

SUD Support Newsletter

Authority & Quality Improvement Services

September 2021

SUD Support Team

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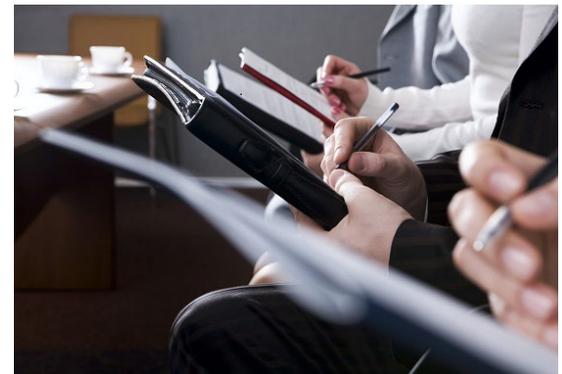
WHAT'S NEW?

The Substance Use Disorder (SUD) Support Team (SST) will be starting the Clinical Chart Reviews for fiscal year 2021-2022 to fulfill the County's contractual agreement with the State to provide monitoring of billing and documentation practices under the Drug Medi-Cal Organized Delivery System (DMC-ODS). This year, your Quality Improvement and Compliance Consultants will be visiting on-site to conduct chart reviews.

Please note that the SST's review is different from the administrative reviews that may be performed by your contract monitor or other Authority & Quality Improvement Services (AQIS) staff. The SST's review will be looking strictly at compliance with the DMC-ODS billing and documentation requirements. The goal is to identify any potential issues that may need to be corrected in order to minimize the risk of recoupment by the State. Therefore, SST's Clinical Chart Review findings may require the paying back of services claimed that should not have been claimed.

Each site's review will consist of randomly selected services for period of time for this fiscal year what has been entered into the Records Information System (RIS) system.

For more information or request SST's Clinical Chart Review program mail us at AOISSUDSUPPORT@



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->

Test Your DMC-ODS Knowledge!

A Discharge Summary is required _____?

- 30 days prior to client's discharge.
- For all clients admitted to the program.
- For clients who have an unplanned discharge.

UPDATES

- Clarification and confirmation on the **10 required psychosocial elements for the Initial Assessment**. One savvy reader has pointed out that in the August 2020 SUD Newsletter, the list actually identifies 11 elements. Below is the correct list of 10 elements as found in the Intergovernmental Agreement (pg. 137):
 - Drug/Alcohol use history,
 - Medical history,
 - Family history,

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- iv. Psychiatric/psychological history
- v. Social/recreational history
- vi. Financial status/history
- vii. Educational history
- viii. Employment history
- ix. Criminal history, legal status, and
- x. Previous SUD treatment history

**The August 2020 Newsletter erroneously separated item ix. Criminal history, legal status into two separate bullets.*



Documentation

FAQ

1. Now that clients can self-assess and request the Recovery Services level of care, what about medical necessity for Recovery Services?

In order to comply with the requirement for clients to meet medical necessity for Recovery Services, we will want to continue to conduct an assessment using the ASAM Criteria to demonstrate how the Recovery Services level of care is necessary for the client. Additionally, there is no change with the requirement for a Treatment/Recovery Plan for clients at Recovery Services. In order to delineate those areas of need to develop a Treatment/Recovery Plan, an assessment is necessary. In the past, we emphasized the fact that clients who qualified for Recovery Services had some level of impairment (typically in regards to Dimension 5 Relapse Potential). This is still the case. We are now able to utilize Recovery Services as an ancillary service to other treatment services to help supplement the clients' efforts towards relapse prevention and self-management of their recovery. In our interaction with clients we will want to explore and document the client's preference or desire to enroll in Recovery Services as well as our clinical impressions of how it could be helpful for the client's recovery.

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TREATING CO-OCCURRING DISORDERS

The State recognizes that many of the individuals we serve in our Substance Use Disorder (SUD) treatment programs also have mental health issues that need attention. As providers, you know firsthand the challenges of determining whether a presenting individual has a primary diagnosis of SUD or mental health and working with individuals on their SUD recovery while they also struggle with mental health issues. The trend in recent years has been to focus on Integrated Treatment, which is the simultaneous treatment for SUD and mental health within the same program. Integrated Treatment has reduced substance use, improved psychiatric symptoms and functioning, decreased hospitalizations, increased housing stability, decreased arrests, and improved quality of life. Therefore, the hope is that with the DMC-ODS, we can move towards providing a more effective recovery from both SUD and mental health through an Integrated Treatment approach.

Reference: "Integrated Treatment for Co-Occurring Disorders: Building Your Program" (2009). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Pub. No. SMA-08-4366. Rockville, MD. www.samhsa.gov/shin

For more information, check out the "Quick Guide for Clinicians: Based on TIP 42 Substance Abuse Treatment For Persons With Co-Occurring Disorders" by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. www.samhsa.com

Documentation FAQ (continued)

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2. I am seeing my client via telehealth and they have provided verbal consent for their treatment plan. All I need to do is note, "Client gave verbal consent due to _____" (such as for COVID-19), on the client signature line, right?

No. In addition to the statement above noted on the client signature line of the treatment plan, there should also be documentation in the session progress note where the consent was obtained. The session progress note is very important because we need to evidence that the client collaborated with you on the development of their treatment plan. This is also where we would want to obtain confirmation from the client that the established problems, goals, and action steps are appropriate and that they agree to work on them. The date of the service for this progress note (date of the session with the client) should match with the treatment plan.

3. My ODF client's treatment plan update is past due. His admit date was 6/1/21 and his initial treatment plan was completed on 6/30/21. I will be meeting with him on 9/30/21 to create his treatment plan...what are my options?

At minimum, a treatment plan update is required every 90 calendar days. So, if the timeline of 90 days from the date of the client's admission was missed (which would be 8/29/21 in this case), we would next want to ensure that the initial treatment plan created on 6/30/21 is only valid for 90 calendar days. This means that the initial treatment plan created on 6/30/21 is valid until 9/27/21. If the client's treatment plan update is done on 9/30/21, any services provided from 9/28/21 – 9/29/21 must be made non-compliant. You will need to keep in mind that now, this client's treatment plan updates moving forward are going to be based off of the last treatment plan update. Don't forget to keep track of that timeline!

Clients in California:

Don't forget that for telehealth services, we need to document confirmation of the client being physically present in California at the time of the session.

Assessment and Treatment Planning:

Time spent working on documents like the SUD Assessment and development of the treatment plan can be claimed as billable Non-Face-to-Face (if working on these without the client present) Individual Counseling. Remember that assessment and treatment planning falls under Individual Counseling, NOT Case Management.

Documenting Co-Occurring Issues

How does an Integrated Treatment approach look within the DMC-ODS?

For admission under the DMC-ODS, the client's primary diagnosis must be a SUD-related disorder. Those presenting with both SUD and mental health can have secondary/tertiary diagnoses of mental health disorders. Remember: the LPHA (within their scope of practice) is the only one who can diagnose within the ODS.

How do we need to document co-occurring disorders?

It's important to note that mental health issues can be addressed within the context of SUD treatment:

1. Assessment: Dimension 3 (Emotional, Cognitive, and Behavioral Conditions/Implications)
 - a. Non-LPHA's cannot diagnose, but they can gather information about the client's mental health history, current symptoms, and challenges.
 - b. Consider the impact of mental health on the client's substance use/recovery (i.e., self-medication, use as a way to avoid distressing events/experiences, relapse risk, etc.)!
2. Treatment Planning:
 - a. Goals to address mental health issues must be in relation to the client's SUD/progress towards recovery.
 - b. Consider skills needed to be identified/learned that addresses mental health issues that pose a relapse risk as well as case management to link clients to mental health services!
3. Treatment Phase:
 - a. Psychoeducation, processing, and skill building in individual/group settings.
 - b. Check for: Clear documentation of how addressing the mental health issue is relevant to the client's SUD treatment/recovery! How will this help the client's recovery?

Group Sign-In Sheet Accuracy:

Group sign-in sheets must match the corresponding progress note! Be sure to check that the name or topic of the group, date of the session, the start and end time, number of clients in attendance, and the name/signature of the facilitator of the group all match up with the corresponding progress note.

"Test Your DMC-ODS Knowledge" Answer: c

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

EXPIRED LICENCES, CERTIFICATION AND REGISTRATION

- Credentialing has rolled out with several programs thus far. The County's Credential Verification Organization named, Verge e-mails notifications to provider at least two months in advance about expiring licenses, certifications and registrations.
- After VERGE's multiple attempts to obtain an updated credential MCST and IRIS intervenes to suspend and deactivate the provider. The provider is then no longer permitted to deliver services requiring licensure, certification or registration for the Orange County Health Care Agency.
- The provider must immediately petition for their credentialing suspension to be lifted and provide proof of the license, certification and/or registration renewal to MCST and IRIS. The reinstatement is **NOT** automatic.
- **HELPFUL TOOL:** The Provider Directory spreadsheet contains the "License Expiration Date" column to help supervisors/managers track and monitor credentialed staff before they expires.



PROVIDER DIRECTORY (Information for QI Coordinators only)

- All Medi-Cal Certified Sites are required to provide an updated provider list to MCST **every month by the 15th**.
- The most current spreadsheet is e-mailed every month and must **NOT** be modified. The fields contains formulas and DHCS required columns that should not be altered.
- QI coordinators must submit their program's spreadsheet even if there are NO changes to the program and/or provider tab and update the "Date Revised".

PERSONNEL ACTION NOTIFICATION (PAN) FORM

- **CLARIFICATION:** New providers who are licensed waived are required to submit the following items with the PAN **FIRST** before IRIS can allow the provider to begin billing for Medi-Cal covered services:

APCC, ACSW, AMFT:

1. Clinical Supervision Report Form (CSRF)
2. BBS Responsibility Form
3. Written Oversight Agreement (if applicable)

Psychological Candidates, Psychological Assistants, Registered Psychologist

1. CSRF
2. Mental Health Professional Licensing Waiver Request – County Contracted Program ONLY

REMINDERS (CONTINUED)

NOABD – TIMELY ACCESS

Providers are required to consult with the MCST before issuing an NOABD for Timely Access.

■ DMC-ODS

- ✓ When a new beneficiary is requesting services and the provider is unable to offer a timely access appointment (Urgent/WM:48 hours, Routine:10 business days, NTP/OTP: 3 days) the provider must contact the Beneficiary Access Line (BAL) with the beneficiary to schedule an appointment with another provider in the DMC-ODS plan. For example, if the provider determines the appointment is routine then an appointment needs to be scheduled within 10 business days.
- ✓ The BAL can schedule and locate an available appointment across the DMC-ODS plan. If the BAL is unable to locate an available appointment within 10 business days, the provider will issue an NOABD for timely access.
- ✓ If your program operates business hours on weekends as well then, the 10 business days would apply to the weekend days.

CLINICAL SUPERVISION

- **UPDATE:** A Written Oversight Agreement is to be submitted to MCST on the letterhead of the employer when a licensed waived individual is receiving clinical supervision from a licensed clinical supervisor that is **NOT** employed by the same company/organization/agency as the supervisee.
- **OC HCA EMPLOYEES:** If you are receiving clinical supervision through a clinical supervisor that is employed by OC HCA you are required to do the following when submitting your completed clinical hours to the Board of Behavioral Sciences:

Let's
DISCUSS



1. Complete the In-State Experience Verification Form with the applicant's Employer name as **Orange County Health Care Agency** and the address as **405 W. 5th St., Suite #410 Santa Ana, CA 92701.**
2. Have the clinical supervisor complete his/her section of the Supervisory Plan (if applicable) with the Employer Name as **Orange County Health Care Agency** and the address as **405 W. 5th St., Suite #410 Santa Ana, CA 92701.**

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.

TRAINING?



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

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

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CLINICAL SUPERVISION

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