SUD Support Newsletter

Authority & Quality Improvement Services

September 2019

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CalOMS Network Error Rate	
Jan	17.7%
Feb	17.9%
Mar	9.5%
Apr	12.6%
May	9.6%
Jun	10.5%
Jul	9.4%
Aug	9.4%

WHAT'S NEW?

*****Correction*****

In the previous month's newsletter, it was stated that Residential programs require 7 clinical service hours per week. However, this is incorrect. The new requirement is for Residential programs to provide clients with, at minimum, **5 clinical service hours per week**. Please remember that clinical services include medically necessary individual and group counseling services (groups must not exceed 12 participants) that are properly documented within 7 calendar days of the service.

Upcoming Documentation Trainings

- October 23rd (1 day)*
- December 2nd & 4th (2 day)
- December 11th (1 day)*
- January 22nd (1 day)*

**Prerequisites: ASAM A and ASAM B*

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

Individual Counseling vs. Case Management for Assessment and Re-assessment

We have received clarification from the State on assessment and re-assessment activities that do not include the presence of the client. These assessment and re-assessment activities include completing the SUD Assessment or Re-Assessment form such as determining the severity ratings for each of the six dimensions, using clinical impressions to formulate the rationale for the indicated severity ratings, developing the diagnosis, and composing the case formulation to establish medical necessity. The State's direction is to bill these as individual counseling since they are all assessment-related activities. For those at the Residential levels of care, these activities would be part of your daily bundled rate.

In relation to the assessment or re-assessment, any consultation between the non-LPHA and LPHA can be billed as case management at any of the levels of care. Both parties can bill the same amount of time for the consultation, provided that the start and end times match. For all levels of care, the LPHA reviewing the SUD Assessment or Re-Assessment in preparation for the consultation or to be able to adequately document the basis for the client's diagnosis and severity of the impairments for medical necessity can be billed as case management.

Documentation FAQ's

1. **Will my progress note fail if I put the client's response in the intervention section of GIRP?**

No. The State does not require that the progress notes be written in a specific format. As far as the content of the narrative is concerned, the important part is documenting so that it is clear to the reader that appropriate clinical interventions were provided that addressed the client's treatment needs. The GIRP format is our guide for helping to organize the information to make sure we fulfill all requirements. It is less important where it is documented, as long as it is documented somewhere and makes sense!

2. **How much information is necessary in the Response section of a GIRP progress note?**

The Response section of a GIRP note is for how the client presented in the session. Specifically, there should be information about how the client responded to the clinical interventions you provided. This is to help illustrate how the client is or is not progressing in treatment. Be sure to include enough description to provide the reader with a good sense of how the session went. It is not enough to just have information from a mental status exam (such as the client's affect, mood, etc). Again, how did the client do with the interventions provided? This provides information about how the client is doing towards the treatment plan goals.

…continued on page 3

How do I know if Medication Assisted Treatment (MAT) is appropriate for my clients?

Decision about MAT must always be made between the patient and their health care provider. Counselors can have an important role in talking to clients about their options for MAT and talking about the client's concerns. Many factors determine what medication may work best, including:

. History of drug and alcohol use
. Treatment history
. Mental and physical health factors
. Family and community support
. Employment responsibilities

Counselors should work with clients on making a treatment plan with the client's goals in mind. Focusing on the client's goals can improve engagement in treatment and lead to better long-term recovery outcomes.

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3. Do I have to write everything that will go in the Assessment form on the progress note?

Not necessarily. There is nothing wrong with writing the same information that will go in the Assessment form in the progress note for the session where you obtained all of that information. If that is helpful for you when it comes time to complete the Assessment form, continue to do it that way. Otherwise, the progress note can indicate the general topic areas where the information was gathered. Remember that the progress note is to document the session and to account for the time. It should reflect how the session went overall in regards to the intended purpose of that session and be descriptive enough to justify the amount of time that is being claimed.

AQIS Clinical Supervision Reporting Form

It has been a year since the Clinical Supervision Requirements went into effect and AQIS has re-evaluated the process in order to identify areas for improvement. As a result, the AQIS Clinical Supervision Reporting Form was updated to capture additional pertinent information and to help streamline the workflow.

Here are the major updates:

1. Form Type: Select "New" when reporting a commencement of new clinical supervision term. Select "Information Update" when reporting any changes to existing clinical supervision record with AQIS (e.g., termination, changes to name or registration number, etc.).

2. DHCS Professional Licensing Waiver Status (Psychologists ONLY): Indicate "Yes" or "No" if applicable.

3. Reason for Termination: If reporting termination of clinical supervision, select a reason from the dropdown menu and follow the corresponding prompt.

