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DMC-ODS Contractor Meeting

October 9, 2024



Agenda

Part A | 10:00am – 10:45am

- Welcome and Introductions
- Provider Updates/Announcements
- County Updates/Announcements
 - DHCS, Federal and County Updates
 - Data Sharing and API

Part B | 10:45am – 11:30am

- Discussion and Planning: MHSOAC SUD Pilot Grant

Provider Updates and Announcements

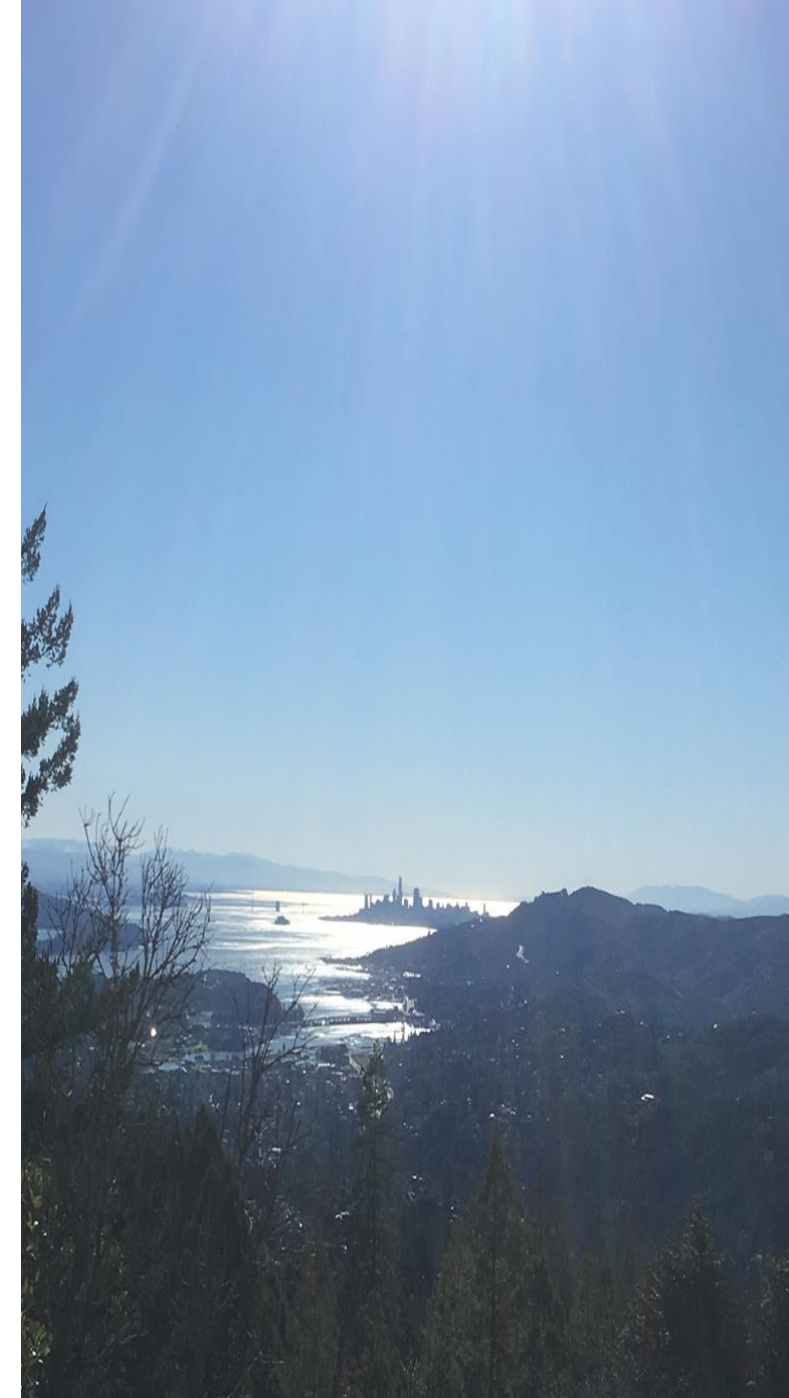
- **Brianna Doyle and Rory Rieger, Ritter Center**
 - Overview – New Care Coordination Resources Available (Opioid Settlement Fund Grant)



County Updates and Announcements

- **Upcoming Events**

- SmartCare Office Hours: 10/9 @ 1pm ([Zoom](#))
- 42 CFR Part 2 Update Training: [Recording Available](#) for 30 days after the 9/26/24 Training
 - Feedback Requested: Takeaways from Training
- DHCS Harm Reduction Summit ([11/19 – San Mateo Co.](#))
- Liz (CIBHS) tentatively joining November Provider meeting – MHSOAC Grant



County Updates and Announcements - CalOMS

- DHCS [BHIN 24-030](#): CalOMS Demographic Reporting
 - DHCS added new data values and meanings for Gender (CID-3), Race (CID-15), Ethnicity (CID-16), and Sexual Orientation (CID-20)
- Feedback: [CalOMS Tx Web-Based Training Survey](#) (by 10/17)
- CalOMS Open Admissions – [Provider Guidance](#)
 - Address Current Open Admissions – by 10/18
 - Ongoing – by 10th of the month



County Updates and Announcements

- Substance Use Services Provider and Staff Updates
- ASAM 4th Edition Update
- Treatment Perceptions Survey: 10/21 – 10/25
 - Please Post Flyers on 10/21
- [DMC-ODS Beneficiary Handbook](#)
 - Minor Update: Additional [API Language](#)
 - Integrated MHP/DMC-ODS Handbook – 1/1/2025





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BHRS Data Sharing

October 9, 2024



- Current Data-sharing Regulations
 - CMS Interoperability Rule
 - MOU with Managed Care Plan (MCP)
- BHRS Client Data – Patient Access API
- BHRS Client Data – HIE
- BHRS Client Data – Patient Portal
- Client Consent

CMS Interoperability Rule

Application Programming Interface (API): API can connect to mobile applications by March 1, 2024.

