

SUD Support Newsletter

Authority & Quality Improvement Services

April 2020

WHAT'S NEW?

COVID-19 has forced upon us many changes that have required us to be flexible to the rapidly changing environment. As you know, there have been several changes and updates since the Department of Health Care Services (DHCS) issued its first guidance in March as it relates to the provision of Drug Medi-Cal Organized Delivery System (DMC-ODS) services. We, on the Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST), thank you for your patience and understanding as we all navigate this new territory together. We will continue to address and highlight the most current information in this newsletter as well as general documentation issues. Please remember that you can always send inquiries to AQISSUDSUPPORT@ochca.com. If you send any sample documents for review, such as progress notes or treatment plans, please be sure to remove any patient identifying information.

Please note that due to the State's ongoing monitoring of the COVID-19 situation, there will likely be further changes and updates as the days go on. You will be informed of future changes as the need arises.



Upcoming Documentation Trainings

- May 27th (1 day)*
- June 8th & 10th (2 day)
- June 24th (1 day)*

**Prerequisites: ASAM A and ASAM B*

Until further notice, all SST Documentation Trainings will be provided via Go-To Meeting to ensure the health and safety of all.

To sign up, e-mail us at AQISSUDSupport@ochca.com. For county staff, Training Partner is no longer in use. Please send an e-mail.

SUD Support Team

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UPDATES

In the previous month's newsletter (March 2020), it was announced that a new assessment would be needed for clients admitting to Recovery Services. However, we have received clarification from the State regarding the use of assessments across different levels of care within the same provider. We are allowed to continue using the assessment document completed at one level of care, to open the client at the next level of care within the same provider, as long as it

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..UPDATES

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contains the pertinent information. If you are utilizing the County's SUD Re-Assessment form to justify the client's readiness for discharge from your Outpatient Drug Free (ODF) level of care, for example, this same form can be used to justify the medical necessity for the client admitting to Recovery Services. The Licensed Practitioner of the Healing Arts (LPHA) will need to document the basis for the client's diagnosis and how he or she meets medical necessity for Recovery Services. Additionally, we will need to make sure that the document used as the initial assessment for Recovery Services, contains the State's required psychosocial assessment elements (drug/alcohol use history, medical history, family history, psychiatric/psychological history, social/recreational history, financial status/history, educational history, employment history, criminal history, legal status, and previous SUD treatment history). A new treatment/recovery plan is required.

Another update is regarding the consultation between the non-LPHA and LPHA for assessment (diagnosis and case formulation). Previously, this consultation was required to be conducted face-to-face (in person) or by telehealth. It is now permissible for the consultation between the non-LPHA and LPHA to be conducted by telephone as well. This does not change the documentation requirement. There still must be evidence of this consultation taking place (either in a stand-alone progress note if billing or noted in the case formulation by the LPHA if not billing). The documentation should indicate whether the consultation was face-to-face, telehealth, or by telephone.



Documentation

FAQ'S

1. I am using the SUD Re-Assessment for my client who is going from ODF to Recovery Services. How do I make sure to incorporate the required assessment elements?

You may reference the Initial SUD Assessment, if the relevant information has been captured at that time and it has not changed. You will still want to include updates to any information because changes in functioning must also be considered for determining the client's current risk in each dimension. For example, information in Dimension 1 might read, "See client's past drug/alcohol use history in SUD Assessment dated 1/5/2020. Client has been able to abstain from alcohol use (weekly negative drug testing) throughout time in ODF and has been sober for a total of 4 months. Client does not exhibit or endorse any intoxication or withdrawal symptoms."

For information that has not changed and is not impacting the client's severity in functioning in a particular dimension, this should be noted. For example, if there have been no changes to the client's highest level of education from the time of the

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Check Yourself, Before...

Have the last 3 treatment plans for your client looked like carbon copies?

If you are updating your treatment plans every ninety (90) days in conjunction with an SUD Re-Assessment or Continuing Services Justification (CSJ) for the Intensive Outpatient or ODF levels of care, that updated treatment plan should be reflective of the information contained in those Re-Assessments or CSJ's. It's possible that your client may have made little or no progress towards goals, but we need to demonstrate that we have done our professional duty to consider what we may need to do differently. It may be that the goal just needs minor adjustments like striving to implement the use of two (2) coping skills instead of five (5). Perhaps it's the same goal, but we need to modify the action step for individual counseling to focus on addressing the strain in the client's relationship with their family of origin that is at the root of their substance use rather than general education about healthy relationships in recovery. Or maybe we need to increase the frequency of one-on-one sessions because there is now an additional stressor of having moved to a new sober living, causing greater anxiety and ambivalence.

Documentation FAQ's (continued)

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initial assessment in ODF to admission in Recovery Services, it may be documented as, "No changes in client's education since admission to treatment. See client's educational history in SUD Assessment dated 1/5/2020."

2. We didn't include the assessment elements in the SUD Re-Assessment in the past! Why do we need to now and will my past SUD Re-Assessments fail?

The change results from a DHCS audit where the feedback included missing information on the SUD Assessments. The State has emphasized that the following information must be included: drug/alcohol use history, medical history, family history, psychiatric/psychological history, social/recreational history, financial status/history, educational history, employment history, criminal history, legal status, and previous SUD treatment history. This is for all assessments. Therefore, if we are using the SUD Re-Assessment form to fulfill the requirement for an Initial Assessment at the next level of care, that document must also include those elements. We will make the change going forward. For the County's clinical chart reviews, assessments that are missing the elements will not fail during the AQIS reviews. However, those documents are open to scrutiny by the State and are susceptible to recoupment. Although assessments prior to May 2020 are also subject to this requirement, the hope is that the State will acknowledge that we have made the necessary change based on their feedback.

