



IN THIS EDITION:

- SOGI Updates to Client Profile Form**
- CalQIC 2022 Review**
- Updated BBS Requirement to Provide Notice to Psychotherapy Clients**
- Serious Incident Reporting Policy Update**
- CalAIM Policies**
- Consumer Perception Surveys- POQI- May 2022**
- Timeliness PIP Success!**
- Substance Use Services Provider Updates**
- BHRS EHR Team Updates**
- Specialty Mental Health Clinical Documentation Training**

SOGI Updates to Client Profile Form

Lesbian, gay, bisexual, transgender, queer and all sexual and minority (LGBTQ+) people experience health disparities and require care and services tailored to their unique needs. The process of asking all clients about their sexual orientation and gender identity (SOGI) allows us to get to know our clients better, and to provide them with the culturally affirming, client-centered services they need. Collecting SOGI information is also required by the state, as described in AB-959, which was passed to reduce health disparities seen within the LGBTQ+ population in California. SOGI data collection allows us to learn about the populations we are serving, and to measure the quality of care provided to people of all sexual orientation and gender identities.

The Client Profile Form has been updated to gather more robust SOGI data. This change includes a new field capturing information about Sex Assigned at Birth and updated values to describe Sexual Orientation and Gender Identity (SOGI). This update provides a starting place for us to begin focusing efforts to enhance culturally affirming and trauma-informed care to our LGBTQ+ community in Marin.

The BHRS LGBTQ+ Collaborative (recently known as BHRS LGBTQ+ Workgroup), in conjunction with the Quality Management Department, will be providing trainings to BHRS mental health contracted providers on the updated client profile form. BHRS Substance Use Services providers will also receive a training about SOGI and how to include this information in WITs. [You may find a preview of the training materials for entering demographic information into WITs here.](#) Details are forthcoming and will be provided at BHRS MH contractors and SUS providers meetings in April.

CalQIC 2022 Review

The California Quality Improvement Coordinators Conference (CalQIC) provides an annual opportunity for quality improvement coordinators to learn about trends and share resources from counties across the state to improve services and processes within their county. The theme of this

year's conference was "Cal-Aiming for Quality." Here are some key take-aways from the three-day conference:

- CalAIM will bring many changes that are aimed at reducing the burden of documentation that direct care service providers currently experience.
- The CalAIM changes are designed to help shift the focus of documentation away from technicalities and towards flexibility within normal course of treatment, as clinically appropriate.
- While certain requirements have been removed, this does not change our standard of care. The normal course of care is to assess, diagnose, develop a plan of action, and then provide treatment.
- The CalAIM policy changes are being delivered by the state as standardized processes and tools that all counties can adopt. This standardization in policy is also part of an effort to help reduce idiosyncrasies between counties, making it easier for contracted agencies to deliver services across county lines.

Updated Requirement to Provide Notice to Psychotherapy Clients

In July 2020, the Board of Behavioral Sciences (BBS) required all mental health counselors, whether licensed or unlicensed, to provide notice to each of their clients stating where they can file a complaint. The BHRS Grievance forms contains the required BBS information. (Please visit the link to reference the [BHRS Grievance Form](#).) Effective January 1, 2022, changes were made to the BBS requirement regarding the timing and documentation of providing this notice to clients.

For new clients, you are required to provide the BHRS Grievance Form prior to initiating psychotherapy or as soon as practically possible. For new clients that are seen after January 1, 2022, you are required to **document in the client's record that you delivered the notice**.

If you are not licensed or registered with the Board of Behavioral Sciences but providing Mental Health Counseling in an exempt setting (governmental entity) the wording of the notice has changed and you are required to provide clients with a notice how to file a complaint with BHRS. Please see BBS link for more information. [Updated Requirement to Provide Notice to Psychotherapy Clients \(ca.gov\)](#)

Serious Incident Reporting Policy Update

The Serious Incident Reporting policy has been updated for substance use services (SUS) providers including SUS Residential Programs. Now all BHRS programs (mental health and SUS) should be using the Serious Incident Report Form in accordance with the updated April 1, 2022 policy. Please review the attached **BHRS 06 policy- Serious Incident Reporting and SIR form** and contact your contract manager with any questions.

CalAIM Policies (For SMHS + SUS)

Specialty Mental Health Services - Please review the attached **BHRS 89 policy Criteria for Beneficiary Access to Specialty Mental Health Services, Medical Necessity and Other Coverage Requirements**. The effective date of these changes was January 1, 2022 and these updates were

incorporated in the current version of the January 2022 Clinical Documentation Guide: [january 2022 bhrs clinical documentation guide.pdf](#). Also attached is a Frequently Asked Question resource that answers some common questions you may have.

Substance Use Services – Please review the attached **BHRS 26 policy Medical Necessity Determination and Level of Care Determination Requirements for Drug Medi-Cal Treatment Program Services**. The effective date of these changes was also January 1, 2022.

Please review the attached **BHRS 88 policy Drug Medical Organized Delivery System (DMC-ODS) Requirements for the Period of 2022-2026**. The BHRS practice guidelines have been updated to incorporate these requirements.

