

SUD

Support Newsletter

Authority & Quality Improvement Services

November 2020

WHAT'S NEW?

SUD Support Team

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Do you know about the Substance Use Disorder (SUD) Peer Mentor Program for Adults? Phoenix House of Orange County now provides an opportunity for those in recovery to receive an additional layer of support and mentorship. Beneficiaries, who may even be enrolled in other programs, will be connected with a peer mentor who can help guide the beneficiary through the system of care to ensure access to community resources and reintegration into the larger community. In conjunction with substance abuse counselors, beneficiaries will be able to receive case management assistance as well as individual and group support from mentors. For more information, contact Phoenix House at (714) 953-9373.

If you are a provider working with a beneficiary who might benefit from this extra support, complete an SUD Peer Mentoring Linkage Form and submit it secure or encrypted, along with a signed Authorization to Disclose (ATD), to Phoenix House at OCAdmissions@phoenixhouseca.org.



Upcoming Documentation Training

- December 9th*

*Prerequisites: ASAMA and ASAMB

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...

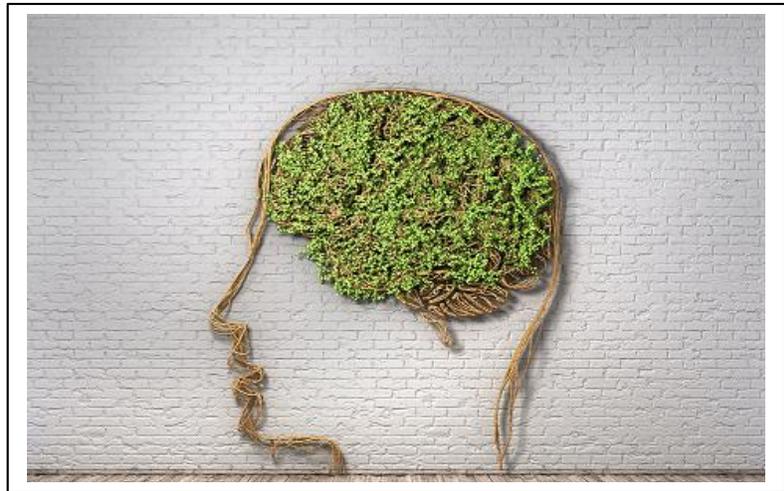
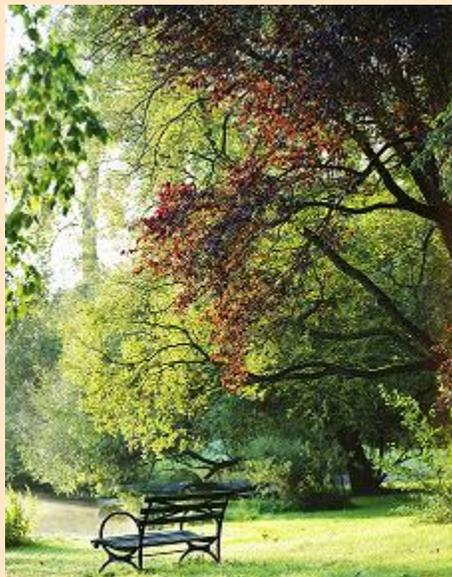
We are working on posting the SST Documentation Training online for easier access!

UPDATES

- For Telehealth services - **In documenting the confirmation of the client's presence in California for services provided via telehealth, please be explicit.** Rather than using statements such as "provider confirmed client's location" or "provider confirmed client's address," the documentation should state that the provider

confirmed that the client’s location was in California. For example, “Provider confirmed that client is receiving this telehealth service in his home in Santa Ana, CA” or “Provider confirmed that client’s location is in CA.”

- It is now **permissible for the disclosure of information to occur when the Authorization to Disclose (ATD) is only able to identify the entity/agency and not the specific individual associated with the entity/agency, if the information is not known.** For example, if the client reports that they do not have the name of their assigned probation officer, an ATD signed by the client to disclose information to the “OC Department of Probation” would still allow for communication and coordination about the client’s treatment. When a specific individual is known, it is best practice to identify it clearly on the ATD.



Documentation FAQ

1. My client states that a physical exam was completed a few months ago. I will work on obtaining a copy of the physical exam, but do I need to put it on the treatment plan?

Yes, otherwise any case management services billed to coordinate obtaining that physical exam copy would be susceptible for recoupment because it was not an authorized service on the treatment plan. Therefore, if your client has already completed a physical exam within the previous 12 months, the goal on the treatment plan should be for the client to provide a copy of it. The associated action steps could then authorize case management to monitor client’s progress with providing a copy and/or coordinating with the client’s health care provider to obtain a copy, if necessary.

2. The County’s Discharge Summary form states that there is required information needed for the “Discharge Summary Details” section (“summary must include a description of

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Notice of Adverse Benefit Determination (NOABD) Reminders

- Due to Managed Care Support Team (MCST) staff working remotely, please send all NOABDS via secure e-mail to the AQISgrievance@ochca.com, instead of faxing them.
- When sending in a NOABD correction, please make sure to attach the correction notice sent to the patient as well, via secure e-mail at AQISgrievance@ochca.com.
- Same day Termination NOABD require a signed statement from the beneficiary that they are in agreement with the termination date. Reach out to the MCST for clarification about the required language for this type of NOABD.
- Please be sure to place your initials next to each of the enclosure items at the end of the NOABD letter to indicate that they have been included in the letter sent to the beneficiary.

