SUD Support Newsletter

Authority & Quality Improvement Services

April 2019

SUD Support Team

Azahar Lopez, PsyD, CHC
John Crump, LMFT
Joey Pham, Ph.D., LMFT
Emi Tanaka, LCSW
Erica Spencer, MS, HCM
Olga Gutierrez, MHS
Marsi Hartwell, Secretary

CONTACT
aqissudsupport@ochca.com
(714) 834-8805

Chart Review FINDINGS…

The State requires that the County have a system in place for internal monitoring of all county and county-contracted sites. The SST has been conducting chart reviews at various sites. Here are some of the most common issues seen that can result in recoupment:

- No valid treatment plans in place to authorize billing of services.
- Treatment plans being

…continued on page 2

WHAT'S NEW?

Spring is here! Before you know it, it will be June and that means…the State will be here reviewing the County. A good way to prepare is to review the requirements. As you know, 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 additional resources by visiting the "Providers" tab of the DMC-ODS website, here: http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers

Upcoming Documentation Trainings

- April 24th (1 day)*
- May 6th & 8th (fulfills ASAM B)
- May 22nd (1 day)*
- June 3rd & 5th (fulfills ASAM B)
- June 26th (1 day)*
- July 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.

…More FINDINGS:

…continued from page 1

completed late, resulting in gaps between valid treatment plans.

- Late or no signature on the treatment plan by the LPHA.
- No Re-Assessment or Continuing Services Justification completed at the necessary timeframes.
- Progress notes completed and signed beyond 7 calendar days.

CalOMS Reminders:

- Check your CalOMS error detail report and **make your corrections within 2 working days** in order to avoid late submissions.
- Use the CalOMS Open Client report to help you find outstanding admissions.
- CalOMS annual records should be completed within **30 days prior** to the **admission anniversary date**.
- Do not forget to start a CalOMS Admission record on the CalOMS FIN.
- Do not forget to start a CalOMS Discharge record.
- If you are submitting an administrative CalOMS Discharge record, you should be submitting an NOABD - Termination letter as well.

Documentation FAQ's

1. I am an AOD Counselor. When do I have to consult with the LPHA?

Since the State requires a diagnosis for billing services and only the LPHA is allowed to diagnose, if the AOD Counselor meets with the client for intake, there must be some contact with the LPHA to establish a working diagnosis. Therefore, a consultation (that does NOT need to be face-to-face) must take place on the same day as the intake. Both the AOD Counselor and the LPHA can document a billable case management note. If your agency or site has elected to just have one party document the encounter, it must be done by the LPHA. If an AOD Counselor is going to complete the psychosocial assessment (or the County's SUD Assessment), which requires the diagnosis and medical necessity to be established by the LPHA, there must be another consultation. This consultation MUST be face-to-face. Again, both parties can document the service as billable case management. Please make sure that the start and end times for the consultation match.

…continued on page 3

CalOMS Describes

Beneficiary LOC transition

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a pilot program offered in California and administered by counties who "opt in" to the "demonstration project." The State of California's Department of Health Care Services (DHCS) will review the multiple features of each county's ODS and determine the relative effectiveness in delivering substance use disorder (SUD) treatment services to beneficiaries. A primary goal of the DMC-ODS is to improve upon the effectiveness of service delivery, i.e. reducing beneficiary impairment and an increased efficiency in the use of tax dollars. One possible indicator of effective service delivery is an increase in the prevalence of beneficiary transitions between levels of care without gaps in services. As you might imagine and perhaps fear, the CalOMS is an already existing method

…continued on page 3

...continued from page 2

2. How can I bill for the weekly treatment team meeting we have where I discuss my clients?

DMC will not reimburse activities related to clinical supervision. Therefore, if it looks, sounds, and reads like a clinical supervision session (individual or group), it is advisable that you do not bill for this. If you have a 1:1 consultation with a peer counselor or clinician and the discussion is relevant to the client's treatment, it can be billed as a case management service. Both parties can bill as long as the start and end times match. The documentation should reflect the purpose and outcome of the consultation, making it clear that it is necessary for the client's treatment.

3. My client signed the treatment plan today. Will the next treatment plan update be due 90 days from today?

No. Treatment plan updates are every 90 calendar days from the date of the client's admission to treatment, not the date of signature. At the Outpatient Drug Free (ODF) and Intensive Outpatient Services (IOT) levels of care, the initial assessment and treatment plan are due within 30 calendar days from the date of the client's admission. If the treatment plan is signed on day 30, you do not have an additional 90 days until the next treatment plan update. You will actually only have 60 days because the clock starts at admission. If your initial treatment plan is late and it is completed on day 60, your next treatment plan update is in 30 days!

...continued from page 2

of capturing information on a beneficiary's transition ("transfer" in CalOMS terms) between levels of care. However, the CalOMS data is only helpful if providers enter accurate beneficiary information into the CalOMS database.

Here are two tips on how to use the CalOMS to help our ODS demonstrate how well we are doing in transitioning our beneficiaries throughout the levels of care in our network. One tip involves the CalOMS Admission record and the other tip brings us into the CalOMS Discharge record.

Question ADM-2, "Admission Transaction Type" in the CalOMS Admission record offers two answers: "Initial admission" and "Transfer or change in service." Select "Initial admission" when the beneficiary has not received SUD treatment services within the previous 30 days. This could be because the person never received SUD treatment in their lifetime or, for whatever reason, the beneficiary had a break in SUD services that was greater than 30 days. For example, a beneficiary who went through withdrawal management services might not have been ready, willing or able to transition into the next level of care during the discharge process.

