

**Program Manager Meeting**

Children, Youth and Families | Behavioral Health Services

January 9, 2020 | Scottish Rite Center | Claude Morrison Room

1895 Camino del Rio S., San Diego 92108

9:30 – 11:30 a.m.

Breakout Session - CANS Super User Group

11:30 a.m. – 12:30 p.m.

**Agenda – Notes**

➤ **Welcome** – Shannon Jackson

*Please submit your suggestions on yellow sheets at table for PM meeting topics, training topics and any other suggestions*

➤ **Pathways to Well-Being (PWB) and Continuum of Care Reform (CCR) (MH)** (handout) –

Mandy Kaufman, Seth Williams

10 minutes

- Intensive Home-Based Services (IHBS): Service Code billing and Client Plan

*Anytime a client has an identified CFT and is receiving ICC, the client is eligible for IHBS and service provision should be discussed in the CFT meeting.*

*Providers can add IHBS to the client plan prior to receiving authorization but may not provide IHBS until they have submitted the IHBS prior authorization form and received authorization from Optum to provide the service.*

- Eligibility for PWB and Enhanced Services form: What is meant by reassessment

*Reassessment refers to any noted changes throughout the course of treatment that would impact a client's PWB status while open to a program. An example can be found in the PWB December Bulletin*

*As a reminder, providers should always confirm client PWB eligibility when updating the BHA, Client plan at the UM cycle. This may or may not require a form update.*

- CYF MEMO #16 - Prior Authorization for Day Services Request (DSR) Process –

Effective 1-1-2020

*The new Prior Authorization for Day Services Request Form is effective as of January 1<sup>st</sup>*

*The Day Service Request form is submitted to Optum to obtain authorization at least 5 days prior to Day Services beginning, and at least 5 business prior to the expiration of the previous authorization expiring*

*The DSR is completed for all new clients as of January 1<sup>st</sup>, and prior to expiration of current ISR for clients who were open prior to January 1<sup>st</sup>*

*Please review the CYF Memo, Prior Authorization Day Services Request Form, and the detailed explanation sheet*

- CYF MEMO #17 - Updated Ancillary Specialty Mental Health Services (SMHS) Request Form –

Effective 1-1-2020

*As of January 1, 2020, the updated Ancillary Specialty Mental Health Services Request form shall be completed for all youth who are receiving Day Services (Day Treatment/Day Rehab) and Specialty Mental Health Services from another provider.*

*The Ancillary Specialty Mental Health Services Request is initiated by the Day Services provider, sent to the ancillary provider and submitted to Optum. (Both providers complete a portion of the form and sign prior to submitting to Optum)*

*Please review the CYF Memo, Ancillary SMHS Request Form, and the detailed explanation sheet*

- **QM Updates (MH)** (handout)– Danielle Rhinesmith 10 minutes
  - Up to the Minute (UTTM) – Dec. 2019
  - QM MEMO – DHS Revised Telehealth Policies
  - QM MEMO – CSI Diagnosis Error Corrections

*January UTTM MH & SUD are added to the online meeting packet*
- **Legal Aid Society of San Diego – SSI Advocacy Program (SOC)** (handout) – Bridget Homer 20 minutes
  - *Federal income support targeted to families caring for children with disabilities. Provides free assistance and representation at any stage of the SSI application and appeal process*  
<https://www.lassd.org/>
- **Burn Institute (SOC)** (handout) – Danielle Bell 15 minutes
  - Youth Firesetter Intervention and Prevention Program  
*Provides education and support to youth and families to reduce firesetting behavior.*  
<https://burninstitute.org/>
- **Wraparound (MH)** (handout) – Marie Mastrup, Mental Health Systems, Families Forward Wraparound, Carrie Kintz, San Diego Center for Children, WrapWorks 20 minutes
  - *Wraparound is for youth with complex needs and mental health diagnoses. Services include intensive case management to assist in placement stabilization to maximize the ability of the family to meet the - either transitioning to a lower level of care or to prevent removal from the current placement. Referrals for youth involved in CWS/Probation need to be submitted by the PSW, Probation Officer, or STRTP clinician to SDCC WrapWorks; Referrals for youth who are non-system involved can come from any referring party and are submitted to Families Forward (see attached referral form).*
- **Youth Services Survey (YSS)** (handout) – Wendy Maramba 5 minutes  
YSS (survey was administered in May 2019)
  - *A supplementary survey was added that included two parts*
    - A. *Have caregivers and clients received information about the Access and Crisis Line and Organized Support Companion in an Emergency Situation (OSCER app)*
    - B. *How much are therapists engaging in activities that promote caregiver participation, how caregivers are participating in therapy, and caregiver attitudes towards participation*
  - *The results of each:*
    - A. *Significant proportion of caregivers and youth are not given information about crisis support resources and very few are receiving information about the OSCER app*
    - B. *Majority of therapists are encouraging caregiver participation, caregivers are interested to participate in therapy, and caregivers rarely actively engage in treatment (and therapists do not ask caregivers about barriers that prevent them from participating)*

- **Recommendations:**
  - A. *Ideally, program staff can provide information more than once during the course of a treatment episode and that traditional interventions are still needed for clients/family members who cannot easily access smart devices*
  - B. *Homework is provided to caregivers between sessions, although there is still room for improvement in this area.*

*Information from supplemental surveys are often used to collect data for Performance Improvement Projects (PIP)*

➤ **Announcements**

- Outcomes Resources
  - Pediatric Symptom Checklist (PSC)  
*To increase completion rate thresholds for the PSC, a FAQ was created by CASRC, a resource for programs to share with families. Will be available in Spanish*
  - CANS - Updated Strengths poster  
*Action Level Strengths poster has been updated, '0' and '1' have been reversed. New poster now reflects '0' is a Centerpiece strength and '1' is a Useful strength. Updated PDF will be disseminated electronically with the PM meeting notes and attachments. BHS communication about the update will be issued and the updated poster will be uploaded to the RIHS website.*
- External Quality Review Organization (EQRO)
- Upcoming Site Visits  
*Ancillary Site Visits for MH and SUD TRC's upcoming. SUD Main Site Visit will be conducted around Feb/March tentatively*
- MH Q2 QSRs are due 1-15-2020, SUD Q2 QSRs are due 1-20-2020
- NEW Quit Vaping Services (handout)  
<https://novapes.org>  
*Additional resources added to CADRE website*
- BHS Community Engagement Forums Jan. 8 - Feb. 1 (handout)
- CYF Framework

➤ **Next Meeting: March 12, 2020**

**Scottish Rite Center**

Claude Morrison Room  
1895 Camino del Rio So., San Diego, 92108  
9:30 a.m. -11:30 a.m.



## BHS PROVIDER UPDATES

2019-10

### Pathways to Well-Being Monthly Update Bulletin: December 2019

Pathways to Well-Being (PWB) is delivering monthly bulletins designed to answer program questions and provide the latest information related to PWB.

#### Q & A from Providers:

- 1. Question:** Do providers have to attend Interagency Placement Committee meetings (IPC) whenever we are invited and if so, what if we are not able to attend?

**Answer:** When a BHS provider is invited to an IPC meeting it is expected that they will attend a portion of the meeting by conference call. BHS providers are essential in contributing information to inform the IPC decision making process when a youth they are serving is being considered for placement in a STRTP or for continued placement in a STRTP. If the treating BHS provider is not able to attend the IPC, a person familiar with the client, such as a clinical supervisor or alternate team member, can participate on their behalf.
- 2. Question:** On the Eligibility for Pathways to Well-Being and Enhanced services form, what does it mean that the form needs to be completed at "reassessment"?

**Answer:** Reassessment refers to any noted changes throughout the course of treatment that would impact a client's PWB status while open to a program. An example would be if the client was assessed to be eligible for enhanced services/subclass based upon being considered for higher level services such as Wraparound or STRTP and then progressed in treatment so that the client is no longer requiring higher level services. In this example if the youth's case remains open to CWS, the client status would change from Subclass to Class. As a reminder, providers should always confirm client PWB eligibility when updating the BHA, Client plan at the UM cycle. This may or may not require a form update.
- 3. Question:** Does the Progress Report to Child Welfare Services form need to be completed at UM cycle?

**Answer:** Yes, the UM cycle requires updates to multiple documents shared with CWS including the current Client Plan and current completed CANS tool results, therefore a new Progress Report to Child Welfare Services form needs to be completed and sent to CWS.
- 4. Question:** Rather than completing the IHBS prior authorization form, can programs bill individual rehab services (SC 34) and family rehab services (SC 36) rather than IHBS (SC 83)?

**Answer:** Utilizing individual rehab services SC 34 and/or family rehab services SC 36 for the purpose of not completing the IHBS prior authorization form is not recommended. Anytime a client has an identified CFT and is receiving ICC, the client is eligible for IHBS and service provision should be discussed in the CFT meeting.
- 5. Question:** If a client is not involved with CWS, do programs need to include ICC in the client plan and complete Pathways to Well-Being related documentation?

**Answer:** ICC is available to all clients with an identified team on an as needed basis, regardless of the client's PWB status. Whenever providing ICC, the service needs to be added to the client plan and documented on either the CFT Meeting Note or the ICC Note. If the client's case is not open to CWS, programs are not required to complete either the Eligibility for PWB and Enhanced Services form or the Progress Report to CWS form, and will not enter a PWB designation in the Client Categories Maintenance (CCM) tab. As a reminder, programs complete and submit the CFT Meeting referral form to the CFT Meeting Facilitation Program whenever there is a need for a CFT meeting, regardless of CWS involvement.

If you have any PWB related questions, please contact your BHS PWB Liaison or the BHS PWB Program Manager at [Amanda.Kaufman@sdcounty.ca.gov](mailto:Amanda.Kaufman@sdcounty.ca.gov)





## BHS PROVIDER UPDATES

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2019-9

### Pathways to Well-Being Monthly Update Bulletin: November 2019

Pathways to Well-Being (PWB) is delivering monthly bulletins designed to answer program questions and provide the latest information related to PWB.

#### Q & A from Providers:

- Question:** How do I proceed with PWB protocols for an out-of-county foster youth when I am having difficulties coordinating care with the Protective Services Worker (PSW)?

**Answer:** Provider should document all efforts in their attempts to collaborate with the out-of-county PSW. Upon completion of the Eligibility for PWB and Enhanced Services form, if it is determined that the youth meets eligibility criteria for Enhanced Services/Subclass, the San Diego County BHS Provider will assume the role of Care Coordinator. The Provider will follow the same PWB established policies and procedures used for youth with open San Diego Child Welfare cases. For further information, please refer to [2017-1 Bulletin: Care Coordination of Out-of-County Katie A. Subclass Youth Receiving Services in San Diego](#). As a reminder, prior to admission of out-of-county foster youth in a STRTP, coordination and ensuring PSW attendance in CFT meetings should be established with the placing agency from the county of origin.
- Question:** Can Intensive Home-Based Services (IHBS) be added to the client plan prior to authorization?

**Answer:** Yes, providers can add IHBS to the client plan prior to receiving authorization but may not provide IHBS until they have submitted the IHBS prior authorization form and received authorization from Optum to provide the service (requirement as of 9/1/19). Please see [CYF Memo #08-19/20 IHBS Prior Authorization Request Process](#) effective 9/11/19 for further information.
- Question:** Do individual rehab services (SC 34) and family rehab services (SC 36) automatically become IHBS (SC 83) if the client is receiving Intensive Care Coordination (SC 82)?

**Answer:** In general, rehab services could be billed as IHBS (SC 83), when the client is receiving Intensive Care Coordination (ICC) SC 82, and therefore has an identified Child and Family Team. Also, as a reminder, unlike rehab services, IHBS requires prior authorization.

#### What Is New?

- The **Progress Summary and Action Plan** has been reformatted to allow additional space for documentation and condensed by combining three discussion columns items into two columns on page one.
- The **CFT Meeting Referral Form** now has BHS Pathways to Well-Being Liaison listed as potential participants to be invited to CFT meetings and is located on the Fred Finch CFT Meeting Facilitation Program website at <https://www.fredfinch.org/child-family-meeting-facilitation>.

If you have any questions about changes to the forms, please contact your BHS PWB Liaison or the BHS PWB Program Manager at [Amanda.Kaufman@sdcounty.ca.gov](mailto:Amanda.Kaufman@sdcounty.ca.gov)

**Date:** December 19, 2019

**CYF Memo:** #16 - 19/20

**To:** CYF Mental Health Day Services Providers

**From:** Yael Koenig, CYF Deputy Director

**Re:** **Prior Authorization Day Services Request (DSR) Process – Effective 1-1-2020**  
**Replaces Intensive Services Request (ISR) Process**

On May 31, 2019, the Department of Health Care Services (DHCS) issued Information Notice 19-026 outlining specific mental health services requiring prior authorization. Day Treatment and Day Rehabilitation are identified as services requiring prior authorization.

The County of San Diego Behavioral Health Services (BHS) worked in partnership with Optum Health to create a streamlined process for prior authorization of Day Services, while also meeting Day Service requirements for Ancillary Services and the STRTP Clinical Review Report. The newly established “Prior Authorization Day Services Request (DSR)” form meets the required elements outlined by the State.

**As of January 1, 2020, the attached “Prior Authorization Day Services Request (DSR)” form shall be submitted to Optum to obtain authorization prior to the provision of Day Services. The DSR shall be submitted to Optum at least 5 business days prior to the expiration of the previous authorization, which is 90 days from authorization for STRTP and STEPS, and 180 days for San Pasqual Academy (SPA). The DSR shall be completed for all new clients as of January 1, 2020, and prior to expiration of the current Intensive Service Request (ISR) for previously opened clients.**

The new “Prior Authorization Day Services Request (DSR)” form replaces the “Intensive Services Request (ISR)” form and contains the following elements:

**Day Services Request**

- Client Information
- Day Program Information
- Scope, Amount, and Duration of the Request
- Medical Necessity Criteria for Day Services

**Ancillary Services Request (Internal)**

The Ancillary Request section is to be completed by STRTPs and SPA for all clients who will be receiving a combination of Day Services and Outpatient Services from the same provider/program. The requests shall include:

- Outpatient Subunit number
- Amount of Specialty Mental Health Services (SMHS) requested per day
- At least one reason Outpatient Services are Medically Necessary in addition to Day Services

**Clinical Review Report (STRTP)**

The STRTP Clinical Review Report is completed for continuing requests by STRTPs to fulfill requirements of the Interim Mental Health Program Approval for STRTPs; Section 13 titled “Clinical Review Report and Transition Determination”. This section shall be left blank by SPA and STEPS, as well as on STRTP initial Day Services Requests. Clinical Review Reports shall include:

- Type and frequency of both Day Services and Outpatient Services provided during the past 90 days
- Impact of services toward Client Plan goals, including progress toward transitioning to a lower level of care
- Date of the most recent CFT meeting or Treatment Team meeting including the Head of Service or Licensed Mental Health Professional where the Clinical Review Recommendation was discussed
- Clinical Review Recommendation

The Clinical Review Report section meets a DHCS requirement for STRTPs and will be reviewed for completion by Optum and follow up will occur through the County Continuum of Care Reform (CCR) team when indicated.

**The new “Prior Authorization Day Services (DSR)” form process is the following:**

- CYF Day Services Provider submits the “Prior Authorization Day Services Request” form to Optum via FAX (866) 220-4495
- Optum reviews and provides authorization determination within 5 business days of receipt
- Authorization shall be viewable in the CCBH Clinician Home Page Authorizations Tab
- Optum shall issue an NOABD to the provider and Medi-Cal beneficiary if the Day Services request is denied, modified, reduced, terminated, or suspended

A stand-alone “Ancillary Specialty Mental Health Services Request” (external) form shall be submitted for clients who are receiving SMHS from another provider/program. The request is completed by the Specialty Mental Health Provider (SMHP) and submitted to Optum by the Day Service provider. An updated “Ancillary SMHS Request” form will be utilized effective 1-1-20.

Please review the attached “Prior Authorization Day Services Request” explanation form which includes detailed instructions on how to complete the form. Please contact your COR if you have any questions.