Consumer Perception Surveys- POQI- May 2022

It’s almost that time again! The POQI will be administered during the week of May 16-20, 2022! Make sure to schedule as many clients as you are able to during this week so that we can give out the survey to as many people as possible. Great news – we only have to administer the POQI once this year!

Timeliness PIP Success!

Did you know that we have a Performance Improvement Project (PIP) aimed at decreasing the amount of time it takes for a client to get their first treatment appointment after their Access assessment? The Department of Health Care Services (DHCS) has provided standards which dictate that clients must receive their first non-psychiatric, non-urgent treatment appointment within 10 days of their Assessment. Data from the Adult System of Care (ASOC) shows that we are improving! See the chart below to witness the path from adult clients meeting the standard 55.1% at baseline, to adult clients meeting the standard 78.3% in the second quarter of this FY! **Keep up the great work ASOC!** For more information on timeliness standards, please see Policy and Procedure BHRS-46 Timely Access of Service.

Performance Measure	Target Performance	Baseline December 2020	Jan-March 2021	April-June 2021	July-September 2021	October - December 2021
Adult clts have their first non-psych, non-urgent tx svc w/in 10 bus. days	80% ≤10 days	55.10% Avg days= 7.7	35.19% Avg days= 15.6	20.51% Avg days= 15.8	28.60% Avg days= 17.1	78.30% Avg days= 9

Substance Use Services Provider Updates

April marks the 5-year anniversary of Marin’s implementation of the DMC-ODS Waiver. Please stay tuned for details on how we will be acknowledging this milestone.

Marin BHRS has posted a new Policy and Procedure: [DMC-ODS Requirements for the Period of 2022-2026](#), which outlines policies and requirements outlined in the [DHCS BHIN 21-075](#). Marin BHRS is

updating the [Practice Guidelines](#) and Contract Exhibits to reflect these changes. We will continue to discuss at Provider meetings and for questions at any point, please contact your contract manager. Highlighted below is one example of a new change with the DMC-ODS Renewal:

SUS Covered Services During the Initial Assessment (*Excluding Residential Treatment*)

- a. Covered and clinically appropriate services may be delivered following the first visit with an LPHA or registered/certified counselor.
- b. Covered and clinically appropriate services may be delivered before a Diagnostic and Statistical Manual (DSM) diagnosis for Substance-Related and Addictive Disorders is established. A provisional diagnosis may be used prior to establishing diagnosis.
 - i. Medically necessary services may be provided for:
 - a. up to 30 days for beneficiaries 21 years of age and older
 - b. up to 60 days for beneficiaries under the age of 21 or for beneficiaries experiencing homelessness.

EHR Team Updates

- BHRS will be contracting for EHR support to complete Sharecare upgrades
- By July 1, 2022, the Sharecare (SC) platform will be moved to cloud-based hosting by Echo; the user experience should be seamless for logging in to SC.
- By July 1, 2022, the Sharecare application will be upgraded to the most current version; BHRS is currently behind several updates. This will include newer functionality.
 - Enhancements to the Cost Report and other Fiscal Reports are being made to improve reports.
 - Bug fixes and seven new screens for Phase II of the HIPAA 274 (Provider Directory) Implementation for collecting, updating, and managing the required submission data
 - Enhancements to the Service Entry, Daily Transaction Report, and Diagnosis Entry
 - Medi-Cal Reconciliation 835 Module improvements, a Receivables Screen modification
 - Modify 837s to include ICN in Claim Level ID (CLM01)
 - Telehealth Modifiers for Medicare and Commercial Payors
 - Medi-Cal modifier for ODS/MHS Telehealth(GT), Phone(SC), and Store and Forward(GQ)
 - User can batch Recreate with file containing consumer service IDs and PCCNs
 - License Type Group Begin/End Dates added
 - A new Option list for Taxonomy codes
 - Update user and date on various screens
- There are many updates to SC that will be happening within the next month including, setting up Enhanced Care Management, updating SOGI fields, new programs set up, and new service codes
- SC will no longer operate on Microsoft Internet Explorer. Staff will operate SC on Microsoft Edge or Google Chrome.

Specialty Mental Health Clinical Documentation Training

The next clinical documentation training on current compliance standards is scheduled for April 28 from 2-4:30 on Zoom. Email BHRSQM@marincounty.org to register. There will be updated trainings available in May and June on CalAIM documentation reform changes that take effect on July 1. More information will be provided through future QM Corner Newsletters!

How to Reach Us:

BHRS ACCESS Team: BHRSAccessPublic@marincounty.org

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BHRS QM General: BHRSQM@marincounty.org

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BHRS Therapy Authorization: BHRStherapyauth@marincounty.org

BHRS Inpatient Care Authorization: BHRSQMPublic@marincounty.org

BHRS Electronic Health Record (EHR) Team: BHRSEHR@marincounty.org

BHRS Website: marinBHRS.org

BHRS Admin Team: BHRAdmin@marincounty.org

[Download the BHRS Clinical Documentation Guide here](#)