SUD Support Newsletter

Authority & Quality Improvement Services

June 2021

SUD Support Team

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UPDATES

Last year, there were a number of accommodations made for providing DMC-ODS services during the COVID-19 public health emergency. Recently, DHCS has issued guidance on the ending of those flexibilities, which are outlined below:

1. **Behavioral health services via telephone and telehealth**

Services may continue to be provided via telephone and telehealth as appropriate, after the public health emergency. Whether telephone (audio-only) may be used for clinical

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WHAT'S NEW?

The Assessment for Residential Treatment (ART) Team is expanding! Originally, the ART Team was housed at the County's Santa Ana SUD Clinic, but has now moved to the County's Westminster SUD Clinic. The expansion will accommodate the increasing demand for assessment for residential treatment and work towards a more efficient process for connecting clients to residential services.

Westminster SUD Clinic - ART Team location and contact:
14140 Beach Blvd. Suite 120, Westminster, CA 92683.
Main Contact: (714) 934-4600

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:
Orange County, California - For Providers (ochealthinfo.com)

Upcoming Documentation Training

- July 28th*

**Prerequisites: ASAM A and ASAM B*

All SST Live Documentation Trainings will continue to be provided via online until further notice 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

…UPDATES (continued)

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initial assessments is pending final decisions by legislature. Please be prepared for the possibility that this flexibility may be ending in the near future. We will provide updates as we receive further guidance.

2. **Additional time to complete counselor certification requirements**

AOD registrants received an additional 3 months after the end of the COVID-19 emergency to complete their certification requirements. *This flexibility expires September 30, 2021.*

3. **Application Extensions Licensed or Certified AOD Residential and Outpatient Treatment Facilities**

Extensions granted to programs to respond to regulatory and certification standard requirements will end on June 30, 2021.

4. **Process to Request Fee Reductions or Waivers**

A process established to reduce or waive any fees required to obtain a license, renew or activate a license, or replace a physical license for display, when a business has been displaced, or experiences economic hardship as a result of an emergency will end on June 30, 2021.

5. **AOD Residential Treatment Bed Capacity**

The expedited review and approval of requests to increase treatment bed capacities for AOD residential treatment facilities will end on June 30, 2021.

6. **Initial and Biennial Inspections**

The waiver of on-site inspection requirements to allow DHCS the flexibility to conduct initial and biennial licensure inspections virtually will end on June 30, 2021.

7. **Drug Medi-Cal Certification**

The provisional and temporary enrollment of providers with another State Medicaid Agency (SMA) or Medicare for the duration of the public health emergency will end on June 30, 2021.

8. **Emergency Initial Licensure of AOD Residential Treatment Facilities**

The expedited and streamlined application process for an entity applying for licensure as an AOD residential treatment

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Documentation FAQ

1. Is the Re-Assessment required at Recovery Services?

Re-Assessments at Recovery Services are not explicitly required by regulations. However, keep in mind that medical necessity is still a requirement at Recovery Services. Therefore, each service claimed must be a stand-alone progress note that demonstrates medical necessity. An updated Recovery Plan is required every ninety (90) calendar days from the date of the client's admission to Recovery Services. Any changes to the Recovery Plan should be substantiated by an assessment (either a formal Re-Assessment document completed or an informal assessment by way of a session progress note where the changes were discussed with the client). At minimum, there should be documentation of a session with the client where progress and any potential changes in needs are discussed. If there are no changes needed to the Recovery Plan at the time of the update, this should be clearly documented in the session progress note.

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Double Check Your Progress Note!

There are numerous components to documenting a compliant progress note for the service you provide. Here are some helpful questions to ask yourself before signing off on that progress note:

- □ Do my interventions clearly tie back to SUD? (Give yourself credit – Don't forget to explain any Evidence-Based Practices used!)
- □ Have I demonstrated that the service provided was medically necessary?
- □ Does my explanation of interventions justify the amount of service time I am claiming?
- □ Did I include the documentation start and end time?
- □ Does the amount of documentation time I am claiming match the amount of content that is written?
- □ Have I made a statement about the client's progress toward treatment plan goals?
- □ Are all of the dates, times, type of service, etc. accurate? Is the information congruent?

Documentation FAQ (continued)

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2. The counselor completed the treatment plan late…does the LPHA still have 15 calendar days from the counselor's signature to co-sign?

No. If the counselor (non-LPHA) is late in completing the treatment plan by the due date (for outpatient: within 30 calendar days from the client's date of admission; for residential: within 10 days from the client's date of admission), the treatment plan is out of compliance until all required signatures are obtained. This is because the treatment plan created by a non-LPHA is not valid without the LPHA signature. If the treatment plan is already out of compliance for being completed late, it cannot be brought into compliance until the LPHA signs. In these situations, please make sure all services provided between the time when the treatment plan would have been due until the LPHA signs are made non-compliant.