Attachments: Prior Authorization Day Services Request (DSR) Form Dated 1-1-20  
Prior Authorization Day Services Request Form Explanation Sheet  
Ancillary Specialty Mental Health Services Request Form Dated 1-1-20  
Ancillary Specialty Mental Health Services Request Form Explanation Sheet

**References:**

- DHCS MHSUDS Information Notice No.: 19-026 Dated May 31, 2019; [Authorization of Specialty Mental Health Services](#)
- DHCS MHSUDS Information Notice No.: 17-016 Dated May 5, 2017; [Statewide Criteria for Interim Mental Health Program Approval for STRTP](#) and [Enclosure 1 – Interim Mental Health Program Approval for STRTPs](#)
- DMH INFORMATION NOTICE NO.: 02-06 Dated 10/1/02: [Changes in Medi-Cal Requirements for Day Treatment Intensive and Day Rehabilitation](#)
- DMH LETTER NO.: 02-01 Dated 4/16/2002: [Clarification Regarding Medi-Cal Reimbursement for Day Treatment for Children and Youth in Group Home Programs](#)

CC: Optum Public Sector San Diego  
County of San Diego BHS Quality Management

Note: CYF Memo #04 – 16/17 Intensive Service Request (ISR) is retired effective 1/1/2020 and replaced by CYF Memo #16 – 19/20 Prior Authorization Day Services Request (DSR) Process



**ANCILLARY SERVICES REQUEST (INTERNAL)**

**STRTP and SPA must request ancillary authorization if client is going to receive Day Services and Outpatient Services from the same provider/program**

**STRTP/SPA/STEPS must submit a stand-alone (external) Ancillary Specialty Mental Health Services (SMHS) Request Form for any client receiving Day Services and SMHS from another provider/program**

**Outpatient Subunit#: \_\_\_\_\_**

- 1. SELECT THE AMOUNT OF OUTPATIENT SMHS REQUESTED PER DAY (Inclusive of all Individual, Collateral, ICC, IHBS and Group SMHS provided by Day Service provider in addition to Day Program Services):**

☐ Up to 8 hours per day

- 2. MEDICAL NECESSITY FOR OUTPATIENT SMHS (must select at least one):**

☐ Requested service(s) is not available during day program hours. Describe why service is not available: \_\_\_\_\_

☐ Continuity or transition issues make these services necessary for a limited time. Describe the need: \_\_\_\_\_

☐ These concurrent services are essential for coordination of care. Describe why services are essential: \_\_\_\_\_

**CLINICAL REVIEW REPORT: Section 13 of Interim Mental Health Program Approval for STRTP**

**FOR STRTP CONTINUING (90 DAY) REQUESTS ONLY**

- 1. Describe the type and frequency of services that have been provided by the STRTP during the previous 90-day review period:**

☐ Day Services - Describe the type and frequency of Day Services provided by the STRTP during the past 90 days:  
\_\_\_\_\_

☐ Outpatient Services (OP) - Describe the type and frequency of OP services provided by the STRTP during the past 90 days:  
\_\_\_\_\_

- 2. Describe the impact of these services towards the achievement of Client Plan Goals (include progress toward goals of transitioning to lower level of care): \_\_\_\_\_**

- 3. Date of most recent CFT/Treatment Team meeting, which must include Head of Service or Licensed Mental Health Professional, where Clinical Review Recommendation was discussed (must occur at least every 90 days): \_\_\_\_\_**

- 4. Clinical Review Recommendation:** ☐ Continued treatment in STRTP    ☐ Transition from the STRTP, include transition recommendation \_\_\_\_\_ ☐ Other \_\_\_\_\_

❖ Recommendation for transition or continued treatment must be supported in client record and CFT documentation

**Program Clinician (Print): \_\_\_\_\_**

**Credentials: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Licensed Clinician (Print): \_\_\_\_\_**

**Credentials: \_\_\_\_\_**

**Co-Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

❖ Co-Signature required if Program Clinician is not a Licensed Mental Health Professional

**FOR OPTUM USE ONLY**

Optum completes and retains. Within 5 business days of Optum receipt, authorization determination status will be viewable to the requesting provider in the CCBH Clinicians Home Page Authorizations Tab.

**DAY SERVICES PRIOR AUTHORIZATION DETERMINATION**

☐ Day Services scope, amount and duration authorized: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

Day Service request is ☐ denied ☐ modified ☐ reduced ☐ terminated or ☐ suspended  
as follows: \_\_\_\_\_

NOABD was issued to the beneficiary and provider on the following date: \_\_\_\_\_

**ANCILLARY SERVICES DETERMINATION (INTERNAL)**

☐ Internal Ancillary OP SMHS authorized: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

Internal Ancillary OP SMHS request is ☐ denied ☐ modified ☐ reduced ☐ terminated or ☐ suspended  
as follows: \_\_\_\_\_

NOABD was issued to the beneficiary and provider on the following date: \_\_\_\_\_

**CLINICAL REVIEW REPORT DETERMINATION**

☐ Clinical Review Report is complete and addresses all four components; see Clinical Review Report section

Follow up for the Clinical Review Report will occur through the County CCR team when indicated.

**ANCILLARY SERVICES DETERMINATION (EXTERNAL)**

(External authorization requests are submitted to Optum when indicated through a separate Ancillary SMHS Request Form)

☐ External Ancillary SMHS authorized: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

External Ancillary SMHS request is ☐ denied ☐ modified ☐ reduced ☐ terminated or ☐ suspended  
as follows: \_\_\_\_\_

NOABD was issued to the beneficiary and provider on the following date: \_\_\_\_\_

Optum clinician Signature/Date/Licensure:



County of San Diego Mental Health Plan  
**Prior Authorization Day Services Request (DSR)**

2019

**COMPLETED BY:**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

**CO-SIGNATURE:**

- Prior Authorization Day Service Requests must be completed by or co-signed by a Licensed Mental Health Professional
- Co-signature from Licensed Mental Health Professional indicates they have reviewed and agree with the findings of the request

**COMPLETION REQUIREMENTS:**

1. Prior Authorization Day Services Request form is completed by the Day Services provider and submitted to Optum via FAX (866) 220-4495 for all clients prior to the initial provision of Day Services
2. Continuing Prior Authorization Day Services Requests are completed by the Day Services provider and submitted prior to expiration of the initial authorization period (within 90 days for STRTP and STEPS, and 180 days for San Pasqual Academy)
3. Continuing Prior Authorization Day Services Requests shall be submitted at least 5 business days prior to the expiration of Day Services Authorization, and can be submitted up to 10 business days prior to the expiration
4. Prior authorization shall be obtained before Day Services are initiated. For hybrid programs, Outpatient Services may be provided prior to the authorization of Day Services

**DOCUMENTATION STANDARDS:**

*The following elements of the Prior Authorization Day Services Request form shall be addressed:*

**1. Client Information**

- Include Name, Client ID and Date of Birth
- Include the Placing or Referring agency
- For Out of County clients, the request shall include either:
  - (STRTTP only) A copy of the Notice of Presumptive Transfer Form for foster youth placed through AB1299 Presumptive Transfer in a STRTP or
  - A copy of the SAR for youth placed through AAP/KinGAP. For youth in a STRTP the request shall include written COR approval, obtained by emailing the COR, to serve youth under the County contract due to planned discharge to a San Diego residence.

**2. Day Program Information**

- Include Legal Entity, Program Name, Phone number, Fax number, Unit number, and Day Services Program Subunit number

**3. Scope, Amount and Duration of Day Services Request**

- Identify the scope and duration of Day Services to be provided (STRTTP – 90 days, STEPS – 90 days or SPA – 180 days).
- Include the amount of services requested (select Up to 5 Days Per Week or Up to 6 Days Per Week) which shall not exceed the Day Program schedule that has been approved by BHS QM

#### 4. Medical Necessity Criteria for Day Services

- **Diagnosis** - Provide the name of the Title 9 included diagnoses that are the focus of mental health treatment
- **Title 9 Medical Necessity Criteria**
  1. Select and explain at least one area of client impairment that is a result of the Title 9 included diagnoses
  2. Day Services intervention criteria A, B and C must be met for client to meet medical necessity for Day Services:
    - A. Select and explain how Day Services will address the client's condition/impairment
    - B. Select and explain how the Day Services will significantly diminish the impairment, prevent significant deterioration of the impairment, or allow the child to progress developmentally as appropriate
    - C. Select if the condition would not be responsive to physical health care-based treatment
- **Day Services Necessity Criteria:** Set by the Mental Health Plan (MHP) per DMH Letter No. 02-01
  3. Describe client's needs for Day Services in order to move from a higher level of care to a lower level of care, or to prevent deterioration and admission to a higher level of care
  4. For **continuing service requests only** – Describe progress made towards treatment goals during the current authorization period, and/or explain how progress is expected to be made towards treatment goals during the next authorization cycle

#### 5. Ancillary Services Request (Internal)

- STRTPs and SPA must complete the Ancillary Request section for the STRTP or SPA to provide Day Services and Outpatient Specialty Mental Health Services (SMHS) during the course of treatment
- If youth at SPA are receiving Day Services, in addition to Day Services SPA shall only provide the Outpatient SMHS of Intensive Care Coordination (ICC) for the purpose of a Child and Family Team (CFT) meeting outside of Day Service hours
- STRTP hybrid Day Service and Outpatient programs shall only provide select Outpatient SMHS outside of scheduled Day Service hours, or during scheduled Day Service hours if the youth is unable to attend the Day Program that day

The following Outpatient SMHS are never allowed to be claimed on the same day that Day Services have been claimed:

- Collateral
- Case Management

Additionally, the following SMHS are never allowed to be claimed as Outpatient Services at any time while a client is enrolled in Day Services, as they are bundled with Day Services

- Assessment
- Client Plan

- For Outpatient SMHS that are provided on the same day as Day Services, the provider must document rationale for ancillary Outpatient SMHS, inclusive of:
  1. Reason why; requested service(s) is not available during day program hours
  2. Reason why; continuity or transition issues make these services necessary for a limited time
  3. Reason why; these concurrent services are essential for coordination of care

- Provide the Day Program Outpatient Subunit number
  1. Select the amount of Outpatient SMHS requested per day (up to 8 hours)
  2. Select and describe at least one reason Outpatient SMHS are medically necessary in addition to Day Services
- Note; if the client is receiving ancillary SMHS from **another program or provider**, the Day Services Provider shall coordinate with the separate Outpatient Provider to **complete a stand-alone Ancillary SMHS Request Form**

**6. Clinical Review Report:** Required by the Interim Mental Health Program Approval for STRTPs; Section 13 titled “Clinical Review Report and Transition Determination”

- Clinical Review Report section is completed for STRTPs requesting continued Day Services. SPA and STEPS, which are not STRTPs, shall therefore always leave this section blank. STRTPs shall also leave this section blank on the initial Prior Authorization Day Services Request
  1. Describe the type and frequency of services provided during the previous 90-day authorization period for both Day Services and Outpatient Services
  2. Describe the impact of services toward the achievement of Client Plan Goals and include goals of transitioning to lower level of care
  3. Provide the date of the most recent CFT meeting or Treatment Team meeting where the Clinical Review Recommendation was discussed
    - The Clinical Review Recommendation shall be discussed in a CFT meeting or Treatment team meeting that includes the Head of Service or a Licensed Mental Health Clinician at minimum every 90 days
  4. Provide a Clinical Review Recommendation for: Continued Treatment in the STRTP, Transition from the STRTP, or Other
    - If Transition is selected, describe the recommendation for transition
    - If Other is selected, describe the treatment recommendation
- The Clinical Review Report shall be reviewed for completion by Optum upon submittal
- The Clinical Review Report shall be reviewed by the BHS Continuum of Care Reform (CCR) team, who will follow up directly with the program when indicated
- Recommendation for transition or continued treatment must be supported in the client record and CFT documentation

**7. Signature(s)**

- Must include the printed/typed name, credentials, signature and date of the Program Clinician completing the request
- Must include the printed/typed name, credentials, signature and date of a Licensed Mental Health Professional if the Program Clinician completing the request is not a Licensed Mental Health Professional

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## OPTUM AUTHORIZATION SECTION

- ❖ The following sections are completed by Optum upon receipt from the Day Services provider
- ❖ Optum will review and retain the Prior Authorization Day Services Request (DSR) form
- ❖ Within 5 business days of Optum receiving the DSR, authorization(s) will be viewable in the CCBH Clinician Home Page Authorizations Tab

- **Day Services Prior Authorization Determination**

- When the scope, amount and duration of services are authorized, the start date and end date shall be viewable to the requesting provider in the CCBH Clinician Home Page Authorizations Tab. Day Services authorizations will be indicated as “Medi-Cal/DT” with the legal entity name in the “Benefit Plan” column (see image below)
- When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting provider

- **Ancillary Services Determination (Internal)**

- When the Internal Ancillary Outpatient Services are authorized, the start date and end date shall be viewable to the requesting provider in the CCBH Clinician Home Page Authorizations Tab. Internal Ancillary Services will be indicated by an “AI” next to the authorization number in the “Authorization #” column (see image below)
- When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting Day Service provider

- **Clinical Review Report Determination** (completed by STRTPs only)

- For STRTP providers Optum shall review the Clinical Review Report for completion. If incomplete, Optum shall send notification to the requesting provider to resubmit with required data elements
- Optum shall send the completed Clinical Review report to the BHS CCR team for review
- The BHS CCR team shall follow up with the STRTP regarding the Clinical Review Report when indicated

- **Ancillary Services Determination (External)**

- When an ancillary Specialty Mental Health Provider (SMHP) begins treatment, a stand-alone “Ancillary SMHS Request” form must be submitted to Optum by the Day Service provider to request ancillary SMHS from a separate program/provider in addition to Day Services
- When external ancillary services are authorized, the start date and end date shall be viewable to the requesting provider and the ancillary SMHP in the CCBH Clinician Home Page Authorizations Tab. External ancillary services will be indicated by an “AE” next to the authorization number in the “Authorization #” column (see image below)
- When the External Ancillary Services Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and the requesting Day Service Provider, who shall communicate with the ancillary SMHP within 3 business days
- See “Ancillary SMHS Request” form and explanation form for additional information

## CCBH Clinician Home Page Authorizations Tab:

CLINICIAN'S HOMEPAGE (TEST2) 3.0.0.0

Home Client View

Client Information - Broadcast Alert - New Progress Note - New Assessment - New Client Plan - Prospective Planning Tools - Pharmacy of Choice - Refresh Client Panel - Close Client Panel - Panel Options

SETH WILLIAMS - BH PROGRAM MANAGER

Caseload

Type Name Case#

There are no items to show.

Caseload Schedules Shortcuts

TEST CLIENT 100038738 Female Born: 01/01/1988

Authorizations

Authorization	From	Good Thru	Payor ID	Pay Source	Benefit ID	Benefit Plan
1234567	01/01/2020	06/30/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY
1234568	01/01/2020	06/30/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY

Face Sheet Pre-Intake Assessments Assignments Diagnoses - Assessed 04/04/2019 Substance Abuse - Assessed 04/06/2019 Client Plans Progress Notes Authorizations Insurance Coverages Services Medical Conditions Medications Client Attachments

Logged on as WILLIAMS, SETH (00037) Environment: Test 2 CHP20111029 Template Loaded Ready CAP NUM SCHL

**Note:** The Prior Authorization Day Services Request (DSR) form replaces the Intensive Services Request (ISR) form effective 1/1/2020

**References:** DHCS MHSUDS INFORMATION NOTICE NO.: 19-026 Dated 5/31/19: [Authorization of Specialty Mental Health Services](#)

DMH LETTER NO.: 02-01 Dated 4/16/2002: [Clarification Regarding Medi-Cal Reimbursement for Day Treatment for Children and Youth in Group Home Programs](#)

DMH INFORMATION NOTICE NO.: 02-06 Dated 10/1/02: [Changes in Medi-Cal Requirements for Day Treatment Intensive and Day Rehabilitation](#)

DHCS MHSUDS Information Notice No.: 17-016 Dated May 5, 2017; [Statewide Criteria for Interim Mental Health Program Approval for STRTP](#) and Enclosure 1 – [Interim Mental Health Program Approval for STRTPs](#)

**Date:** December 19, 2019

**CYF Memo:** #17 - 19/20

**To:** CYF Mental Health Organizational and Fee For Service (FFS) Providers

**From:** Yael Koenig, CYF Deputy Director

**Re:** **Update to “Ancillary Specialty Mental Health Services (SMHS) Request” Form Effective 1/1/2020**

**Effective 1/1/2020, the attached updated “Ancillary Specialty Mental Health Services (SMHS) Request form shall be used in place of the previous Ancillary SMHS form issued 9/5/19.**

On October 1, 2002, the California Department of Mental Health DMH Information Notice No.: 02-06 – “Changes in Medical Requirements for Day Treatment Intensive and Day Rehabilitation” was issued, requiring authorization from the Mental Health Plan (MHP) when additional treatment services, also known as ancillary services, are provided to a beneficiary of Day Treatment or Day Rehabilitation Services (Day Services).

As of January 1, 2020, when ancillary SMHS are provided in addition to Day Services the attached updated “Ancillary SMHS Request” form shall be completed and signed by the Specialty Mental Health Provider (SMHP) and the Day Services Provider, and submitted to Optum within 5 business days of the Ancillary SMHS start date. The updated “Ancillary SMHS Request” form shall be used for all new ancillary requests as of January 1, 2020.

The updated “Ancillary SMHS Request” form contains the following elements:

- Client Information
- Day Program Information
- Specialty Mental Health Services Provider (SMHP) Information (organizational or FFS provider)
- Authorization Request for Ancillary SMHS in Addition to Day Services (amount of sessions requested and dates of authorization period)
- Medical Necessity Criteria for Ancillary SMHS
- Signatures by Ancillary SMHP and Day Services Provider

**As a reminder, the process for requesting ancillary SMHS in addition to Day Services is the following:**

- The Day Services Provider completes the identified Day Services sections and sends by secure fax or email to the ancillary Organizational or Fee For Service Provider
- In collaboration with the Day Services Provider, the Organizational or Fee For Service Provider completes the identified Ancillary Organizational/Fee For Service Provider Sections, signs and sends by secure fax or email to the Day Services Provider
- The Day Services Provider reviews the “Ancillary SMHS Request” form, signs and faxes to Optum
- Optum reviews and provides authorization determination within 5 business days of receipt
- Authorization shall be viewable by the Day Services Provider and ancillary SMHP in the CCBH Clinician Home Page Authorizations Tab, indicated by an “AE” next to the authorization number in the “Authorization #” column
- Optum shall issue an NOABD to the Day Services Provider and Medi-Cal beneficiary if the Ancillary SMHS request is denied, modified, reduced, terminated, or suspended. The Day Services Provider shall inform the Ancillary SMHP of denial within 3 business days

Please review the attached “Ancillary Specialty Mental Health Services (SMHS) Request” explanation form which includes detailed instructions on how to complete the form. Please contact your COR if you have any questions.

