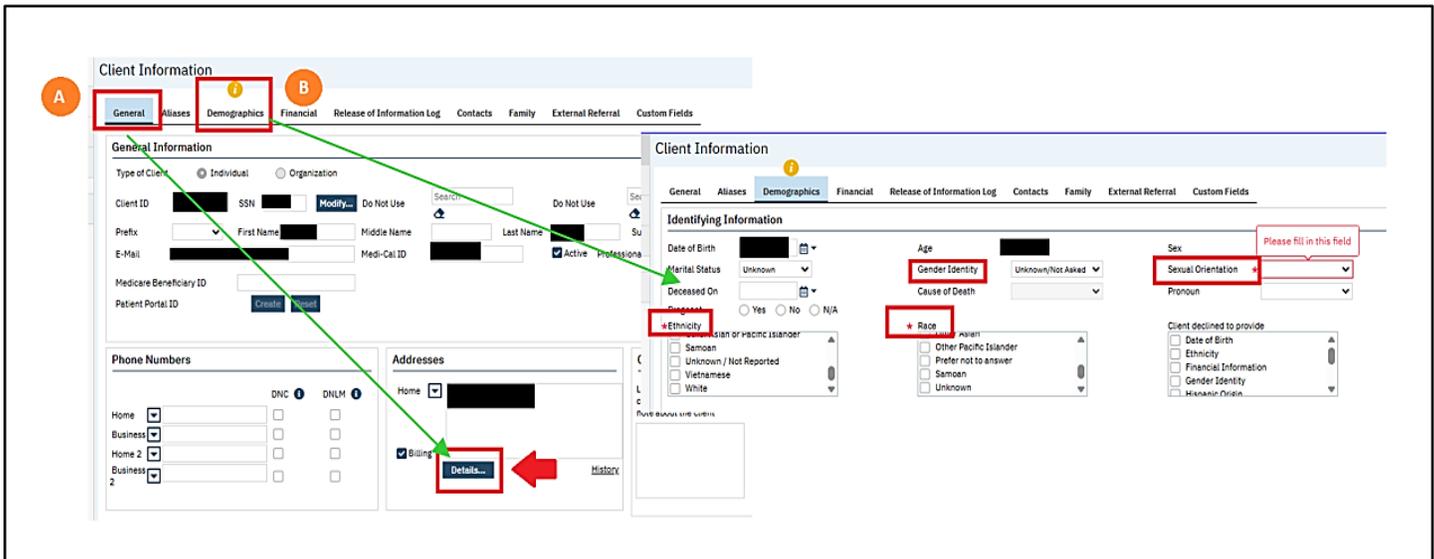
6) NTP and non-NTP programs are required to bill Medicare Part C as the primary plan for a dually covered client with Medicare Risk and Medi-Cal. When submitting the Client Plan Request form, select Medicare Part C as the plan and under the Coverage Plan (Other), enter the name of the Part C or Medicare Advantage Plan. See the example below:
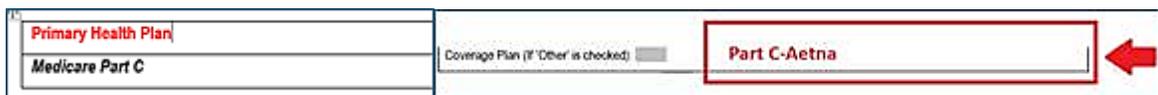
7) Non-NTP programs are required to bill the OHC for a dually covered client. Please complete and submit the Client Plan Request form if you need the SUD billing team to add them to your client's coverage as the primary plan.

8) It should be noted that the SUD Billing Unit accepts any of the following documents from commercial insurance or Medicare to enable us to bill the unpaid balance to Medi-Cal.

a. Evidence of Coverage (EOC) indicating that the SUD service is "not covered". This document may be easier to obtain from the client than billing the insurance.

b. Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.
   Note: In case you receive partial or full payment for services on the primary plan, kindly send a copy of the EOB to the SUD Billing Unit. If partial payment is received, the unpaid balance will be billed to Medi-Cal by the SUD Billing Unit.