- Patient Access and Provider Directory
- Patient Access API must include data for services received for dates of service on or after January 1, 2016

<https://www.marinbhrs.org/clients-caregivers/api-application-programming-interface>

Memorandum of Understanding (MOU) with MCPs

DHCS requires MOUs with our MCPs (Partnership and Kaiser)

- MOUs do require data-sharing elements
- The Board of Supervisors approved an integrated MHP and DMC-ODS MOU on September 10, 2024.
 - Finalized MOU with Partnership will use the HIE
 - Finalized MOU with Kaiser and will use SFTP until they are connected to a HIE

How is your Client's data being shared?

1. Patient Access API
2. Health Information Exchange (HIE)
3. Patient Portal

How is BHRS Client's data being shared?

Patient Access API:

- Allows patients to access their claims and encounter information, as well as a defined subset of their clinical information, through third-party applications of their choice.
- The request will be initiated by the client and review/approval is carried out by CalMHSA: <https://www.calmhsa.org/interoperability-api/>
- This process will not be seen by clinicians or administrative staff.
- Data made available through the API will come from both SmartCare and Archived data.
- More information can be found on our BHRS website: <https://www.marinbhhs.org/clients-caregivers/api-application-programming-interface>

Health Information Exchange

An HIE is a technology solution that enables healthcare providers and organizations to share patient information electronically between systems that would otherwise not be connected.

BHRS has collaborated with CalMHSA to develop a new program, Connex, that will allow clients' data to be electronically exchanged with other providers. Future plan is for Connex to be integrated into SmartCare.

Safeguards

- BHRS and SmartCare will follow Federal and State guidelines as outlined in the Data Exchange Framework: <https://dxp.chhs.ca.gov/> & <https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability>
- Data being released will follow the Federal guidelines here: <https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi#uscdi-v1>

BHRS Data Sharing

Client Data – HIE (cont.)



Health Information Exchange (HIE):

- Bi-directional Agency to Agency data sharing
- Data shared will come from SmartCare (July 2023 to current)
 - Data shared will follow the United States Core Data Interoperability (USCDI) Guidelines: <https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi#uscdi-v5>
- Staff from an agency connected to a HIE will submit a client data inquiry. The HIE program will review all other participating entities' records and return the client information to the requesting agency.
 - This process will not involve BHRS clinicians or administrative staff.
- Due to the 42 CFR changes and CMS Patient Information Blocking Regulations, CalMHSA has elected to implement an “Opt-Out” approach.
 - Our clients will have to explicitly request their data not to be shared and BH staff will have to manually update the request in SmartCare.
 - If the client does nothing, then their data will be sharable through the HIE.

How is BHRS Client's data being shared?

Patient Portal:

- Is an exclusive product for SmartCare clients to access their medical records directly through a webpage. (services from July 2023 to current)
- Product is still under development.

What we do know:

- Through the Patient Portal, clients will submit an initial request to access their medical records. At this point, BHRS staff can approve or deny direct access.
 - The types and amount of data available to clients through the portal are still under development.
 - If a clinician chooses not to release the records through the portal, then they **MUST** document the justification, and the client will be notified to contact Medical Records. At which point a modified record can be provided.

Client Consent:

- New client consent is being developed.
- New Notice of Privacy Practice is being developed.
- New BHRS Privacy Document is under review with HHS Compliance.
- A Training Plan is being put together and will roll out in the coming months. This includes:
 - Updated Notice of Privacy Practices will be sent out to all members regarding the “Opt-Out” feature
 - Updating information on public-facing website
 - Client FAQ
 - Instructions for clients to “Opt-Out” of data-sharing
 - Information Patient Portal

All client-facing documents will be translated into Spanish and Vietnamese.

IMPORTANT: Current Timeframes will have the HIE online by January 2025 and clients' data will be available.



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END OF PART I
Thank you!

New Grant Opportunity with MHOAC



- **SUD Pilot Project Goal:** Identify and remove barriers and improve access to Medications for Addiction Treatment (MAT) for SUD within a financially sustainable model.
 - **Expansion of Medication Assisted Treatment (MAT)**
 - Increase the number of IMS certified sites
 - Increase the number of MAT prescribers in all levels of care
 - **Develop a business model to advance MAT sustainability**
 - Cost sharing/start-up funding in Years 1 and 2
 - Leveraging DMC to sustain

