

SUD Support Newsletter

Authority & Quality Improvement Services

January 2019

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WHAT'S NEW?

Happy New Year! Here's to an exciting 2019 with the Drug Medi-Cal Organized Delivery System (DMC-ODS). 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. The SUD Support Team is here to assist you as you navigate through the DMC-ODS. You can also access additional resources by visiting the "Providers" tab of the DMC-ODS website, here:

http://www.ochealthinfo.com/bhs/about/agis/dmc_ods/providers



Upcoming Documentation Trainings

- February 4th & 6th (fulfills ASAM B)
- February 27th (1 day)*
- March 4th & 6th (fulfills ASAM B)
- March 27th (1 day)*
- April 1st & 3rd (fulfills ASAM B)

*prerequisites: ASAM A and ASAM B

For county staff: sign up through Training Partner. For contract staff: e-mail us at AQISSUDSupport@ochca.com.

Documentation UPDATES

The intake session needs to include some assessment activity. Recently at the documentation training, it was shared that the initial session can be billed for even if only the intake paperwork is reviewed. Although the State allows for this, our ability to bill for services does not allow for this. Since a diagnosis is required in order for any billing to occur, the intake session should include gathering of enough assessment information so

...continued on page 2

...More UPDATES :

that a preliminary diagnosis can be determined. Please continue to document intake notes as before, with the focus on using the intake paperwork as a way to begin gathering assessment information. In cases where the session is solely to complete intake paperwork, please do a non-billable case management progress note to document the encounter.

Authority and Quality Improvement Services (AQIS) SUD Support Team (SST) chart reviews have begun! The State requires that the County conduct internal monitoring of billing and documentation twice annually. This means that the SST will be reaching out to each certified site to schedule a visit for chart reviews. Each site's QI Coordinator will be provided with a list of the charts 1-2 weeks prior to the scheduled visit. At this time, approximately 40 services will be randomly selected to be reviewed for a specified period of time. The review will focus on ensuring that services have been billed properly and the documentation supports the medical need for billing of those services. Upon completion of the review, the site will receive an informal overview as well as a formal, written summary of findings to be provided at a later date.

DMC-ODS Network Provider Directory (NPD)

You can view our DMC-ODS NPD online at www.ochealthinfo.com/bhs/about/aqis/dmc_ods

QI coordinators, please be sure to review your NPD roster monthly and send your updates to our AQIS SST by the 20th of every month. This is a Managed Care requirement that needs to be updated **every 30 days**.



Documentation FAQ's

1. How do I document the start and end time for my documentation minutes on the progress note?

As long as the start and end time of the documentation for that progress note is indicated somewhere, it does not matter where in the progress note it is. Since this time captures your writing of the entire progress note, it may make sense to include it in the Plan section if you are using the GIRP format for progress notes. It can be as brief as "Documentation for this progress note was from 4:12pm to 4:17pm" or "Start and end time for documentation of progress note - 4:12pm to 4:17pm" or "Documentation of progress note: Start time - 4:12pm; End time - 4:17pm."

2. What do I write in the "Plan" for "Problems Not the Focus of Treatment" on the treatment plan?

We want to indicate a status for the problem that is not going to be addressed. Why is it not a problem on the treatment plan with a goal? What is going to happen

...continued on page 3

CERTIFICATION REMINDERS



Avoid compliance and financial consequences by monitoring your Substance Abuse Counselors' (SAC) certifications and registrations. Please be aware of your SAC's expiration dates, as certifications need to be renewed on time. According to CCAPP and CADTP, the renewal process can take approximately 30 days. In some cases, it could take longer if there are additional materials that need to be submitted by the counselor. AQIS recommends sending renewal packets to the certifying organization at least **6 weeks** prior to the SAC's expiration date.

QI coordinators can help prevent SAC expirations by working with program staff to keep track of expiration dates and renewal.

...continued on page 3

...continued from page 2

in the course of treatment with this issue? Is this going to be re-visited at a later date or deferred?

Remember that this section was added recently to the treatment plan due to the State wanting ALL problems that the client has (based on the initial assessment or SUD Assessment) to be reflected on the treatment plan. Not every problem has to be a goal so this section allows us to identify that we acknowledge that there is a problem. The client may disagree and not see what you as the provider sees as a problem. This is fine and offers a great clinical opportunity to address the barriers in the course of treatment. Perhaps it is something that can be addressed in the future.