Up To The Minute!

c. If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response. Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others.

9) Medi-Cal Share of Cost or SOC. SUD programs are still required to complete the Financial Responsibility and Medi-Cal SOC. If your client has a share of cost, please complete and submit this form to adsbillingunit.hhsa@sdcounty.ca.gov. If you have any questions on SOC or this form, please contact the SUD Billing Unit.

Population Health Unit

SUD Primary Prevention Contractors - **Naloxone and Fentanyl Test Strips (FTS) Distribution**

- The updated MS form and Data Collection Form for Naloxone and FTS distribution is effective as of May 1st, 2025.
  - o CoSD Naloxone Distribution MS Form 2025
  - o CoSD Naloxone Distribution Form 2025.pdf
- Reminder - Monthly report distributions MS form due by the 5th of the following month.
- Other great resources for NDP, and more: About Naloxone BHS webpage.

Resources & Support (QA)

Resources

- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
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Email Contacts

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- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?

Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***

Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

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Up To The Minute!

Training & Events (QA)

QAPR Audit Lead Practicum
- SUD QA is pleased to offer our QAPR 25-26 Audit Lead Practicum.
- This practicum will review the QAPR tool and how the questions on the tool are evaluated by the QA team during an audit. The practicum will also address State and Federal guidelines as they relate to the QAPR process.
- This practicum is intended for Program Managers and program QA staff.
- We are offering 2 practicums:
    - **6/23/25, 2:30 p.m. – 4:00 p.m.**
        - **Registration Link**

    - **6/24/25, 10:00 a.m. – 11:30 a.m.**
        - **Registration Link**

Root Cause Analysis (RCA) Training
- **Thursday, June 26, 2025, from 9:00 a.m. to 12:00 p.m.**

SUD Quality Improvement Partners (QIP) Meeting
- **Thursday, June 26, 2025, from 10:00 a.m. to 11:30 a.m.**

SmartCare User Group Meeting – May 2025 Session
- **Thursday, June 26, 2025, from 2:00 p.m. to 3:00 p.m.**
- Link: **Join the meeting now**

Updates & Reminders (QA)

Update: QA and SmartCare Communication is Moving to GovDelivery
- Starting July 1, 2025, QA and SmartCare communications are moving to GovDelivery.
- If you are already receiving communications from QA and the SmartCare team, no action is needed. Your email will be automatically transferred to the new communications system.
- The GovDelivery system will take over the existing process for managing provider contact information for QA and SmartCare communications. This means provider staff can make changes to BHS topics subscribed to after July 1, 2025 vs emailing QI Matters requesting to be added to a distribution list.
- We are in the process of adding a "subscribe" link and a flyer about the change to GovDelivery to the Optum Comms tab.

LAW CHANGE: DISPLAY OF LICENSE/REGISTRATION REQUIREMENTS AND REQUIRED NOTICE TO CONSUMERS
To ensure that all clients maintain access to essential information confirming their therapist's licensure, AB 1024 now requires additional information to be included in the required "Notice to Clients" that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services, which will go into effect July 1, 2025.

Up To The Minute!

For all <u>new</u> clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of their license or registration number.

Additional information can be reviewed on the BBS Website's SB 1024 FAQ Document: Required Notice to Consumers (SB 1024) LEGAL APPROVED 9.13.24 (ca.gov)

Update: Persons With Disabilities (PWD)

- Effective 7/1/25, QA will no longer require programs to complete the PWD self-attestation to confirm ADA compliance to eliminate duplicative reporting requirements.
- The requirement to report ADA status using the SOC application via monthly provider attestation will continue.
- If your program is currently not ADA compliant and has a plan of correction in place, you will continue to work directly with your COR to resolve and ensure compliance.
- SUDPOH is in the process of being updated to reflect the change for the new FY.
- Optum page in the process of being updated to remove these resources.
- The QA PWD Referral resource will no longer be available. The Provider Directory will include ADA information starting in 10/2025. QA is working on an interim resource non-ADA providers for referrals between now and when the Provider Directory will be ready. More information will be shared at a later date.