Attachments: Ancillary Specialty Mental Health Services Request Form Dated 1-1-20  
Ancillary Specialty Mental Health Services Request Form Explanation Sheet



References:

- DMH LETTER NO.: 02-01 Dated 4/16/2002: [Clarification Regarding Medi-Cal Reimbursement for Day Treatment for Children and Youth in Group Home Programs](#)
- DMH INFORMATION NOTICE NO.: 02-06 Dated 10/1/02: [Changes in Medi-Cal Requirements for Day Treatment Intensive and Day Rehabilitation](#)

CC: Optum Public Sector San Diego  
County of San Diego BHS Quality Management

**Ancillary Specialty Mental Health Services (SMHS) Request**

Submitted by the Day Services Provider to Optum in Coordination

with the Ancillary Specialty Mental Health Provider (SMHP)

Please Check: ☐ Initial Request (within 5 business days of Ancillary Start date)  
☐ Continuing Request (completed on Day Services UM cycle)

**FAX TO: (866) 220-4495**

Optum Public Sector San Diego

Phone: (800) 798-2254, Option 3, then Option 4

**COMPLETED BY DAY SERVICES PROVIDER****CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

**DAY PROGRAM INFORMATION**

Legal Entity: \_\_\_\_\_

Program Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Unit#: \_\_\_\_\_

Day Program Subunit#: \_\_\_\_\_

Day Services Authorization Start date: \_\_\_\_\_

\*Day Services Authorization End Date: \_\_\_\_\_

**COMPLETED BY ANCILLARY ORGANIZATIONAL PROVIDERS (IF FEE FOR SERVICE PROVIDER LEAVE BLANK)****ORGANIZATIONAL SPECIALTY MENTAL HEALTH SERVICES PROVIDER (SMHP) INFORMATION**

Legal Entity: \_\_\_\_\_

Program Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Unit#: \_\_\_\_\_

Program Subunit#: \_\_\_\_\_

**TO BE COMPLETED BY ANCILLARY FEE FOR SERVICE PROVIDERS (IF ORGANIZATIONAL PROVIDER LEAVE BLANK)****FEE FOR SERVICE (FFS) SMHP INFORMATION**

PROVIDER LAST NAME: \_\_\_\_\_

PROVIDER FIRST NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**COMPLETED BY ANCILLARY ORGANIZATIONAL OR FFS PROVIDER****AUTHORIZATION REQUEST FOR ANCILLARY SMHS IN ADDITION TO DAY SERVICES**

**SELECT THE AMOUNT OF ANCILLARY SMHS REQUESTED (Inclusive of all Individual, Collateral, ICC, IHBS, Group, Rehab, Case Management or other covered SMHS provided by the Ancillary SMHP):**

Sessions Requested Per Week \_\_\_\_\_

Ancillary Authorization Start Date: \_\_\_\_\_

Ancillary Authorization End Date: \_\_\_\_\_

*\*Matches the Day Services Authorization End Date Listed Above*

Ancillary Provider Assignment Start Date: \_\_\_\_\_

**MEDICAL NECESSITY CRITERIA FOR ANCILLARY SMHS****Ancillary Service Necessity Criteria - check all that apply and explain (choose at least one):**☐ Requested service(s) is not available through the day program. Describe why service is not available: \_\_\_\_\_☐ Continuity or transition issues make these services necessary for a time limited interval. Describe the need: \_\_\_\_\_☐ These concurrent services are essential to coordination of care. Describe why services are essential: \_\_\_\_\_**Ancillary Organizational/FFS SMHP (Print):** \_\_\_\_\_**Credentials:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Day Service Provider (Print):** \_\_\_\_\_**Credentials:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**FOR OPTUM USE ONLY**

Optum reviews and retains. Optum Authorization Determination is documented on the Prior Authorization Day Services Request (DSR) form and is viewable to the Day Service Provider and SMHP within 5 business days of Optum receipt in the CCBH Clinicians Home Page Authorizations Tab.

County of San Diego Mental Health Plan  
**Ancillary Specialty Mental Health Services (SMHS) Request**

**COMPLETED BY: Day Services Provider and Ancillary Specialty Mental Health Services Provider (SMHP) when client is receiving both Day Services and ancillary SMHS**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

**COMPLETION REQUIREMENTS:**

- ❖ Within 5 business days of a SMHP beginning treatment, a stand-alone “Ancillary SMHS Request” form shall be submitted to Optum to request ancillary SMHS from a separate program/provider in addition to Day Services
  1. The Day Services Provider completes the identified Day Services section (Client Information and Day Program Information) and sends by fax or secure email to the Organizational or Fee For Service (FFS) Provider
  2. In collaboration with the Day Services Provider, the SMHP completes the identified Organizational/FFS Provider sections (Provider Information and Authorization Request for Ancillary SMHS in Addition to Day Services), signs and sends to the Day Services provider by fax or secure email
  3. The Day Services provider reviews the “Ancillary SMHS Request” form, signs, and faxes to Optum
  4. For continuing authorization steps 1-3 are completed on the timeline of the Prior Authorization UM cycle of the Day Services Provider

**DOCUMENTATION STANDARDS:**

*The following elements of the Ancillary SMHS Request form shall be addressed:*

1. **Client Information (completed by Day Services Provider)**
  - Include Name, Client ID and Date of Birth
2. **Day Program Information (completed by Day Services Provider)**
  - Include Legal Entity, Day Program Name, Phone number and Day Services Program Unit and Subunit number, Day Services Authorization Start Date and Day Services Authorization End Date
3. **Organizational Specialty Mental Health Services Program Information (Completed by Organizational Providers only, Fee For Service Providers leave blank)**
  - Include Legal Entity, SMHS Program Name, Phone number and SMHS Program Unit and Subunit number
4. **Fee For Service (FFS) Specialty Mental Health Service Provider Information (Completed by FFS Providers only; Organizational Providers leave blank)**
  - Include Provider Name, Provider ID Number, Phone Number, and Fax Number
5. **Authorization Request for Ancillary SMHS in Addition to Day Services (completed by Organizational or Fee For Service Provider)**
  - Select the total amount of ancillary SMHS requested in addition to Day Services

1. Provide the amount SMHS sessions requested per week
2. Provide the Start Date of the requested authorization period
3. Provide the End Date of the requested Authorization period – shall match the end date for the Day Services Authorization as outlined on the form in Day Program Information section
4. Provide the Start Date of the Ancillary Provider Assignment

**6. Ancillary Service Necessity Criteria (completed by Organizational or Fee For Service Provider)**

- ❖ Check all that apply and explain (choose at least one for Medical Necessity)
  - Requested service(s) is not available through the Day Program. Describe why the service is not available
  - Continuity or transition issues make these services necessary for a time limited interval. Describe the need for services to be available for continuity or transition
  - These concurrent services are essential to coordination of care. Describe why concurrent services are essential

**7. Signature(s)**

- Must include the printed/typed name, credentials, signature and date of the Ancillary SMHP
- Must include the printed/typed name, credentials, signature and date of the Day Services Provider

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**OPTUM AUTHORIZATION**

- Upon receipt from the Day Services provider, Optum reviews and retains the “Ancillary SMHS Request” form
- When the ancillary services are authorized, the start date and end date shall be viewable to the Day Services provider and the SMHP in the CCBH Authorizations Tab on the Clinicians Home Page within 5 days of Optum receipt. Ancillary authorization will be indicated by an “AE” next to the authorization number in the “Authorization #” column (see image below)
- When the Ancillary Services Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and the requesting Day Service provider, who shall inform the Ancillary SMHP of denial within 3 business days

*(Image on next page)*

CLINICIAN'S HOMEPAGE (TEST2) 3.0.0.0

Home Client View

Client Information Broadcast Alert New Progress Note New Assessment New Client Plan Prospective Planning Tools Pharmacy of Choice Medical Refresh Client Panel Close Client Panel Panel Options

SETH WILLIAMS - BH PROGRAM MANAGER

Caseload

Type Name Case#

There are no items to show.

Caseload Services Shortcuts

TEST CLIENT 100038738 Female Born: 01/01/1988

Auth#	From	Good Thru	PaySrc ID	Pay Source	BenPn ID	Benefit Plan
12345A	01/01/2020	06/28/2020	100	MEDI-CAL	9408	MEDI-CAL(01)
12345AE	02/02/2020	04/02/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY
12345AI	01/01/2020	06/28/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY

Face Sheet Pre-Intake Assessments Assignments Diagnoses - Assessed 04/04/2019 Substance Abuse - Assessed 04/06/2019 Client Plans Progress Notes Authorizations Insurance Coverages Services Medical Conditions Medications Client Attachments

Logged on as WILLIAMS, SETH (00037) Environment: Test 2 CHR20117029 Template Loaded Ready CAP. NUM. SCR

**Note:** The updated “Ancillary SMHS Request” form shall be utilized beginning 1/1/2020

**References:** DMH LETTER NO.: 02-01 Dated 4/16/2002: [Clarification Regarding Medi-Cal Reimbursement for Day Treatment for Children and Youth in Group Home Programs](#)

DMH INFORMATION NOTICE NO.: 02-06 Dated 10/1/02: [Changes in Medi-Cal Requirements for Day Treatment Intensive and Day Rehabilitation](#)



## MENTAL HEALTH SERVICES



### Knowledge Sharing

#### **CYF Utilization Management Outpatient Cycle Expansion**

The CYF Outpatient Utilization Management (UM) Cycle is expanding to allow for a second assessment session. Traditionally one assessment session was followed by a treatment planning session to inform the subsequent treatment phase. With the shift to the new outcome tools, the system has identified a need to add a second assessment option to incorporate results from the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35) into the Client Plan and BHA.

It is important that the goals are informed and developed based on the symptoms, needs and strengths identified in the CANS and PSC-35 results.

**Effective January 1, 2020**, Treatment session cycle will move from:

- 13 to 14 Individual Session Cycle
- 18 to 19 Family or Group Session Cycle
- Program may utilize one or multiple assessment sessions within the 14 or 19 session cycle, as indicated.

Please discard the UM Request Form dated 9-1-19 and replace with the 1-1-20 version. The two impacted and attached updated forms can be found at the Optum website: <https://www.optumsandiego.com/>

#### **AOA and CYF No Show and Follow Up Standard**

County of San Diego MHP has adopted a SOC average “No Show” rate for both licensed/registered/waivered clinicians and psychiatrists. The SOC average “No Show” rate is 15% for licensed/registered/waivered clinicians and 20% for psychiatrists. As data is collected, the County will continue to evaluate the SOC average “No Show” rates and work with providers to adjust standards as necessary. All providers shall have policies and procedures in place regarding the monitoring of “No Show” appointments for clients (and/or caregivers, if applicable). These policies and procedures shall cover both new referrals and existing clients.

**No Show definition:** when a new or current client (and/or caregiver, if applicable) is scheduled for an appointment and does not show up or call to reschedule.

#### **Medication Monitoring Submission Requirements**

In order to reduce the extra items reviewed during the Medical Record Review, we will be changing the Medication Monitoring Submission requirements.

#### **Optum Website Updates** **MHP Provider Documents**

##### **Communications Tab**

- CYF Memo – UM Outpatient Cycle Expansion

##### **UCRM Tab**

- CYF UM Request Form
- CYF UM Request Explanation

##### **OPOH Tab**

- **Section D:** No Show standard
- **Section D:** CYF UM Outpatient Cycle Expansion
- **Section F:** NOABD Termination
- **Section S:** Serious Incident Reporting



## QM ... UP TO THE MINUTE

### January 2020

Beginning with the **January 2020** submission, programs are now required to submit the following items:

- Medication Monitoring Screening Tool
- QI Medication Monitoring Summary
- Medication Monitoring Feedback Loop Form (McFloop), if applicable

The quarterly submission timeline will remain the same. All forms can be faxed to 619-236-1953 or sent by secure email to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)

### CSI Diagnosis Error Corrections

Effectively immediately, when opening a client, providers are required to date the Diagnosis Form as the date of intake.

CSI (Client Services Information) requires that both the form date (date of diagnosis form) and the start date of the Mental Health diagnosis to cover the first date of service.

This change may impact when a provider encounters a diagnosis billing error, such as an AQ Suspense issue.

- To correct both CSI and billing errors, the form must be dated for the date of service (DOS).
- If when dating the Diagnosis form you receive a stop message notifying that it is not the most recent form, a second diagnosis form dated with the current date must also be entered. The same edits must be made to both forms.
- Starting January 2020, the Monthly Reports Package will include a report capturing all CSI errors for your program.
- A CSI Correction Guide has been sent out which will assist in completing all necessary updates and corrections, along with **BHS QM Memo issued 12/26/19**.

For guidance with the correction process, direct questions to the Optum Help Desk at 1-800-834-3792.

Any other questions and/or comments may be directed to [QIMatters.HHSA@sdcounty.gov](mailto:QIMatters.HHSA@sdcounty.gov)

### NOABD Clarifications

**Q:** What if a termination notice needs to be issued to a homeless client and the program is unable to reach them?

**A:** Review client's chart for an emergency contact and if the program has an ROI on file for the individual, send the NOABD to them. If not, document the inability to reach client on the NOABD log and place a copy of the NOABD in the log as well.

**Q:** When is the NOABD Termination Notice issued?

**A:** A Termination Notice is **REQUIRED** for all clients that have an unsuccessful discharge. Some examples include AWOL, client doesn't return for services, client chooses to terminate AMA, etc. If the client has a planned, successful termination and the client is in agreement with the discharge, then no NOABD is required.

**Q:** What if a client voluntarily chooses to end treatment?

**A:** In the event that a client chooses to voluntarily end treatment or "self-discharges" in writing, an NOABD would still be required.

### OPOH Updates

#### Section D

- updated to address CYF treatment session cycle expansions.
- updated to include the "No Show" standard for A/OA and CYF Systems of Care.

## QM ... UP TO THE MINUTE

### January 2020

**Section F:** updated to include NOABD Termination must be sent to the client when there is not a successful discharge, AWOL, or leave AMA. It also includes update addressing sending NOABD to homeless client.

**Section G:** updated to indicate no SIR is needed in the event of a beneficiary's natural death.

#### Management Information Systems (MIS)

##### Welcome!

Christopher Guevara, who was with the Performance Improvement Team (PIT) has now moved over to MIS as the Program Administrative Analyst. We welcome him and know the expertise he is bringing from PIT will greatly enhance our team! Christopher will head up the PAC Committee and be a support for both Mental Health and SUD.

##### Cerner Reminder

- For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or email [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com) . **Please do not call Cerner directly!**

#### Training and Events

##### Documentation Training

- CYF Documentation Training:** Wednesday **February 19, 2020** from 9:00AM to 12:00PM, County Operations Center, 5500 Overland Ave, Room 120, San Diego 92123

##### QI Practicum

- Audit Leads' Practicum:** Thursday **February 6, 2020** from 9:00AM to 12:00PM, County Operations Center, 5500 Overland Ave, Room 120, San Diego CA 92123
- This practicum is intended for program level QI staff and PM's who have been designated as Leads during the audit or Medical Record Review (MRR) process.

##### Other important information regarding training registrations

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

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)

# Mental Health Services

## Knowledge Sharing

### e-Prescribe: Discontinuing a Medication in DHP

- Prescriptions are automatically discontinued in DHP if there is an end date in the Sig Builder and the end date has passed.
- There may be times when you want to discontinue a medication in the client's record:
  - IE: you find out the pre-existing medication prescribed by another Prescriber has been terminated, or the client has stopped taking the medication.
- Discontinuing a medication does NOT alert the pharmacy – you must contact the pharmacy directly to let them know.

### NOABD Logs

The MHP Programs shall have a written policy and procedure addressing the collecting, storing, filing and mailing of the Notice of Adverse Benefit Determinations. It is recommended that programs maintain all Notice of Adverse Benefit Determinations in a confidential location at the program site for no less than ten (10) years after discharge for adults. For minors, records are to be kept until they have reached the age of 18, plus seven (7) years.

- All MHP programs shall maintain a monthly NOABD Log on program site
- Programs shall include the following in their NOABD Logs:
  - Date NOABD was issued
  - Beneficiary response, requests, provisions for second opinions, initiation of grievance/appeal procedure and/or requests for State Fair Hearing if known

### Client Plans

- When entering client plans into CCBH, DO NOT END another program's client plan to begin your own. Prior to creating a client plan, the program should determine if the client is open to another program. If you have a client that is open to two like programs (IE: AOA Outpt/FSP) both open programs will share the same plan. The newest program will add their information to the existing plan, indicating in each tier their unit/subunit and date. Ending another program's plan will cause disallowances for the ended program. If you are unable to consult with the other program prior to creating a client plan, email QIMatters and we can help with collaboration.
- Program staff should be reminded, when selecting an objective to be linked to the service, confirm it is one provided by your program.