3. I am a license-waivered LPHA consulting with the supervising LPHA. Can I bill for the consultation?

No. The State does not allow us to bill for clinical supervision because it is the expectation that this is part of the standard business practice of each program to be providing adequate clinical supervision of its staff. A good rule of thumb is that if the documentation appears to read like a clinical supervision session, it should not be billed. In cases of crisis, where consultation outside of clinical supervision is necessary, be sure to clearly document the purpose and need for the consultation to ensure the client's safety related to SUD. It will be very rare for a clinical discussion between supervisor and supervisee to also be considered a billable clinical service.

RECOVERY SERVICES

We have received clarification on discharging clients in Recovery Services when there has been 30 or more days of no face-to-face contact.

Typically, clients in ODF and IOT must be discharged from treatment if there has been no face-to-face contact for 30 days. This does not apply to Recovery Services. If clients meet medical necessity to receive Recovery Services, the episode of care may remain open.

Additionally, the NOABD requirements that typically coincide with clients being discharged from treatment for no face-to-face for 30 days, do not apply to Recovery Services in this case.

The State emphasizes that it is important for clients to have access to support as needed after treatment and Recovery Services are designed to promote long-term engagement in recovery.

Documentation Reminders...

- LPHA's completing the entire SUD Assessment or Re-Assessment, do not need to complete the "Counselor Recommendation" section. Simply write "N/A" or "see Case Formulation" as the information will all be contained in the Case Formulation. It is advised that the LPHA sign the page with the Counselor's Recommendation to make it clear to an auditor who completed dimensions 1-6 and the placement summary.
- Any changes or edits to documentation require the provider's initials and date of change. This includes situations like progress notes that have already been printed, but documentation start/end time was forgotten so it was added by hand. It must be accompanied by your initials/date.
- Discharge Plans should be signed by you and the client on the date of discharge. If you have not been doing so, please be sure to sign the Discharge Plan with the client on the date of discharge. Discharge Plans can be started and worked on at any time, but the State's expectation is that the Discharge Plan is completed for those clients who have a known discharge date so they are looking for it to be signed by the client on the date of their discharge.

COVID-19 & Documentation

How might COVID-19 impact the assessment of an individual for SUD treatment?

Here are a few areas to consider:

Dimension 2 – Undoubtedly COVID-19 has impacted the ability for our clients to seek and access medical or health care needs. But what other changes might be happening in regards to taking care of health needs during this time? Have there been changes in adherence to prescribed medications or changes in perspective or attitude in regards to taking care of one's physical health in recovery? Are there new physical symptoms or issues? How might these changes impact the client's ability to stay sober?

Dimension 3 – If the client has pre-existing mental health issues, has COVID-19 brought on any increases in symptomatology? How about greater anxiety or depression? If the client never reported having difficulties with his/her mental health, are they now experiencing new symptoms? How is the client coping with his/her mental health issues amidst the uncertainty of the pandemic and what might be the increased risk for return to substance use?

Dimension 4 – Has the "stay at home" order impacted the client's motivation to engage in treatment? Has dealing with changes due to COVID-19 lessened or heightened the client's motivation to stay sober? What are the factors that are creating barriers to the client's level of engagement in treatment and in maintaining sobriety?

Dimension 5 – Has the public health situation increased the likelihood that the client will relapse? What might be some new relapse triggers (i.e., not being able to attend in-person self-help meetings or see their sponsor regularly, not being able to access a place that was a refuge or comfort for the client, increased financial stress due to changes in employment or ability to gain employment, increased conflict with family members due to increased interaction, etc.)?

Dimension 6 – As mentioned for Dimension 5, there may be significant changes in the client's environment such as financial situation, employment status, and family/interpersonal relationships. There may also be changes in general day-to-day activities. What was once a familiar and safe routine that offered stability and consistency is perhaps no longer the norm. How might even these small changes put the client at risk in terms of maintaining sobriety?

- Groups during COVID-19 are still limited to two (2) to twelve (12) participants, with at least one Medical beneficiary present.
- Be sure to document the inability to obtain signatures on documents (such as admission agreement, treatment plans, etc.) as related to COVID-19. The expectation is that once the public health emergency is over and the client is able to be seen in person, signatures will be obtained at that time. It is advised that the first, in person encounter with the client upon return to the clinic be an individual counseling session to ensure that all necessary signatures are obtained. An individual counseling session is also clinically indicated to assess for any changes in the client's presentation or functioning and re-establish his or her course of treatment.

Please keep in mind that information contained on this page is specific to the COVID-19 pandemic and may be subject to change under normal operations.

Refer to the following documents for more detailed information:

COVID-19 SUD Support Telehealth Guidance Final 4.2.2020

CORRECTED COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.7.2020

COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.13.2020 (Guidance Memo #3)

COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.23.2020 (Guidance Memo #4)

Updates will be provided periodically. You can also find more resources on the DHCS COVID-19 Response page, found here:

<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>

Group Sign-In Sheets During COVID-19:

Print the client's full name and in place of his or her signature, write "[client's name] - verbal consent given on (date)," followed by the initials of the staff who obtained the consent. The staff initials should be the same as the counselor's printed name and signature on the sign-in sheet. If staff other than the counselor who facilitated the group obtains the client's consent, the full name of the staff should be documented.

*Example (Group facilitator obtained consent):

John Smith - verbal consent given on 04/23/2020 - AP

*Example (Staff other than group facilitator obtained consent):

John Smith - verbal consent given on 04/23/2020 - Susan Brown

