

SUD

Support Newsletter

Authority & Quality Improvement Services

September 2020

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UPDATES

- As announced in the August Quality Improvement Coordinator (QIC) Meeting, we have received information from the State that missing any of the required assessment elements in an Initial Assessment will result in recoupment of services. Therefore, effective **9/1/2020**, any Initial Assessments reviewed

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WHAT'S NEW?

Orange County's Drug Medi-Cal Organized Delivery System (DMC-ODS) received its second review by the External Quality Review Organization (EQRO), which took place from 9/9-9/11/2020. The EQRO is a third-party reviewer that helps us to maintain quality of care and service provided by evaluating data, procedures, performance measures, and activities within the system, as well as looking at improvements and changes from the previous year.

This year's review was conducted virtually due to the COVID-19 public health emergency. Several sessions were held in which the county presented information on such topics as timeliness of services, continuum of care implementation, and our information systems. Focus groups were also conducted, where reviewers had the opportunity to discuss and explore both providers' and beneficiaries' experiences with the DMC-ODS. Now that the review is complete, the EQRO will be sending the results and findings from their visit. With this information, we will be able to see our strengths and areas of improvement, which is vital for us to learn from in order to ensure that the DMC-ODS may continue to provide quality services to those we serve.

The AQIS SST would like to give sincere thanks to all those who have participated in the review process!



Upcoming Documentation Trainings

- September 23rd*

*Prerequisites: ASAMA and ASAM B

Until further notice, all SST Documentation Trainings will be provided via online 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.

Coming soon...

We are working on posting the SST Documentation Training online for easier access!

during an SST Clinical Chart Review that do not contain the required assessment elements will not be valid. This means that any services that are claimed based on that Initial Assessment will need to be made non-compliant. Once there is an updated Initial Assessment completed with all of the required elements in place, services can be billed going forward. The required elements are:

- 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

What about the Continuing Services Justification (CSJ) or Re-Assessment? The recommendation is for the above 10 elements to be addressed in the CSJ at the Intensive Outpatient Treatment (IOT) and Outpatient Drug Free (ODF) levels of care and the Re-Assessment at the Residential Treatment Services level of care. However, if the elements have been previously addressed elsewhere (i.e., SUD Assessment or Initial Assessment), it is sufficient to refer to that document. For example, "No changes with client's family mental health and substance use history. See SUD Assessment dated 1/3/2020."



Documentation FAQ

1. **Oops, I forgot to sign the progress note that I completed and printed out, but it is now more than 7 days from the date of service. What should I do?**

The rendering provider should sign the progress note at the point in which it is discovered that the signature was missing, date it for the date of correction, and indicate "late entry." This is to demonstrate that the progress note documentation was completed in a timely manner, but the signature was missing. In a clinical chart review by SST, the service may continue to be a billable service at this time. However, please remember that the State may recoup for progress notes that are not signed within seven (7) calendar days of the service, even if it was completed. If the rendering provider is no longer with the agency, the note must be made non-compliant.

2. **I received the SUD Re-Assessment from the client's previous provider, but it doesn't look**

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Authorization To Disclose (ATD)

As you know, SUD programs are bound by strict confidentiality and privacy laws under 42 Code of Federal Regulations (CFR), Part 2. This law applies to all programs who hold themselves out to be SUD treatment or referrals programs when they receive any type of Federal Funding, direct or indirect. 42 CFR, Part 2 makes it necessary to obtain written authorization from a person to be referred for SUD treatment. This requirement makes it more challenging to provide coordination of care when beneficiaries are first entering into the DMC-ODS. To alleviate this barrier, the County of Orange developed what is known as the "DMC-ODS ATD" for use within its county operated programs. This form has been made available for contracted providers to review as a sample and to help them determine if a similar solution would be appropriate for them. The form made available to contracted providers is only an example, and it is not required to be used. Here are a few things to remember about the DMC-ODS ATD and ATD in general.

- Signing at ATD is always voluntary
- The DMC-ODS ATD is only to be used to facilitate referral and coordination of care when a specific provider is not identified
- If a disclosure or exchange of information must be made with a known provider, a general use ATD must be used
- When using the DMC-ODS ATD, the user should always refer to the accompanying user guide for instructions

Documentation

FAQ (continued)

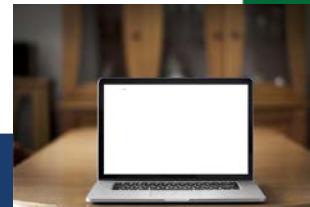
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like it has everything it needs to meet the requirement for an Initial Assessment. Can I still use it?

Remember that when reviewing an assessment document from the previous provider, you will want to look for pieces of information that can be used to support the diagnosis, medical necessity, and the appropriate level of care at your program, in addition to the 10 required elements of an Initial Assessment. Therefore, if the assessment document contains any information that will be helpful for this purpose, the document can still be utilized. The receiving provider should complete a blank SUD Assessment with the information that was missing from the previous provider's version and reference all other pertinent information. For example, "See client's current family relationship status information in SUD Re-Assessment from Provider X dated 8/29/20. Client reports that there is no family history of mental health but his sister has been in and out of substance use treatment for the past 10 years."