***Today's Focus** – *Also note this is a Pilot, so we expect to learn and pivot from our learnings as needed*

MAT Prescriber Start-Up Funding



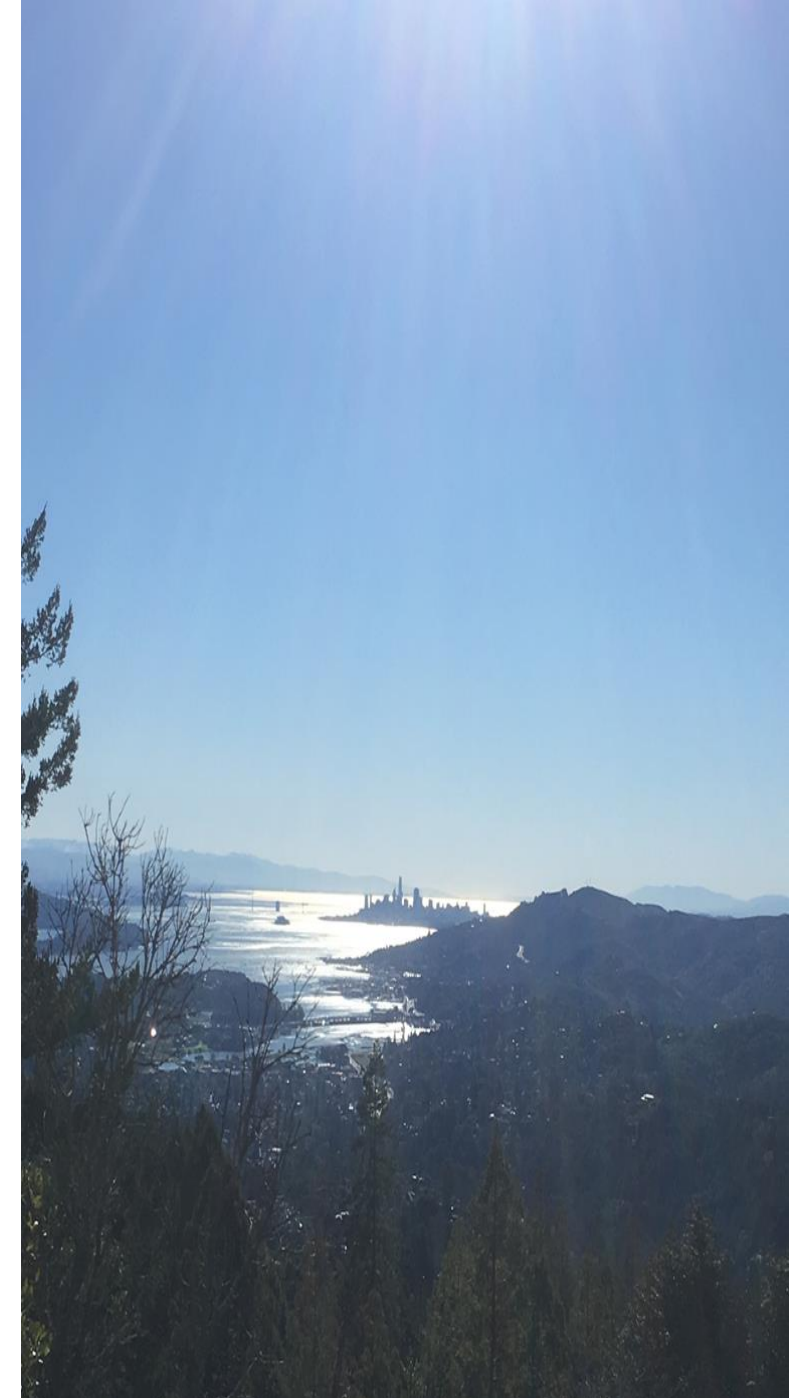
General Participation Criteria

- At present, Marin-based DMC-ODS Provider (any level of care)
- Start-up funds combined with local funds initially and sustained beyond the two-year grant through DMC-ODS billing
- Funding is for net new MAT Prescriber FTE
- At least 50% of prescriber services per week are onsite & in-person
- Medication services must be claimed through DMC-ODS
- Capacity to prescribe medications for OUD, AUD and TUD
- Participate in grant-related meetings, technical assistance and reporting

MAT Prescriber Start-Up Funding

Funding Available

- Available in a ratio of \$250,000 per 40 hours/week of addiction medication prescribing clinician time.
- Funding is distributed at 60% in Year 1 and 40% in Year 2
 - Example: 20 hours/week = Total incentive of \$125,000 (Payment 1 = \$75,000 | Payment 2 = \$50,000)
 - Example: 40 hours/week = Total incentive of \$250,000 (Payment 1 = \$150,000 | Payment 2 = \$100,000)
- At present, the cap is \$250,000 per agency



MAT Prescriber Start-Up Funding



Incentive Payment # 1 Deliverables

- Approved Implementation Plan
- Commitment to Submit Reporting
- Commitment to attend Grant-related meetings

Incentive Payment #2 Deliverables

- Submission of four (4) quarterly progress reports and ongoing data
- Attendance at required grant-related meetings
- Verification of MAT Prescriber staffing and hours
- Plan to sustain prescribing clinicians

MAT Prescriber Start-Up Funding



Review Implementation Plan Template

- Current State | Proposed Implementation Plan | Organizational Readiness | Proposed Budget

Questions and Feedback

Next Steps

- Liz (CIBHS) tentatively joining November Provider meeting
- County to finalize Implementation Plan template
- Provider to review and submit Implementation Plan
- Once approved, revise contract with Marin BHRS
- Once contract executed, submit Invoice #1 and begin!



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RESOURCE SLIDES

Please share with applicable staff

County Updates and Announcements

- **Service Entry and Billing Submission**

- Ensure all services in SmartCare have been moved from Scheduled and Show status each month with submission of billing.
- All services should be in Complete, Cancel, No Show or Error ***status***.
- Use the Services (My Office) List page and filter the All Service Statuses dropdown by Scheduled and Show to review outstanding services.
- Services with Warnings or Errors will remain in Show status until the errors are resolved.



Services (3551)

All Services	Scheduled	Include Do Not Complete	All Programs	Financial Assignment...	Apply Filter
All Locations	All Procedure Codes	All Clinicians	All Service Entry Staff	All Service Areas	
Service Id	Entered From	Entered To	DOS From 07/01/2023	DOS To 06/30/2024	
<input type="checkbox"/> Include Services created from Claims	<input type="checkbox"/> Only include Services with Add On Codes	<input type="checkbox"/> Only show Non-Billable Services	<input checked="" type="checkbox"/> Show Only Active Clients		

County Updates and Announcements



Payer Plan Entry and Maintenance

- All services must have an active payer plan on the date-of-service.
 - Non Medi-Cal services also require an additional payer plan that is appropriate for the service.
- All payer plans must have an ID number.
 - For Marin County, SB678, AB109, ADC, etc. add the client's account number.
- All payer plans should have a “Start Date” of the first of the month that services were rendered.

