

# SUD

## Support Newsletter

### Authority & Quality Improvement Services

July 2021

## SUD Support Team

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## WHAT'S NEW?

We are heading into the 4th year of the Drug Medi-Cal Organized Delivery System (DMC-ODS)! We have experienced quite a few changes this past year and with the lingering effects of the COVID-19 public health emergency, there has been no shortage of bumps along the way.

We wish to say thank you to all our network providers for sticking out another year of challenges to provide quality substance use disorder (SUD) services. Your dedication, hard work, and resilience is evident. The work you do with members of our communities is invaluable. We know it has not been easy and we appreciate you working with us to maintain compliance with the State requirements.

We encourage you to continue to provide feedback to the Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST) to help ensure that we continue to improve. You can reach out to us at [AQISSUDSUPPORT@ochca.com](mailto:AQISSUDSUPPORT@ochca.com).



## Documentation Training

The following are the links to the online format-

Website to access training:  
[Orange County, California - For Providers \(ochealthinfo.com\)](https://www1.ochca.com/ochealthinfo.com/training/bhs/aqis/SUDDocumentationTraining/story.html)

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

**\*NEW\*** The SUD Case Management Training has now been added to the DMC-ODS webpage for providers!  
<https://www.ochca.com/about-ochca/behavioral-health-services/bh-services/drug-medi-cal-organized-delivery-system-dmc-ods>

## UPDATES

- Change regarding the **LPHA signature on treatment plans if the non-LPHA counselor has completed the treatment plan after the due date** (for Residential and Outpatient programs). In the June 2021 Newsletter, it was reiterated that the treatment plan is out of compliance until the LPHA signs and the LPHA does not get the 15 calendar days from the counselor's signature when completed late. However, since the

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regulations are not explicit about the LPHA signature if the counselor is late, the requirement will be for the LPHA signature to be obtained within 15 calendar days of when the treatment plan was due. This means that for the **Outpatient Drug Free (ODF) and Intensive Outpatient Treatment (IOT) services, the due date for the LPHA signature is within 45 days from the client's admission to treatment.** Why? The treatment plan is due and must be completed within 30 calendar days of the client's admission to treatment. So, if the counselor completes the treatment plan on day 30, this means that the LPHA will have up to day 45 (15 calendar days from the counselor's signature) to sign the treatment plan.

Example: If the non-LPHA counselor completes the treatment plan on day 40 (which is 10 days late because it is due within 30 days of the client's admit), then the LPHA will have 5 days to sign the treatment plan to be within the 45-day timeframe. Please note that, in this scenario, the LPHA does not have 15 calendar days from the counselor's actual date of signature.

**For the Residential programs, this will mean that the LPHA has until day 25 to sign the treatment plan** (since treatment plans are required to be completed within 10 calendar days of the client's admission, from which point the LPHA has 15 calendar days to sign).

- Clarification regarding requirement for the **client to sign within 30 calendar days from the counselor's signature on treatment plan UPDATES.** If the client is unable to sign within the 30 calendar days, there must be documentation as to the reason the signature cannot be obtained in a timely manner. Without documentation to explain the gap in time from when the client's signature was due (30 days from the counselor's signature) and when the client actually signed the treatment plan, any services provided between those dates must be made non-compliant.



## Documentation

### FAQ

1. If a client is admitted and assessed, but discharges on the same day to obtain services from a different provider, can I bill for the time I spend on the discharge summary?

No. Although the regulations are not explicit about such a scenario, it is similar to what you would do for a client who no longer meets medical necessity for your level of care and is ready to step down to a lower level of care. Even if you did not expect that the client would be going to a different provider, the client is stopping services at your site to begin services at another program. You will inevitably be helping to facilitate that transition to ensure that the client is appropriately connected to the new provider, which requires some planning and coordination. In this way we can assert that it would be considered a planned discharge. Only time spent completing discharge summaries for unplanned discharges are billable. Thus, time spent on the discharge summary for an open and close case on the same day should be a non-billable note.