3. How should I document coordination of physical health care?

Aside from assisting the client with obtaining a physical exam, we must also remember to consider other physical health care needs that the client may present with. This information would likely have been captured in Dimension 2 of the SUD Assessment or Re-Assessment. The client may need intervention for linkages to medical services, ensuring access to necessary services, or assistance with following up with or communicating with existing health care providers on current health concerns or pre-existing conditions impacted by substance use. These would be considered Case Management activities that need to be authorized on the client's treatment plan. When these issues are addressed in a one-on-one session with the client, the documentation should be made in a Case Management progress note. Of course, there are many instances where the client may develop physical health care needs during the course of treatment that was not part of the initial assessment. Remember that it is appropriate to address such needs without a goal on the treatment plan as long as the service is medically necessary and the progress note demonstrates this. If it is going to be more than a one-time issue, it should be added to the treatment plan or documented in the progress note that it will be added at the next treatment plan update.



Tips on Monitoring Progress

Monitoring progress is a Case Management activity, but what does it actually entail? Here are a few situations where monitoring progress may be necessary:

- Follow up on the client's actions pertaining to a resource/referral that was given
- Follow up on the status of obtaining a physical exam
- Follow up on the coordination efforts for physical or mental health care
- Checking in with the client regarding recent functioning (such as management of cravings, triggers, use of coping strategies)
- Obtaining the client's self-report of progress or lack of progress towards goals

You can make it a point to add monitoring progress to a Case Management action step on the treatment plan!

Telehealth Reminders...

If you have not been doing so, please remember to include the following information in each of your progress notes when services are provided via telehealth:

1. Indicate that the beneficiary was in California
2. Indicate that the provider was in California
3. Indicate that consent for telehealth services was obtained

Example: "Counselor contacted client via telehealth platform ABC from office in Santa Ana. Counselor obtained client consent for service to be conducted by telehealth on this day and confirmed that the client was at his residence, in the state of California."

For example, perhaps you intend to follow up on the client's progress in seeking and maintaining consistent involvement in self-help meetings:

"Counselor will provide Case Management as needed to link client to local self-help meetings (i.e., NA) and monitor engagement in efforts to expand sober support."

DMC~ODS REQUIRED TRAINING

What are the newly clarified required trainings?

- ✓ **ASAM I & II** – Required of all providers if they are providing any services for DMC-ODS beneficiaries. The only exception are for the MD/Physician who can be waived when they are Board Certified with Addiction as their sub-specialty. ASAM I & II only needs to be completed once during the providers' tenure and providers may hold on to their certificates if they are transferring from one program to another.
- ✓ **Two (2) Evidence-Based Practices (EBP)** – Required of all providers annually. There is no set requirement for length of time the training should be. Courses include Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Treatment, Psychoeducation, Relapse Prevention.
Motivational Interviewing – All providers must complete Motivational Interviewing at least once during their tenure. Motivational Interviewing is an EBP that may count towards one of the required EBP's. However, it may only be counted once for the year.
We encourage all providers to seek training in EBP that offers continuing education credits. However, this is not required at this time.
- ✓ **5 CEU/CME in addiction** – Required of all providers, except Alcohol and Drug (AOD) Counselors, annually. Any CEU/CME may offer dual credit, if appropriate. For example, the ASAM I or II modules may count towards the 5 CEU/CME and fulfill the requirement for completing the ASAM I & II for that year.
- ✓ **Cultural Competence Training** – Required of all individual providers annually.
- ✓ **Annual Provider Training** – Required of all individual providers annually.
- ✓ **SST SUD Documentation Training** – Required at least once for all providers, with the opportunity to have refresher courses as needed. It addresses the County and the State's standards surrounding DMC-ODS documentation.
- ✓ **Annual Compliance Training** – Required of all providers annually. Contracted providers may fulfill this requirement as stated in their agreement with the County.

Monitoring to these training requirements is effective as of 10/01/2020.

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 and previous issues of this newsletter (SUDsies) by visiting the "Providers" tab of the DMC-ODS website, here: http://www.ochca.org/bhs/about/aqis/dmc_ods/providers

Do you have suggestions for questions or information you would like to see addressed in a SUD Newsletter? E-mail us your thoughts at
AQISSUDSUPPORT@ochca.com

Required Trainings Q & A

Q: Can an LPHA who attended a course that offered CEU/CME, teach it to another provider and have it count?

A: For a course that offers CEU/CME, a designated staff (such as an LPHA) who attended the course cannot teach it to another provider and have it count towards the required CEU/CME because that staff does not have the accreditation to provide training on the CEU/CME course to another provider.

Q: If the title or description of the CEU/CME course contains substance use, does it count for the required class in addiction?

A: At this time, there is no specific guidance to what does or does not count as an addiction CEU/CME. SST does not make this determination, as the State may determine otherwise. This is left up to the provider's clinical judgment. Providers should be mindful that the idea is for the CEU/CME course to help improve the provider's ability to deliver quality treatment services that effectively treat substance use disorders.

Q: Some trainings require a license or certification number in order to issue CEU/CME. Will this course count for the unlicensed LPHA and non LPHA staff?

A: Yes. As long as the training offers the required content for the provider type, the class will count.

Q: Is the Medical Director required to take Documentation training?

A: The MD is not required to take the SUD documentation training; however, the MD is welcome to attend. We encourage MD to take advantage of this course as it will help them understand their program's staff's work even better.

