SUD Support Newsletter

Authority & Quality Improvement Services

January 2022

WHAT'S NEW?

SUD Support Team

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UPDATES

The DCHS. BH IN21-075 will be our new guide in DMC-ODS implementation and in several ways modifies the content of the existing Intergovernmental Agreement (IA) between Orange County and DHCS for the provision of DMC-ODS services. In accordance with W&I § 14184.102(d), until county contract amendments are executed, DMC-ODS counties shall adhere to the terms of this Information Notice where current contracts are silent or in conflict with the terms of this Information Notice. The potential impact of

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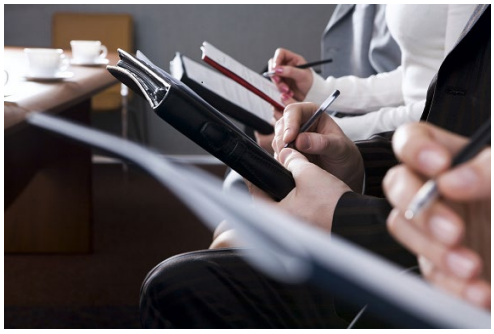
Happy New Year!

Did you hear about the gifts bestowed upon us by DHCS effective January 1st, 2022? DCHS. BH IN21-075 was published in December 2021 to give counties and providers notice of the changes that are starting to take shape related to CalAIM. The purpose of this IN is to provide DMC-ODS program requirements pursuant to CalAIM, effective January 2022 through December 2026, including program updates, which replace the Section 1115 Standard Terms and Conditions used to describe the DMC-ODS program for the years 2015-2021. Please be sure to see the "Updates" section!

Welcome!

We have a new member of the team: Claudia Gonzalez de Griese, LMFT. She will be one of your Quality Improvement and Compliance Consultants within the Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST) to assist with documentation and billing support as well as participating in the clinical chart reviews. Here is a little bit about Claudia so you can get to know her better…



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

"I am originally from Colombia in South America and came to the United States as an International Student at UC Irvine. I have a Master Degree in Psychology from Colombia and a Master Degree in Counseling from the California State University Fullerton. I have experience working with Children, Adolescents and Adults in the Mental and Substance Use field. I enjoy traveling, outdoor activities, and learning about other cultures. My favorite hobbies are camping, hiking and being in contact with nature."

…UPDATES (continued)

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the various changes described in this IN are too numerous to capture in this brief article. We invite you to review the IN to start familiarizing yourself with what is coming.

Here are some of the most significant highlights for you to consider as you review this material:

- The changes described in the IN are effective January 1st, 2022. Nothing that has been done prior to that date will be changed retroactively to comply with the new terms. This is of particular interest in relation to the county's monitoring reviews of providers. The standards for service prior to January 1st, 2022 remain the same as we have known all along.
- Important areas that will likely see revision first include Recovery Services, Services to youth under age 21 under EPSDT and Medication Assisted Treatment (MAT) coverage and requirements. The array of services available within each level of care (LOC) also seems to be expanding.
- Several of the changes relate to clinical service delivery and documentation practices, most notably 1) services prior to diagnosis; 2) the inclusion of several service types in treatment plans and 3) co-occurring conditions. However, this IN did not provide clarification regarding new policies and criteria for DMC-ODS documentation standards and requirements. The existing documentation standards and requirements remain in effect until replaced.
- For dates of service on or after January 1, 2022, DMC-ODS counties shall not disallow reimbursement for clinically appropriate and covered SUD prevention, screening, assessment, and treatment services due to lack of inclusion in an individual treatment plan, or lack of client signature on the treatment plan.

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Documentation FAQ

1. For the intake session today, I was only able to gather minimal assessment information as the client struggled to complete all the legal intake paperwork for admission. Can I still bill?

Yes. The State has informed us that reviewing the legal paperwork necessary for the client's admission to treatment can be billed. But please remember to document what clinical assessment information you gathered to begin assessing the client's appropriateness for Substance Use Disorder treatment under DMC-ODS. In most cases, you are likely beginning to gather some information about the client as you educate, discuss, and review the intake paperwork. And since we must have a diagnosis to bill for the intake session where the admission paperwork was reviewed, you are likely asking questions that will elicit this information, which is an assessment activity. Whether you are an LPHA who can diagnose or a non-LPHA who will take back information to the LPHA for a preliminary diagnosis, an intake note that only includes information about reviewing legal paperwork for admission to treatment is going to lead to questions as to how a

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SST Clinical Chart Review Findings & Trends

As the SST QI Consultants continue to conduct Clinical Chart Reviews for fiscal year 2021-2022, here are a few of the recoupment issues we have been seeing most recently that we all need to be careful of…

Missing documentation of LPHA and non-LPHA consult

As part of the determination of medical necessity by the LPHA, the consultation between the LPHA and non-LPHA based on the initial assessment completed by a non-LPHA is a requirement. This consultation is necessary because, in the case where the assessment is completed by a non-LPHA, the LPHA does not interact directly with the client. As a result, if there is no evidence that this consultation took place, we cannot justify the validity of the LPHA's establishment of medical necessity. Please note that this is a significant recoupment as an invalid assessment means that all services claimed based on that assessment must be made non-compliant.

Not properly documenting group services provided

We have seen a pattern of issues related to group documentation and corresponding group sign-in sheets. In order to bill, a group progress note must have an accompanying group sign-in sheet. For residential programs, this can have a significant impact on whether or not the documentation supports the client receiving the required 5 clinical hours each week.

If you have questions or need clarification, please be sure to ask your designated Consultant!

Documentation FAQ (continued)

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preliminary diagnosis was determined. Therefore, please be sure that you are including this information in your intake note. As a reminder, it is not necessary to list all of the intake paperwork, but please be sure to explicitly identify that the Informed Consent was reviewed and the client has provided his/her/their signature.

2. I just had to meet with my client to review a behavioral contract with them…can I bill for this?

It depends on what interventions were provided in this meeting with the client where a behavioral contract was put into place. The first point of consideration is what the behavioral contract is intended to address. Remember that interventions must be medically necessary. We must consider how the implementation of a behavioral contract is going to address the client's SUD or benefit his/her/their recovery. Oftentimes, a behavioral contract is put into place for a client who may not be adhering to your program's rules. If there is an aspect of this behavior that is tied to the client's past substance use or potential for return to use, you will want to highlight this in the documentation. For example, if the client has a history of defiance

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- The requirements for establishing medical necessity in Narcotic/Opioid Treatment Programs (NTP/OTP) is clarified, effective January 1st, 2022. NTPs conduct a history and physical exam by an LPHA pursuant to state and federal regulations. This history and physical exam done at admission to a NTP qualifies for the purpose of determining medical necessity for NTP under the DMC-ODS.
- Information about services that will be available through peers in the future is also included in the IN. Please note, that currently the DMC-ODS does not have a Medi-Cal funded peer program. This is a future plan.
- Care Coordination is a new term that replaces what is currently known as "case management" and places greater emphasis in coordination of SUD care, mental health care, and medical care and supporting the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care coordination is expected at all LOC.
- Clinical consultation is a new benefit that expands the existing "physician consultation" to include non-medical LPHA. This indirect service is intended to assist network DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries. It can include medication dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

The AQIS SUD Support Team (SST) will continue to learn and analyze the coming changes to aid in clarifying new practices and requirements for our system of care. As you can imagine, these changes will impact many areas of our system, including billing, information management, documentation practices, programmatic practices and more.

We ask that you remain patient and follow along as new information is released. Any changes in practice, program requirements and documentation guidance will be provided as it becomes available through the monthly SUD QI coordinators meeting, this newsletter and special communications or memos as needed. If you have questions, please contact the SST at AQISSUDSupport@ochca.com or reach out to your program's assigned consultant.

Reminders

Do all of the action steps or interventions on the treatment plans have a target date?

Remember, the State has specified that each action step needs its own target date. This means that if one of your goals has 4 action steps, there should be 4 dates identified. They can all be the same date, if that is appropriate, but each action step must clearly indicate a date.

"Completed" goals on a treatment plan…watch out!

Remember, in order to continue billing for treatment services, there must be an active goal that addresses the client's needs. If you are indicating on the client's treatment plan the dates of completion for action steps/interventions or goals as the client achieves them, be sure to pay attention to the potential need for adding new action steps/interventions or goals. A treatment plan where all the goals are marked "completed" means there is no valid treatment plan as of the "completed" date.

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
- PAVE ENROLLMENT FOR MHP PROVIDERS
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP)
- MHP/SUD DMC-ODS PROVIDER DIRECTORIES

REMINDERS

CLINICAL SUPERVISION (EFFECTIVE 1/1/22)

Please be advised that LMFT, LCSW, and LPCC Clinical Supervisors will have new requirements set by the BBS. These requirements apply to NEW supervisory relationships established on or after 1/1/22.

THINGS TO KNOW

New Forms

1. **Supervision Agreement Form,** this will replace the Supervisor Responsibility Statement & Supervisory Plan. The form is signed within 60 days of commencing supervision. *(New form to post to the BBS website on or prior to 1/1/22)*
2. **Supervisor Self-Assessment Report,** this form will affirm that the licensee is qualified to be a supervisor. *(New form to post to the BBS website on or prior to 1/1/22)*

Supervisor Training and Course Work

1. **15 Hour Training for New Supervisors:** This training is required for those who commence supervision for the first time in California on or after 1/1/22.
2. **6 Hours of Continuing Professional Development (CDP) Each Renewal:** Supervisors are to complete a minimum of 6 hours of CDP in supervision during each renewal period that occurs on or after 1/1/22.
3. **2 Year Lapse in Supervision:** If a supervisor has not conducted supervision in 2 years or more, they must take 6 hours of supervision training/coursework within 60 days of resuming supervision. This applies to supervisors who resume supervision on or after 1/1/22.
4. **Weekly Log (Newly Required for LCSW Licensure Hours):** Applies only to hours gained toward LCSW licensure on or after 1/1/22 (a weekly log is already required for those pursuing LPCC or LMFT licensure).

MCST is gearing up to enhance the Clinical Supervision Reporting Form (CSRF) in a response to the changes made by the BBS. We will provide updates as soon as the BBS has posted the new forms to their website.

The information listed above is a summary of the changes to come for clinical supervision. It is the responsibility of the Clinical Supervisors and Supervisees to keep current with changes to regulations. Please review the following link in depth for the detailed changes.

https://bbs.ca.gov/pdf/law_changes_2022/supervision_reg_changes.pdf

Documentation FAQ (continued)

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towards authority figures that has often triggered the client to use, the behavioral contract may be part of the intervention for helping the client to be clear on what is expected so that the client can identify the ways in which he/she/they can choose to respond with the least amount of negative consequences in order to practice taking responsibility for one's actions. It can tie into helping the client learn to strategize on more adaptive ways to respond to triggers.

3. Since we can both document and bill for the consultation, can I just have the non-LPHA write the note for me, the LPHA, so I can just sign it?

No. You should not be having anyone document on your behalf. This is unethical and would be considered fraudulent. Each provider needs to document what he/she/they did in providing a medically necessary service in order to bill. If you are using a template or pre-established structure for these consultation notes, please also make sure that the documentation is individualized and specific to the client. It should not look like a copy and paste of all consultation notes.

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 this and other resources here: http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers

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