

Orange County Drug Medi-Cal Organized Delivery System (DMC-ODS)



Presented by
Quality Management Support (QMS)
SUD Support Team (SST)

Disclaimer

Today's orientation is intended to be an overview of the Orange County DMC-ODS services

Agenda

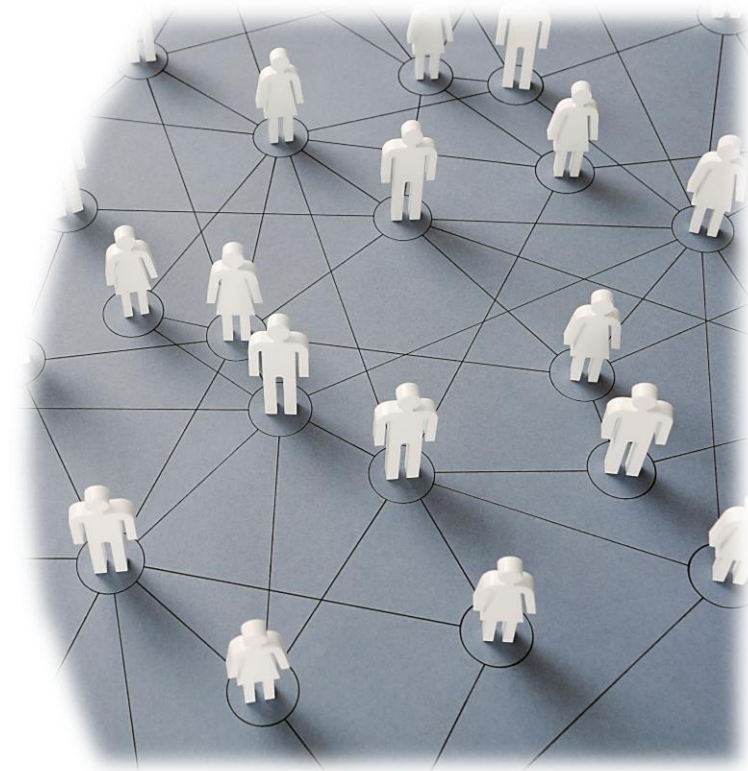
- Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Managed Care Organizations (MCOs)
- DMC-ODS Policies & Procedures
- American Society of Addiction Medicine (ASAM) Model
- County of Orange DMC-ODS Levels of Care
- Additional DMC-ODS Covered Services
- Access Points
- Care Coordination and Physical Evaluation (PE) Requirements
- DMC-ODS Program Staffing Requirements & Roles
- Training Requirements
- Quality Assurance/Improvement
- Office of Compliance
- Confidentiality of Substance Use Disorder Patient Records: 42 CFR Part 2 & HIPAA

**Section 1:
Drug Medi-Cal Organized
Delivery System
(DMC-ODS)**

Drug Medi-Cal Organized Delivery System (DMC-ODS)

The County of Orange opted in to participate in the State's DMC-ODS waiver and implemented in July 2018

The purpose of the DMC-ODS is to have a **greater coordination of care to increase the likelihood of successful treatment outcomes as clients move from one level of care to another**



Centers for Medicare and
Medicaid Services (CMS):
Managed Care Rule



California Department of
Health Care Services (DHCS)



Orange County Health Care
Agency (OC HCA)

DMC-ODS Guidelines

Section 2: Managed Care Organization (MCO)

Managed Care Organization (MCO)



Managed Care is a health care delivery system organized to manage cost, utilization, and quality

By contracting with various types of MCOs to deliver Medicaid program services to their beneficiaries, states can reduce Medi-Cal program costs and better manage utilization of health services

The County is a Managed Care Organization (MCO)

*MCO definition from: www.Medicaid.gov

Managed Care Organization Elements

DMC-ODS Health Plan

- Network of providers
- Credentialing system
- Member Services and Beneficiary Access Line (BAL)
- Authorization processes
- Access standards
- Notice of Adverse Benefits Determination (NOABD) process
- Grievance and Appeals process
- Utilization Review process
- Policies and Procedures
- Beneficiary/Member informing materials
- Culturally accessible services
- Access to Persons with Disabilities

As a network, the County is required to provide proper access to SUD services to Persons With Disabilities (or PWD)

While not all providers are required to have full accessibility, OC HCA must ensure that proper access exists. The way we accomplish this is through an annual assessment of our DMC-ODS network and its accessibility to PWD

Access to SUD Treatment for Persons With Disabilities (PWD)

Section 3: DMC-ODS Policies & Procedures

Policies and Procedures

Providers Must Have Written P&Ps



Admission and
Re-Admission
Procedures



Requesting
Authorization
for Residential
Services



Practices
Consistent with
the Provision of
Culturally-
Competent
Services



Beneficiaries'
Rights and
Protections



Use of
Interns/Students



Coordination/
Transition of
Care



Medication-
Assisted
Treatment
(MAT)

Policies and Procedures

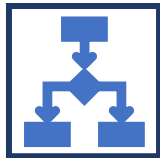
Providers Must Have Written P&Ps



Identification of Over-Payments made to Provider by the County and Re-Payment Process



Record Retention (Beneficiaries and Payments/Over-Payments)



Accountability for Audit Exceptions as listed on Intergovernmental Agreement (NN2)