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## COVID-19 Flexibilities Update

In the June 2021 SUD Newsletter, information was provided on the ending of a number of flexibilities that were put into place during the COVID-19 public health emergency. An update on the status of behavioral health services via telehealth (synchronous audio and video) and telephone (audio-only) has been released. **DHCS will continue to allow services to be provided via telehealth and telephone, as appropriate, through December 2022. Additionally, initial assessments continue to be allowable via telehealth or via telephone through December 2022.**

**Consent for telehealth & telephone** - Please continue to obtain a beneficiary's verbal or written consent to receive services via telehealth. If obtaining verbal consent, this needs to be documented in each encounter. If your program utilizes a consent form filed in the beneficiary's chart for this purpose, a one-time consent is acceptable.

**Consent for treatment and authorization of treatment plans** - If services are provided solely via telehealth and telephone, verbal consent is sufficient to be obtained for consent for treatment and treatment plans. Although verbal consent is sufficient, if your program is going to be providing a hybrid, with some services via telehealth and some in-person, it is best practice to obtain a wet signature when beneficiaries present to your site for a face-to-face encounter.

**Signatures on Authorizations to Disclose (ATD)** – It is not acceptable to obtain verbal consent for ATD's. This is a federal regulation that the State does not have authority to overrule. Please continue to obtain wet signatures on all ATD's.

# Documentation

## FAQ (continued)

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### 2. My client has some medical issues and also needs to get a physical exam...can I just put those under one goal on the treatment plan?

The regulations are not explicit that these need to be separate goals. However, due to the State's emphasis on the coordination of physical health care and making sure that clients obtain a physical exam, our recommendation is to create two separate goals, each with their own action steps. Remember that a physical exam goal on the treatment plan is required for those clients who have not had a physical exam in the 12 months prior to admission.

### 3. Re-Assessments are not required at Recovery Services, but what about at discharge?

There is no requirement for a Re-Assessment at the time of a client's discharge from Recovery Services. However, it is still important that there be documentation of how you came to conclude that discharge is appropriate for your client. You may choose to do this on the SUD Re-Assessment form to clearly document how you have taken into consideration all areas of the client's life that may continue to be impacted by substance use. At minimum, there should be documentation of your conversation with the client about achieving all his/her/their goals on the Recovery Plan and readiness for discharge from services. This encounter would be an individual counseling service and you will want to confirm with the client that there are no additional areas of need and that the client is truly no longer meeting medical necessity for Recovery Services.

## NEW ICD-10 INCLUDED DIAGNOSIS

The State has updated their SUD diagnostic codes list. There is now a **Z03.89 code that may be used in an "Encounter for observation for other suspected diseases and conditions ruled out."** This code will now allow us to bill for services, like assessment activities, for those individuals that present to treatment and are evaluated using the ASAM Criteria, but do not meet medical necessity for DMC-ODS.

You may begin using the code for those cases where a full assessment has determined that the client does not meet the criteria for a substance use disorder-related diagnosis or for those who do not demonstrate impairment in functioning that warrants treatment or Recovery Services levels of care.

**Important note:** The Z03.89 code is technically considered a diagnosis and can only be established by an LPHA. Therefore, please continue with the practice of conducting a consultation (face-to-face, telehealth, or telephone) between the LPHA and non-LPHA in those instances where the intake has been completed by a non-LPHA.

*For County providers only:* Until the code has been updated in the EHR, the system will not allow you to choose a billable service if this code is used. Therefore, please complete a non-billable note for the service provided. Once the system has been updated, these non-billable services will be converted to billable services.

## Reminders

**Have you documented obtaining verbal consent for treatment plans due to COVID-19?**

Be sure there is a corresponding progress note where it is made clear the treatment plan was reviewed with the client and he/she/they has/have verbally agreed to what has been outlined. Remember, we need to demonstrate we worked collaboratively with the client on developing his/her/their treatment plan!

**Group sign-in sheets need to match the progress note:**

Make sure that information like group topic, session start/end time, and number of clients in attendance are consistent between the sign-in sheet and the corresponding progress note. And if you have made an error, be sure to correct it by drawing a single line through the error, add your initials, the date of the correction, and the correct information.

**Do not use a stamp for your signatures:**

Documents that require a provider's signature need a wet or electronic signature. Rubber signature stamps are not allowed. It is permissible that the printed name adjacent to the signature is a stamp. Don't forget to include your credentials with every printed name and signature!