County Updates and Announcements

- **Payer Plan Entry and Maintenance (cont.)**
 - Enter payer plans only once in the coverage screen
 - If the payer is already present in the “Client Plans” (top) box, use the “start/end dates” and “Service Area” fields to “Add” the payer to the “Plan Time Spans” (bottom) box.

Coverage (4) i

Client Plans Notes

Client Plans

Plan Name	△	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Marin County				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
Medi-Cal DMC				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
Medi-Cal DMC				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	DMC 	Add
Medi-Cal MH				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	MH	Add

Resource Reminder: Medi-Cal Eligibility Re-determinations

Who:

- Public Assistance (PA) Contact for SUD Providers: **Peter Funk** (pfunk@marincounty.org)

What:

To assist with continuous Medi-Cal coverage given return to regular Medi-Cal rules, this pilot was developed to provide a direct point of contact in PA for SUD Providers to inquire about Medi-Cal, including:

- Ascertaining eligibility status (active, denied, discontinued, pending)
- Troubleshooting Intercounty Transfer issues
- Troubleshooting Managed Care and access to care issues
- Receiving change reports for Medi-Cal eligibility, including but not limited to redetermination paperwork
- Navigating and remedying discontinuances and Medi-Cal restorations

How:

- For PA and SUD to discuss, the client will need to **complete the *Authorization for Release of Protected Health Information to Third Parties (DHCS 6247)* and return it to the Peter.** It can be emailed, mailed, dropped off, faxed, or completed by phone by the client with Peter.
- *Note: Peter aims to respond within 48 hours and please encrypt emails.*

SmartCare Electronic Health Record Updates and Tips

- How to Run Real Time Eligibility (270/271) Screen - 2023 CalMHSA

- Tip: If the client is not showing, you can either do an Inquiry or go back to the previous method used to check Medi-Cal eligibility.
- Reminder: Ensure you click “Update Coverage”
- Reminder: The End Date is the date of eligibility being searched for (e.g. first day of month)
- Reminder: Please verify that you are double checking the Plan Time Span start date. We are seeing more MCAL start dates of 2032 or 2024. Ideally, most clients should have their MCAL start date be 7/1/23.
 - If you notice an incorrect start date, changing the end date of eligibility to 7/1/23 will solve
- Reminder: If client’s insured ID is blank, use the SSN for that field to run eligibility

The screenshot displays the 'Coverage' section in SmartCare. It features two main panels: 'Client Plans' and 'Plan Time Spans'. The 'Client Plans' panel contains a table with columns for Plan Name, Insured Id, Co-Pay, Start Date, End Date, COB, and Service Area. The 'Plan Time Spans' panel shows a list of plans with columns for Start Date, End Date, and COB, along with 'Set End Date' buttons. A blue arrow points from the text in the first list item to the 'Plan Time Spans' section.

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Marin County						DMC	Add
Medi-Cal DMC	[REDACTED]					DMC	Add
Medi-Cal MH	[REDACTED]					MH	Add
SABG						DMC	Add

Plan Name	Start Date	End Date	COB	
Medi-Cal DMC				Set End Date
SABG				Set End Date
Marin County				Set End Date

**The plan for SUD is Medi-Cal DMC. Please ensure that is at the bottom - the top will have both Medi-Cal DMC and Medi-Cal MH*

SmartCare Electronic Health Record Updates and Tips

- For Marin County Payor Plans (Non-Medi-Cal): Please make sure the Plan is at the top and bottom (this will happen automatically for Medi-Cal when clicking “Update Coverage”)
 - *Note: The “Marin County” Plan should only be added to the DMC service area.*
- Reminder: Coverage plans are not specific to the program – they are specific to the client. As such, if they are Medi-Cal eligible, DMC should be listed as a payor, even if the service is not Medi-Cal eligible, as the client may access DMC-eligible services elsewhere.
- Tip: If the County of Responsibility is not Marin, though the eligibility shows County of Residence is Marin, then the Medi-Cal Plan will need to be added every month. Note: You can use the 270/271 for this.

SmartCare Electronic Health Record Updates and Tips

- Reminder: **Interpreter Services** (All Providers)
 - If needed, click the box – **AND** – complete the Custom Fields
- **New:** The **CA ASAM** will now pull any responses from a CA ASAM completed for the same client in the last 180 days (EXCEPT for the LoC and Risk choices for each dimension)

The screenshot displays the SmartCare Electronic Health Record interface, specifically the 'Service Detail' tab. The interface is divided into several sections:

- Service Detail:** This section contains various input fields and checkboxes. It includes a 'Documentation Time' field with a 'Days' label, an 'Evidence Based Practices' dropdown menu, and a 'Transportation Service' dropdown menu currently set to 'No'. There are three checkboxes: 'Override Charge Amount', 'Override Errors', and 'Interpreter Services Needed'. To the right, there are two 'Overridden By' fields.
- Warnings / Errors:** This section features a table with columns for 'Date', 'Error Type', 'Error Message', and 'Next Step'. The table is currently empty, displaying 'No data to display'.
- Custom Fields:** This section is titled 'Interpreter Service' and contains two rows of information:
 - The first row has 'Interpreter has been scheduled' with radio buttons for 'Yes' and 'No', and a 'Language' dropdown menu.
 - The second row has 'Interpreter Agency Scheduled' followed by an empty text input field.