### Initial Screening Co-Signature

- Implementation of the requirement for a co-signature by licensed clinician on Initial Screenings completed by MHRS went live on 12/11/2019.
- This is a non-billable service which is used to determine if client meets medical necessity.

### Optum Website Updates MHP Provider Docs

#### OPOH

- **Sec F:** Updated NOABD Issuance Log Requirements for Programs
- **Sec G:** Updated County Procedure re: scheduling Medi-Cal Recertification Site Visits
- **Sec H:** Cultural Competency Training requirement for new employees updated.

### Diagnosis Forms

- Diagnosis forms completed at time of admission should be dated to match date client was opened to program/date of admission.
- If dates do not match, this will create an issue for CSI.

### Suicide is a public health issue

Consider developing a **Suicide Postvention Plan** in your workplace.

- Postvention refers to the care and support for those impacted by the completed suicide, known as loss 'survivors'.
- Survivors may be relatives, friends, or professional staff who regularly interacted with the deceased.
- The aftermath of suicide often presents conditions of complex responses.
- A postvention plan can mitigate negative effects of exposure to suicide, promote healing for survivors, first responders, the broader community, and reduce risk for those who may be vulnerable.
- We suggest keeping a binder onsite with resources for information, educational materials, online forums, books, helplines, and support for clinicians and collateral after a death by suicide impacting your program.

Please contact us as QIMatters [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) if you would like more information or links to resources.

### National Guidelines

<https://www.sprc.org/sites/default/files/migrate/library/RespondingAfterSuicideNationalGuidelines.pdf>

### On Suicide Loss

<https://suicidology.org/resources/suicide-loss-survivors/>

### For Clinicians

<http://cliniciansurvivor.org>

### OPOH Updates

- **Section F** was updated to include the requirement for programs to maintain a NOABD Log to track issuance.
- **Section G** was updated to detail County Procedure for scheduling Medi-Cal Recertification Site Visits.
- **Section H** was updated to remove the 90-day Cultural Competency training requirement for new employees. New employees now have one (1) year to complete required Cultural Competency training.

### Management Information System (MIS)

### Cerner Reminder

- For questions regarding Cerner products or functions, please call or email Optum Support Desk at 800-834-3792 or [SDHelpdesk@optum.com](mailto:SDHelpdesk@optum.com). **Please do no call Cerner directly!**

## Training and Events

### Documentation Training

- **Adult/Older Adult Documentation Training:** Thursday January 23, 2020 from 9:00AM to 12:00PM. This training will be delivered via **WebEx** and attendees will logon remotely via computer. Registration process is the same as live documentation trainings.
- **RCA (Root Cause Analysis) Training:** Thursday January 30, 2020 from 9:00AM to 12:00PM, County Operations Center, 5560 Overland Ave, Room 124, San Diego CA 92123

### QI Practicum

- **General Provider Practicum:** Thursday January 9, 2020 from 9:00AM to 12:00PM, County Operations Center, 5500 Overland Drive, Room 120, San Diego CA 92123.
  - This practicum is intended for all levels of direct service providers, focusing on Progress Note documentation.

### Training Registration Information

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

### Quality Improvement Partners (QIP) Meeting

- Next QIP Meeting will be held on January 28<sup>th</sup>, 2:30PM to 4:30PM, at National University, 9388 Lightwave Ave, San Diego CA 92123.

## New QM Specialist

- **BHS QM Team welcomes Jill Michalski, LCSW!** Jill joins our team with extensive knowledge of Utilization Management including Inpatient, Outpatient and Specialized Psychiatric programs for adults and children. Jill joined BHS in September 2019, bringing her experience working with Magellan Health providing authorization and concurrent review of psychiatric, eating disorder and SUD authorizations for Blue Shield Exchange beneficiaries. Jill's past clinical experience includes working as an Integrated MH Clinician providing Outpatient services in community-based settings with Family Health Centers, school-based therapeutic services in elementary day treatment settings for New Alternatives and the development of a school-based mobile crisis team for Fresno County Children's Mental Health. Jill has completed UCSD's Play Therapy Program and has specialized interest in play therapy and animal-assisted therapy. When not working on QM matters, Jill enjoys cooking, travel and hosting themed dinner parties for friends! You can find Jill at [Jill.Michalski@sdcounty.ca.gov](mailto:Jill.Michalski@sdcounty.ca.gov)

- **BHS QM Team welcomes Emily Duval, LPCC!** Emily brings her two decades+ of clinical experience including 10 years as a practitioner in the United Kingdom. Prior to joining BHS in September 2019, Emily worked in Employee Assistance Programs, higher education setting, hospital/occupational psychology, MHN managed care, and private practice. Emily has specialized in complex grief and the aftermath of suicide (Postvention) since 1998. She is currently working on her PsyD dissertation on Postvention in Organizations. You can find Emily at [Emily.Duval@sdcounty.ca.gov](mailto:Emily.Duval@sdcounty.ca.gov)

**Happy Holidays from the QM MH Team!**



**Is this information filtering down to your clinical and administrative staff?**

**Please share UTTM with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)



## **Documentation Skill Building Workshops on Treatment Plans**

In the month of January, the County of San Diego HHSA Behavioral Health Service SUD Quality Management team is pleased to offer three opportunities for developing a provider's documentation skill set through Skill Building Workshops. The focus this month is Treatment Plans.

Due to limited available seating for the workshops, registration is required. If you are unable to attend, please cancel your registration as soon as possible so that those on the waitlist may register.

Please register by clicking on one of the following dates:

- Date: Thursday, [January 23, 2020](#)
- Time: 1:30 p.m. to 3:30 p.m.
- Where: County Operations Center (5530 Overland Ave., Training Room #124, S.D., CA 92123)
  
- Date: Monday, [January 27, 2020](#)
- Time: 1:30 p.m. to 3:30 p.m.
- Where: County Operations Center (5530 Overland Ave., Training Room #124, S.D., CA 92123)
  
- Date: Thursday, [January 30, 2020](#)
- Time: 1:30 p.m. to 3:30 p.m.
- Where: North Inland Live Well Center (649 West Mission Ave., Room A, Escondido, CA 92025)

## **DMC-ODS Residential Documentation Training in February**

A review of DMC-ODS Residential Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Monday, **February 3, 2020**

Time: 9:00 a.m. to 1:00 p.m.

Where: 2-1-1 San Diego Building (3860 Calle Fortunada, Suite #101, Haimsohn Room #113 and #114, S.D., CA 92123)

- [CLICK HERE TO REGISTER](#) or contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) for questions.

## **DMC-ODS Outpatient Documentation Training in February**

A review of DMC-ODS Outpatient Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Wednesday, **February 12, 2020**

Time: 12:30 p.m. to 4:30 p.m.

Where: County Operations Center (5500 Overland Ave., Training Room #120, San Diego, CA 92123)

- [CLICK HERE TO REGISTER](#) or contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) for questions.



### **2020 SUD Workforce Recovery & MAT Summits presented by DHCS**

The California Department of Health Care Services (DHCS) will present a series of free trainings which will be held in various locations throughout the state in January and February. The Substance Use Disorder (SUD) Workforce: Recovery and Medication-Assisted Treatment (MAT) Summit will bring together registered and certified SUD counselors and other disciplines of the behavioral health workforce to provide education and resources pertaining to MAT, tools to address and reduce stigma and ways the workforce can join California's current efforts to address SUD emerging epidemics. CEUs available!

For additional information, locations and registration follow the link to: [Substance Use Disorder Workforce: Recovery & Medication Assisted Treatment Summit](#)

### **BHS SUD Treatment Provider Meeting**

Meetings are typically held on the 3<sup>rd</sup> Tuesday of every month, 10:00 a.m.-11:30 a.m.

- Next meeting: Tuesday, **January 21, 2020** at 10:00 a.m. to 11:30 a.m.
- Location: Scottish Rite Center (Claude Morrison Room) 1895 Camino del Rio So., S.D. CA 92108

### **SUD Provider Quality Improvement Partners (SUD QIP) Meeting**

Date: Thursday, **January 23, 2020**

Time: 10:00 a.m. to 11:30 a.m.

Where: National University (9388 Lightwave Ave, Room #118, S.D. CA 92123)

- The intent of the meeting is to have a regular place for County QI and program Quality Assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.
- Participation via WebEx is an option for those unable to travel. Further information will be sent by email prior to the meeting.
- Guest Presenter: Angie DeVoss (Privacy & Compliance Officer of COSD-HHSA) who will facilitate a discussion on 42 CFR Part 2.

### **Reminder: Physical Examination Requirements**

- Providers are required to obtain physical examination results for each client. If the client had a physical exam within the 12-month period prior to admission, the physician shall review the results within 30 calendar days of admission (for outpatient; 10 days for residential).
- If the client has not had a physical within the 12-month period prior to admission, the physician may perform a physical examination within 30 calendar days of admission for outpatient programs; within 10 days of admission for residential programs (if the program is able to provide IMS).
- If neither of the above have taken place, then a goal of obtaining a physical examination must be included on the initial and updated treatment plans. The goal should remain on the treatment plan until the physical examination results have been received and reviewed by the physician, and there is documentation of the physician's review of the results with typed/legibly printed name, signature (adjacent to the typed/printed name) and date.
- In all instances, a copy of the physical examination results must be filed in the chart.
- Monitoring and disallowances related to this issue began with reviews that include new clients and new treatment plans as of August 1, 2019.
- Please refer to the entire Quality Management Memo located under the new "Medical Director Info" tab on the DMC-ODS page of the [Optum website](#).



### **Reminder: 2020 is a Leap Year**

Leap Year versions of the Due Date Timeline Tip Sheets for both Outpatient & Residential programs can be located under the “Toolbox” tab on the DMC-ODS page of the Optum website.

### **Reminder: Transitional Care Services**

- Transitional Care Services (TCS) are defined as services that assist clients in successfully navigating transitions in care, prior to admission or post-discharge from a level of care. As these services will now be DMC billable, TCS replaces the previous “Assessed Not Admitted” process described in the Quality Management Memo dated October 18, 2018.
- Effective **January 1, 2020**, TCS is available to all programs that offer case management services.
- For Collaborative Court Programs, the “Assessed Delayed Admit” process discussed in the October 18, 2018 Quality Management memo will still be available for your programs as this will be used when someone is incarcerated, and Medi-Cal cannot be billed.
- Please refer to the entire [Quality Management Memo: Transitional Care Services](#) dated December 23, 2019, which can also be located under the “Communications” tab on the DMC-ODS page of the Optum website.

***See the SanWITS update regarding Transitional Care Services (TCS) below:***

### **Programs that Provide Case Management Services**

- Effective 1/1/20, you are no longer able to use the “Assessed not Admitted” Program Enrollment. A new Program Enrollment was created - **Transitional Care Services (TCS)**. Please follow the guidelines for TCS created by the County QM unit.
- A tip sheet for the [Transitional Care Service Program Enrollment](#) can be accessed by this hyperlink, or is also available on the OPTUM website (DMC-ODS page, SanWITS tab) or upon request thru the [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov).
- If you still need to enter intakes for clients that were assessed but not Admitted please contact the [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov). MIS will temporarily (24 hours) open the Program Enrollment “Assessed not Admitted” for back data entry.



### **Residential Providers:**

#### **Government Contract Enrollment & Authorizations**

- To prevent the error message **“There is no active authorization that is associated with the current Client Group Enrollment”**, effective immediately the Government Contract Enrollment should not be closed/end dated even if the client has been discharged from the program.
- If the client returns to the same facility to receive treatment (new Intake/episode), a new Government Contract Enrollment should not be opened if the appropriate one exists for the client. The start date should not be modified.
- There could potentially be 3 government Contract Enrollments per client for each facility, but there should only be one Residential Bed Day (RBD), one Out of County (OOC) and/or one Justice Override.



### **Outpatient Providers:**

- **Patient Education** groups cannot be mixed with **Clinical Groups** as they are not the same service.
- Group Sessions - you can mix OS and IOS clients in the same group as long as they are receiving the same type of service - either education or clinical.
- **Recovery Services** clients cannot be mixed with **OS or IOS clients**.

### **SanWITS Quarterly Users Group Meeting for Outpatient Providers – Jan 2020**

- Next meeting: An email will be sent with January date and location (Outpatient Providers Only)
- Location: TBD
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
  - Outpatient programs will meet – Apr, Jul, Oct, Jan
  - Residential programs will meet – May, Aug, Nov, Feb
  - OTP programs will start meeting in conjunction with the OTP Provider meeting; next scheduled meeting will be Jan 21, 2020.

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  - OTP programs will start meeting in conjunction with the OTP Provider meeting; next scheduled meeting will be Jan 21, 2020.

### **All Providers:**

#### **CalOMS Forms**

- Forms have been updated to reflect some of the changes to the system over the last few months and to correct some formatting issues.
- Forms were sent via email to all providers and posted to the Optum website.
- Please discontinue using the old forms.

#### **New DATAR Reporting Portal**

- California Department of HealthCare Services (DHCS) has a new Application Portal that provides their customers with a single sign-on platform for applications that have been integrated with the Portal and up to date information on DHCS applications/systems. The new link is: <https://portal.dhcs.ca.gov/>.
- All staff that submit DATAR are expected to be setup in the new system by January 7, 2020. If you cannot access the new system, contact the SUD Support desk at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DATAR submissions deadlines for this month are extended to January 10, 2020.



#### **SanWITS Billing Classes**

- Register with BHS Billing Unit [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
- Prerequisite required: SanWITS Basic training.

#### **SanWITS and SSRS Training Update**

- Effective January 2020 the SanWITS Basic Training name has been changed to **“Intro to Admin Functions Training”**.
- There is no required training for direct staff prior to the Assessments training that will be offered in Spring 2020.
- SSRS Training will no longer be available starting February 1, 2020. If you need the ability to view and run SSRS reports, please submit the Modification Form checking the SSRS View and Run Reports under Additional Optional Roles.

### **SanWITS and SSRS Trainings**

- Register online with RegPacks at:  
[https://www.regpacks.com/reg/templates/build/?g\\_id=100901152](https://www.regpacks.com/reg/templates/build/?g_id=100901152)
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
  - SanWITS – Intro to Admin Functions SanWITS functions that are applicable to All program types
  - Residential Facilities - Bed Management & Encounter Training
  - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the “Downloadable Forms” tab and must be completed and returned to SUD Support at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, another training will be required before access is given.
- If you are unable to attend class, please cancel the registration as soon as possible.



**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](mailto:QIMatters.hhsa@sdcounty.ca.gov)

**To:** Mental Health System of Care Providers  
**From:** Heather Parson, LMFT, Interim BHPC - Quality Management  
**Re:** DHCS Revised Telehealth Policies

**Date:** 12/06/19

DHCS recently revised [the Medi-Cal telehealth policy](#) to increase flexibility in the delivery of telehealth services to their patients. This policy was effective as of July 1, 2019. Additionally, DHCS [All Plan Letter 19-009](#) provides further clarification on services covered and documentation requirements regarding telehealth modality. Telehealth is the provision of services via audio-visual two-way real time communication. Refer to Section D.12 in the OPOH to obtain further information regarding videoconferencing guidelines.

Each telehealth provider is required to be licensed in California and enrolled as a Medi-Cal provider. If the provider is not located in California, they must be affiliated with an enrolled Medi-Cal provider group (or border community) as indicated in the Medi-Cal Provider Manual. Each telehealth provider must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is licensed.

Medi-Cal covered services may be provided via telehealth modality if all the following criteria are met:

- The treating health care provider at the distant site believes the services being provided are clinically appropriate to be delivered via telehealth based upon evidence-based medicine and/or best clinical judgment;
- The member has provided verbal or written consent;
- The presence of a health care provider is not required at the originating site unless determined medically necessary by the provider at the distant site;
- The medical record documentation substantiates the services delivered via telehealth meet the procedural definition associated with the covered service; and
- The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.

When billing Telehealth, providers must use the following billing indicators:

- Place of Service: T - Telehealth
- Contact Type: E - Telehealth

Billing telehealth services for Medi-Medi Clients:

- Medicare will only reimburse services provided via telehealth modality if the beneficiary is in a rural area. This condition does not apply to San Diego County. Therefore, any Medicare services provided via telehealth, **it is recommended to** use the GY modifier. The GY modifier flags the claim as not eligible for payment due to the rural condition not being met.
  - Medi-Medi **billed with the** GY modifier **alerts** Medicare not to process the claim for payment as Medicare will deny the payment **and the claim can be crossed to Medi-Cal.**

Please direct any questions and/or comments to [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)



**To:** Mental Health System of Care Providers  
**From:** Heather Parson, LMFT, Interim BHPC - Quality Management

**Date:** 12/26/19

**Re:** CSI Diagnosis Error Corrections

Mental Health Plans (MHP) are required to submit specific data sets to DHCS. Client Services Information (CSI) is one of those data sets. As part of San Diego's submission, a Mental Health diagnosis must be attached to each service.

Historically, providers were instructed to date the Diagnosis Form with the date they entered the diagnosis into CCBH. A recent discovery determined that CSI requires both the form date (date of the Diagnosis Form) and the start date of the Mental Health diagnosis to cover the first date of service. Effective immediately, when opening a client, providers are required to date the Diagnosis Form as the date of intake.