As always, the form must be completed in full. The most current version of the AQIS Clinical Supervision Reporting Form is now available on the AQIS website or can be accessed by clicking the following link: Clinical Supervision Reporting Form

Training Required for Staff to Provide DMC-ODS Services

In order to begin providing services under the DMC-ODS, DHCS must be informed about your clinical staff.

This means…

- A "Supplemental Change Application" (formerly known as 6209 form) must be completed in PAVE by the SUD program to include any information needing to be added, changed or deleted from that program's DHCS PED profile.

- Your licensed staff (not the Associates) must complete a DHCS 6010 application, this is in addition to the DHCS 6209 application.

In order to begin billing for services provided under the DMC-ODS, staff must complete, at minimum, the ASAM A training.

If staff are going to provide and bill for any assessment services, staff must complete both ASAM A and ASAM B training.

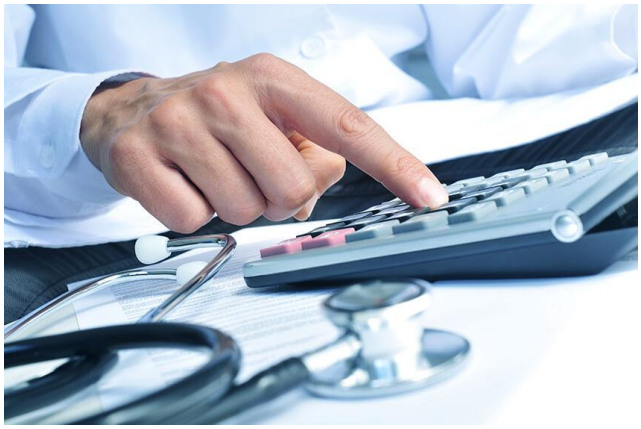
This matters because services provided by staff who do not have the required training and/or certifications will be disallowed.

Obtain an Annual Provider Training certificate or a New Provider Training certificate.

Billing Update

Previously, it was understood that Patient Education Groups can be billed even when there are more than 12 participants in attendance. We have received an update from DHCS that this is only true for the Intensive Outpatient Treatment (IOT) level of care. The State has informed us that there is no mechanism for billing any type of group that exceeds 12 participants at the Outpatient Drug Free (ODF) and Narcotic Treatment Program (NTP) levels of care. Therefore, any Patient Education Groups that are provided at ODF or NTP's must have no more than 12 participants in order to bill as a group service.

Please remember that Patient Education Groups are defined as "providing research based education on addiction, treatment, recovery and associated health risks." Typically, for the county clinics, this includes the HIV Education groups. For the IOT programs, please continue using the Patient Education Group codes. Please note, there is no change for Residential levels of care where Patient Education Groups can exceed 12 participants and still count towards the structured hours.



Beneficiary Access Line Reminder

Please remember, the Beneficiary Access Line (BAL) can be a valuable tool for beneficiaries who are looking for SUD services. The BAL is useful as it is 24/7 and can assist beneficiaries who are not sure of the most appropriate level of care for them. The BAL can also help assess and refer any of your beneficiaries who are requesting or may be in need of mental health services whether they appear to meet criteria for mild, moderate or severe mental health issues. The BAL telephone number is 800-723-8641.

OCLinks

Similarly, OCLinks is a helpful resource for providers and beneficiaries alike. OCLinks not only provides telephone and online support for anyone seeking information or linkage to any of BHS' services, it is also the DMC ODS Member Services provider. OCLinks is open between 8:00 a.m. and 6:00 p.m., Monday through Friday.

Orange County | Behavioral Health Information & Referrals
855-OC-Links
(625-4657)

Reminders

- Don't forget to include your credentials with your printed name and signature on documents in the client's chart. Both the printed name and signature should be legible.

- If a document in the client's chart has his or her diagnosis or diagnoses, please make sure that the code and descriptor MATCH! The State only requires the code for billing purposes. Therefore, documents in a client's chart only need to have the DSM-5 descriptors. If your site is in the practice of having BOTH, please double check to ensure that the code is appropriate to the descriptor. The DSM-5 code is used for documentation. The ICD-10 code is used only for billing.

- The State requires that LPHA's receive a minimum of 5 CEU's related to addiction medicine each year. This is one year from the LPHA's start date in DMC-ODS. For LPHA providing services as of July 1, 2018, the year goes until June 30, 2019. For those LPHA who came on board after July 1, 2018, the year is going to be based on the date of hire. If the State provides further guidance on this, we will let you know at that time.