Program Integrity



Dedicated Staff for Routine Internal Monitoring and Audit Compliance



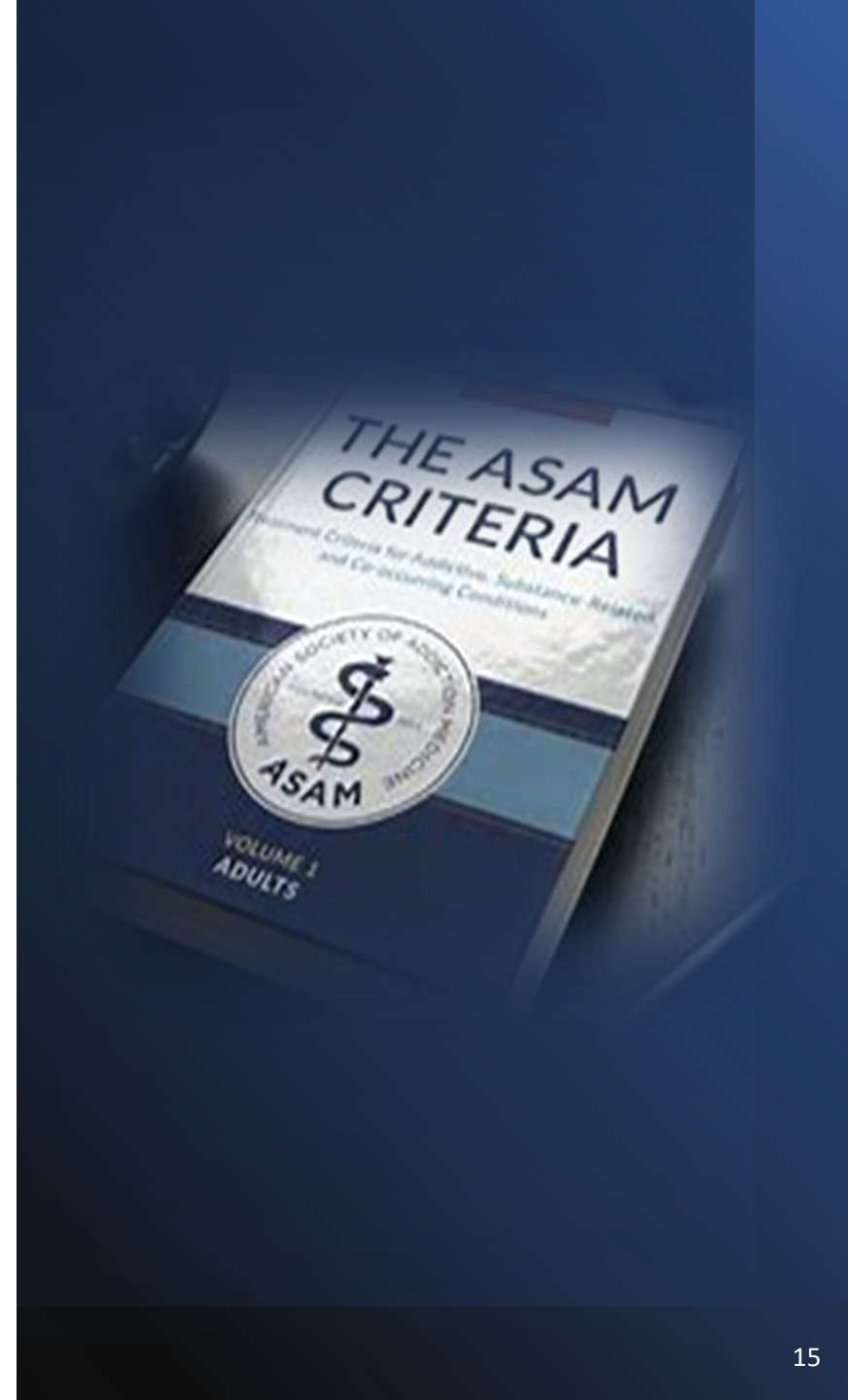
Other Policies/ Procedures as Guided by Governmental Policy Changes