This change may impact when a provider encounters a diagnosis billing error, such as an AQ Suspense issue. Previously, when making corrections for a billing diagnosis error, programs were instructed to date the Diagnosis Form with the current date. Although this process cleared the billing error, it did not clear the CSI error. To correct both CSI and billing errors, the form must be dated for the date of service (DOS). If when dating the Diagnosis Form you receive a stop message notifying you that it is not the most recent form, a second Diagnosis Form dated with the current date must also be entered. The same edits must be made in both forms.

Attached is the CSI Correction Guide, which includes how to complete the necessary corrections when they arise.

Programs are currently provided a Monthly Reports Package generated by Optum, and starting January 2020, the package will include a report that captures all CSI errors for your program. The Correction Guide will assist in completing the necessary updates.

For guidance with the correction process, direct questions to the **Optum Help Desk** at 1-800-834-3792.

Any other questions and/or comments may be directed to [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

# CSI Correction Guide



*Live Well San Diego*

**County of San Diego  
Behavioral Health Services**

## CSI Correction Guide

Client Service Information, also known as CSI, must be submitted to the State. Just like with billing, it will land in suspense if the information is not correct. This guide is to be used in conjunction with the CSI Validation Report to correct the suspense items so they can successfully be submitted to the State.

### Table of Contents by Error Type:

Client's name contains non-alpha characters.....	3
Invalid country of birth.....	4
Invalid race combination.....	5
Mother's name contains non-alpha characters.....	6
Invalid legal consent, client is >17/Invalid legal consent, client is >25.....	7
Under 18 was not selected but client is under 18/Under 18 is selected but client is >= 18.....	8
No principal mental health diagnosis.....	9
The diagnosis FORM does not cover the actual date of service.....	9
The diagnosis START DATE does not cover the actual date of service.....	12
The diagnosis is not a mental health diagnosis.....	14

**The errors included in this packet are only the most common error types. If you have any questions, or need additional support, please **STOP** and call the Optum Support Desk at 800-834-3792.**

✓ **Error:** Client's name contains non-alpha characters

Client name should not have any non-alpha characters. This includes the first name, middle name, last name, and suffix. Non-alpha characters are apostrophes, hyphens, spaces, or non-English letters.

Example of a wrong name:

CLIENT IDENTIFYING INFORMATION						
Client Name						
Last Name	TEST-UN'REAL	First	FAKE	Middle Name	Suffix	JR.
Birth Name (If different from above)						
Last Name		First				
Middle		Suffix				

✓ **Correction:** Submit a FORM A to update the name removing any non-alpha characters.

Example of a correct name:

CLIENT IDENTIFYING INFORMATION						
Client Name						
Last Name	TESTUNREAL	First	FAKE	Middle Name	Suffix	JR
Birth Name (If different from above)						
Last Name		First				
Middle		Suffix				

✓ **Error:** Invalid Country of Birth

The selections made within the 5 individual questions (2 radio buttons and 3 selections) MUST be logical.

Example of illogical selections:

The top screenshot shows a form with the following selections: 'Born in U.S.' (Yes), 'Place of Birth: Country' (Unknown country), 'Born in California' (Yes), 'Place of Birth: County (If born in California)' (Unknown), and 'Place of Birth: State (If born inside the U.S.)' (Unknown state). The bottom screenshot shows: 'Born in U.S.' (Yes), 'Place of Birth: Country' (United States), 'Born in California' (No), 'Place of Birth: County (If born in California)' (empty), and 'Place of Birth: State (If born inside the U.S.)' (California).

- ✓ **Correction:** Add a new Demographic Form, dated today's date, and update either the radio button, or selections so the selections are logical.

Examples of logical selections:

Place of Birth Scenario 1 – Unknown Place of Birth

- Born in US: "NO"
- Born in CA: Will be grayed out
- Place of birth COUNTY: Will be grayed out
- Place of birth STATE: Will be grayed out
- Place of birth COUNTRY: 99 = Unknown Country

Place of Birth Scenario 2 – Know born in US but nothing else

- Born in US: "Yes"
- Born in CA: "No"
- Place of birth COUNTY: Will be grayed out
- Place of birth STATE: UN = Unknown State
- Place of birth COUNTRY: US = United States

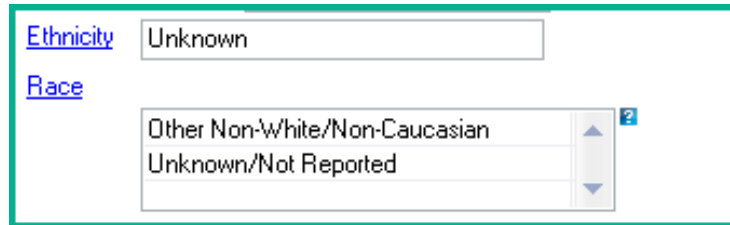
Place of Birth Scenario 3 – Know born in US and CA but nothing else

- Born in US: "Yes"
- Born in CA: "Yes"
- Place of birth COUNTY: 99 = Unknown
- Place of birth STATE: CA = California
- Place of birth COUNTRY: US = United States

- ✓ **Error:** Invalid Race Combination

There cannot be a true value in conjunction with “Unknown/Not Reported.”

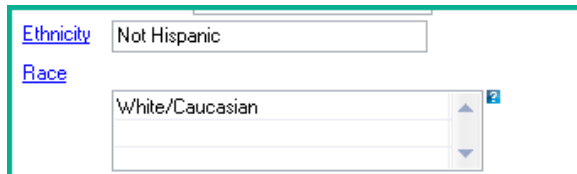
Example of illogical selection:



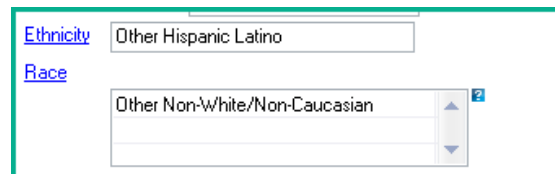
The screenshot shows a form with two fields: 'Ethnicity' and 'Race'. The 'Ethnicity' field is a text box containing the word 'Unknown'. The 'Race' field is a dropdown menu that is currently open, displaying two options: 'Other Non-White/Non-Caucasian' and 'Unknown/Not Reported'. The entire form is enclosed in a green rectangular border.

- ✓ **Correction:** Add a new Demographic Form dated today's date. If there are both an unknown value and a true value, delete the “Unknown/Not Reported.”

Examples of logical selections:



The screenshot shows a form with two fields: 'Ethnicity' and 'Race'. The 'Ethnicity' field is a text box containing the text 'Not Hispanic'. The 'Race' field is a dropdown menu that is currently open, displaying the option 'White/Caucasian'. The entire form is enclosed in a green rectangular border.



The screenshot shows a form with two fields: 'Ethnicity' and 'Race'. The 'Ethnicity' field is a text box containing the text 'Other Hispanic Latino'. The 'Race' field is a dropdown menu that is currently open, displaying the option 'Other Non-White/Non-Caucasian'. The entire form is enclosed in a green rectangular border.

✓ **Error: Mother's name contains non-alpha characters**

Mother's name should not have any non-alpha characters. This includes apostrophes, hyphens, spaces, non-English letters, and parentheses.

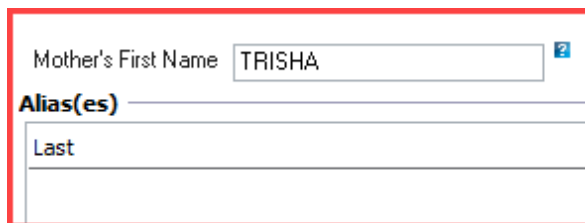
Example of a wrong name:



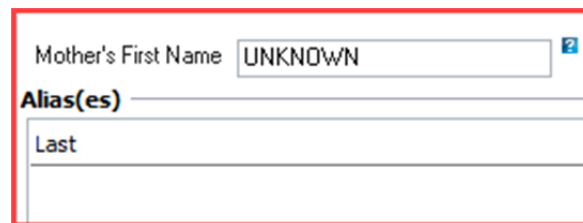
A screenshot of a form with a red border. The 'Mother's First Name' field contains the text 'LISA (BIO) - LYNN (FOSTER)' followed by a small blue question mark icon. Below this field are two more fields: 'Alias(es)' and 'Last', both of which are empty.

✓ **Correction: Add a new Demographic Form, dated today's date, and update the name removing any non-alpha characters.**

Examples of correct names:



A screenshot of a form with a red border. The 'Mother's First Name' field contains the text 'TRISHA' followed by a small blue question mark icon. Below this field are two more fields: 'Alias(es)' and 'Last', both of which are empty.



A screenshot of a form with a red border. The 'Mother's First Name' field contains the text 'UNKNOWN' followed by a small blue question mark icon. Below this field are two more fields: 'Alias(es)' and 'Last', both of which are empty.



- ✓ **Error:** Invalid Legal Consent, Client is >17/Invalid Legal Consent, Client is >25

The client's legal consent and conservatorship status MUST align with their current age.

Examples of invalid legal consent:

The first screenshot shows the 'LEGAL INFORMATION' section with 'Legal Consent' set to 'Probate Conservator of Person' and 'Client's age today' set to 8. A yellow arrow points to the 'Legal Consent' field with the text 'Hint: Look @ Clt age'.

The second screenshot shows the 'LEGAL INFORMATION' section with 'Legal Consent' set to 'Minor-Juv Crt Ward Juv Off' and 'Client's age today' set to 37. A yellow arrow points to the 'Legal Consent' field with the text 'Hint: Look @ Clt age'.

- ✓ **Correction:** Add a new Demographic Form, dated today's date, and update the legal consent field to be consistent with the client's age.

Example of a valid legal consent:

The screenshot shows the 'LEGAL INFORMATION' section with 'Legal Consent' set to 'Self/Not Applicable' and 'Client's age today' set to 20. A yellow arrow points to the 'Legal Consent' field with the text 'Hint: Look @ Clt age'.

- ✓ **Error:** Under 18 was not selected but client is under 18/Under 18 is selected but client is  $\geq 18$

The radio button asking if the client is under 18 MUST be answered correctly. The client's current age was recently added next to this question for ease of answering.

Example of incorrect selection:

PARENTAL SCHOOL INFORMATION	
IS CLIENT UNDER 18? <sup>2</sup>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Client's age today	<input type="text" value="12"/>

- ✓ **Correction:** Add a new Demographic Form, dated today's date, and update the radio button to be consistent with the client's age.

Example of a correct selection:

PARENTAL SCHOOL INFORMATION	
IS CLIENT UNDER 18? <sup>2</sup>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Client's age today	<input type="text" value="13"/>

✓ **Error: No principal MH Diagnosis**

There several reasons this error will appear:

- The date of the diagnosis form does not cover the actual date of service (DOS). Note: There has to be a diagnosis form with a form date on or before the DOS.
- The start date of the mental health diagnosis does not cover the actual DOS. Note: There has to be a mental health diagnosis in effect on the DOS.
- The diagnosis is not a mental health diagnosis. Note: The diagnosis covering the date of service MUST be mental health.

**Error A:** Example of the diagnosis FORM not covering the actual DOS:

The report states the DOS is 3/28/19:

I	J	K	L	M
Record Type	Case Numbe	Client Name	DOS/ Form Da	Error Message
Service			3/28/2019	No Principal MH Diagnosis (Please enter a Mental Health diagnosis code in the Diagnosis form)

The client's chart reflects that the first diagnosis form entered was 4/2/19. **Reminder: change your filters if you are looking for an older DOS.**

Assessments	
Date	Description
03/28/2019	Demographics Form
03/28/2019	Client Plan Confirmation Page
03/28/2019	Eligibility for Pathways
04/02/2019	Psychiatric Assessment
04/02/2019	Diagnosis Form

*Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.*

*Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered.*

✓ **Correction A:**

- Add a new Diagnosis Form, dated the DOS.
- Ensure there is a mental health diagnosis covering the DOS and final approve the form.
- If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

## 1. Add a new Diagnosis Form, dated the DOS.

Adding Assessment for

Assessment

Refresh Save Request Assessment Prospective Planning Tiers Indica

Click Save to confirm selections and add a new Asse

Assessment Type: Diagnosis Form

Date: 03/28/19

Confirmation

? [Client Name] has a more recent Diagnosis Form dated 10/31/2019 that contains a Diagnosis Review Page.

Continue with potential out of sequence addition of Diagnosis Form dated 03/28/2019?

Yes No

Hint: It may be helpful to change your view to view all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.

Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | Current Inactivations |

ID	Diagnosis	Priority	Beg Date	End Date
F33.1	Major depressive disorder, recurrent, moderate	1	10/31/2019	
F43.12	Post-traumatic stress disorder, chronic	2	04/15/2019	
F90.9	Attention-deficit hyperactivity disorder, unspecified type	3	12/16/2014	

General Medical Condition Summary Code:

☐ Add New  
☐ Edit  
☐ Show  
☐ Delete  
☐ Active  
☒ Active and Inactive  
☐ Active and Current Inactivations  
 Display Active and Inactive records

## 2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

Due to the fact the DOS is currently covered by both F90.9 and F91.3, both mental health diagnoses, just sign and final approve the assessment.

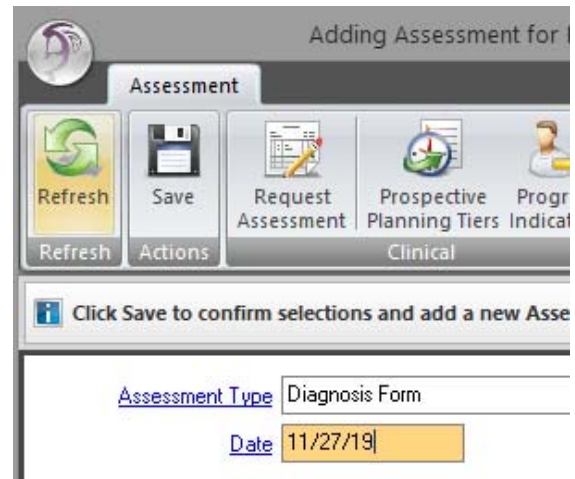
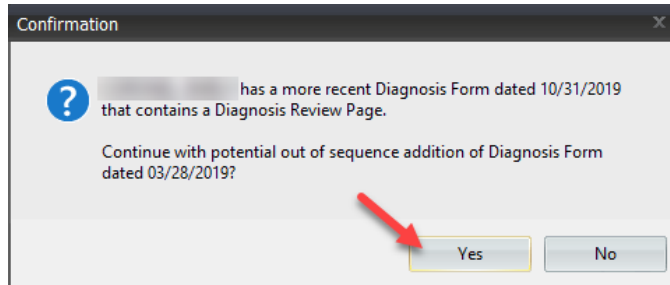
If there was not a mental health diagnosis to cover the DOS, either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | Inactive |

ID	Diagnosis	Priority	Beg Date	End Date
F43.12	Post-traumatic stress disorder, chronic	2	04/15/2019	
F33.1	Major depressive disorder, recurrent, moderate	1	10/31/2019	
F90.9	Attention-deficit hyperactivity disorder, unspecified type	3	12/16/2014	
F91.3	Oppositional defiant disorder	Inactive	12/16/2014	10/24/2019

3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

When the back dated form was entered the notification displayed. Enter a new form dated today and make the same changes that were made in the back dated form.



No changes were made in the back dated form, as there was a mental health diagnosis that covered the DOS. Just sign and final approve the assessment.

**Error B:** Example of the diagnosis START DATE not covering the actual DOS:

The report states the DOS is 6/12/17

Record Type	Case Number	Client Name	DOS/ Form Date	Error Message
Service			6/12/2017	No Principal MH Diagnosis (Please enter a Mental Health diagnosis code in the Diagnosis form)

The client's chart reflects there is a diagnosis form covering that DOS, 6/12/17. **Reminder: change your filters if you are looking for an older DOS.**

Assessments	
Date	Description
05/17/2017	Demographics Form
06/03/2017	Diagnosis Form
06/03/2017	Diagnosis Form
06/12/2017	Diagnosis Form
07/10/2017	Demographics Form
07/10/2017	Diagnosis Form

*Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.*

*Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered. Although there is a FORM date covering the DOS, there are no mental health diagnoses covering the DOS.*

✓ **Correction B:**

1. Add a new Diagnosis Form, dated the DOS.
2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.
3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

1. Add a new Diagnosis Form, dated the DOS.

Hint: It may be helpful to change the view to see all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.

**Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | | Current Inactivations |**

ID	Diagnosis	Priority	Beg Date	End Date
F43.20	Adjustment disorder, unspecified	1	07/10/2017	
T74.02XA	Child neglect or abandonment, confirmed, initial encounter	2	06/03/2017	

- Add New
- Edit
- Show
- Delete
- Active
- Active and Inactive**
- Act Display Active and Inactive records

## 2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

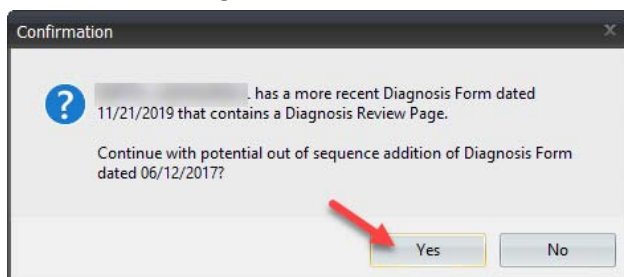
In this case, there was not a mental health diagnosis to cover the DOS. Either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

**Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | | Inactive |**

ID	Diagnosis	Priority	Beg Date	End Date
F43.20	Adjustment disorder, unspecified	1	07/10/2017	
T74.02XA	Child neglect or abandonment, confirmed, initial encounter	2	06/03/2017	
R69	Illness, unspecified	Inactive	06/12/2017	06/12/2017

## 3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

When the back dated form was entered the notification displayed. Enter a new form dated today and make the same changes that were made in the back dated form.