REMINDER: ALL PROGRAMS REQUIRED TO POST HUMAN TRAFFICKING NOTICE

AB 1740 requires a notice, as developed by the Department of Justice, that contains information relating to slavery and human trafficking, including information regarding specified nonprofit organizations that a person can call for services or support in the elimination of slavery and human trafficking be posted by facilities that provide pediatric care, as defined in W&I Code Section 16907.5

- **Specialists will ask for proof of compliance in the Quality Assurance Program Reviews starting this year.**
- Post a notice that complies with the requirements of this section in a conspicuous place near the public entrance of the establishment or in another conspicuous location in clear view of the public and employees where similar notices are customarily posted. ***Model notices are posted on Optum now.***
- "Pediatric services" means all medical services rendered by any licensed physician to persons from birth to 21 years of age.
- For more information, programs can visit https://oag.ca.gov/human-trafficking/model-notice.

Up To The Minute!

Residential update from QIP:

At QIP, there were questions about if a program can bill on the day of discharge.

If a client admits and discharges on the same day, the program can bill for the bed day as long as at least one services was provided. No action needs to be taken in order to bill as the system will create a bed day automatically. Billing on the day of discharge: a program cannot bill the day rate on the day of discharge unless it is also the day of admission. Care coordination, peer support specialist services, MAT for OUD and MAT for OUD are reimbursed separately from the per diem rate and therefore programs can bill for these services on the day of discharge.

The SmartCare Residential Guide is currently under revision and will be uploaded to Optum soon to reflect these updates!

Note status if staff have left the program:

- **Unsigned/incomplete notes by staff no longer with the program**
  These notes are not billable and would need to be corrected to a non-billable service/note or errored. If the program wishes to maintain the information in an unsigned/incomplete note – they would follow the process indicated when a staff is no longer with the program and correct the service to a non-billable service. If they do not wish to maintain the information, they should have the note marked in error.

- **Signed notes by staff who are no longer with the program**
  - If corrections are necessary, follow the steps below:
    1) MIS will print the original note (PDF) and send to the program.
    2) MIS will mark the original service/note in error.
    3) The program will make handwritten correction(s) to the original note (sent by MIS).
    4) The program will re-enter the correct service.
    5) The program will scan the corrected note into SmartCare and associate with the new corrected service.

NOTE: There should be no changes to the narrative of the note as that would risk the integrity of the service that was provided. Corrections should only be to address billing errors.

The use of proxy:

Proxy is not meant to be used for correcting services/service notes, and is not an appropriate option when a provider has left the program. A Proxy is someone who can author a document or do a task on behalf of another staff/user. To learn more about the Proxy's Role from the end user's perspective, read this article: Various Proxy Roles Functionalities. To learn how to make a staff a Proxy for another staff, visit https://2023.calmhsa.org/how-to-make-a-staff-user-a-proxy-for-another-staff-user/.

Update: MHP/DMC-ODS Optum Changes

- The SMH & DMC-ODS resource page is live and should be used as the source of your information.
- Effective 7/1/2025, the DMC-ODS Optum page will sunset and no longer available.
- The MHP Optum page is in the final stage moving files, but is expected to be fully migrated by the end of July. We will keep this page live until 9/1/2025.

An Updated Ambulatory Withdrawal Management Tip Sheet is coming soon!

Up To The Minute!

Update: SUDPOH
- The SUDPOH was updated for June 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in July 2025.

Update: Change to Threshold Languages
- San Diego threshold languages now include Russian.
- QA is in the process of making needed changes to member materials to include Russian.
- As translations are complete, the Beneficiary Materials Order Form will be updated to reflect Russian resources available and the SMH & DMC-ODS Optum page will be updated to include newly translated materials into Russian.
- If you have additional questions, please email qimatters.hhsa@sdcounty.ca.gov.