**Section 4:
American Society of
Addiction Medicine
(ASAM) Criteria**

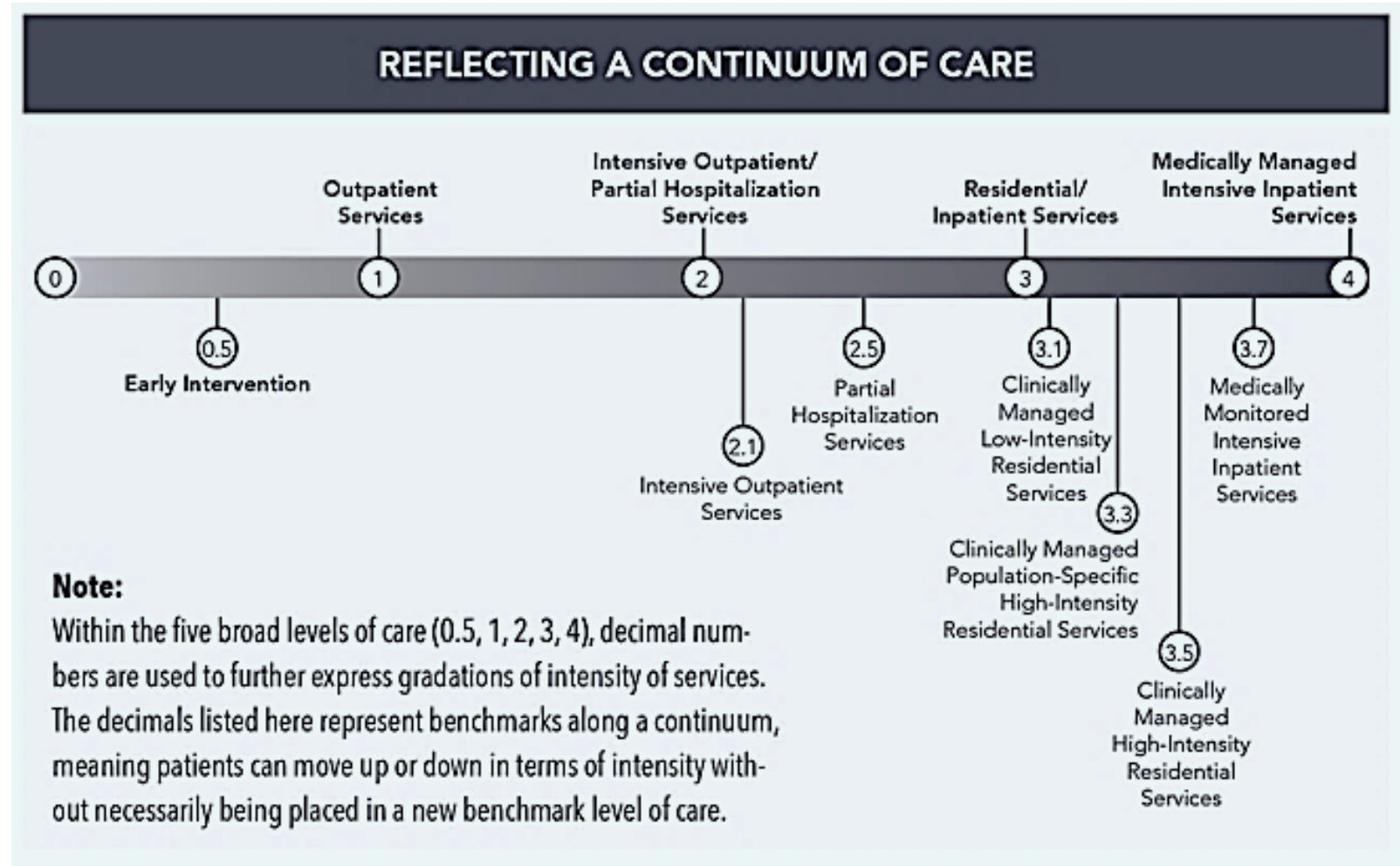
The ASAM Criteria

Comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions

Provide outcome-oriented and results-based care in the treatment of addiction

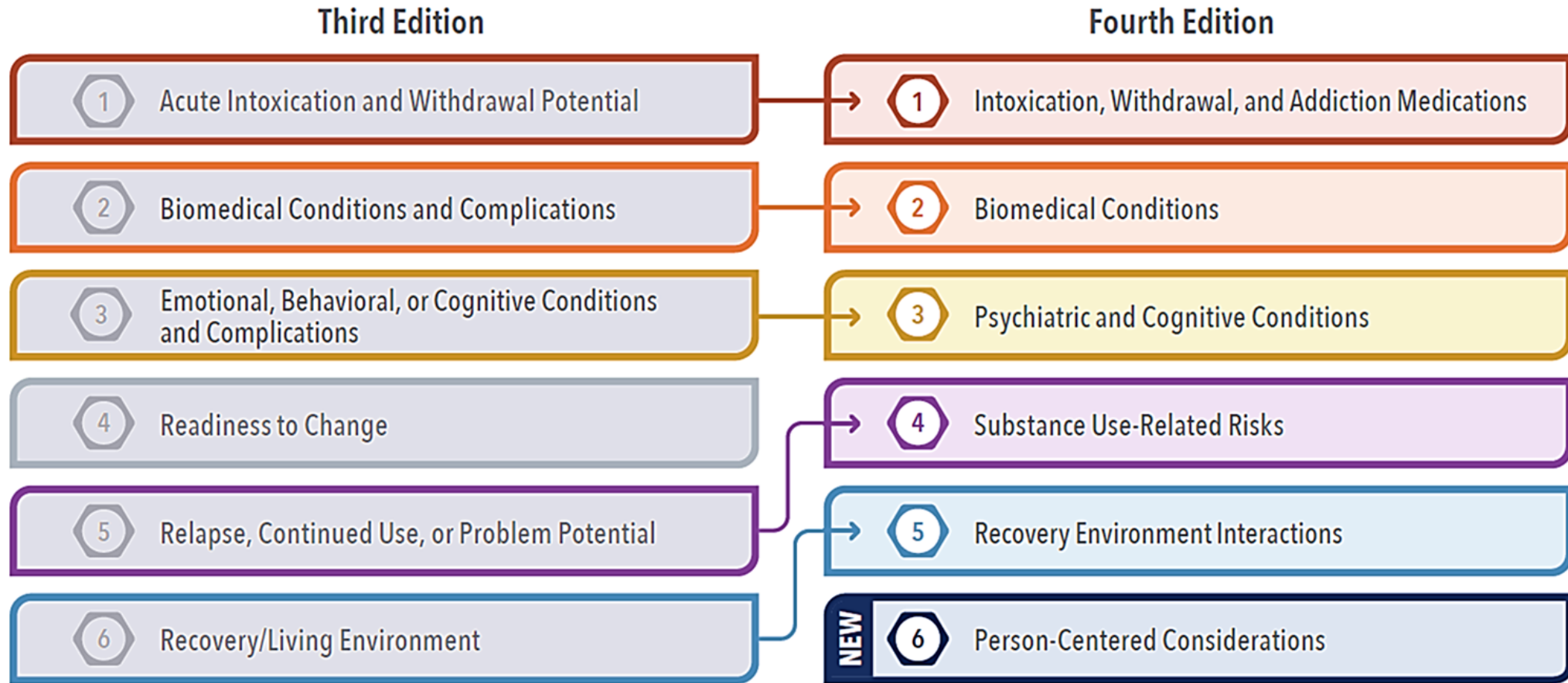


The ASAM Criteria's Continuum of Care



The American Society of Addiction Medicine (ASAM) 4th Edition

Changes to *The ASAM Criteria* Dimensions in the Fourth Edition



The Fourth Edition reorders the dimensions from the Third Edition. Readiness to change is now considered within each dimension, and the Third Edition Dimensions 5 and 6 were shifted to Dimensions 4 and 5, respectively, in the Fourth Edition. The new Dimension 6: Person-Centered Considerations considers barriers to care (including social determinants of health), patient preferences, and need for motivational enhancement.

**Section 5:
County of Orange DMC-ODS
Levels of Care & Services**

DMC-ODS Levels of Care (LOC)

Outpatient Drug-Free (ODF)

Intensive Outpatient Treatment (IOT)

Residential Treatment Services

Narcotic Treatment Program (NTP)

Withdrawal Management (WM) Services

**The Orange County Plan does not offer Partial Hospitalization currently*

DMC-ODS Covered Services

Assessment

Care Coordination

Clinical Consultation

Family Therapy

Counseling (Individual & Group)

Medical Psychotherapy (NTP)

Medication Services

MAT for OUD, AUD and non-OSUDs

Patient Education

Peer Support Services

Recovery Services

Narcotic Treatment Programs

SUD Crisis Intervention Services

Recovery Incentives Programs

Withdrawal Management (WM)

ASAM LOC 3.2

- The focus of WM is on stabilizing and managing the psychological and physiological symptoms associated with withdrawal
- Services are provided to clients when medically necessary
- Services are available 24 hours a day, 7 days a week
- The average length of stay is 7 days