# 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 & PROVIDERS
- CREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS (MHP)
- MHP/SUD DMC-ODS PROVIDER DIRECTORIES
- PAVE ENROLLMENT FOR MHP PROVIDERS

## REMINDERS

### **PAVE ENROLLMENT FOR COUNTY STAFF**

- Those who need to enroll or affiliate in PAVE are AOD Counselors and LPHA Providers.
- PAVE enrollment and affiliation for County SUD Staff and County Clinics has officially transferred over to MCST effective 7/1/2021.
- SUD County Clinic must submit a 6209 Form and LPHA Providers need to submit a copy of their NPI#, Driver's License and Professional License when enrolling and affiliating in PAVE.
- SUD DMC-ODS County Clinics are required to have providers enrolled and/or affiliated in PAVE before they can provide any Medi-Cal covered services.
- County SUD Staff/Clinics may send all questions and information to process PAVE enrollment/affiliation to [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) with the Subject Line: SUD PAVE Enrollment - \_\_\_\_\_.

### **CHANGE OF PROVIDER/2<sup>ND</sup> OPINION (MHP ONLY)**

- Be sure to complete the "Change of Provider" power form when there is a change of provider requested by the client/beneficiary for MHP County Clinics only.

### **CLINICAL SUPERVISION**

- A licensed mental health professional who provides supervision to an ACSW, AMFT, APCC or unlicensed psychologist pursuing licensure must meet certain qualifications to be a Clinical Supervisor. For example, an LCSW must complete a minimum of 15 hours of supervision training prior to the commencement of providing supervision to unlicensed clinicians. Refer to the Board of Behavioral Sciences (BBS) or Board of Psychology (BOP) websites to ensure you meet the minimum qualifications to be eligible as a Clinical Supervisor for these professional disciplines.
- MCST will soon begin conducting quarterly audits of Clinical Supervisors to ensure BBS and BOP supervision requirements are fulfilled for the specific disciplines and will also verify if current CSRFs are on file for their supervisees.
- Recent audits conducted by AQIS Audit Teams indicate that Clinical Supervision Reporting Forms (CSRF) are not being updated in a timely manner when there are changes in Clinical Supervision. This includes the addition of another clinical supervisor and/or the end of clinical supervision with the current clinical supervisor. A licensed-waivered provider who is required to participate in Clinical Supervision must be receiving supervision from a qualified supervisor at the time services are rendered on a weekly basis. Please note, that any lapse in Clinical Supervision will result in services being recouped.

# MANAGED CARE SUPPORT TEAM



## REMINDERS (CONTINUED)

### PERSONNEL ACTION NOTIFICATION (PAN) FORM – NEW UPDATE (EFFECTIVE 8/1/21)

- New providers who are licensed waived (e.g. APCC, ACSW, AMFT, Psychological Assistants, Registered Psychologist) will now be required to submit the CSRF, BBS Responsibility Form and BBS or BOP Written Agreement (if applicable) **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services, effective 8/1/21.
- Be sure to send the PAN to MCST via e-mail at: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) with Subject Line – PAN to process as well.

### ACCESS LOG

- The MCST Lead will review the Access Log regularly. Any errors found must be corrected and re-submitted by the program within **3 business days**.

### CREDENTIALING

- Mental Health Plan (MHP) CYPBH County Contracted programs are currently undergoing the credentialing process as of July 1<sup>st</sup>, 2021.
- SUD DMC-ODS County Contracted programs have completed credentialing and AOABH County Contracted programs are nearly finished, as well.

### MCST TRAININGS ARE AVAILABLE UPON REQUEST

- MCST has oversight over several local, state and federal regulations to ensure compliance among the County and County Contracted programs within AOABH, CYPBH and SUD DMC-ODS. If you and your staff would like a specific or a full training of the MCST oversight please e-mail the Program Manager, Annette Tran at [anntran@ochca.com](mailto:anntran@ochca.com).

### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> 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

### PAVE ENROLLMENT FOR MHP & SUD

Araceli Cueva      Elizabeth "Liz" Martinez      Sam Fraga



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