3. My client does not want to get a physical exam. How often do I need to discuss this with him/her?

The State does not provide a specific frequency at which the issue of the client needing a physical exam must be addressed. The documentation should reflect that some aspect of this is being discussed with the client regularly. You as the provider can determine what is most clinically appropriate. It's important to consider how the client's physical health care needs have been neglected by his or her substance use. SUD treatment is not just about stopping the substance use and getting sober. It is an opportunity for clients to learn how to improve all areas of his or her life that have been impacted by the substance use. We must think about how we can educate and empower our clients to take better care of their bodies as part of their overall well-being to support their recovery.

4. How do I bill for travel time?

The DMC-ODS allows providers to bill for travel related to medically necessary services. This means that the time it takes for you to travel from your site to the location where the service is provided and the time it takes for you to travel back. This includes billable services with or without the client present. For example, perhaps you meet with the client's social worker at the Social Services Agency or participate in a multi-disciplinary team meeting at the courts. As long as you are providing a billable service, travel can be billed. Keep in mind that if you travel to one location and provide services to multiple clients or provide different types of services, you can only bill the travel time one time. Either all of the travel time to and from that location is put on one of the progress notes or it is split out between multiple progress notes.

5. What needs to be on a group sign-in sheet?

The State requires that there be a group sign-in sheet for every group counseling session, which must include:

...continued on page 4

...continued from page 2

If a Substance Abuse Counselor's (SAC) certification expires, they are not allowed to provide services. It is your responsibility to ensure your staff are eligible to remain in the DMC-ODS provider network. Services that are submitted by expired counselors will be disallowed. Disallowed services must be credited back and re-entered as non-compliant.

This reminder also applies to LPHA's, please ensure your staffs' licenses do not expire. Reviewing your monthly DMC-ODS Network Provider Directory is a helpful way to double check LPHA's and SAC's credentials.

Important Deadlines:

- Administrative discharges need to be complete by the 20th day
- Annuals need to be complete at least 30 days prior to the client's admission anniversary
- Errors need to be corrected within 2 days

MOST COMMON ERROR...

When the CaLOMS admission record is NOT attached to the CaLOMS FIN (Financial Identification Number).

Remember to run your Client Error Detail Report (CEDR) and your Open Client Report!



- a. The typed or legibly printed name and signature of the LPHA(s) and/or counselor(s) conducting the counseling session. By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.
- b. The date of the counseling session.
- c. The topic of the counseling session.
- d. The start and end time of the counseling session.
- e. A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

Some Reminders

Don't forget that the face-to-face consultation between the non-LPHA and the LPHA at the time of assessment so that the LPHA can complete the diagnosis and case formulation section of the SUD Assessment form is required. Both the non-LPHA and the LPHA can document and bill for the time – be sure that the start and end times match! There is no face-to-face consultation required for the subsequent SUD Re-Assessment form or the Continuing Services Justification (CSJ). The LPHA still needs to complete the diagnosis and case formulation section, just as they did in the initial assessment. Of course, there is no penalty for having a consultation and this is a billable activity as long as it documents the clinical need for it.

For prenatal and postpartum clients, please be sure to address their specific needs as outlined in the Perinatal Treatment Guidelines. They may not necessarily be in a perinatal program, but regardless of the program, we must still abide by the Perinatal Treatment Guidelines. This includes making sure that treatment addresses areas such as relationships, sexual and physical abuse, and parenting.

Crisis Intervention is not the same as a risk assessment. Under the DMC-ODS, the definition of a crisis is an actual relapse or an unforeseen circumstance which presents an imminent threat of relapse. Any other situations that may appear to need immediate assistance or intervention would simply be considered individual counseling or case management (depending on whether the focus of the service is on de-escalating the client to stabilize through therapeutic means or coordinating care). For example, if the client is exhibiting danger to self and a risk assessment is completed by the primary counselor and determined that the psychiatric evaluation team must be called out. If related to substance use, it may be billable. If not, or if solely related to mental health, it would be non-billable.

