SUD Support Newsletter

Authority & Quality Improvement Services

April 2021

SUD Support Team

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UPDATES

From the Department of Health Care Services (DHCS):

1. **Update: flexibility ended 4/30/21 - New 4/7/20**
Is there flexibility around criminal background checks (CBC)? DHCS may grant program flexibility when an NTP provider proposes to use alternate concepts to comply with existing CBC regulations. If you would like the Department to consider a request for flexibility,

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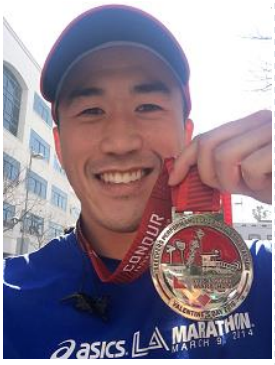
WHAT'S NEW?

We have a new member of our team that we'd like to welcome! Brian Nguyen, Office Specialist, has joined the Substance Use Disorder (SUD) Support Team (SST). Brian will be helping with administrative tasks related to the quality improvement and compliance activities of the SST. You may be seeing and hearing from Brian!



"I love to play sports, basketball, soccer, volleyball, even running races (not competitively). Prior to injuries, I've ran 2 LA Marathons, 4 half marathons, 2 relay races (from HB to SD). I also love Portland, Oregon and I would probably retire there."

This newsletter was established to help communicate any changes or updates as well as to reinforce our current understanding of requirements related to the provision of services under the DMC-ODS. You can access additional resources and previous issues of this newsletter (SUDsies) by visiting the "Providers" tab of the DMC-ODS website, here: http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers

Upcoming Documentation Training

- July 28th*

**Prerequisites: ASAM A and ASAM B*

All SST Live Documentation Trainings will continue to be provided via online to ensure the health and safety of all on a quarterly basis.
To sign up, e-mail us at AQISSUDSupport@ochca.com.

The following are the links to the online format-
Website to access training:
Orange County, California - For Providers (ochealthinfo.com)

Direct link to training:
https://www1.ochca.com/ochealthinfo.com/training/bhs/aqis/SUDDocumentationTraining/story.html

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please describe the alternate concepts you are considering in meeting the intent of the CBC requirements and submit it to DHCSNTP@dhcs.ca.gov for consideration.
Additionally, to facilitate processing of CBC clearances during the COVID-19 pandemic, the Department has instituted the following:

- An online criminal background check may be considered.
- If the individual will solely be providing services through telehealth, and will have no direct contact with the patient, then a criminal background check will not be required.

2. **Updated 4/19/21 - When should NTPs refer a patient to medical care?** Mildly symptomatic patients should stay home. See CDC guidelines for health care professionals on when patients with suspected COVID-19 should seek medical care.
3. **Updated 4/19/21 - What should NTPs do in the event a patient is diagnosed with COVID-19?** If a patient is confirmed to be positive for COVID-19, the patient should be instructed to stay home if asymptomatic or mildly symptomatic. Certain services may be provided by telephone or telehealth (see question 2). The NTP should work with their local public health department on appropriate steps.
4. **Updated 4/19/21 - If a former patient is later found to have been diagnosed with COVID-19, what action should be taken?** The NTP should work with the local public health department on appropriate steps and must protect and maintain the participant's confidentiality as required by law. Patients exposed to a person with confirmed COVID-19 should refer to CDC guidance on how to address their potential exposure, as recommendations are evolving over time.
5. **Updated 4/19/21 What else should a NTP be doing to prepare for or respond to COVID-19?** DHCS encourages providers to adhere to the CDC's and CDPH's

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Documentation FAQ

1. For Group Progress Note documentation, is it OK that the Goal and Intervention sections are the same across all of the clients in that particular group?

Yes, it is permissible since the same Goal and Interventions will mostly likely apply to all members of the group. However, whenever possible, it is always better to individualize it to the client. If you are tailoring the group material to suit the needs of a specific client or you provide some direct intervention to a client that was different than what was provided to the group, you will want to be sure to note that. Since the Group Progress Notes may have the same Goal and Interventions for all members of that group, it is especially important that you are being mindful to be descriptive in the Response section and avoid overly generalized statements like, "Client participated well." Remember that all Progress Notes need to address the client's progress towards his or her treatment plan goals. For groups, at minimum, you will want to be sure to address progress within the context of the group.

2. I spent time working on preparing the rationale sections of the SUD Assessment, is

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Caution: Potential Fraud!

In a few of the recent SST Clinical Chart Reviews, there have been cases where documentation in the chart appeared as though two separate services were provided at the same time. This is evident when the service date and start and end times overlap between different services rendered by the same provider.

In most cases, this is simply due to an error in the service date or the start and end times. Unfortunately, a simple error can lead to the unintentional appearance of fraud. Please keep in mind the reason the State is requiring service and documentation start and end times: the start and end times are used to look for areas of overlap where a provider claims to have provided two distinct services at the same time for a particular client or provided multiple services across several different clients at the same time.

Instances where two services have overlapping times will result in recoupment if discovered in an SST review. Please double check for any errors in the dates and the start and end times before signing the progress note. Remember, your signature is attestation that the information contained is accurate!