Services that May be Provided at WM LOC

- Assessment
- Medication Services
- Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD) and other Non-Opioid Substance Use Disorders
- Peer Support Services
- Observation (Personnel who have been trained in detoxification services must conduct face-to-face physical checks of each client)

Separate billing includes:

- Care Coordination

****It is permissible for Medication Assisted Treatment (MAT), Peer Support Services, and Recovery Services (RS) to be provided simultaneously with WM services***

Residential Treatment Services

Residential Treatment Services is a medically necessary short-term treatment program and includes the following levels:

- Level 3.1 - Clinically Managed Low-Intensity Residential Services
- Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
- Level 3.5 - Clinically Managed High Intensity Residential Services

****Prior Authorization for Residential Services is required by the County's Authorization for Residential Treatment (ART) team. Residential services are based on the DSM and ASAM Criteria***

Services that May be Provided at Residential LOC

Daily Bundled rate includes:

- Assessment
- Individual Counseling
- Group Counseling
- Family Therapy
- SUD Crisis Intervention
- Medication Services
- Patient Education

Separate billing includes:

- Care Coordination
- Recovery Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs

Clinically Managed Low-Intensity Residential Services

ASAM LOC 3.1

- Appropriate for clients who require a 24-hour structured, stable environment with trained personnel available
- Requires at least 5 hours of clinical services per week, including recovery skills, relapse prevention, and other clinical services
- Prepares for Outpatient treatment

Clinically Managed Population-Specific High-Intensity Residential Services

ASAM LOC 3.3

- 24-hour care with trained counselors to stabilize imminent danger
- Less intense setting and group treatment for those with cognitive or other impairments unable to use full active environment or therapeutic community
- Requires at least 5 hours of low-intensity clinical treatment services per week, including recovery skills, relapse prevention, and other clinical services.
- Prepare for Outpatient treatment

Clinically Managed High-Intensity Residential Services

ASAM LOC 3.5

- 24-hour care with trained counselors to stabilize imminent danger and prepare for outpatient treatment
- Appropriate for clients who cannot safely be treated outside of a 24-hour stable living environment
- Requires at least 5 hours of clinical treatment services per week, including recovery skills, relapse prevention, and other clinical services

Intensive Outpatient Treatment (IOT) Services

ASAM LOC 2.1

- Appropriate for clients, when medically necessary, who will benefit from a structured, programming environment
- Clinical services focus on treating multi-dimensional instability
- Adults: Nine (9) or more hours of clinical services per week when medically necessary
- Adolescents: Six (6) or more hours per week of clinical services when medically necessary



Services that May be Provided at IOT LOC

- Assessment
- Treatment Planning
- Individual Counseling
- Group Counseling
- Family Therapy
- Care Coordination
- Patient Education
- Medication Services
- MAT for OUD, AUD and Non-OUD
- Crisis Intervention
- Recovery

Outpatient Treatment Services or Outpatient Drug-Free (ODF)

ASAM LOC 1.0

- Appropriate as an initial level of care for clients with less severe conditions or are stable
- Clinical services includes recovery and motivational enhancement therapy
- Adults: Less than nine (9) hours per week of medically necessary services
- Adolescents: Less than six (6) hours per week of medically necessary services

Services that May be Provided at ODF LOC

- Assessment
- Treatment Planning
- Individual Counseling
- Group Counseling
- Family Therapy
- Care Coordination
- MAT for OUD, AUD, and Non-OUD
- Patient Education
- Recovery Services
- Crisis Intervention Services

*Refer to [DMC-ODS CALAIM DOC MANUAL.PDF \(OCHEALTHINFO.COM\)](https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf), <https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf>

Narcotic Treatment Program (NTP)

NTPs are considered Outpatient programs that provide Food and Drug Administration (FDA)-approved medications and biological products to treat Substance Use Disorders when ordered by a Physician as medically necessary

NTPs are required to administer, dispense, or prescribe medications to patients covered under the DMC-ODS. Medications provided include:

Methadone, buprenorphine (transmucosal and long-acting injectable), **naltrexone** (oral and long-acting injectable), **disulfiram**, and **naloxone**

NTPs shall offer clients a minimum of 50 to 200 minutes of counseling services per calendar month

Services that May be Provided at NTP

- Assessment
- Care Coordination
- Counseling (Individual & Group)
- Family Therapy
- Medical Psychotherapy
- Medication Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services

Section 6: Additional DMC-ODS Covered Services

Additional Services

Perinatal Services

Recovery Services

Medication
Services

Peer Support
Services

Recovery
Incentive Services
(Only OP LOC)

Medication for
Addiction
Treatment

Perinatal and Postpartum Services

- Perinatal services must address substance use disorder services for pregnant and postpartum women for up to 12 months postpartum
- To claim a service using the Perinatal billing codes:
 - the service must be provided in a perinatal-designated facility

AND

- there must be medical documentation on file to support the client's pregnancy or post-partum status
- Eligibility for the use of the perinatal code ends on the last day of the month on which the 365th day occurs



Recovery Services (RS)

RS as a LOC is intended to support recovery and prevent relapse, the focus is on:

- Restoring the client to their best possible functional level
- Emphasizes the client's role in managing their health by using effective self-management support strategies

Few key things to note about RS:

- Available to clients during or after SUD treatment
- Clients without an in-remission diagnosis may also receive RS
- Are a covered service for all treatment levels of care; however, to receive **both** RS and Residential at the same time is an **exception** and very unusual

Services that May be Provided at Recovery Services

- Assessment
- Care Coordination
- Counseling (Individual & Group)
- Family Therapy
- Recovery Monitoring (Includes recovery coaching and monitoring for maximum reduction of SUD)
- Relapse Prevention (Includes interventions intended to teach how to anticipate and cope with the potential for relapse)

Peer Support Services

Peer Support Services are culturally competent services that promote recovery, resilience, and self-advocacy that aim to prevent relapse through strength-based coaching, to support linkages to community resources, and to educate clients and their families about SUD conditions and the process of recovery

Only a Peer Support Specialist who has a current State-approved Medi-Cal Peer Support Specialist Certification and meet ongoing education requirements may claim for services in a Peer Support Services Program

Medi-Cal Peer Support Specialists must provide services under the direction of a Behavioral Health Professional