In the back dated form a deferred diagnosis was added to cover the DOS. Do the same in this assessment to cover the DOS. Then sign and final approve the assessment.

Adding Assessment for

**Assessment**

Refresh Save Request Assessment Prospective Planning Tiers Indical

Click Save to confirm selections and add a new Asse

Assessment Type Diagnosis Form

Date 11/27/19



**Error C:** Example of a non-mental health diagnosis.

The report states the DOS is 4/23/19.

Record Type	Case Number	Client Name	DOS/Form Date	Error Message
Service			4/23/2019	No Principal MH Diagnosis (Please enter a Mental Health diagnosis code in the Diagnosis form)

The client's chart reflects there is a diagnosis form covering that DOS, 4/23/19. **Reminder: change your filters if you are looking for an older DOS.**

Assessments	
Date	Description
04/23/2019	Demographics Form
04/23/2019	Diagnosis Form
06/10/2019	Demographics Form

*Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.*

*Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered. Although there is a FORM date covering the DOS, there are no mental health diagnoses covering the DOS.*

✓ **Correction C:**

1. Add a new Diagnosis Form, dated the DOS.
2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.
3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

**1. Add a new Diagnosis Form, dated the DOS.**

Hint: It may be helpful to change the view to see all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.

**Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | Inactive |**

ID	Diagnosis	Priority	Beg Date
Z03.6	Encntr for obs for susp toxic eff from ingest sub ruled out	1	04/23/2019

**2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.**

In this case, there was not a mental health diagnosis to cover the DOS. Either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

**Clinical Disorders/Conditions That May Be a Focus of Clinical Attention | Active | Inactive |**

ID	Diagnosis	Priority	Beg Date	End Date
Z03.6	Encntr for obs for susp toxic eff from ingest sub ruled out	1	04/23/2019	
R69	Illness, unspecified	Inactive	06/12/2017	06/12/2017

**3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.**

No notification was received when the form was back dated, making the back dated form the most recent form. No additional form is necessary.

# Help with SSI for Children



## Legal Aid SSI Advocacy Program for Children (Under 18)

.....

Provide services for children who:  
**have a qualifying disability and  
meet financial eligibility criteria**

Provide representation with:  
**SSI Applications / Appeals & Hearings**

Complete and file:  
**SSI Applications & Appeals**

**All our services are free.**  
For more information call:  
(844) 774-5463

## LEGAL AID SOCIETY OF SAN DIEGO, INC.

*in partnership with*



**LIVE WELL  
SAN DIEGO**

## DEEMING ELIGIBILITY CHART FOR CHILDREN IN CALIFORNIA FOR 2020

Gross monthly income that falls ***below*** the dollar amounts shown means a disabled child may be eligible for SSI benefits.

Amounts given are general guidelines only.

	All income is <b>earned</b>		All income is <b>unearned</b>	
Number of ineligible children in household	One parent in household	Two parents in household	One parent in household	Two parents in household
0	\$3,209	\$3,981	\$1,582	\$1,968
1	\$3,595	\$4,367	\$1,968	\$2,354
2	\$3,981	\$4,753	\$2,354	\$2,740
3	\$4,367	\$5,139	\$2,740	\$3,126

# **SSI Advocacy for Children and Families**

**Presented by Legal Aid Society of San  
Diego, Inc.**

**Children's SSI Advocacy Program**

**January 9, 2020**



# What is SSI?

- ▶ Federal income support targeted to families caring for children with disabilities
- ▶ Income that helps families put food on the table, pay rent, and pay for disability-related expenses

# Stages of SSI Application Process

- ▶ Initial Application
- ▶ Reconsideration
- ▶ Hearing before Administrative Law Judge
- ▶ Appeals Council (written appeal)
- ▶ Federal District Court
- ▶ Ninth Circuit
- ▶ Supreme Court



# SSI Eligibility Requirements

- ▶ **Age 0-17**
  - ▶ From birth until applicant reaches age 18 (re-evaluated as an adult at age 18)
- ▶ **Income**
  - ▶ Look at the gross income of the parent(s) and the number of non-disabled children in the home
  - ▶ We can do this calculation – the parent does not need to do this
- ▶ **Resources**
  - ▶ Limit for one-parent household is \$2,000 (with certain exceptions)
  - ▶ Limit for two-parent household is \$3,000 (with certain exceptions)
- ▶ **Mental Health Condition that is Currently Treated**
- ▶ **Residency**
  - ▶ Child and parent(s) must reside within San Diego County
- ▶ **Citizenship**
  - ▶ Child must be a US citizen, asylee, or refugee

# Disability Definition for Children

- ▶ A medically determinable impairment or combination of impairments
- ▶ Marked and severe functional limitations
- ▶ Has lasted or can be expected to last for minimum of 12 months

# The Three-step Sequential Evaluation

Step 1- Is the  
child working?

Step 2- Does the  
child have a  
severe  
impairment?

Step 3- Does the  
child meet, equal,  
or functionally  
equal a listing?

# Sequential Evaluation: Step 1

- ▶ **Is the child working?**
  - ▶ If yes, are the gross earnings more than \$1180/month?
    - ▶ If yes, application denied
- ▶ If no, or exceptions apply, go to step 2

# Sequential Evaluation: Step 2

- ▶ **Does the child have a severe medically determinable impairment?**
  - ▶ An impairment(s) that causes more than a slight abnormality and which causes more than minimal functional limitations
- ▶ If yes, go to step 3
- ▶ If no, case denied

# Sequential Evaluation: Step 3

- ▶ **Does the child's condition meet the Secretary's Listing of Medical Impairments?**
- ▶ Medical criteria that indicate that the child would be considered disabled

# What is a Listing?

- ▶ Descriptions of different types of medical conditions
- ▶ Organized by diagnostic category
- ▶ If all elements are met = child is determined to be disabled

# EXAMPLE

## Listing 112.10: Autism Spectrum Disorders

### ▶ Part A

- ▶ Qualitative deficits in verbal communication, nonverbal communication, and social interaction; and
- ▶ Significantly restricted, repetitive patterns of behavior, interests, or activities; AND



## EXAMPLE cont.

### Listing 112.10: Autism Spectrum Disorders

- ▶ Part B

- ▶ Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning:
  - ▶ Understand, remember, or apply information
  - ▶ Interact with others
  - ▶ Concentrate, persist, or maintain pace
  - ▶ Adapt or manage oneself

# DOESN'T MEET OR EQUAL A LISTING THERE IS STILL HOPE!

If the impairment does not meet or medically equal a listed impairment, SSA will examine six domains of functioning:

- ▶ 1. Acquiring and using information
- ▶ 2. Attending and completing tasks
- ▶ 3. Interacting and relating to others
- ▶ 4. Moving about and manipulating objects
- ▶ 5. Caring for yourself
- ▶ 6. Health and physical well-being

**We must show two marked, or one extreme limitation to prove disability**

# About LASSD Services

- ▶ Assistance and representation at any stage of the SSI application and appeal process
- ▶ SSI recipients that could be terminated
- ▶ All of our services are FREE
- ▶ We do not take a percentage of any back pay awarded
- ▶ We require clients to either be in mental health treatment, or under the care of a neurologist

# Access LASSD Services

- ▶ The Legal Aid SSI for Children Team may be accessed by calling (844) 774-5463
- ▶ Or by contacting Jen Winberry – Children's SSI Staff Attorney at (619) 471-2753, or at [jenniferw@lassd.org](mailto:jenniferw@lassd.org) or Bridget Homer at (619) 471-2668

# DISCLAIMER

- ▶ This information is not intended to include all federal laws, regulations, policy directives or other relevant references. The intent here is to provide a general overview of these topics.

# Thank You!

**Legal Aid Society of San Diego**

**1764 San Diego Ave, Suite 200**

**San Diego, CA 92110**

**(877) 534-2524**

**[www.lassd.org](http://www.lassd.org)**





# Mission

We educate and inspire  
communities to reduce burn injuries  
and empower those affected by  
burn trauma.



# Youth Firesetter Intervention Program (YFS)

Provide education and support to youth and families to reduce firesetting behavior.

# Definition of Firesetting Behavior

- Children involved in unsanctioned, unsupervised and/or improper use of fire.

# How Do Children Learn About Fire?

- Cooking food and staying warm
- Religious observances and holidays
- Family celebrations
- Campfires
- Family members who smoke
- Television/Internet
- School science experiments

# Why Firesetting?

- Curiosity
- Crisis
- Thrill-seeking
- Delinquent
- Pathological



# Who are Youth Firesetters?

- Ages
  - 43% under 6 years old
  - 38% 10-12 years old (Nfpa.org)
- Diverse socio-economic backgrounds
- Single and multiple incident firesetting

# Perspective: Myth v Fact

- Myth: A child can control a small fire.
- Fact: Fires can become uncontrollable quickly.
- Myth: It is normal for children to play with fire.
- Fact: Fire play is not normal.

# Development: Myth v Fact

- Myth: Children will outgrow firesetting.
- Fact: Firesetting is not a phase. It is a dangerous behavior that can get out of control.
- Myth: Many children are obsessed with fire.
- Fact: Very few children are obsessed with fire.

# Mental Health: Myth v Fact

- Myth: Over 50% of youth firesetters have mental health disorders and/or learning disabilities.
- Fact: Fewer than 25% of youth firesetters have been diagnosed with these conditions.



# Prevention: Myth v Fact

- Myth: Burn a child's hand to stop fire setting.
- Fact: This is child abuse and against the law.
- Myth: Take a child to the burn unit to see burn victims.
- Fact: This action only instills fear and does not teach fire safety.

# How Does Firesetting Occur?

## **FOUR COMMON FACTORS THAT INFLUENCE FIRESETTING BEHAVIOR**

- a)** Easy access to ignition materials.
- b)** Lack of adult supervision.
- c)** A failure to practice fire safety.
- d)** Easy internet access to firesetting & designing explosives.



# How Does Firesetting Occur?

- Lighters-52%
- Matches-18% (Nfpa.org)



# Law & Youth Firesetting

- California- Child at age 8 can be charged with arson.
- FBI defines arson as “any willful or malicious burning or attempt to burn, with or without intent to defraud a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc.”



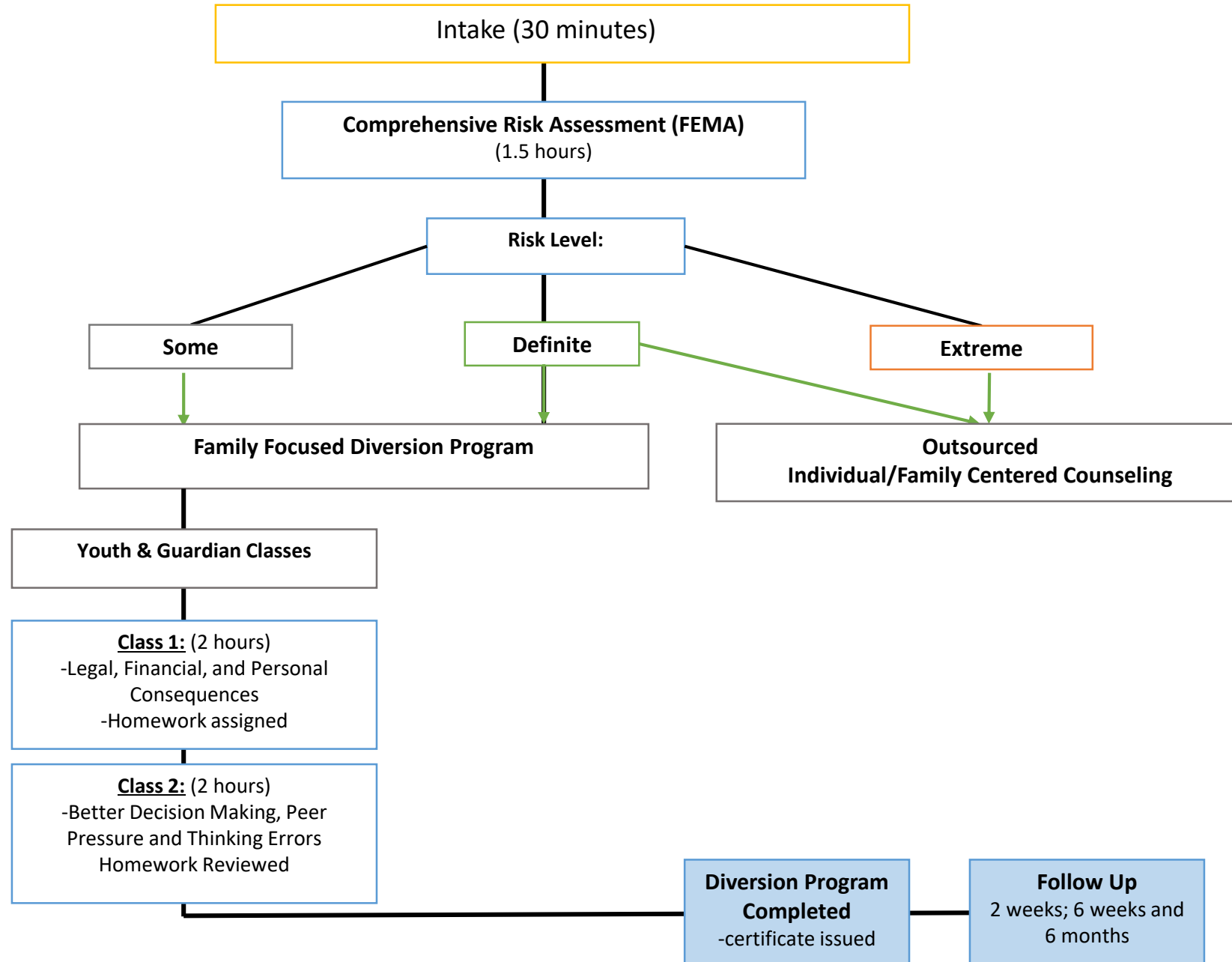
# Consequences & Youth Firesetting

- Parent/guardian legally responsible for financial restitution until child reaches the age of 18.
- Child may be sentenced to 3-7 years in juvenile hall and then transferred to prison at age 18.



# How Can the Burn Institute Help?

# Youth Firesetter Intervention Program



# Why is the YFS Program Important?

- Free Service
- Easy Referral Process
- Convenient Access to Case Updates
- Follows National FEMA Assessment
- Unique YFS Classes: Legal, Financial, and Personal Consequences of Firesetting
- Client Check-In: 2 weeks; 6 weeks; and 6 months



# YFS Process

## **Step 1: Submit Referral**

- Visit Burninstitute.org
- Complete form and send via email.
- BI responds within 48 hours.

[https://www.burninstitute.org/wp-content/uploads/2019/03/YFS-Referral-Form\\_Fillable-PDF.pdf](https://www.burninstitute.org/wp-content/uploads/2019/03/YFS-Referral-Form_Fillable-PDF.pdf)

# YFS Process

## **Step 2: BI Staff Complete Intake**

- Incident Referral Form
- Consent to Release Form
- Participation Release Form
- Release of Liability Form
- Demographic Information Form

# YFS Process

## **Step 3: BI Staff Complete FEMA Assessment**

- Comprehensive Child Fire-Risk Evaluation
- Parent Fire-Risk Questionnaire
- Family Fire-Risk Interview Form

# YFS Process

## **Step 4: Send Risk Advisement**

- FEMA Score and Risk Advisement Form emailed within 48 hours to all parties designated on Participation Release Form.

# YFS Process

## Risk Scored

- Some Risk — BI Classes
- Definite Risk — BI Classes & recommendation to a licensed therapist
- Extreme Risk — recommendation to a licensed therapist

# YFS Process

## **Step 5: BI Staff Complete Conducts Educational Intervention- 2 Classes, 2 hours each**

- Legal Consequences
  - Legal viewpoint- arson; classification of crimes and roles.
- Financial Consequences
  - Restitution
- Personal Consequences
  - Burn Injuries
- Decision-Making Skills
  - Peer Pressure
  - Thinking Errors
- Fire Safety
  - Home Evacuation Plan

# YFS Process

## **Step 6: Send Letter and Certificate of Completion**

Each successfully completed participant receives a letter and certificate which is also shared with the referring party.

# YFS Process

## **Step 7: Follow-Up Services**

Assess if family has accessed mental health services.