Documentation FAQ (continued)

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that time considered Documentation Time?

No. Documentation Time is only the time it takes to write that particular progress note. No other time spent working on documents relevant to the client's treatment should be included in the Documentation Time. In this case, working on the rationale sections of the SUD Assessment would be billable non-Face-to-Face time, which is part of the Service Time. So on the progress note to account for the time you spent, you would be explaining how you spent that non-Face-to-Face time. A red flag for you to stop and check would be if the Documentation Time exceeds the Service Time! Remember that high amounts of Documentation Time claimed will also alert the State to look at the actual note to make sure what is claimed is substantiated by the documentation.

3. I work on developing the treatment plan with the client and have them sign it before the consult with the LPHA and before the LPHA completes the Diagnosis and Case Formulation sections of the SUD Assessment. Is this OK?

No. The requirement is that the treatment plan be developed based on the assessment. If the assessment is not complete, the treatment plan created prior to the assessment is not valid. An assessment is not complete until the LPHA has completed the Diagnosis and Case Formulation sections to solidify the client's medical necessity for services. If you would like to begin the discussion with the client about areas of need and what may be addressed in treatment, based on the information that has been gathered, it is OK to do so. The recommendation is for you to hold off on obtaining the client's signature until the LPHA has completed the Diagnosis and Case Formulation to finalize the assessment. If you have worked on developing the treatment plan prior to the LPHA's completion of the Diagnosis and Case Formulation sections, consider using the required consultation time between the non-LPHA and LPHA to also discuss the contents of the treatment plan to determine whether any changes may be needed. This way, the LPHA can document in the progress note for the consultation that the treatment plan was discussed and reviewed and confirm whether any changes were needed or is appropriate as is.

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…UPDATES

recommendations to prepare for COVID-19. Some helpful preparedness strategies include but are not limited to the following:

- **Screen patients and visitors** for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility. Providers can refer to the following resources on the CDC's Guidelines for patient screening and Infection Prevention and Control Recommendations for more information.
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- **Encourage adherence to the CDC's** recommendations, including but not limited to the following steps, to prevent the spread of illness:
  - Avoid close contact with people who are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  - Avoid touching your eyes, nose, and mouth.
  - Clean and disinfect frequently touched objects and surfaces.
- **Stay home when you are sick**, except to get medical care.
- **Wash your hands often** with soap and water for at least 20 seconds.
- **Ensure up-to-date emergency contacts** for employees and patients.
- **Develop protocols for provision of emergency take-home medication** for patients with respiratory illness, under quarantine, or with travel barriers.
- **Ensure sufficient medication inventory** for every patient to have access to two weeks of take-home medication or more.
- **Reach out to patients** through phone calls, emails, and onsite signs to contact the treatment program before coming on-site if they develop symptoms, so alternatives (such as phone or telehealth visits) can be discussed.
- **Change seating in waiting room and group visit sessions** to maintain a six- foot distance between patients.
- **Limit group visits,** especially for those at high risk (e.g., over age 60). If you hold group visits, set up chairs six feet apart.
- **Protect the health of high-risk staff**. For example, staff over the age of 60 or with health conditions should consider conducting all or most visits by telephone and telehealth visits, where appropriate.
- **Expand dosing hours** to prevent crowding.

If you have questions, please contact the NTP Officer of the Day at (916) 322-6682 or DHCSNTP@dhcs.ca.gov.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- GRIEVANCES & INVESTIGATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CLINICAL SUPERVISION
- MHP/SUD DMC-ODS PROVIDER DIRECTORIES
- CREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP)

REMINDERS

CLINICAL SUPERVISION

- A Clinical Supervisor outside of the MHP and SUD DMC-ODS health plans must provide a signed and dated Written Oversight Agreement Letter (See BBS website for sample) on employer letterhead **PRIOR** to gaining hours of experience.
- New supervisees are required to submit the Clinical Supervision Reporting Form (CSRF) and Board of Behavioral Sciences (BBS) Responsibility Statement Form.
- Any status change to clinical supervision (i.e. new clinical supervisor, termination) requires an updated CSRF and BBS form to be submitted.
- Clinical Supervision is required weekly until licensed.

NOABDs

- MCST reviews all NOABDs and will provide quality comments and/or correction requests. The provider **MUST** submit the correction within 5 business days and mail the revised NOABD to the beneficiary.

EXPIRED LICENSES, CERTIFICATES OR REGISTRATIONS

- Credentialing is contingent upon providing and maintaining current licenses, certificates or registrations in accordance with the appropriate licensing or certifying organization. Failure to provide and maintain all the credentialing requirements will result in the suspension, denial of privileges and disciplinary action. When the license has expired the provider will no longer be permitted to deliver services requiring licensure for the Orange County Health Care Agency. The provider must contact MCST and IRIS immediately to petition for their credentialing suspension to be lifted and provide proof of the license, certification or registration renewal. The provider's reinstatement is **NOT** automatic.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Lead(s): Esmi Carroll, LCSW Jennifer Fernandez, MSW

CREDENTIALING AND PROVIDER DIRECTORY

Lead: Elaine Estrada, LCSW

ACCESS LOGS AND CLINICAL SUPERVISION

Lead: Elizabeth Sobral, LMFT

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