<https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf>

Services Components of Peer Support Services

Individual and group coaching services provide:

- Educational Skill Building Groups
- Engagement
- Therapeutic Activities

Peer Support Services must be claimed separately based on an approved plan of care

Clients may concurrently receive Peer Support Services and services from other LOC

Medications Services

- Medication Services include:
 - Prescription or administration of medication related to SUD services OR
 - Assessment of the side effects or results of the medication
- Medications Services include:
 - Prescribing, administering, and monitoring medications used in the treatment or management of SUD and/or withdrawal management



****Medication Services does not include Medication for MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and other Non-Opioid SUDs***

*Refer to [Medications for Addiction Treatment \(MAT\) Services Requirements for Licensed and/or Certified Substance Use Disorder \(SUD\) Recovery or Treatment Facilities](#)

Medication for Addiction Treatment for Opioid, AUD and Other Non-Opioid SUDs

MAT includes all FDA-approved drugs and services to treat OUD, AUD, and Other Non-Opioid SUDs

MAT Services can **only** be provided by:

- LPHA Physician (MD or DO)
- Medical Student in Clerkship
- LPHA Physician Extender (Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Pharmacist, Pharmacist Clinical Trainee)
- LPHA Non-Physician (Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee)

Services that May be Provided at MAT for Opioid, AUD and Other Non-Opioid SUDs

- Assessment
- Care Coordination
- Counseling (Individual & Group)
- Family Therapy
- Medication
- Patient Education (addiction, treatment, recovery)
- Prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT AUD, and non-OSUDs.
- Recovery Services
- SUD Crisis Intervention
- Withdrawal Management

MAT Services Requirements for All Levels of Care

All SUD treatment facilities are required to complete a MAT evidence-based assessment, and if applicable, provide or refer all clients to MAT to comply with the following requirements:

- I. Offer MAT services directly to clients or have an effective referral process in place with NTP or other MAT providers
- II. An effective referral process shall include an established relationship with a MAT provider and transportation to appointments for MAT
- III. Implement and maintain a MAT policy approved by DHCS

MAT Services Requirements for All Levels of Care

The MAT policy shall:

- a. Explain how a client receives information about the benefits and risks of MAT
- b. Describe the availability of MAT at the facility, if applicable, or the referral process for MAT
- c. Identify an evidence-based assessment for determining a client's MAT needs
- d. Address administration, storage, and disposal of MAT, if applicable
- e. Outline training for staff about the benefits and risks of MAT
- f. Outline training for staff on the MAT policy

MAT Services Requirements for All Levels of Care

COMPLIANCE:

All licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy that is in compliance with State mandate laws and regulations

- Clients should be given an evidence-based assessment by a LPHA or AOD counselor within the first 24 hours of admission to determine if a MAT referral is indicated
- If MAT is beneficial for the client within 48 hours of the admission The client must be evaluated by a LPHA who can determine if MAT initiation is appropriate and prescribe the medication(s) and the MAT medications must be provided to the client in alignment with the program's approved policies and procedures

****Providing contact information for a MAT provider does not meet the requirement of an effective referral***

Recovery Incentive (RI) Program

California's program that offers the Contingency Management (CM) benefit is called the Recovery Incentive (RI) Program

- Recovery Incentives (RI) Program is an evidence-based treatment for SUD clients with a stimulant use disorder (StimUD)
- RI Program is a structured 24-week outpatient service, followed by six or more months of additional treatment and recovery support without incentives
- The initial 12 weeks of the RI consist of a series of incentives, cash-equivalents (e.g., gift cards) when a client tests negative (verified by urine drug tests or UDT) for stimulant drugs (e.g., cocaine, amphetamine, and methamphetamine)

Recovery Incentives (RI) Program Qualifications

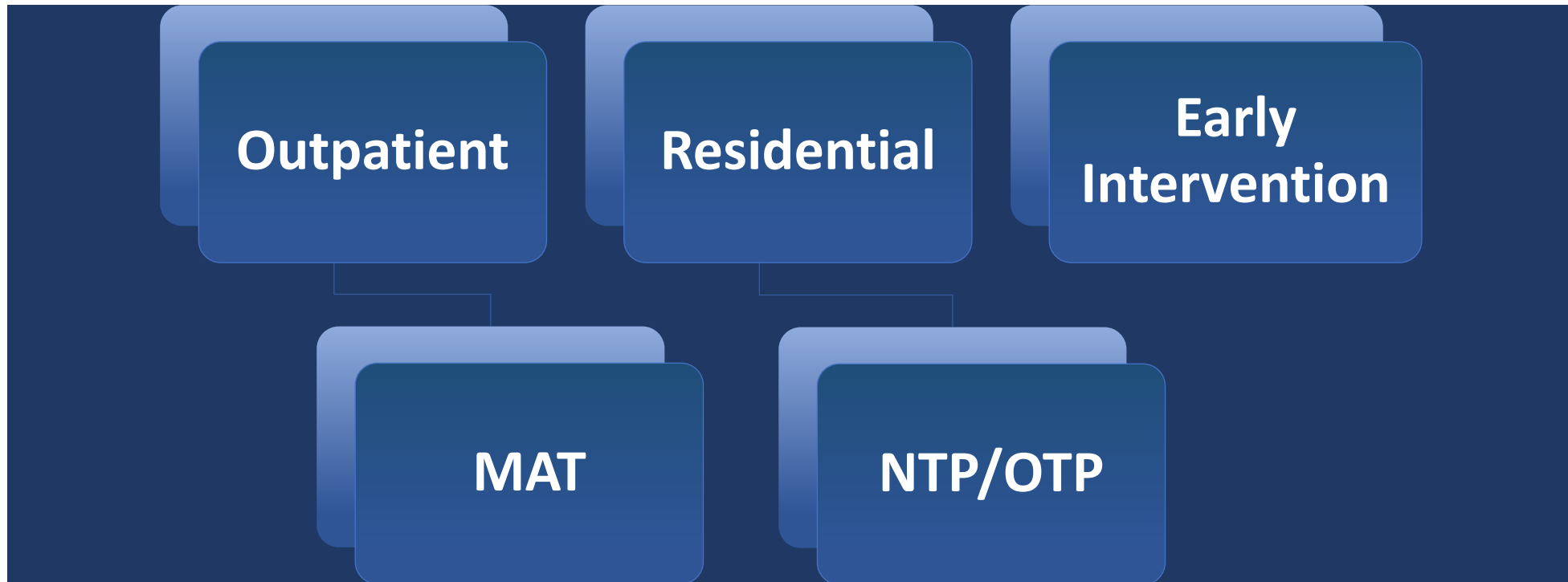
RI services are only provided at outpatient LOC