- Two-week follow-up
- Six-week follow-up
- Six-month follow-up



# Youth Firesetter Intervention Program

Danielle Bell  
Burn Institute  
8825 Aero Drive, Suite 200  
San Diego, CA 92123  
858-541-2277  
[yfs@burninstitute.org](mailto:yfs@burninstitute.org)





# Wraparound 101

For CYF-BHS providers

January 9, 2020

# 2 Wraparound Programs

In San Diego County



- Families Forward Wraparound
  - An MHS program
  - Marie Mastrup, Program Manager
- WrapWorks
  - A San Diego Center for Children program
  - Carrie Kintz, Program Director

# Eligibility for Wraparound Services With WrapWorks



- Youth must be open to Child Welfare or Probation services (voluntary services is ok)
- At risk for higher level of care/placement loss OR be returning home from an out-of-home placement/higher level of care
- Age 3-20
- Have mental health issues that impair their functioning (meet “medical necessity”)
- With complex family needs (multiple system involvement, mental health/substance abuse, poverty, etc)
- Parent/Caregiver must agree to participate in intensive services
- Families with MediCal or no insurance

# Eligibility for Wraparound Services With Families Forward



- Youth ages 6-21 with existing mental health diagnosis
- Full scope Medi-Cal
- Non-system involved
- Prior or current outpatient or inpatient therapy services insufficient to maintain stable home placement
- Must meet one of the following risk criteria:
  - Imminent risk of higher level of care (residential placement, incarceration, or hospitalization)
  - Recent crisis stabilization at emergency screening unit or inpatient psychiatric hospitalization,
  - Multiple failed placements,
  - Transitioning from a higher level of care



# What makes wraparound unique and different?



- Focus on parent as important target for treatment
- Multiple contacts with the family per week
- Professional linkage to Community resources
- Focus on 'what's strong' vs. 'what's wrong'
- Services in the home where families are most likely to be open to receiving them
- Services can last over a year
- Wrap clinicians are available 24/7 to families for emergencies when clinically warranted

# Guiding Principles Of Wraparound



- 1. Family Voice and Choice**
- 2. Team Based**
- 3. Natural Supports**
- 4. Collaboration**
- 5. Community Based**
- 6. Culturally Humble**
- 7. Individualized**
- 8. Strengths Based**
- 9. Persistence/Unconditional Care**
- 10. Outcome Based**

# Phases & Activities

## Of Wraparound



- Phase One: Engagement
  - Phase Two: Planning
  - Phase Three: Implementation
  - Phase Four: Transition
- 
- It often takes 9-12 months to successfully guide a family through this process



# Roles on a Wrap Team



- **Intensive Care Coordinator/Wrap Facilitator**
  - Master's level clinician, responsible for doing behavioral health assessment and treatment planning, organizes and facilitates child/family team meetings, point person for outside team members
- **Parent Partner/Family Support Partner**
  - Staff with Lived Experience in a System of Care, acts as an advocate and skills trainer for the parent, connects family to community resources and natural supports
- **Youth Partner/Skills Trainer/Wrap Coach**
  - Youthful staff with Lived Experience in a System of Care, or Bachelor's level professional, acts as an advocate, mentor, and takes youth on community outings to build skills related to mental health goals

# Roles on the team (cont.)



- **Referring Party/Professional supports**
  - CWS, Probation, Schools, CASAs, teachers
- **Psychiatrist**
  - Can provide psychiatric assessments and on-going medication monitoring – may be internal or external provider
- **Therapist**
  - Either community based or from our programs as last resort
- **Natural Supports**
  - Extended family, friends, mentors, sports coaches, clergy

# Reminders about wraparound



- Wraparound is for **youth** with complex needs and mental health diagnoses
- The first 30 days of the wrap process is to assess family needs, with action plans often being carried out after that timeline is completed
- Wraparound is a voluntary services
- The family's voice/choice guides the wrap team's agenda
- Transportation of parents by wrap program is limited (due to time constraints and not wanting to build dependence)
- If there are multiple siblings in the family, consider only referring the highest needs child, and let us determine if others should open (wrap can help the larger family through services for 1 youth)
- If you need assistance with your sales pitch to the family, let us help you out! We could attend CCR-CFT's, treatment teams, IEP/SST meetings, psych hospital discharge meeting, or other meetings to explain services to the family, and are available for consultation calls

# WrapWorks Referral Process



- WrapWorks referral form (04-140) is used by Child Welfare Social Workers, Probation Officers, and STRTP therapists to refer to our program (No other professionals can refer to WrapWorks).
- Contact Shelly Paule ([shelly.paule@sdcounty.ca.gov](mailto:shelly.paule@sdcounty.ca.gov)) for consultation and assistance with CWS youth, and Jorge Aguilar for assistance with Probation youth ([Jorge.aguilar@sdcounty.ca.gov](mailto:Jorge.aguilar@sdcounty.ca.gov))
- Encrypted referral form can be emailed to [Wrapworks@centerforchildren.org](mailto:Wrapworks@centerforchildren.org)
- Family will be contacted by our Intake/Outreach Coordinator, Alyssa Martinez, within 2 days of receipt

# Families Forward Referral Process



- Families Forward may receive referrals from EHOS, community mental health providers, schools/teachers, family members who are concerned about their child's mental wellbeing.
- Youth must have Full-Scope MediCal to qualify
- Contact: Olivia Salgado for consultation and assistance with pre-screening for eligibility: [Osalgado@mhsinc.org](mailto:Osalgado@mhsinc.org) or **Call:** 858-380-4676
- Referral Form can be **faxed** to: 858-569-2418
- Family will be contacted by our Intake/Outreach Coordinator, Olivia Salgado, within 2 business days of receipt

# Let's Chat:

## Questions, Comments, Concerns?



# Thank You 😊

- Feel free to contact us if you want more information about wraparound
- How can we continue to collaborate?

## WrapWorks

- Carrie Kintz 858-688-2480 [ckintz@centerforchildren.org](mailto:ckintz@centerforchildren.org)
- Alyssa Martinez 619-517-8816 [amartinez@centerforchildren.org](mailto:amartinez@centerforchildren.org)

## Families Forward

- Marie Mastrup 858-282-1000 [amastrup@mhsinc.org](mailto:amastrup@mhsinc.org)
- Olivia Salgado 858-380-4676 [Osalgado@mhsinc.org](mailto:Osalgado@mhsinc.org)





## *What Is Wraparound?*

Wraparound partners mental health professionals with families in a planning process to find creative solutions to families' problems and challenges. The team creates goals to promote stabilization in the home and self-sufficiency through community and family partnerships, and to keep children in their homes and communities by bringing people together from different parts of the family's life to provide a network of support.

*Mental Health Systems  
is a non-profit agency founded  
in 1978 to improve the lives  
of individuals, families and  
communities facing substance abuse  
and behavioral health challenges.*

**mhs** MENTAL  
HEALTH  
SYSTEMS

**mhsinc.org**

*Families Forward*

9445 Farnham Street, Suite 100, San Diego, CA 92123

P (858) 380-4676 | F (858) 569-2418

Email: [amastrup@mhsinc.org](mailto:amastrup@mhsinc.org)



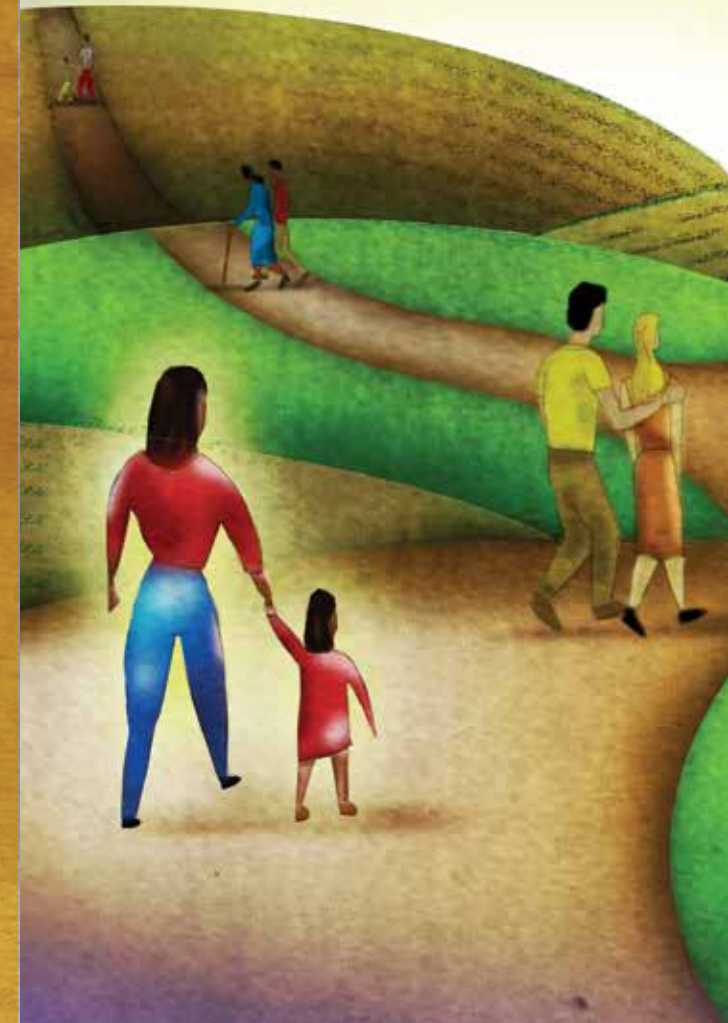
Funded by the County of San Diego, Health and Human Services Agency,  
Behavioral Health Services.

MHS is a 501(c)(3) non-profit corporation.

**mhs** MENTAL  
HEALTH  
SYSTEMS

# *Families Forward*

*Helping Families Help Themselves*





## Who We Serve

At Families Forward we serve children and youth who have a mental health diagnosis and are either:

- At risk for out of home placement; or
- In need of support transitioning home.

## Services

Our Wraparound family services include:

- Case Management
- Crisis Intervention and Planning
- Educational Liaison Services
- Information and Referrals
- Linkage with Other Child-Serving Agencies and Organizations
- Mental Health Services
- Social Rehabilitation
- Substance Abuse Treatment and support including linkage to SUD services
- Support and Education
- Treatment Groups



## Benefits

Our families have experienced significant benefits from their participation in the program. Children and youth have been able to accomplish their goal of remaining in their homes with their families and have become more successful in other key areas of their lives. In the past year, our clients have achieved the following:

- 90% Avoided Psychiatric hospitalizations or re-hospitalizations.
- 96% Children/Youth remained in a home or home-like setting.
- 77.8% Children/Youth attended school (or had excused absences) for 90% of the days that school was in session.

## Eligibility and Referral Process

At Families Forward, we serve children and youth who are either at risk for out of home placement or in need of support transitioning home. Our clients meet the following criteria:

- Children, Adolescents, and Transitional Age Youth (ages 6-21) who are residents of San Diego County
- Have a mental health diagnosis and have full scope Medi-Cal
- Are at imminent risk of out of home placement (hospitalization, incarceration, or residential placement), or transitioning from out of home placement.
- Youth must have had prior or current outpatient or inpatient therapy services, which has been insufficient to maintain stable home placement.
- For our families that do not meet eligibility criteria, our “No Wrong Door” policy provides up to ten hours of linkage to community resources. We also provide follow up to ensure the family’s needs are met with the appropriate resources.







## ¿Qué es Wraparound?

Wraparound asocia profesionales de salud mental con las familias en un proceso de planificación para encontrar soluciones creativas a los problemas y desafíos de las familias. El equipo crea objetivos para promover estabilización en el hogar y la autosuficiencia a través de asociaciones entre la comunidad y las familia y mantener a los niños en su hogares y comunidades al reunir a personas de diferentes partes de la vida de la familia par proporcionar una red de apoyo.

*Mental Health Systems es  
una agencia sin fines de lucro  
fundada en 1978 para mejorar*

*las vidas de personas, familias, y  
comunidades que enfrentan problemas de  
abuso de sustancias y de salud mental.*

**mhs** MENTAL HEALTH SYSTEMS  
**mhsinc.org**

### *Familias Hacia Adelante*

9445 Farnham Street, Suite 100, San Diego, CA 92123

Tel: (858) 380-4676 | Fax: (858) 569-2418

Email: [amastrup@mhsinc.org](mailto:amastrup@mhsinc.org)

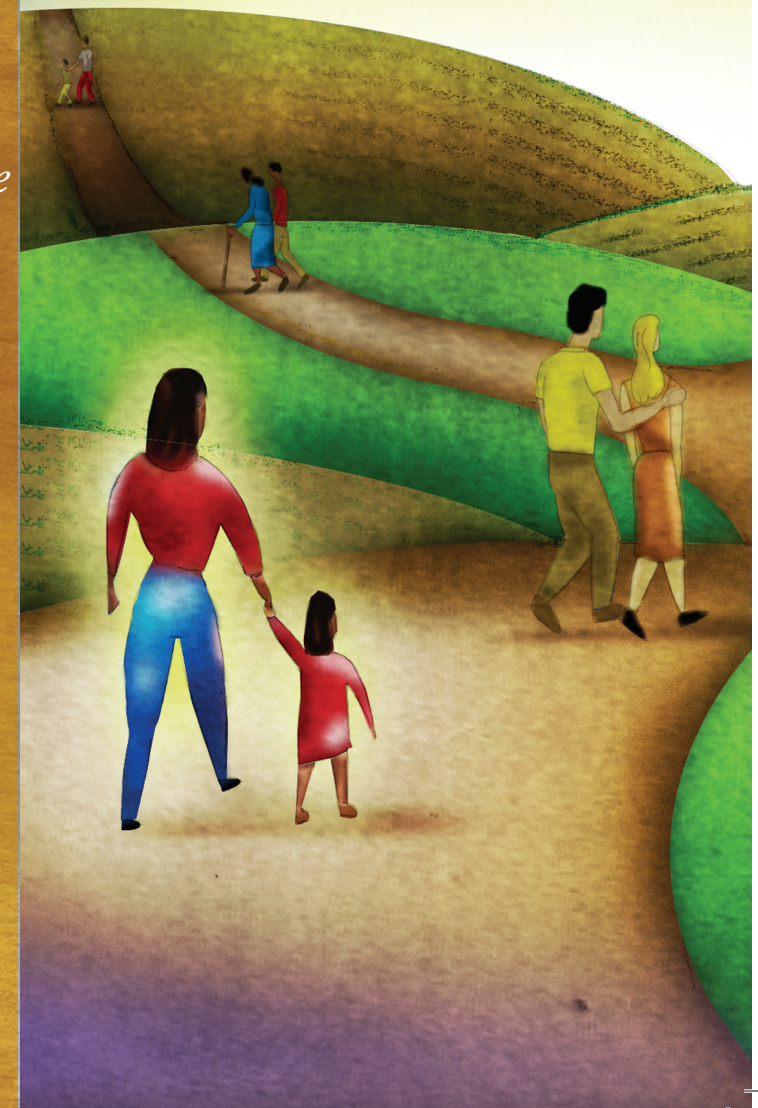


MHS es una corporación sin fines de lucro de 501(c)(3).  
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Financiado por el Condado de San Diego

**mhs** MENTAL HEALTH SYSTEMS

## *Families Forward*

*Ayudando a las familias a ayudarse a sí mismos*





## *A Quién Servimos*

En Families Forward atendemos a niños y jóvenes que tienen un diagnóstico de salud mental y son:

- En riesgo de colocación fuera de casa; o
- En necesidad de apoyo de transición a casa.

## *Servicios*

Nuestros servicios familiares de Envolvimiento incluyen:

- Manejo de Casos
- Intervención en caso de Crisis y Planificación
- Servicios de Enlace Educativo
- Información y Derivaciones
- Vinculación con Otras Agencias y Organizaciones que Trabajan con Niños
- Servicios de Salud Mental
- Rehabilitación Social
- Tratamiento y apoyo para el abuso de sustancias, incluida la vinculación con los servicios de trastorno por uso de sustancias
- Apoyo y Educación
- Grupos de Tratamiento



## *Beneficios*

Nuestras familias han experimentado beneficios significativos de su participación en el programa. Los niños y jóvenes han podido cumplir su meta de permanecer en sus hogares con sus familias y han tenido más éxito en otras áreas clave de sus vidas. En el último año, nuestros clientes han logrado lo siguiente:

- El 90% Evita hospitalizaciones psiquiátricas o Re hospitalizaciones.
- El 96% de los niños / jóvenes permanecieron en un ambiente hogareño.
- El 77.8% de los clientes asistieron a la escuela (o tuvieron ausencias justificadas) durante el 90% de los días en que la escuela estuvo en sesión.

## *Elegibilidad y Proceso de Referencia*

En Families Forward, prestamos servicios a niños y jóvenes que corren el riesgo de obtener una colocación fuera del hogar o que necesitan ayuda para hacer la transición al hogar. Nuestros clientes cumplen con los siguientes criterios:

- Niños, adolescentes y jóvenes en edad de transición (edades 6-21) que son residentes del Condado de San Diego
- Tener un diagnóstico de salud mental y tener Medi-Cal completo
- Están en riesgo inminente de colocación fuera del hogar (hospitalización, encarcelamiento o colocación residencial), o de la transición de colocación fuera del hogar
- Los jóvenes deben haber recibido servicios de terapia ambulatoria o ambulatoria anterior o actual, que ha sido insuficiente para mantener una colocación estable en el hogar.
- Para nuestras familias que no cumplen con los criterios de elegibilidad, nuestra política de “No hay puerta equivocada” proporciona hasta diez horas de enlace a los recursos de la comunidad. También proporcionamos seguimiento para garantizar que las necesidades de la familia se satisfagan con los recursos apropiados



**Request for Families Forward Wraparound Services**

(This referral is for Medi-cal clients ONLY)

9445 Farnham Street Suite 100 San Diego, CA 92123

Phone (858)380-4676 Fax (858)569-2418

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Is the family/guardian aware of the referral to Families Forward? Yes No

Youth's Address & Phone Number (if different from above): \_\_\_\_\_

Youth's Ethnicity & Preferred Language: \_\_\_\_\_

Parent's Ethnicity & Preferred Language: \_\_\_\_\_

San Diego Region (circle one): South Central North County East County

System Involvement (circle one): CWS Probation Recent Hospitalization/ESU Screening BHS Provider None

Referring Agent's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Referring Agent's Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Does the youth have current or prior mental health treatment? Yes No (If no, may be referred for lower level of care services.)