CHANGE TO OPTUM RESOURCE: Service Code Crosswalk

We are updating our processes to ensure alignment with DHCS and CalMHSA. As such, we are removing access to the *SmartCare Service Code Crosswalk* from our Optum page and are updating the Optum page to link to https://2023.calmhsa.org/procedure-code-definitions/. On the CalMHSA procedure code definitions page, you will find up to date changes to all SUD and mental health codes. To see an alphabetical list of codes that our system of care can use, programs can filter "Y" under DMC-ODS, and can further filter "Sort A to Z" under "Code type". This will allow for programs to see all services that are allowable.

Reminder: Medication Monitoring Resuming for Q4
- Medication Monitoring for the period of April-June (Q4) will be due by **July 15, 2025**
- Forms are posted on the Optum site under the "Monitoring" tab and were recently updated on 02/13/25. Please use the updated documents listed below:
  - Medication Monitoring Tool & Medication Monitoring Tip Sheet
  - Medication Monitoring Submission Form
  - Medication Monitoring McFloop Form
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

NOABD Procedure
- While NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the NOABD Procedure and blank NOABD log posted on the Optum site under the SmartCare tab.
- Due to PHI being included, please encrypt logs when sending unless your program/legal entity is already on the County Transport Layer Security (TLS) secure email list that ensures automatic encryption.
  - If you are not sure if your program/legal entity is on this list, please encrypt as a precaution.
- Reminder: NOABD Logs for Quarter 4 are due to QI Matters by **July 15, 2025.**
  - If your program has not sent in your logs for Quarters 1-3, please do so as soon as possible.

Up To The Minute!

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per *calendar year.*
    - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
    - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QA continues to provide support for COR teams monitoring this requirement.
- The web-based submission form has been recently updated to assist with ease in reporting trainings.
    - For CME/CEU MS Form submissions: Please submit *one MS form* per individual, per calendar year of reporting.
    - Once submission is received and logged, additional certificates may be submitted for that individual by emailing them directly to QIMatters@sdcounty.ca.gov
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information in order to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- The Annual CME-CEU Requirement Tip Sheet is posted to the Optum site under the "Training" tab.
- Please contact QIMatters@sdcounty.ca.gov if you have any questions.

MANAGEMENT INFORMATION SYSTEMS (MIS)

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF to avoid having your access request from being rejected.
- For CSU and Residential staff, additional CSU/Residential trainings must also be completed prior to submitting an ARF.
- SmartCare Training grid and Video Tutorials are available in the Optum website SmartCare Training.
- A termination ARF should be submitted for all staff who no longer works at your program or do not need access to the system.

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.
- ❖ Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
- ❖ Support Desk: BHS_EHRSupport.HHSA@sdcounty.ca.gov

Wrong Client

- Any entry created for an incorrect (wrong) client, must be reported to the MIS Support Desk.
- Do not submit a ticket through My Reported Errors.
- MIS will work with the program to either move the services to the correct client or delete.

State Reporting
CalOMS:
- Please notify the Support Desk when CalOMS records are displaying an incorrect FSN and/or admission dates, for proper corrective action.

Up To The Minute!

- Reminder to discharge clients timely from your program, to prevent errors with duplicate FSN's, when clients enroll in another program or change LOC.

ASAM:
- ASAM is due to the Support Desk on the 5th of every month. Submit reporting for the previous month.

Residential Programs:
1. To prevent duplicates, **all** admissions and discharges must be completed via the Residential (My Office) screen. SmartCare will automatically generate the program assignment. The only exception is for Non-BHS clients.
2. Do not create the Program Assignment manually. If duplicate enrollments are found, please report to the Support Desk
3. For LOC changes, programs should use Transfer **not** Billing Code Change
4. The Billing Procedure Code must correspond with the Program (Inpatient Activity Details). Please be sure the Billing Procedure Code is updated when changing LOC.
5. When a client is on Leave, the Billing Procedure Code must be Non-Billable Bed Procedure and if the bed will be held for the client, the checkbox for Hold Bed must be marked.

Resources & Support (QA)

Recent Communications

- **05/27/2025 -** *DMC-ODS Providers: Beneficiary Handbook Significant Changes - Notification for Clients – June 1, 2025*
- Bring questions to the next QIP meeting.

Resources

- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
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