RI are covered when medically necessary and appropriate as determined by an initial substance use disorder assessment showing:

- Moderate or severe StimUD as defined by the clinical criteria in the Diagnostic and Statistical Manual (DSM)
- Clinical determination that outpatient treatment is appropriate per the American Society of Addiction Medicine (ASAM) criteria AND
- That the RI service is medically necessary and appropriate

*****The presence of additional substance use disorders and/or diagnoses does not disqualify a client from receiving RI services***

Youth SUD Treatment Services



Youth SUD Treatment

- Any client under the age of 21 who is screened and determined to be at risk of developing a SUD may receive any service component covered under the outpatient level of care as early intervention services
- State, County, and providers should collaborate with other adolescent-serving systems or agencies to address the comprehensive needs of adolescents with SUDs and their families



Section 7: Access Points

Access Points



Beneficiary Access Line
(BAL): (800) 723-8641



County-operated and
Contracted outpatient
Clinics



Authorization for
Residential Treatment
(ART) Team

Beneficiary Access Line (BAL)



A 24-hour line available to respond to calls regarding access to services and to make referrals, as appropriate



Staffed by registered/certified counselors and Licensed Practitioners of the Healing Arts (LPHAs)

Authorization for Residential Treatment (ART)

Residential services require prior authorization by the County Plan

Clients who are screened to be appropriate for a Residential LOC are referred to the ART team for assessment and authorization for Residential Treatment Services

*Refer to [Intergovernmental Agreement](#)

Access Timelines

Federal standards require services to be made available to clients within specific time frames:

- 10 days for Outpatient Services (IOT, ODF)
- 3 days for NTP/OTP
- 48 hours (WM, MAT)

All access points are responsible for making every attempt at linking each client within the required time frame

*Refer to [Medications for Addiction Treatment \(MAT\) Services Requirements for Licensed and/or Certified Substance Use Disorder \(SUD\) Recovery or Treatment Facilities](#), IA

Section 8: Care Coordination Services

Care Coordination Services

Primary Care: Coordinating with medical and/or mental health care providers to monitor and support comorbid health conditions

Other Systems of Care: Community-based, educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and cultural sources

Discharge Planning: Coordinating with SUD treatment providers to support transitions between levels of care and recovery resources

Coordination and Continuity of Care

Coordination of care is essential so clients can successfully transition between different levels of SUD care, when medically necessary

Must ensure that clients have access to recovery supports and services immediately after discharge with the goal of engagement and long-term retention in SUD and behavioral health treatment

**Information obtained from Intergovernmental Agreement <https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx>



Physical Exam (PE) Requirement

All clients receiving SUD treatment must have had a PE within 12 months before their admit date. If they have not had one, the program **MUST** help the client to obtain a PE

Physical Exam (PE)

If client had PE within twelve-month period prior to admit date:

Physician or Physician Extenders (Nurse Practitioners or Physician Assistants) must review the PE and document (with signatures) within 30 calendar days of the admit date

If client had PE within 12 months, but provider is unable to obtain documentation:

Provider must describe the efforts made to obtain documentation in the client's record

If PE has not been performed within 12 months:

LPHA/counselor must include this information on the client's Problem List, or if applicable, the Treatment Plan until the goal has been met and the results of the PE have been reviewed

**Section 9:
DMC-ODS
Program Staffing
Requirements & Roles**



Employee Qualifications

All staff members must have the proper qualifications, complete all training requirements, **and** be properly certified by DHCS as DMC-ODS provider

Staff may not provide ANY DMC-ODS services until they are credentialed by Managed Care Support Team (MCST)

Adding, removing, or changing staff members in the DMC-ODS network must be done through Orange County's Managed Care Support Team (MCST)

Credentialing Individual Providers

The Managed Care Organization (MCO) is responsible for credentialing all individuals service providers within our network. This is in addition to the DMC certification and other licenses or certifications staff may already have

Each individual provider must be properly credentialed before they can deliver any Medi-Cal covered services

QMS Managed Care Support Team (MCST) is responsible for this activity

Re-Credentialing occurs every 3 years



*Refer to [Credentialing and Re-Credentialing Requirements of Individual Providers \(ohealthinfo.com\)](https://ohealthinfo.com)

Credentialing Components

Credentialing involves a process of both primary source and non-primary source verification of each staff person's qualifications, including but not limited to:

- Education
- License
- Sanction Screening / History of Sanctions
- Completion of all relevant training
- Completion of 5 units in addition for Licensed Practitioners of the Healing Arts (LPHAs)
- Work history
- National Provider Identifier (NPI)
- Liability claims
- Attestations

Scope of Practice Requirements

- Professional staff must be licensed, registered, certified, or recognized under California scope of practice statutes
- Professional staff must provide services ***within their individual scope of practice***
- **AND**
- Receive supervision required under their scope of practice laws

Authorized Service Providers

Licensed Practitioner of the Healing Arts (LPHA) includes:

- Physicians (Medical Doctor/Doctor of Osteopathy [MD/DO])
- Medical Students in Clerkship
- Nurse Practitioners (NPs) / Nurse Practitioner Clinical Trainees
- Physician Assistants (PAs) / Physician Assistant Clinical Trainees
- Registered Nurses (RNs) / Registered Nurse Clinical Trainees
- Registered Pharmacists / Pharmacist Clinical Trainees
- Licensed Clinical Psychologists (LCPs) / Psychologist Clinical Trainees
- Licensed Clinical Social Workers (LCSWs) / Clinical Social Worker Clinical Trainees
- Licensed Professional Clinical Counselors (LPCCs) / Professional Clinical Counselor Clinical Trainees
- Licensed Marriage and Family Therapists (LMFTs) / Marriage and Family Therapist Clinical Trainees
- Licensed Vocational Nurses (LVNs) / Vocational Nurse Clinical Trainees
- Licensed Occupational Therapists (LOTs) / Occupational Therapist Clinical Trainees
- Licensed Psychiatric Technicians (LPTs) / Psychiatric Technician Clinical Trainees

Authorized Service Providers

These individual providers are considered LPHA; however, their scope of practice limits them from diagnosing and providing some of the clinical services more appropriate for other professional staff.