Axis I Diagnosis (required): \_\_\_\_\_ Insurance: Medi-Cal #: \_\_\_\_\_

The minor *must* meet one or more of criteria (a)-(d) below.

a) Is the youth currently at risk for losing placement in the home and/or at imminent risk of higher level of care? Yes No  
Circle risk: Incarceration Re-Arrest Residential Diversion Psychiatric Hospitalization

b) Has the youth been recently at a crisis stabilization at ESU or inpatient psychiatric hospitalization? Yes No  
Date: \_\_\_\_\_ Circle: ESU Hospital If applicable, hospital name: \_\_\_\_\_

c) Has the youth experienced multiple failed placements? Yes No

d) Is the youth transitioning home from a higher level of care within 3-4 months? Yes No Expected transition date: \_\_\_\_\_

If (a)-(d) do not apply, criteria (e) only may apply with program caseload/waitlist permitting.

e) Is youth exhibiting serious emotional disturbances affecting multiple life domains? Yes No

Domains impacted: \_\_\_\_\_

Reason for referral and high risk behaviors (required): \_\_\_\_\_

\_\_\_\_\_

Youth's Strengths: \_\_\_\_\_

Family's Strengths: \_\_\_\_\_

Referral Materials Attached, if applicable: (\* is required)

\* \_\_\_\_\_ Release of information between referring party and Families Forward Wraparound program

\* \_\_\_\_\_ Copy of Medi-cal Card

\* \_\_\_\_\_ Children Services or Juvenile & Family Data Face Sheet, and Recent Court Report/Placement History, if applicable



**Solicitud para Servicios de Families Forward Wraparound**  
(Esta referencia es solamente para clientes con Medi-cal)  
9445 Farnham Street Suite 100 San Diego, CA 92123  
Phone (858)380-4676 Fax (858)569-2418

Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nombre del Joven/la Joven: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_

Nombre(s) de los Padres/Guardian(es): \_\_\_\_\_ Número de telefono: \_\_\_\_\_

Domicilio de Padre(s)/Guardian(es): \_\_\_\_\_

Está la familia/el guardian consciente de la referencia a Families Forward? ☐ Sí ☐ No

Es un caso abierto de CWS? ☐ Si ☐ No

Domicilio y Número de Teléfono del joven (si es distinto al depadre/guardian): \_\_\_\_\_

Identidad Étnica & Lenguaje Preferido de el/la Joven: \_\_\_\_\_

Identidad Étnica & Lenguaje Preferido de los Padres: \_\_\_\_\_

Región de San Diego (circula uno): ☐ Sur ☐ Central ☐ Condado Nórte ☐ Condado Éste

Implicacion del sistema (circula uno): CWS, Libertad condicional, Hospitalización/Evaluación de ESU, Centro Regional, Proveedor de BHS, Ninguna

Fuente de Referencia: \_\_\_\_\_ Agencia: \_\_\_\_\_

Número de Teléfono de Fuente de Referencia: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

El/la joven ha recibido tratamiento de salud mental? ☐ Sí ☐ No (Si no, puede ser referido para un nivel menos alto de servicios de atención)  
Diagnóstico Eje I (obligatorio): \_\_\_\_\_ Seguro: Medi-Cal  
#: \_\_\_\_\_

El menor **esta obligado** cumplir una o más de los criterios (a)-(e) abajo.

- a) El joven está actualmente a riesgo de perder colocación en el hogar y/o en riesgo inminente de cuidado en más alto nivel? ☐ Sí ☐ No  
Circule riesgo: Encarcelamiento ☐ Nuevo arresto ☐ Desviación a Residencial ☐ Hospitalización Psiquiátrica ☐
- b) En el ultimo mes ha estado el joven en situación de crisis estabilizada/ESU o Hospitalización Psiquiátrica? ☐ Sí ☐ No  
Fecha: \_\_\_\_\_ Circula: ESU ☐ Hospital ☐ PERT ☐ Si se aplica, nombre del hospital: \_\_\_\_\_
- c) Ha experimentado el/la joven varias colocaciones sin éxito? ☐ Sí ☐ No
- d) Ha completado el joven los servicios de comportamiento terapeutico (TBS)? ☐ Sí ☐ No
- e) Ha completado el joven un conjunto completo de sesiones de terapia, es decir, 13 sesiones con un terapeuta primero? ☐ Sí ☐ No  
Razón: \_\_\_\_\_
- f) Es la transición del joven a su hogar desde un nivel más alto de atención dentro de 3-4 meses? Si ☐ No ☐  
Fecha de transición esperada: \_\_\_\_\_

Si (a)-(e) no se aplica, el criterio (f) puede aplicarse si el programa lo permite/ permiso de lista de espera

Fortalezas del/la Joven: \_\_\_\_\_

Fortalezas de la Familia: \_\_\_\_\_

**Materiales necesarios para hacer una referencia: (\*es necesario)**

\* (OLIGATORIO) Divulgacion de información entre la parte remitente y Programa de Families Forward

\* Copia de la tarjeta de Medi-Cal

\* Planilla inicial de Servicios Infantiles o planilla inicial del Departamento de Libertad Condicional. Informe judicial/historial de ubicación, se aplica





SAN DIEGO CENTER FOR CHILDREN

# WrapWorks

## Helping Children & Families Build Positive Support Systems

**WrapWorks is the Center's BHS funded wraparound program, contracted with the County of San Diego, to serve children and teens in the foster and probation systems**

Our team of trauma-informed experts provide case management, therapy, crisis intervention, medication management, and family support partner services to children and families with complex needs. Services are highly individualized to focus on each family's strengths, and help "wrap" the child and family with community resources to effectively meet their needs. Youth and families become self-sufficient and improve their overall safety, permanency and well-being through our services.

### Eligibility Criteria for Youth, ages 3-18:

- Current child welfare or probation involvement
- At-risk of moving to a higher level of care or transitioning from a higher level of care to a home-like setting (must be within 3 months of discharge to be referred)
- Referrals accepted from Probation Officers, Protective Service Workers, and STRTP Therapists in child welfare



### Contact Us for More Information

Carrie Kintz, LCSW  
WrapWorks Program Director  
(858) 569-2170  
[wrapworks@centerforchildren.org](mailto:wrapworks@centerforchildren.org)



Funding for a portion of our programs provided by the County of San Diego.

Founded in 1887, the San Diego Center for Children is the oldest children's 501(c)(3) nonprofit in San Diego. The Center provides evidence-based therapeutic, educational, foster care and transition services to children and families struggling with mental, emotional and behavioral disorders. Today, with 8 program sites and community-based services within hundreds of homes and schools across San Diego County, the Center empowers over 1,000 people every day.



# Youth Services Survey (YSS)

## Feedback from Families and Youth

### County of San Diego Health & Human Services Agency

*The purpose of the survey is to gather anonymous feedback from parents/caregivers and youth over the age of 13 receiving county mental health services in an effort to make improvements in the Children, Youth & Families Mental Health System of Care.*

*Thank you for participating and for your valuable feedback!*

*Please note that these are system summary results and may or may not apply to your program.*

#### What is the YSS?

The YSS is a state-mandated survey that rates client and parent/caregiver satisfaction with services and perception of outcomes using a 5-point scale (strongly disagree to strongly agree).

There are four sections of the survey:

1. Fifteen satisfaction questions
2. Seven outcomes questions
3. Four support questions
4. Open comments

The Spring survey took place during the week of May 13-17, 2019.

#### What do we do with your feedback?



The program monitors at the Behavioral Health Services Administration review feedback and data, and engage in follow-up with the programs.

The survey is administered twice a year, and the program monitors use the data to identify trends.

Your anonymous comments and feedback are converted to uniform text format and are returned to the programs in an effort to make improvements in the system. The comments do not have any identifiers.

#### May 2019 Survey Response

More than 5,000 surveys were submitted from approximately 70 programs. Some surveys did not have enough information filled out. More than 3,100 surveys had enough information to review.

Surveys are not given to clients in crisis or in inpatient settings.

**Parent/caregiver: 1,996 surveys**

**Youth: 1,114 surveys**

#### Key Findings

- ◆ Satisfaction tends to be high in general.
- ◆ Satisfaction varies by client and program.
- ◆ Parents/caregivers are more satisfied overall with behavioral health services than youth are.
- ◆ Youth in day treatment are least satisfied as compared to youth in other services like outpatient therapy.

#### Areas For Improvement

- ◆ **12%** of youth reported they did not have a voice in the selection of services they received.
- ◆ **15%** of parents/caregivers disagreed or were not sure if they got as much help as they needed for their child.
- ◆ **11%** of youth reported that services did not improve their school or work performance.
- ◆ **9%** of parents/caregivers felt that services did not improve their child's coping skills.
- ◆ **13%** of youth and **12%** of parents/caregivers were not satisfied with their family life at the time they were surveyed.

#### Cultural Sensitivity

- ◆ **98%** of caregivers and **91%** of youth were satisfied with the cultural sensitivity of their providers and program staff.

#### Where does this survey go once the envelope is sealed?

The research team at the Child and Adolescent Services Research Center (CASRC) is contracted to collect, review and report on the YSS.

#### Comments



**What has been the most helpful thing about the services you/your child received over the last 6 months?**

*"Finding new ways to cope with my mental health and drug problems."*

*"Helps me deal with stress and relationships with other people."*

*"My child has a more positive attitude toward life."*

*"We are given a chance to have our voices heard."*



**What would improve the services here?**

*"I just feel out of the loop, I wish I could be included more."*

*"Late afternoon/early evening appointment options."*

*"If there were more visits in one week, or at home."*

*"I wish there was a support group for parents."*

# PEDIATRIC SYMPTOM CHECKLIST (PSC)

## PSC FOR FAMILIES: FREQUENTLY ASKED QUESTIONS

### WHO COMPLETES THE PSC?



parents/caregivers of  
youth ages 3 to 18

youth ages 11 to 18

### HOW LONG DOES IT TAKE TO COMPLETE?

5

minutes

### WHEN DO I COMPLETE THE PSC?

- beginning of therapy
- every few months
- discharge session

## FAMILY BENEFITS OF COMPLETING THE PSC



Have your voice  
heard in therapy



Help identify  
treatment goals

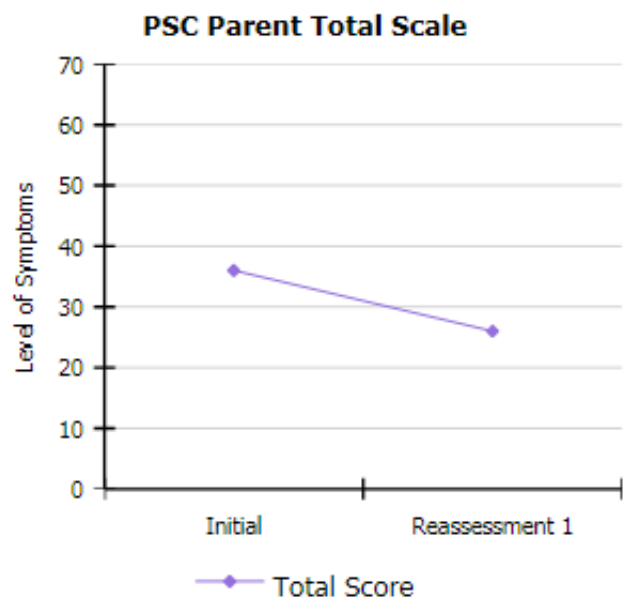
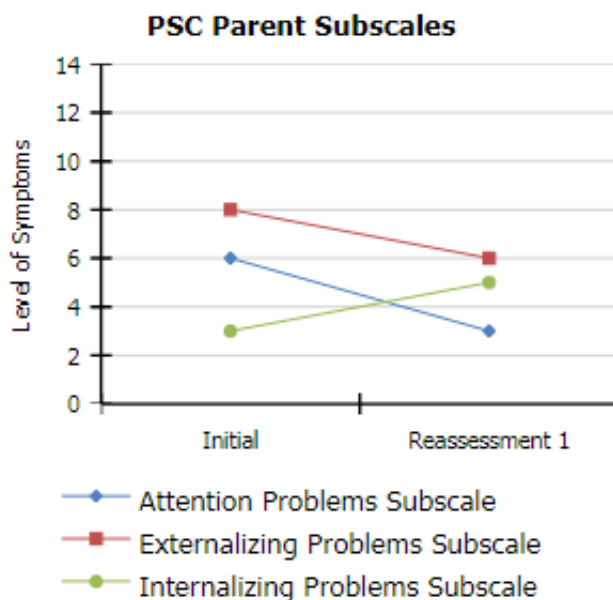


Make sure family and  
therapist are on same page



Make sure treatment goals  
and interventions are helping

The PSC can help you recognize treatment improvement. Once you complete at least two PSCs a graph can be given to you to see if treatment is working over time (see sample below).





3

Currently not a strength. Considerable building/effort required to identify or create strengths.

2

Strength is potentially useful. Strength requires building in order to be useful to the individual or for planning.

1

Strength is useful. Strength is evident and can be accessed; strength could be useful for planning.

0

Well-developed centerpiece strength. Easily accessible and very useful for the individual and for planning.

# Action Levels: Strengths



# Behavioral Health Services Community Engagement Forums

Supporting healthy, safe, and thriving communities.

Share Your  
Ideas!

Everyone  
Welcome!



## Forum Discussion Topics: Mental Health and Substance Use Prevention, Innovation and Engagement

<b>Date:</b> Wednesday, January 8 <b>Time:</b> 6:30pm to 8:00pm	<b>Lemon Grove Academy Elementary School</b> 7885 Golden Ave, Lemon Grove, 91945	<b>Check In: 6:15pm</b> Dinner Provided
<b>Date:</b> Thursday, January 9 <b>Time:</b> 6:30pm to 8:00pm	<b>Kearny Senior High School, Room 301</b> 1954 Komet Way, San Diego, 92111	<b>Check In: 6:15pm</b> Dinner Provided
<b>Date:</b> Saturday, January 11 <b>Time:</b> 10am to 11:30am	<b>Country Club Senior Center</b> 455 Country Club Lane, Oceanside, 92054	<b>Check In: 9:45am</b> Breakfast Provided
<b>Date:</b> Wednesday, January 22 <b>Time:</b> 6:30pm to 8:00pm	<b>Normal Heights Community Center</b> 4649 Hawley Blvd, San Diego, 92116	<b>Check In: 6:15pm</b> Dinner Provided
<b>Date:</b> Saturday, January 25 <b>Time:</b> 10am to 11:30am	<b>Woodland Park Middle School, PAC</b> 1270 Rock Springs Rd, San Marcos, 92069	<b>Check In: 9:45am</b> Breakfast Provided
<b>Date:</b> Saturday, February 1 <b>Time:</b> 10am to 11:30am	<b>Bonita Vista High School, Library</b> 751 Otay Lakes Rd, Chula Vista, 91913	<b>Check In: 9:45am</b> Breakfast Provided

Community members will be eligible to receive a  
\$10 gift card for participating.

Register at: [ListenToSanDiego.org](https://ListenToSanDiego.org)



# Behavioral Health Services North Inland Region Community Engagement Forum

Share Your  
Ideas!

Supporting healthy, safe, and thriving communities.

Everyone  
Welcome!



## Forum Discussion Topics

Mental Health and Substance Use Prevention,  
Innovation and Engagement

**North Inland Live Well Center, Rooms C & D**

**649 W. Mission Avenue,**

**Escondido, 92025**

**Wednesday, January 29, 2020**

**3:30pm to 5:00pm**

**(3:15pm Check-In)**

**Light snacks will be provided.**

**Community members will be eligible to receive a  
\$10 gift card for participating.**

**Register at: [ListenToSanDiego.org](http://ListenToSanDiego.org)**



LIVEWELLSD.ORG

# BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

## VISION

Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

## PRINCIPLES

Collaborative, Integrated, Child, Youth & Family Driven, Individualized, Strength-based, Community-based, Outcome & Data Driven, Culturally Competent, Trauma Informed, Persistence

## PRIORITIES

Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.

Strengthen partnerships with children/youth's circle of influence to create a supportive environment.

Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.

Live Well San Diego

## AREAS OF INFLUENCE



### Standard of Living

- Economic & Nutrition Security
- Timely Access to Healthcare Inclusive of Behavioral Health Services
- Employment Readiness



### Community

- Access to Parks, Playgrounds and Recreation Centers
- Usable Transportation
- Safe Neighborhoods & Schools
- Affordable Stable Housing
- Access to Extracurricular Activities



### Health

- Daily Physical Activity
- Limited & Supervised Screen Time
- Affordable Healthy Food
- Zero Sugary Beverages, Drink More Water
- No Substance Use
- No Tobacco Use
- Up to Date Immunizations
- Connection to a Health Home



### Social

- Supportive Families
- Nurturing Communities
- Connection to Natural Supports
- Positive Social Interactions



### Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs