

SUD

Support Newsletter

Authority & Quality Improvement Services

May 2022

WHAT'S NEW?

SUD Support Team

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AQIS SST wanted to call attention to the Behavioral Health Information Notice (BHIN) 22-013 released on April 6, 2022. **BHIN 22-013 contains information on services provided prior to the completion of an assessment, or the determination of a diagnosis are now allowed.** AQIS SUD SST also released a guide to all QI Coordinators entitled, "Diagnostic Code Selection During Assessment Period" that walks through the changes.

Here are the highlights of the guide:

- ICD-10 codes Z55-Z65, "Persons with potential health hazards related to socioeconomic and psychosocial circumstances" may now be used by all providers as appropriate during the assessment period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA) or a Licensed Mental Health Professional (LMHP).
- **When diagnosing**, please use the additional specifiers to Z55-Z65 that break each category down even further, e.g., Z63.72 Alcoholism and drug addiction in family.
- ICD-10 code Z03.89, "Encounter for observation for other suspected diseases and conditions ruled out" may be used by a LPHA or LMHP during the assessment phase of a beneficiary's treatment when a diagnosis has yet to



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!

Documentation Time should include "thinking time," or the time it takes for me to think about what I need to write and how I should write it.

- TRUE
- FALSE

UPDATES

Post-Mortem Procedure

There may be a time when the AQIS SUD SST contacts your program with news that a beneficiary opened at your program has passed away and requests your program closes the beneficiary's Episode of Care (EOC).

The Program Integrity Requirements under the Drug Medi-Cal Organized Delivery System's (DMC-ODS) contract with the Department of Health Care Services (DHCS)

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require that the DMC-ODS provide “prompt notifications to DHCS when the DMC-ODS receives information about changes in a beneficiary’s circumstances that may affect the beneficiary’s eligibility including”:

- (i) **Changes** in the beneficiary’s **residence**
- (ii) The **death** of a beneficiary/enrollee

What will AQIS SUD SST do?

- ❖ Once AQIS SUD SST has been notified of a beneficiary’s death, AQIS SUD SST may contact the service provider’s Service Chief or Program Director directly by secure email requesting that any open EOC be closed immediately to avoid the potential for post-mortem billing.
- ❖ Once AQIS SUD SST has been notified by the service provider that all open EOCs have been closed for the deceased beneficiary, then AQIS SUD SST will verify through IRIS that all EOC’s with County or Contracted Programs are closed.

What will the Service Provider do?

- ❖ The provider confirms in IRIS there were no billable services provided after the beneficiary’s date of death.
- ❖ The provider discharges the beneficiary’s case immediately with an accompanying discharge note. Even though it is an UNPLANNED service, you must use a NON-BILLABLE code.
- ❖ If the discharge is completed after AQIS has notified the provider of the beneficiary’s death, the provider will use the current date as the discharge date, indicate

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Documentation

FAQ

1. A client has been transferred to my caseload from another provider. I do not see all 10 psychosocial elements addressed in this client’s Initial Assessment. What should I do?

An addendum can be completed to document the missing information. If there is a Re-Assessment (every 30 days at the Residential level of care) or a Continuing Services Justification (CSJ) (between every 5th and 6th month from admit for Outpatient) coming up, it can also be added there to demonstrate that the information was obtained. For example, “Update to family history information gathered at Initial Assessment dated 5/2/22. Client reports that mother and father have no history of substance use or mental health issues, but that he has an uncle who has struggled with opiate use.”

2. I need to make a Suspected Child Abuse Report based on what my client disclosed in session. Can I bill Care Coordination for this time?

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SST Clinical Chart Review Findings & Trends

As you know, missing any one of the 10 psychosocial elements results in recoupment of services. The most commonly missed elements among the 10 required psychosocial elements are Financial Status/History and Social/Recreational History! It does not matter where in the Initial Assessment the information is documented, but below are a few places in the County’s SUD Assessment where this information can be most easily captured:

- Dimension 4, “Life Areas Affected by Substance Use.” “Motivating Factors for SUD Treatment”
- Dimension 5, “Triggers,” “Management of Triggers,”
- Dimension 6, “People, places or things that are supportive of recovery.”

HELPFUL TIP

When completing a Re-Assessment or CSJ, be sure to reference where historical information that has not changed since the time of the Initial Assessment was first documented. For example, “No changes with client’s educational history/status since last assessment. See SUD Assessment dated 1/3/2020.”

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

Documentation FAQ (continued)

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No. Time spent making a Suspected Child Abuse or Elder/Dependent Adult Abuse Report is not a billable service for the DMC-ODS. It would be considered a non-billable activity and should be coded as such. If you are documenting that you have completed your mandated reporting within a billable progress note, please be sure to clearly indicate that the time spent making the report was not billed.

3. Can Licensed Vocational Nurses (LVN's) provide the same services as a registered or certified Alcohol and/or Drug (AOD) Counselor?

No. The scope of practice for an LVN is different than for a registered or certified AOD counselor. An LVN is not a Licensed Practitioner of the Healing Arts (LPHA). Additionally, please note that an LVN is not a certified Drug Medi-Cal provider and cannot provide any billable services. The LVN should only be providing and documenting services that are within his/her/their scope of practice. Any services that are found to be claimed by an LVN will be disallowed. For Medication Assisted Treatment (MAT) Programs, please remember that an LVN is not one of the non-LPHA medical providers who are eligible to provide MAT services.

WHAT'S NEW? (continued)

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be established.

- Substance abuse counselors are now allowed to use this specific set of diagnostic codes – Z55-Z65 – on their own, without a LPHA consultation.
- Once the assessment is complete, the substance abuse counselors will then consult with a LPHA, who will establish the SUD diagnosis and document the case formulation.
- By 30 days, the assessment needs to be completed and medical necessity needs to be established by a LPHA.
- In the Guide, "Diagnostic Code Selection During Assessment Period", there are instructions for Substance Abuse Counselors and how to enter the diagnoses.

For Clinical questions: SST: 714.834.5601 or agissudsupport@ochca.com

For Technical questions from County Clinicians in the EHR: IRIS 714.347.0388 #2 or

bhsirisliaison@ochca.com

For Technical questions from Contractors: OCT 714.834.6007 #3 or

bhsirisfrontofficesupport@ochca.com

REMINDERS

Telehealth vs. In-person...is your note clear?

Now that there are more in-person services being provided, please be mindful of being consistent in your documentation. Some providers are using template statements regarding the requirements for documenting a telehealth session (i.e., consent for telehealth, reason for telehealth services, confirmation of client's location, etc.), that are not removed for in-person notes! Be sure it's clear how the service was provided!

Is your client in California?!

If you are continuing to provide telehealth services, make sure that you indicate in the documentation that you have confirmed the client's location. This is because we cannot provide services if the client is outside of California!

Is there a Preliminary Diagnosis Consult Progress Note by the LPHA?

Although both the non-LPHA and LPHA can bill for this consultation, if only one party is going to document, it must be the LPHA because the LPHA is the only provider who can diagnose. Don't forget: The Z03.89 code also requires the LPHA!

"Test Your DMC-ODS Knowledge"
Answer: b

...UPDATES (continued)

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the discharge reason as "deceased", and enter the date of beneficiary's death (using the date given to the provider by AQIS).

- ❖ If the beneficiary's chart has a prior discharge note but that discharge was not processed, then the provider should enter the information in IRIS using the same discharge date and same discharge reason from the prior discharge note.
- ❖ Lastly, please run the IRIS report (Client Hx by MRN or BHS EOC Summary Report) to ensure that all EOCs have been properly discharged.

MANAGED CARE SUPPORT TEAM



MCST OVERSIGHT

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

REMINDERS

CLINICAL/COUNSELOR SUPERVISION (DMC-ODS ONLY)

- The DMC-ODS does not permit trainees or interns to provide or bill for services. If a program wishes to place a trainee in their program, this can only be done by having the staff person register as an AOD counselor seeking certification. However, by doing so, the trainee can only work within the scope of the AOD counselor and must receive supervision as required by the AOD certifying organization.
- Providers were informed about the **SUD Counselor Supervision Reporting Form (SUD CSRF)** since March 2022. The form was discussed and distributed to the providers to be completed by the 5/1/22 deadline. If the Registered AOD Counselor have not submitted the SUD CSRF by the deadline, they will be **prohibited** from providing and billing for services.

COUNTY CREDENTIALING

- Effective 4/11/22 all **NEW HIRE** credentialing packets submitted to the MCST must have the new Annual Provider Training (APT) 2021-2022 certificate of completion.
- **EXISTING PROVIDERS** who are undergoing credentialing may submit the APT 2020-2021 certificate up until 5/11/22. After 5/11/22 existing providers are required to submit the certificate of completion for the APT 2021-2022.
- **If, the County Contracted Programs have completed credentialing all existing and new providers during the initial credentialing timeline then all new hires there after must be credentialed first before being able to deliver Medi-Cal covered services and be activated in IRIS.**

2ND OPINION/CHANGE OF PROVIDER (DMC-ODS ONLY)

DMC-ODS County and County Contracted programs will be required to complete the 2nd Opinion/Change of Provider log and submit it to the MCST each quarter starting July 1 – September 30, 2022. The quarterly log must be submitted to the MCST by **October 10, 2022** deadline. A training was provided at the May 19, 2022, SUD QI Coordinators' Meeting that reviewed the form and requirements.



PROVIDER DIRECTORY

The Provider Directory is a DHCS requirement (DHCS IN#18-020) that entails an exhaustive list of providers and program information under the Health Plans to be made available for all beneficiaries to access mental health and substance use disorder services. The MCST heavily relies on the accuracy of Service Chiefs' submission and Head of Services' submission to compile the Provider Directory for publishing. MCST utilizes it to reconcile several reports and tracking systems within AQIS. Be sure to review the monthly spreadsheet to ensure the list of providers are current and accurate before submitting it to the MCST by the 15th of each month.

MANAGED CARE SUPPORT TEAM



REMINDERS (CONTINUED)

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, MCST is now required to enhance the tracking and monitoring of all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries have been disseminated to all County and Contracted providers to improve the compliance with the DHCS requirements. The report has identified programs with zero and/or a low numbers of submissions and entries that may require "enhanced monitoring". Be sure to monitor your programs closely and provide a response (if applicable) to assist the MCST with ensuring compliance and managing the accuracy of the reports.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

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

TRAINING?



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

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Paula Bishop, LMFT



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MCST ADMINISTRATIVE MANAGER

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