- Registered Nurses (RNs)
- Registered Nurse Clinical Trainees
- Licensed Vocational Nurses (LVNs)
- Vocational Nurse Clinical Trainees
- Licensed Occupational Therapists (LOTs)
- Occupational Therapist Clinical Trainees
- Pharmacists, Pharmacist Clinical Trainees
- Licensed Psychiatric Technicians (LPTs)
- Psychiatric Technician Clinical Trainees

****Please refer to their respective licensing board standards for further information***

Authorized Service Providers

- **Medical Assistants** are individuals 18 years of age and older who meet all education, training, and/or certification requirements and provide administrative, clerical, and technical support services within their scope of practice, under the supervision of a licensed physician, physician assistant, or nurse practitioner
- The **licensed Physician, Physician Assistant, or Nurse Practitioner** must be physically present and on-site in the treatment facility during the provision of services by a **Medical Assistant**

Support Staff

- Are non-credentialed/non-licensed workers (i.e., Behavioral Technicians, House Staff, etc.) that are in direct contact with clients
- Offer non-clinical, ancillary services (i.e., general supervision of clients, transportation, recreation, etc.)

****Support Staff are not able to provide and bill for any clinical services***



LPHA Roles

- Determine medical necessity and Level of Care (LOC)
- Complete Assessments / Re-Assessments
 - LPHA must review any Assessments/Re-Assessments completed by a Non-LPHA
 - LPHA must complete the Diagnosis and Case Formulation sections
- Create and maintain a Problem List and/or Treatment Plan
- Add/update/resolve any issues on the Problem List/Treatment Plan ***within their scope of practice***
- Counseling services (Individual / Group / Family)
- Care Coordination services (previously known as Case Management services)
- Document and retain documentation as appropriate of services provided
- Discharge services/planning

AOD Certified/Registered Staff Roles (Non-LPHA)

Complete Intake and Assessments / Re-Assessments (only ASAM Assessment and Placement information)

Add/update/resolve any issues on the Problem List (or update Treatment Plan) as appropriate ***within their scope of practice***

Counseling services (Individual / Group)

Care Coordination services (previously known as Case Management services)

Documenting services and retaining documentation as appropriate

Discharge services/planning

Section 10: Trainings & Requirements

Provider Requirements

- Clinicians and counselors must receive training in American Society of Addiction Medicine (ASAM) A and B prior to delivering DMC-ODS covered services
- Required training in two (2) Evidence-Based Practices (EBP)
- LPHA must obtain a minimum of five (5) hours of continuing education related to addiction medicine each year
- Physicians must obtain a minimum of five (5) hours of continuing medical education related to addiction medicine each year
- ***To bill for services under DMC-ODS, providers must complete all required training as shown on the DMC-ODS Training requirements Policy and Procedure (P&P)***
- ***SUD Documentation training is highly recommended***

*Refer to [http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers, Training Specifically Pertaining to Cultural Competency P&P \(ochealthinfo.com\);](http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers, Training Specifically Pertaining to Cultural Competency P&P (ochealthinfo.com);)

SUD Required Trainings



All staff conducting assessments must complete ASAM A and B



All LPHAs must complete a minimum of 5 Continuing Education Units (CEUs) in Addiction Medicine/Treatment each year



Motivational Interviewing



Cultural Competency



Evidence Based Practices (EBPs)

Section 11: Quality Assurance / Quality Improvement

Contract Administrators and Program Monitors

- Contract Administrators:
 - Contract Processes (i.e., invoices, payments, contract renewals)
- Program Monitors
 - Programmatic Processes (i.e., service delivery, client issues)
 - Provider/Staff Onboarding
 - Client Referral Process
 - Reporting/Monitoring Requirements



Quality Management Services (QMS)

**Integrated Records
& Information
System (IRIS) Team**

**Office
Coordination
Team (OCT)**

**Managed Care
Support Team
(MCST)**

**Substance Use
Disorder (SUD)
Support Team
(SST)**

Reviews

Clinical Chart Reviews

Quality Assurance/Utilization Review (QA/UR)

- Completed by SUD Support Team
- Scheduled annually, but can occur more often, if appropriate

Unannounced Visits

- Federal, State, and County government can make unannounced visits
- Very infrequently

Other Licensing/County/State/Federal Reviews, as appropriate

Programmatic Reviews

Completed by the SUD Program Monitor

- 3 chart reviews
- 1 Annual Administrative Review
 - P&P's
 - Facility Walkthroughs
 - Personnel Records
 - Postings

Annual Contract Review

- Completed by Contract Administrator

Clinical Chart Reviews

- Completed by Quality Management Services SUD Support Team (SST)
- Scheduled Annually
- Review clinical documentation according to DMC-ODS and Orange County specific requirements
- Before the clinical review providers will receive an email:
 - Schedule date of the review
 - List of the selected charts being reviewed
 - Requesting information such as:
 - Participant lists for counseling groups
 - Program location
 - Type of health records being used
- Upon completion of the review, the SUD Support Team's Lead Consultant will schedule a brief, informal Exit meeting to discuss preliminary findings with the program and Program Monitor (If available)

After The Clinical Chart Review



You will receive a spreadsheet with detailed information



You will receive a monitoring letter explaining findings



Completing the reports to the programs takes time.
Thank you for your patience

Programmatic Reviews

- Required Staff and Training, including personnel files
- Facility Requirements (i.e., safety requirements, Narcan onsite, required postings)
- Client engagement and referral processes
- Disclosure Log
- Screening for Human Trafficking
- AB109 information
- Client Health Questionnaire
- Drug Screening Results
- Assessment and Care Planning
- Progress Notes for all services
- Admission information
- Demographic information
- Emergency Contact Information
- Referral Source/Reason
- DMC Eligibility Verification
- CalOMS Records
- Consent Forms/Disclosures
- Discharge Planning and/or Summary
- Adolescent/SUD Best Practices – Youth, Perinatal
- Additional Items based on contract/program requirements