Reminder: DMC Timely Access to Services

- Links to Instructions:
 - **For Non-OTP:** <https://2023.calmhsa.org/how-to-complete-the-dmc-outpatient-timeliness-record/>
 - **For OTP:** <https://2023.calmhsa.org/how-to-complete-the-dmc-opioid-timeliness-record/>
- This is required for State Reporting and important for assessing access to care and for continuous quality improvement
- There is a “flag” set-up in SmartCare to prompt staff to complete this form at enrollment
- **Implementation:**
 - For Outpatient and OTP LOCs: Use for all new admissions for January 1, 2024 forward (no change from guidance issued on 1/10/2024)
 - For Residential and Residential WM: Use for all new admissions for January 22, 2024 forward (updated guidance issued 1/18/2024)
 - You do not need to enter data retroactively from the above noted timeframes at this point

SmartCare - CalOMS


- Issue: The FSN number is required to ensure that the CalOMS Discharge information is accurately transcribed to State reporting. The FSN numbers did not get transferred during the initial client data conversions – and only started to populate in SmartCare around 8/10/23. This is a known issue with CalMHSA.
- Action: If an FSN number does NOT auto populate on the CalOMS Discharge Data:
 - Step #1: Complete the CalOMS Discharge Data as thoroughly as possible and save as draft.
 - Step #2: Submit a BHRS EHR Support Ticket with the name of the client, program and type of update (e.g. Discharge, Annual Update) and they will look up and enter it in SmartCare.

SmartCare Updates & Tips

- **Health Questionnaire**
 - FYI: CalMHSA added a scanned document type for this document
- **SmartCare – Addresses**
 - If the beneficiary does not have an address, enter “20 North San Pedro Road, San Rafael, CA 94903”
 - No address will trigger a DMC denial (even if services shows as Completed)
- **New Users and Staff Updates** (e.g. role change, updated certification/ licensure dates, etc.)
 - Link to: [Staff User Access Form](#) (can be found at www.marinbhhs.org/providers)

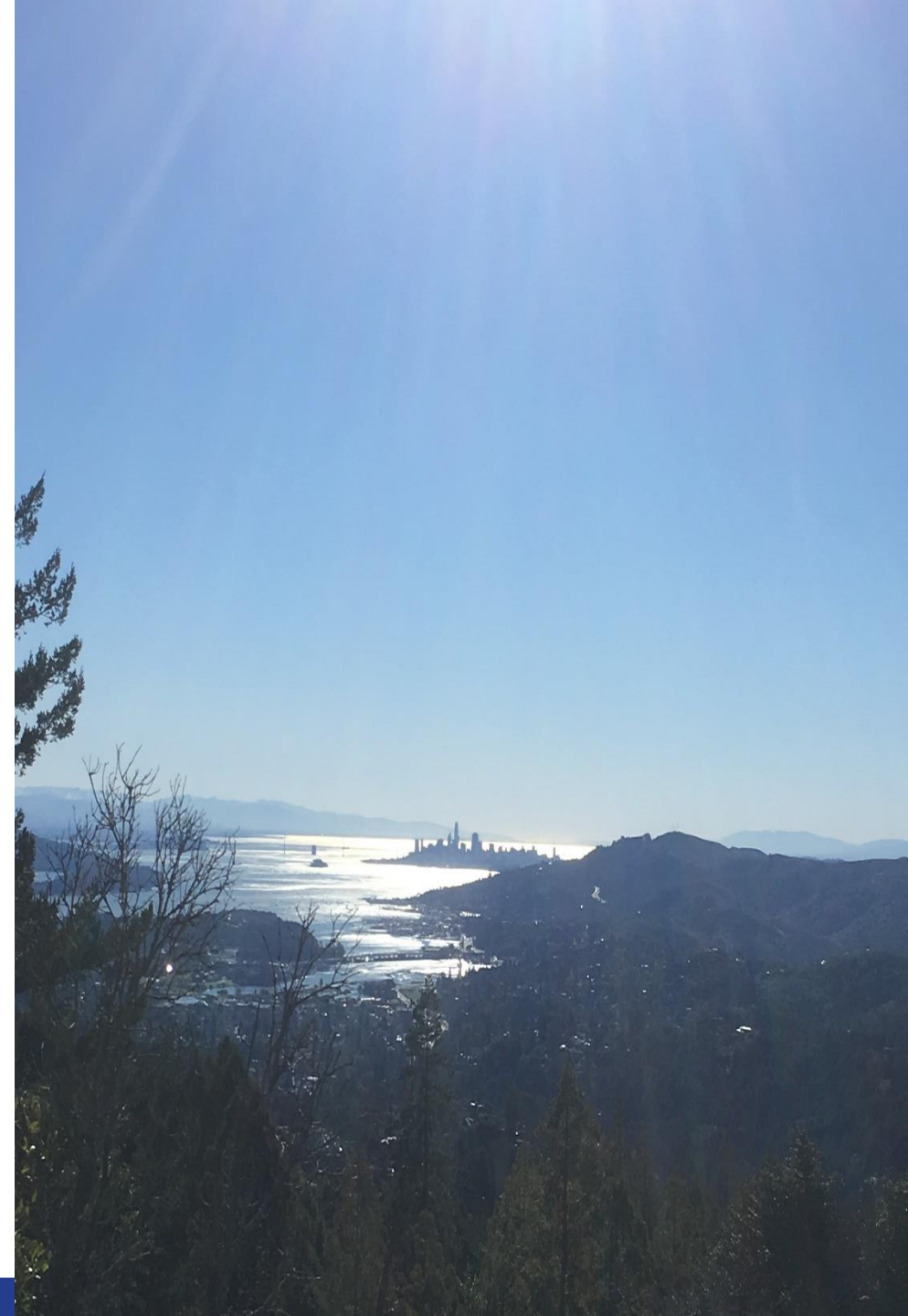
SmartCare - Seeking Help

CalMHSA Support:

- Navigating the EHR (Procedures & Workflows)
 - Use the “**Walk Me**” function by clicking the question mark icons  in the upper and lower right corners wherever you see it displayed.
 - Review Training Videos & Guides on the CalMHSA website: <https://2023.calmhsa.org/>

For additional support

- [Live Chat is available and preferred - 2023 CalMHSA Site](#)
- EHR@calmhsa.org or by phone at (833) 686-6801
 - * *This help is available from 7am – 7pm PST*
 - Additional help with procedures and workflows
 - Troubleshoot system related errors
 - Report system issues (glitches, bugs, etc.)



SmartCare - Seeking Help

Marin County BHRS EHR Support Team:

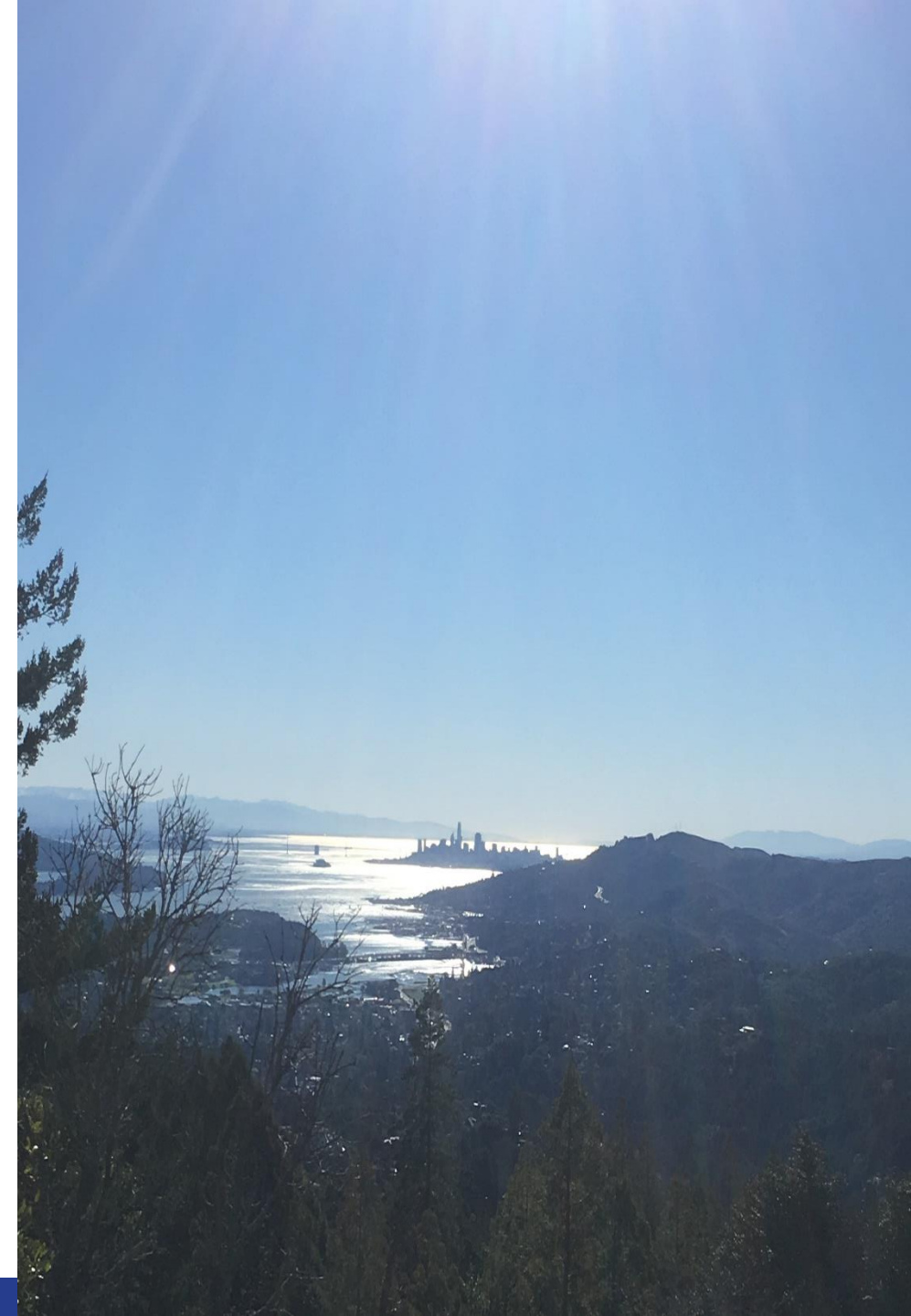
Use the [Marin BHRS EHR Support Request](#) /ticketing system to submit all new inquiries. The BHRS EHR support email should be used to respond to additional EHR requests to previously submitted tickets.

Response time in/up to 3 days

- Can't log in/locked out of account.
- There are missing programs, procedure codes or other options from drop downs.
- Can't add a problem to the problem list.
- Error messages that have to do with permissions.

Submitting a Support Request:

- Please provide the specific screens that you were on and the buttons that you clicked that led to the error and the exact error message so the EHR team can troubleshoot.
- If the inquiry is client related, please provide the client account number, DOS or other service-related info to research and recreate the issue.
- Examples:
 - *Please add the following services/programs for the providers below: Provider First/Last, Comprehensive Community Support or add counseling to program A*
 - *Services have rate errors: Client ID #555xxxx for DOS 7/1/2023 has a rate error*



SmartCare - Seeking Help

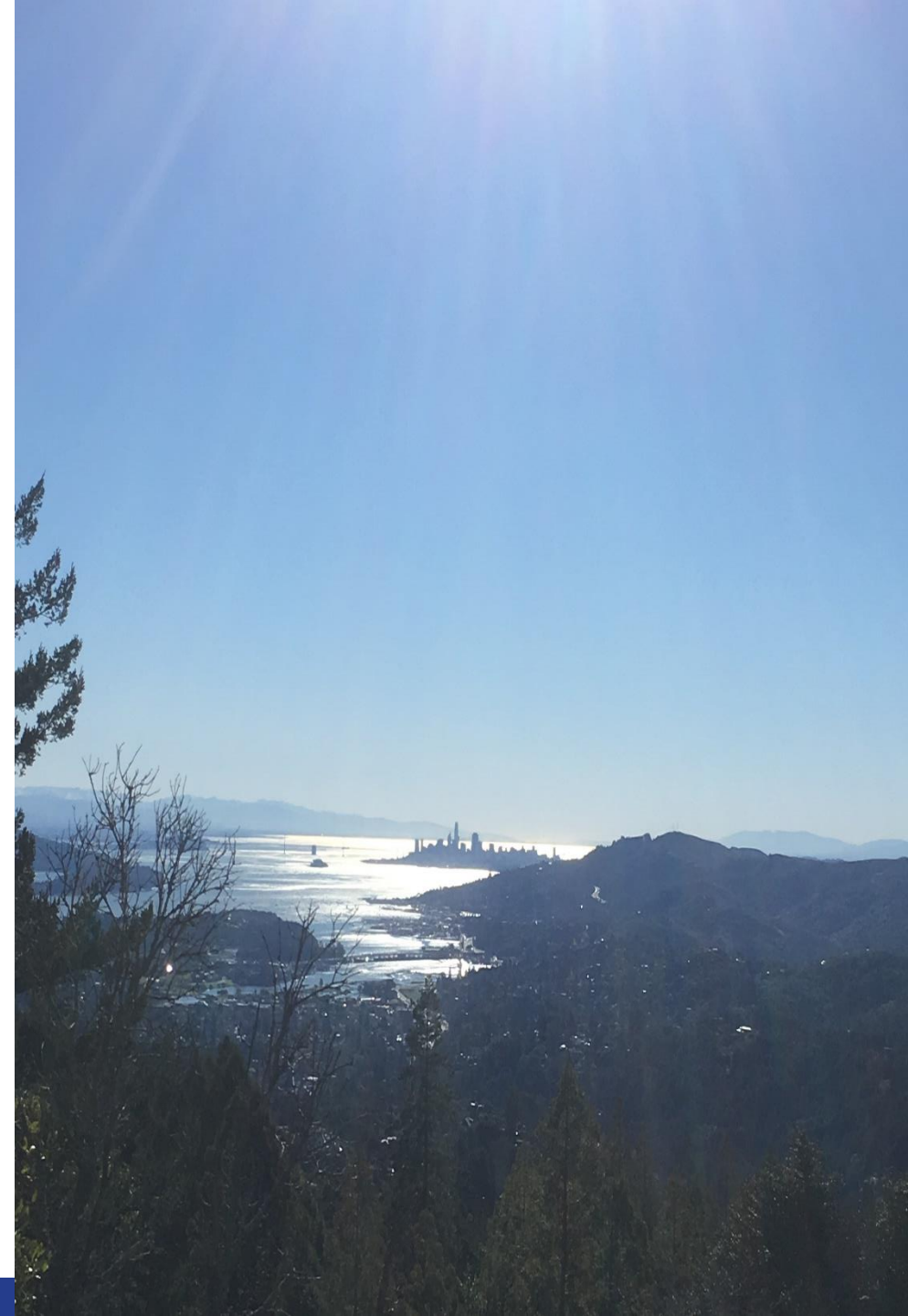
Ongoing Clinical Support:

BHRSQM@MarinCounty.org

- BHRS Quality Management provides clinical support for services and required documents, etc.

Contract Manager Support:

- Policy questions
 - CPT codes in contract
 - Which procedure codes to pick
- Billing questions
 - *Note: currently we do not have billing functionality and we anticipate possibly 3-6 months for submission. In the interim, we have plans for how to pay contractors and payment will not be delayed.*
- Barrier to time sensitive work (contact Contract Manager in addition to above resources)
- Notify them of reoccurring issues to keep them in the loop so they can provide support.



