SUD Support Newsletter

Authority & Quality Improvement Services

August 2021

SUD Support Team

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UPDATES

- Although the State has opened up the **assessment period for homeless and youth to up to sixty (60) days** from the date of the client's admission to treatment in an Intensive Outpatient or Outpatient Drug Free program, the State has not made any changes to the timeline for when the treatment plans are due. Therefore, our guidance at this time is to continue to adhere to the requirement for the initial treatment plan to be completed within thirty

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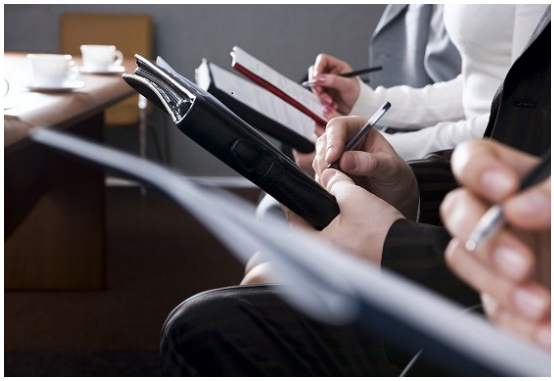
WHAT'S NEW?

We are happy to announce that we have a new member of our team! Oscar Camarena will be our new Office Specialist, who will be assisting with a variety of administrative tasks related to the quality improvement and compliance activities of the Substance Use Disorder (SUD) Support Team (SST).

A little bit about Oscar...

"I am originally from Los Angeles, graduated from Granada Hills High School in 1992. From there I joined the Marine Corps and served 20 years. A few highlights of my career include being deployed to Iraq for Operation Iraqi Freedom in 2007 for 6 months and then being deployed to Afghanistan for Operation Enduring Freedom in 2011 for a year. I retired from the Marine Corps in 2012. I have 2 great kids: My daughter Kiara is 26 and is a MFT and my son Andres is 21 and is currently attending UCR. My hobbies include running, going to sporting events and concerts. Favorite teams are LA Dodgers, LA Lakers and Denver Broncos."

Do you have suggestions for questions or information you would like to see addressed in a SUD Newsletter? E-mail us your thoughts at AQISSUDSUPPORT@ochca.com



Documentation Training

SST SUD Documentation Training (online): https://www1.ochca.com/ochealthinfo.com/training/bhs/aqis/SUDDocumentationTraining/story.html

The SUD Case Management Training: https://www.ochealthinfo.com/about-hca/behavioral-health-services/bh-services/drug-medi-cal-organized-delivery-system-dmc-ods

Test Your DMC-ODS Knowledge!

What applies to the Treatment Plan Update, but not to the Initial Treatment Plan?

a. A supervisor's co-signature is required.
b. Client's signature within 30 calendar days of the counselor's signature.
c. Diagnosis not required.

…UPDATES (continued)

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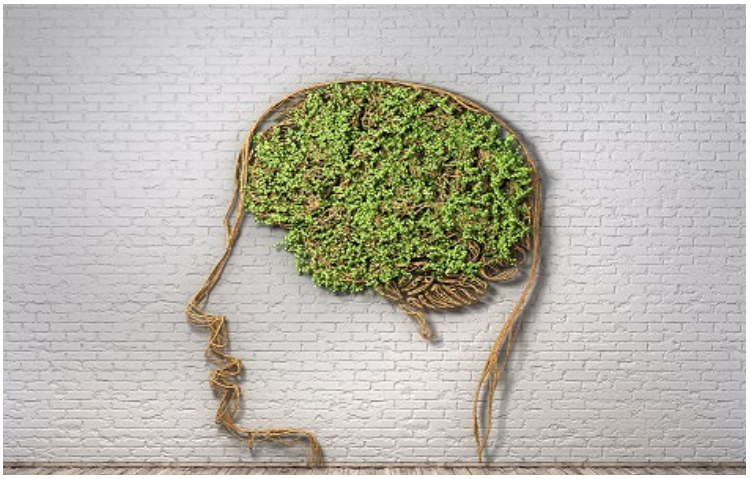
(30) calendar days from the date of the client's admission to treatment. In order to comply with this, we must also complete the assessment within thirty (30) calendar days from the date of the client's admission to treatment. Please continue to be mindful of the sequence in which these documents are completed and signed.

- In the July SUD Newsletter, guidance was provided on the timelines for the Licensed Practitioner of the Healing Arts (LPHA) signing the treatment plan created by the non-LPHA in regards to when the non-LPHA and/or the LPHA are late. **For cases where the non-LPHA counselor completes the treatment plan EARLY, the LPHA's timeline for signing the treatment plan is within fifteen (15) calendar days of the counselor's signature.** This means that the LPHA's signature will be required sooner than forty-five (45) calendar days from the client's admission to treatment for Outpatient levels and twenty-five (25) calendar days from the client's admission to treatment for Residential. For example, if the Outpatient non-LPHA completes the treatment plan early on day twenty-five (25), the LPHA must sign the treatment within fifteen (15) calendar days, which would be by day forty (40).
- We want to reiterate that there will now potentially be **two periods of non-compliance (one for the non-LPHA and another for the LPHA), which applies only in those cases where BOTH the non-LPHA and the LPHA are late in completing/signing the treatment plan.** For example, if the Outpatient non-LPHA completes the treatment plan late at day thirty-five (35) and the LPHA does not sign until day fifty-five (55). The two periods of non-compliance would be for the non-LPHA (any services claimed between day thirty [30] and day thirty-five [35]) and for the LPHA (any services claimed between day forty-five [45] and day fifty-five [55]). It will be important for providers to be attentive to when the non-LPHA and LPHA are signing the treatment plans to know when the treatment plan is valid and whether or not there are any periods of non-compliance.



Documentation FAQ

1. My client acknowledges some physical health/medical issues, but does not want to address them. How should I document this?

You may have obtained information for Dimension 2 of the SUD Assessment in regards to some of the client's current or previous medical/physical health issues. If you know at the time of assessment that the client does not wish to address these, this can be noted in the Rationale section of Dimension 2. It would be useful information for you in assessing the client's level of insight and understanding about the effects of substance use on the body and may indicate greater risk in this area. If the client shares their desire to not address these issues at the time of treatment planning, you should note this in the session progress note. If you are using the County's treatment plan, there is a section for problems that have been identified but will not be addressed. As treatment progresses, it will be important to explore where the client's reluctance to attend to physical health issues stems from and to make an effort to infuse some psychoeducation to help

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Coordination of Physical Health Care

It is important that we are treating the whole person and educating clients about the impact of substance use on physical health to foster the understanding that taking care of one's body is an important part of the recovery process. Dimension 2 of the SUD Assessment/Re-Assessment is where information on the client's medical history and current physical health care concerns can be documented. In addition to finding out when the client's last physical exam was and exploring how the client's substance use has impacted his or her physical health care, we want to also look for opportunities to help the client access any services to address physical health care needs.

A few areas that will directly tie into the development of health care coordination goals on the treatment plan:

1. Pre-existing health conditions: Does the client have any known health issues (i.e., Hepatitis C, Diabetes, high blood pressure, etc.)? If so, how have they been managing those conditions? Are they in compliance with their doctor's orders? Are they supposed to be on medications, but have neglected to take them? Has it been years since they have followed up with a doctor about their condition? In most cases, their substance use has resulted in clients not taking care of their physical health, which would warrant our need to assist clients in accessing the necessary health care.

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Documentation FAQ (continued)

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increase the client's understanding about how substances can impact the body. Although we may not be able to get the client to actively address the issue, we can certainly begin to help provide more information for the client to make a more informed decision down the road.

2. Can I just use the same action steps for all of my goals on the client's treatment plan?

Using the same action steps for all goals on a treatment plan creates the danger of a "cookie cutter" treatment plan that looks the same across multiple clients. It is possible that a specific and individualized action step applies to multiple goals, but we will want to be careful to make sure that it truly makes sense. Keep in mind that the regulations speak to the creation of action steps that are specific to each goal so that treatment plans are individual to each client. A generic action step like "individual counseling services 1x/week to teach coping skills," does not give any information as to "how" this will be addressed. Remember that action steps should describe what the provider will be doing (interventions), what service it will fall under and how often that service is going to be provided. What the provider will be doing (interventions) should be descriptive enough that it gives an outside reader an idea of how this goal will be worked on with the client. The above example can be made more specific by giving some examples of interventions "individual counseling services 1x/week will be provided to teach coping skills (i.e., mindfulness, affirmations, cognitive reframing, etc.)" and individualizing to the specific client by adding "…to deal with triggers of frustration from strained family relationships."

Reminder

Perinatal programs:

Please remember that in order to claim services using the Perinatal code, there must be medical documentation in the client's chart that evidences the pregnancy or post-partum status. If unable to obtain this documentation, the Perinatal code cannot be used. Please also keep in mind that the State defines post-partum as "the 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 60th day occurs."

"Test Your DMC-ODS Knowledge" Answer: B

Coordination of Physical Health Care

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2. Current physical health complaints: Does the client have any recent issues or concerns regarding their physical health (i.e., complaints of pain/discomfort, changes in mobility, dental care, vision care, etc.)? Perhaps these are issues that are directly a result of their longstanding substance use that needs to be examined further by a medical professional, which would warrant our need to help clients with connecting to medical services that will address those concerns.

The next step would be to take the information you have obtained to develop goals for the client's treatment plan that will lay out the plan for how we will assist the client with these physical health care needs. You will want to focus primarily on the question, "what services will we need to provide to help the client with this issue?" In other words, will the client need more individual counseling to explore how substance use has impacted the physical body, particular groups that address the topic of physical health care, and/or case management services to assist with linkage to actual services?

For example, you may have a client who has reported a history of a heart condition for which he is supposed to be on medication for, but has not taken any medication and has not seen the doctor for the last year. We could create a goal for the client to go to the doctor in the next 30 days to follow up on the status of his heart condition and obtain any necessary medical treatment. As a provider, you could offer case management services to help ensure that the client gets connected and follows through with the steps that need to be taken to complete this goal. If the client is hesitant about going to the doctor, this can be explored in an individual counseling session where further education can be provided to help the client to understand how substance use negatively impacts the body.

Note that the State's intention is NOT for SUD programs to provide the actual medical/physical health care. Our role is to take into consideration how a client's medical/physical health care may be hindering the overall recovery process and help clients access the care they may need.

Clarification Regarding Treatment Plan Updates

Treatment Plan Updates are required every 90 calendar days for all levels of care in the DMC-ODS.

Previously, the only option was for the timeline to be based off of the client's admission to treatment date.

Going forward, you will now have two options for the timeline of treatment plan updates:

1. **90 calendar days from the date of the client's admission to treatment and every 90 calendar days thereafter; OR**
2. **90 calendar days from the date of the completion of the previous treatment plan.***

**A treatment plan's effective date is based off of the counselor's signature, IF the LPHA has signed within 15 calendar days of the counselor's signature.*

***For County Providers Only: IF you elect to calculate when the next treatment plan update is due based on the previous treatment plan's date of effect, please note that you will need to track the due dates manually. The EHR is only set to calculate off of the admission date. Please consult with your Service Chief for direction.*

What about Treatment Plan Updates completed early?

Please be mindful that all treatment plans, regardless of which option you choose to calculate the timeline off of, can only be valid for a total of 90 calendar days. Therefore, it is not permissible for a treatment plan at the Outpatient level of care to be completed at, say, day 60 (instead of day 90) and be valid until the next 90 days from the date of admit because a treatment plan cannot be valid for 120 days. In those instances where a treatment plan update is completed early, there are two options:

1. Adjust the timeline moving forward, based on the effective date of the early treatment plan update, which would be 90 calendar days from the counselor's signature, assuming that the LPHA (if applicable), has signed within 15 calendar days of the counselor. (Example: if completed early on day 60, the next treatment plan update is due by day 150); OR
2. Complete another treatment plan update at the next 90 calendar days from the client's admission to get back on the timeline of every 90 calendar days from admission. (Example: If completed early on day 60, complete another treatment plan update at day 90 and continue with the next treatment plan update at day 180).

How does this impact billing?

Treatment plan update completed early at day 60, but the next treatment plan update is not done until day 180. What happens? The treatment plan completed early at day 60 is valid until day 150. If there is no other treatment plan in place until day 180, any services claimed between day 150 and 180 must be made non-compliant.

Bottom Line…
Treatment Plans can only be valid for up to 90 calendar days. Any services claimed outside of that 90 day period must be made non-compliant until there is a valid treatment plan in place.

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/2ND OPINIONS (MHP)
- MHP/SUD DMC-ODS PROVIDER DIRECTORIES
- PAVE ENROLLMENT FOR MHP PROVIDERS

REMINDERS

CLINICAL SUPERVISION

- BBS applicants for an associate registration who graduated on or after January 1, 2020 may only count post-degree hours of supervised experience gained under the "90-day rule" if the workplace required the applicant to complete a Live Scan fingerprinting prior to gaining those hours.
- According to BBS, the goal of the 90-day rule is to secure public protection by ensuring that applicants who are applying for an associate registration were fingerprinted by the employer. The reason for this requirement is that these individuals have graduated and are no longer under the close purview of their school, but they are not associated yet and therefore are not yet under the jurisdiction of the Board.
- County employees do NOT qualify for the "90-day rule" clause, per Human Resources. However, the County-Contracted programs may hire a graduate without an associate registration number and must follow the County procedure below:

CLINICAL SUPERVISION

COUNTY-CONTRACTED PROGRAM REQUIREMENT

- ✓ CSRF Form, BBS Responsibility Form, Written Agreement (if applicable) and a completed **Live Scan Fingerprint Form** from the employer must be submitted to MCST.
- ✓ IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate #.
- ✓ Once BBS issues an Associate #, the provider must submit updated clinical supervision forms to IRIS and MCST, along with the PAN.
- ✓ Without a PAN, IRIS will **NOT** activate the provider to begin billing for Medi-Cal covered services.

https://www.bbs.ca.gov/pdf/90day_rule.pdf

90-DAY RULE FOR GRADUATES

MANAGED CARE SUPPORT TEAM

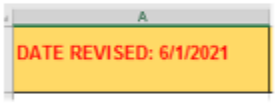
REMINDERS (CONTINUED)

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

- New providers who are licensed waivered (e.g. APCC, ACSW, AMFT, Psychological Candidates, Psychological Assistants, Registered Psychologist) will now be required to submit the CSRF, BBS Responsibility Form, and Written Agreement (if applicable) **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services, effective 8/1/21.
- Existing providers who have a credential change (e.g. ACSW to LCSW) or separation from the employer must submit the PAN with an updated CSRF to indicate the termination of clinical supervision.
- Be sure to send the PAN to IRIS and include MCST via e-mail at: AQISManagedCare@ochca.com with the Subject Line – PAN.

PROVIDER DIRECTORY – For ADMINISTRATORS only

- All Medi-Cal Certified Sites are required to provide an updated provider list to MCST **every month by the 15th** of the month.
- The most current spreadsheet is e-mailed every month and requires the program administrator to type in the date it was revised in column A1 (see below):



- Submit your spreadsheet even if there are NO changes to your program and/or provider tab and update the "Date Revised".
- On the spreadsheet be sure to:
  - **Add Provider:** Highlight in RED who is new and being added for the current submission. Please note all fields included are a requirement by DHCS, do not leave any blanks.
  - **Remove Provider:** Strike through who needs to be removed for the current submission.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- If you and your staff would like a specific or a full training about MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Program Manager, Annette Tran at anntran@ochca.com.

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

PAVE ENROLLMENT FOR MHP & SUD
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