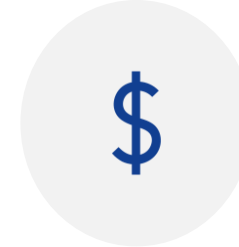
Reminders



The State sets the minimum requirements, and the County can impose standards above and beyond the State's guidance



SUD SST QI Consultants ONLY review to DMC-ODS and County-specific clinical documentation and billing guidelines



The provider is responsible for ensuring that the program is meeting requirements for all other funding sources

Quality Improvement (QI) Coordinator

Each DMC-ODS program must have a designated Quality Improvement (QI) Coordinator

Some of the responsibilities are:

- Engaging in continuous quality improvement within their program
- Providing training to program staff to ensure proper documentation and billing of services
- Preparing the program for the County's monitoring visits
- Implementing Corrective Action Plans (CAPs), when appropriate
- Participating in regular QI Coordinators' meetings with the QMS SUD Support Team

Section 12: Office of Compliance (OOC)

Office of Compliance (OOC)

- OOC is responsible for ensuring organizational compliance with federal and state regulatory requirements as well with health compliance and privacy issues
- Ensures that the Health Care Agency (HCA) abides by all laws, regulations and statutes that affect business to protect our clients and to comply with funding sources
- Contracted providers are required to either have their own compliance program approved by the OOC or must agree to adhere to the HCA compliance program and training

OOC contact information OfficeOfCompliance@ochca.com or 714-568-5614

Compliance Elements

Compliance Program

Sanction Screening

General and Specialized Compliance Training

Medical Billing, Coding, and Documentation

Compliance Audits

Business Associate Agreement

**Section 13:
Confidentiality of Substance
Use Disorder Patient Records:
42 CFR Part 2 & HIPAA**

ALL SUD County-operated and County-contracted programs must comply with both

42 CFR Part 2

&

HIPAA



Confidentiality Of SUD Patient Records: 42 CFR Part 2

Title 42 Code of Federal Regulations (CFR) Part 2

Commonly referred to as “42 CFR Part 2” or “Part 2”

Purpose:

- Impose restrictions upon the disclosure and use of SUD client records
- Intended to ensure that a SUD client in a federally-assisted SUD program is *not made more vulnerable by reason of the availability of their health record than an individual who has a substance use problem who does not seek treatment*

Your QA/QI compliance dept is responsible for ensuring everyone complies with this regulation

Confidentiality Of SUD Patient Records: 42 CFR Part 2

42 CFR Part 2 begins when a client:

- Applies for or requests SUD treatment
- Is referred for SUD services
- Receives SUD diagnoses
- Receives treatment for SUD

Part 2 continues to be in effect and protect the client's Protected Health Information (PHI) *even after the client has discharged from SUD services*

42 CFR § 2.32 - Prohibition on Re-Disclosure

Each disclosure made with the client's **written consent** must be accompanied by one of the following written statements:

- This record which has been [disclosed](#) to you is protected by federal confidentiality rules ([42](#) CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being [disclosed](#) in this record or, is otherwise permitted by [42](#) CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute regarding a crime any [patient](#) with a [substance use disorder](#), except as provided at §§ 2.12(c)(5) and 2.65; or
- [42](#) CFR Part 2 prohibits unauthorized disclosure of these [records](#)

42 CFR § 2.51 - Medical Emergencies

Under the procedures required by [paragraph \(c\)](#) of this section, [patient identifying information](#) may be [disclosed](#) to medical personnel to the extent necessary to:

- Meet a bona fide medical emergency in which the [patient](#)'s prior written consent cannot be obtained; or
- (2) Meet a bona fide medical emergency in which a part 2 [program](#) is closed and unable to provide services or obtain the prior written consent of the [patient](#), during a temporary [state](#) of emergency declared by a [state](#) or federal authority as the result of a natural or major disaster, until such time that the part 2 [program](#) resumes operations

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA helps to protect from fraud, identity theft, and violation of privacy and ensure protection of PHI by instituting three major rules:

- I. Privacy Rule: HIPAA defines the circumstances under which a person may disclose or use PHI
- II. Security Rule: The HIPAA Security Rule sets out the minimum standards for protecting electronic health information (ePHI). To access that information in electronic format, even those who are technically capable of doing so would have to meet those standards
- III. HIPAA Breach Notification Standards: Provides standards for notification of breach of PHI

42 CFR Part 2 & HIPAA

Both 42 CFR Part 2 and HIPAA:

- Allow disclosures of PHI to be made with the client's written authorization
- Minimum Necessary Standard applies to any disclosure
- Client authorization is not required when:
 - No Client Identifying Information
 - Bona Fide Medical Emergency
 - Subpoena with a Court Order
 - Crime at Program/Against Program Staff
 - Research/Audit and Evaluation
 - Mandated reporting events must be done without identifying the client as receiving SUD services (Subsequent disclosures due to SSA or other “investigations” are prohibited)

The County and its Providers must use and disclose PHI in accordance with Federal and State Regulations

42 CFR Part 2 Updates



Amended the definition of record to exclude oral information received by non-Part 2 providers from a Part 2 program



Eased the requirement for patient record disclosures to allow patients to designate entities as recipients as well as individuals



Revised the language on one of the two allowable Notices to Accompany Disclosure with patient's consent



Expanded the allowable bases for disclosures with written consent for payment or health care operations purposes



Expanded upon the circumstances in which a Part 2 program can release records without patient consent in a bona fide medical emergency

Violations of 42 CFR Part 2



Fine up to \$500 for the first offense and up to \$5,000 for each subsequent offense

Violators that are licensed or State certified jeopardize their license or certification



When in doubt, please contact your supervisor, the Custodian of Records, the Office of Compliance, the Health Information Management (HIM) team, or your Program Monitor for assistance

****Note** changes to the Final Rule requirements went into effect recently. Guidance for implementation from OOC will be provided once the Final Rule requirements have been analyzed*

Questions?



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