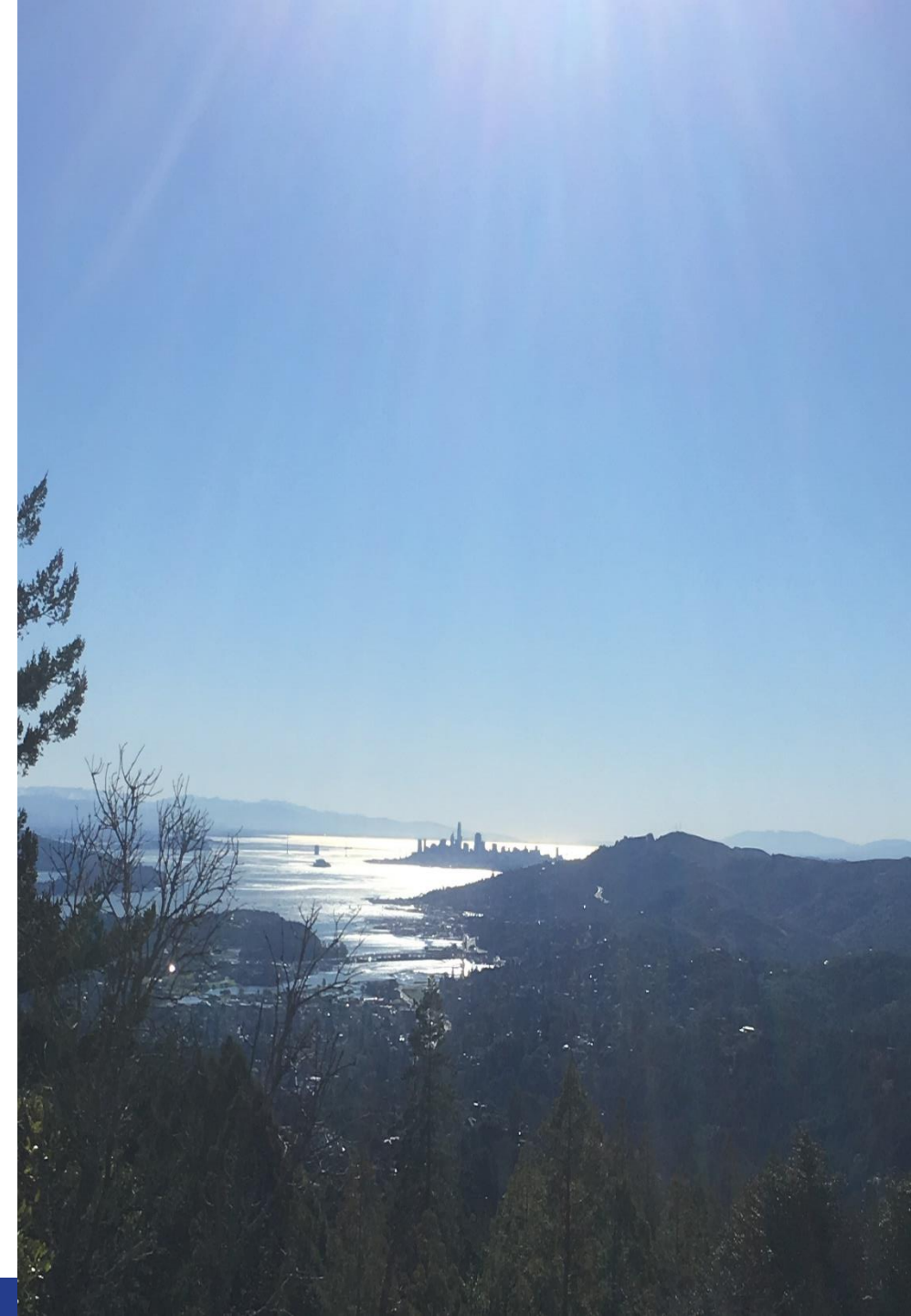
SmartCare - Seeking Help

EHR Support Resources:

- Please route inquiries to the resources provided on previous slides
- If you are unsure where to route your inquiry and are unable to find the answer to your question on the CalMHSA website/chat, please submit a ticket to BHRS EHR Support and they will coordinate with your Contract Manager and others as needed.
 - *Example: I know how to enter this service, but for this client and DOS, I am receiving this error that I haven't seen before and don't know how to resolve.*

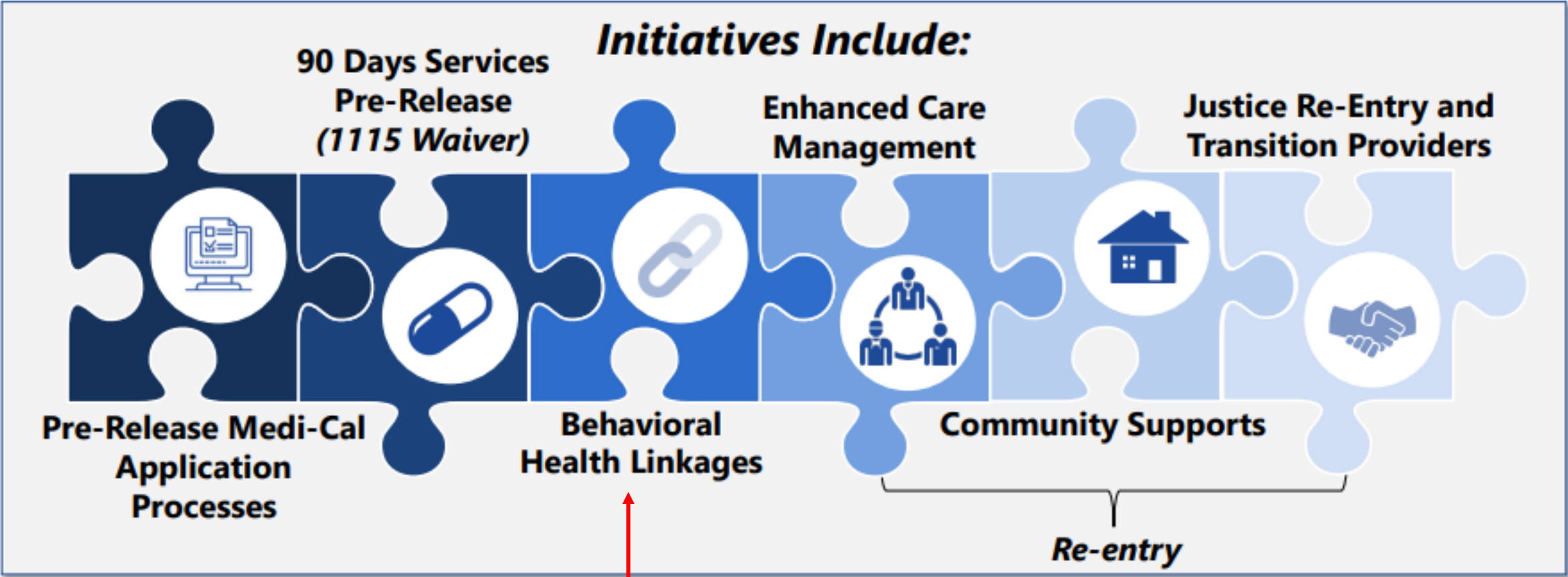
SUD Office Hours:

- We have resumed [SUD Office Hours](#) on the 2nd Wednesday of the month from 1:00-2:00 pm
- Please be prepared to share examples including screenshots, background information and specific clients, services or other details to assist in resolution during Office Hours.



What is CalAIM Justice Involved?

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.



BHRS Responsibilities for Behavioral Health Links Pre & Post-Release

- Data Sharing With Managed Care Plans (Kaiser and Partnership HealthPlan) & Correctional Facilities (CFs)
- Participating in Re-entry Planning & Warm Handoff with ECM if requested
- Participating in Professional-to-Professional Clinical Handoff 14 days prior to release
- Follow-up services Post-Release
- Behavioral Health Links Go Live: 10/1/2024
- Resources: CalAIM Justice Involved (JI) [Fact Sheet](#); CalAIM JI [Policy and Operations Guide](#)





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