3. I just received an assessment from the Assessment for Residential Treatment (ART) Team, what do I need to do to make sure the assessment can be used?

If you are an LPHA, you will want to review the assessment thoroughly to ensure that all requirements for an Initial Assessment are met. Only the LPHA can make this determination as it involves medical necessity. The LPHA will need to make sure that the documentation clearly demonstrates how the client meets the diagnostic criteria for the diagnosis or diagnoses and how the severity of the client's functioning in the various dimensions of the ASAM Criteria show the client's suitability for a particular level of care. The LPHA will also need to check that all ten (10) psychosocial elements are addressed. The time spent to review the assessment document can be billed as a case management service. If, based on the review, the LPHA determines that the information is relevant and there are no missing components, this should be clearly stated in the progress note. If any information is lacking, the LPHA will need to document accordingly. Best practice, as a new admission, would be for the receiving provider to complete the full initial assessment. Time spent gathering information from the client and using the new information to inform your analysis of the client's treatment needs can be billed as an individual counseling service.

…UPDATES (continued)

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facility during a public health emergency will end on June 30, 2021.

9. Criminal Background Check (CBC)

Grant for program flexibility when a provider proposes to use alternate concepts to comply with existing staffing regulations will end on June 30, 2021.

For more information on these flexibilities, please refer to the Behavioral Health Information Notice No.: 20-017 Updated on June 16, 2021 as well as the Behavioral Health Information Notice No.: 20-009 Updated on June 16, 2021. These can be found here: https://www.dhcs.ca.gov/formsandpubs/Pages/2020-BH-Information-Notices.aspx

Reminders

Have you completed The Annual Provider Training (APT) 2020-2021?

Access to the APT: https://www.ochealthinfo.com/bhs/providers/trainings

Be sure to select *2020-2021 SUD Integrated Annual Provider Training*!

It is a requirement for all DMC-ODS providers to complete the APT every year.

Intake sessions at Residential programs:

If the intake session includes the clinical component of beginning to gather information necessary for the assessment and the session is documented, it can count towards the required 5 clinical hours for the week. Be sure to document the start and end time so that the time can be accounted for.

Drug Testing is not billable to DMC!

If you would like to document that you have completed this as part of the intake or another session, please be sure it is clear that the time spent was not billed. The same is true for any time that the client needed to "wait" to be seen or had to have their belongings searched. These activities are not billable.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

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

REMINDERS

PAVE ENROLLMENT FOR MHP & SUD

- PAVE enrollment and affiliation for County SUD Staff and County Clinics has officially transferred over to MCST as of 7/1/21.
- Programs are required to have providers enrolled in PAVE before they can provide any Medi-Cal covered services.
- The providers required to enroll in PAVE are: Nurse Practitioner, LCSW, LMFT, LPCC, Psychologist, MD, DO, Physician Assistant, Pharmacist, Speech Therapist, AOD Counselors and SUD DMC-ODS providers.
- MHP and County SUD Staff/Clinics may send all questions and information to process PAVE enrollment/affiliation to AQISManagedCare@ochca.com with the Subject Line: PAVE Enrollment - _____.

PERSONNEL ACTION NOTIFICATION (PAN) FORM

- A newly revised PAN form is available, and programs are now required to include MCST and e-mail it to AQISManagedCare@ochca.com.
- New providers are required to be enrolled in PAVE and/or Credentialed (if your program has completed credentialling for all their providers) **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services.

NOABDS

- NOABDs are required to be written in the beneficiary's primary language. When a County clinic is completing an NOABD in a language other than English they may utilize the HCA Employee Directory that lists the available translators to assist with writing the NOABD in the language needed. Please contact Bijan Amirshahi, Ethnic Services Manager from the Multicultural Development Program at (714)667-5600 for further assistance. Contracted providers should utilize their existing mechanisms for translation of beneficiary informing materials.
- MCST reviews 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. MCST also needs to have a copy of the program memo that informs the beneficiary about the reason for receiving a second NOABD due to corrections.

ACCESS LOGS

- Service Chiefs/Program Directors are to run and review Access Log reports **weekly** to fix errors, issue NOABDs for timely access and ensure Access Log entries are entered **daily** by the clinic staff.
- When MCST is requesting Access Log corrections the provider/supervisor needs to promptly respond within 3 business days to make the correction needed.

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

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CREDENTIALING AND PROVIDER DIRECTORY

Lead: Elaine Estrada, LCSW

ACCESS LOGS AND CLINICAL SUPERVISION

Lead: Elizabeth Sobral, LMFT

PAVE ENROLLMENT FOR MHP & COUNTY SUD

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