The beneficiary perhaps returned to work and/or home but continued to suffer through cravings, continually disruptive interactions with family/friends/previous drug-using friends, or problems in other dimensions of life. When coming to the realization that those fine Motivational Interviewing interventions did actually take effect, the beneficiary will hopefully make contact with the ODS and request SUD services.

In this example, if the request for SUD services leads to an admission date within 30 days of discharging from withdrawal management services, the answer to ADM-2 would be "Transfer or change in service."

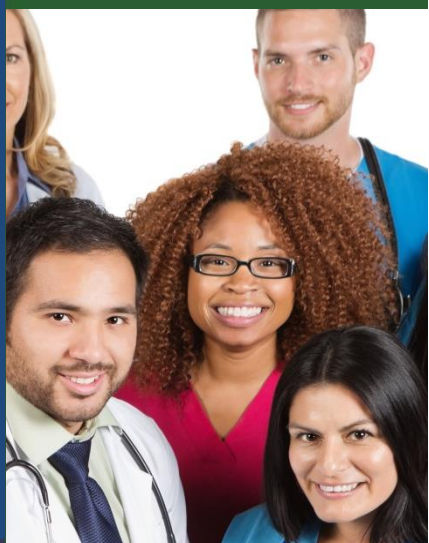
...continued on page 4

Reminders

- Don't forget to proof-read your documentation...be careful in using the same "format" or "template" for progress notes from client to client. This creates a ripe opportunity for errors. Some of the most common errors that are being observed are the wrong diagnosis, wrong pronouns ("he" instead of "she"), or the use of "canned" phrasing. If you are in the practice of using a particular format, please be sure that it is individualized to the client and check that it is the correct client!

- <u>Timelines for progress notes:</u> All progress notes are due within seven (7) calendar days from the date of the service. This means that the date of service counts as day one (1). Any notes completed and/or signed beyond

...continued on page 4



…continued from page 3

However, if just one more day goes by before the admission date, the response to CalOMS ADM-2 should include "Initial admission."

Question DIS-2, "Discharge status" in a standard CalOMS Discharge record gathers data in several treatment aspects depending on the type of discharge. These include 1) whether or not the beneficiary completed their treatment goals for that level of care, 2) if having left before completion, what type of treatment goal progress was made and 3) whether or not a referral to continue with SUD services at another SUD program occurred as part of the discharge process. Please select the appropriate discharge reason based on each element including your offering of a referral to a SUD treatment or recovery program. If the beneficiary refuses the referral, your selection should not change; it is your offering of the referral which is important to document.

The answer to this last element, the referral, is what helps the ODS demonstrate the attempt to aid the beneficiary in navigating to the next appropriate level of care and move onward in their recovery journey.

Currently, the CalOMS is the only statewide method of capturing this important data on how a beneficiary moves across the levels of care in SUD services. Your deliberate attention to accurately recording the beneficiary's answers to these two questions will be part of demonstrating how the DMC-ODS waiver is improving the quality and outcome of SUD treatment services. Thank you for taking care of our CalOMS data.

For Fun…

QIC Word Search

D	L	O	P	A	C	I	E	S	P	A	V	E	A
I	A	K	I	R	P	A	P	C	A	L	O	M	S
S	O	E	R	C	D	T	O	N	K	A	S	Y	R
O	R	L	N	A	E	E	O	C	M	C	U	P	O
R	E	U	O	C	C	T	C	C	D	F	R	M	T
G	F	R	A	S	E	S	A	E	E	P	M	U	I
A	S	L	B	L	D	M	A	R	A	C	R	R	N
N	N	A	D	S	R	Y	M	R	R	S	E	C	O
I	A	N	K	R	A	T	O	M	R	O	E	T	M
Z	R	I	R	S	E	Y	T	E	L	E	R	D	B
E	T	F	H	O	S	S	K	I	T	I	O	R	F
D	R	I	R	I	R	P	R	P	A	P	N	N	E
R	C	H	A	T	T	Y	K	A	T	H	I	E	S
A	U	A	R	N	A	G	S	P	E	N	C	E	R

TRANSFER
DECEASED
MCO
CalOMS
ORGANIZED
ERROR RATE
MONITOR
CAP
FINAL RULE
CEDR
PAVE
NOABD

MORE Reminders…

…continued from page 3

the seven (7) days must be made non-compliant and entered into IRIS as a non-compliant service.

- Are you consistently claiming 10 minutes for documentation minutes? Are all of your sessions 50 minutes? Remember to use actual minutes, not an estimate. The State has informed us that if a provider is regularly billing the same increment of time for service minutes and/or documentation minutes, this will raise a red flag for them! This also means that your start and end times would be to the minute (i.e., 9:03am, 5:17pm) rather than rounded to the nearest hour.

- Please pay attention to the proper sequence of documents. The treatment plan should never be completed before the assessment. The information needed to complete the assessment is what is used to develop the treatment plan. The State can argue that the treatment plan is invalid because it was not properly developed based on an examination of the client's needs. Similarly, the LPHA should not be signing the treatment plan before the assessment is reviewed and medical necessity has been established and documented. This means that the date of signature on the treatment plan should not be prior to the date of the documentation of medical necessity (or the case formulation, if using the County's SUD Assessment). It may happen on the same day, where the LPHA reviews the assessment and/or has the face-to-face consultation with the non-LPHA, the case formulation is documented/signed, and the treatment plan is reviewed/signed.