If you have any questions about NOABDs, please contact Esmi Carroll, LCSW or Jennifer Fernandez, MSW at (714) 834-5601.

Documentation FAQ (continued)

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services including the current alcohol/drug usage, vocational/education achievements, legal status, reason for discharge and whether discharge was involuntary or successful completion, etc.”). Is this a State requirement?

No. The State requirement for a discharge summary is the client’s length of stay (based on admission and discharge dates), reason for discharge, client’s prognosis, and a treatment summary narrative. The “Discharge Summary Details” portion of the County’s Discharge Summary would fulfill the State’s requirement for a treatment summary narrative. The State does not provide explicit guidance on what type of information must be included in the narrative. If you are using the County’s Discharge Summary form, please use the prompt as a guide for the type of information that would be pertinent to include. In general, the narrative should give a good picture of what services the client received and how the client responded to treatment (such as progress towards treatment plan goals). If the client is transitioning to another program or level of care, it should include ongoing areas of need and treatment recommendations for the purpose of continuity of care. If the discharge summary is for an unplanned discharge and time spent completing the discharge process will be billed, please also include how the time was utilized to justify the billing. As a reminder for contract providers, you may use your own agency/program’s discharge summary form.

3. I assessed a client who is appropriate for the Residential level of care, but she has refused. When offered the option of the Intensive Outpatient or Outpatient Drug Free, the client requested to only go to Recovery Services. Can the client receive Recovery Services?

No. Enrollment in Recovery Services is available only for those who have completed their course of treatment. So if this client has never received treatment and is appropriate for Residential, she would not qualify. Clients enrolled in Recovery Services must also be in remission for their substance use disorder diagnosis.

Test Your DMC-ODS Knowledge

What are all of the requirements for a treatment plan?

- Problems, goals, action steps, target dates
- A statement of problems, goals, action steps, target dates, a description of services (type of service and frequency), primary counselor’s name, client’s diagnosis(es)
- Whatever the client wants to work on
- A statement of problems, goals, action steps, target dates, a description of services (type of service and frequency), primary counselor’s name, client’s diagnosis(es), physical exam goal (if applicable), medical issues goal (if applicable)

Zero Risk Ratings for Recovery Services...

Is your assessment of a client for Recovery Services showing risk ratings of “0” in all six dimensions of the ASAM criteria?

Some things to keep in mind:

- For DMC-ODS, clients in Recovery Services must still meet medical necessity. This means that there must be some degree of impairment necessitating the services that are provided in Recovery Services. Typically, the one area of concern for all of our clients is going to be the potential for relapse, regardless of how long they have been abstinent. So, it would be appropriate for the client to present with a “1” risk rating in Dimension 5 for relapse potential.
- If, by selecting a “0” risk rating, you are saying that the client is at very low risk, this needs to be made clear in the documentation. The “0” risk rating can be used to indicate that the client presents with no risk because he or she does not have any problems in this area or that the problems are stable and able to be managed independently (very low or no risk). It may make sense for a client

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Physical Signatures on Documents

During the COVID-19 public health emergency, most providers are obtaining verbal consent from the client to participate in treatment services with the intent of obtaining a physical signature at a later time. When it is time for the client to provide his or her physical signature, please do not have them backdate their signature. For example, if verbal consent for treatment is obtained on 4/14/20, the informed consent should indicate this (e.g., “client’s verbal consent was obtained on 4/14/20 due to COVID-19 restrictions),” which should also correspond with the progress note of the interaction with the client where this was discussed. When the client presents to the site at a later date and is able to sign, he/she should *date their signature for the date when the physical signature is provided*, not when verbal consent was given. The clearest way to do this would be to have the client sign a new informed consent form. In this case, the client’s chart would have the informed consent indicating verbal consent was obtained and another informed consent for when the physical signature was obtained. Below are examples of how this can be clearly documented:

Option 1 (one consent form):

<u>Tom Cruise</u>	<u>11/20/20</u>
Client Signature	Date of Signature
Verbal consent obtained due to COVID-19 on 4/14/20	

Option 2 (two consent forms):

<u>Verbal consent obtained due to COVID-19</u>	<u>4/14/20</u>
Client Signature	Date of Signature

<u>Tom Cruise</u>	<u>11/20/20</u>
Client Signature	Date of Signature

*In both instances, there would be documentation on 4/14/20 of a progress note that identifies that the verbal consent was obtained and documentation on 11/20/20 of a progress note describing an encounter with the client where he/she was able to physically sign the consent form.

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.ochealthinfo.com/bhs/about/agis/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

Zero Risk Ratings for Recovery Services...

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appropriate for Recovery Services to be at the point in his or her recovery that most issues are resolved or are managed without the need for treatment interventions. Most of the work done at Recovery Services will involve helping the client to maintain the gains that have been made in treatment. Therefore, the assessment should clearly describe those areas in which the client needs monitoring and support so that the client is able to maintain sobriety. Use the client’s history and potential barriers to maintaining abstinence as the items that a provider would want to address with the client. It is helpful to consider how the client would benefit from being in Recovery Services or why you feel there is a clinical need for the client to be enrolled in Recovery.

- If your assessment indicates all dimensions at a risk rating of “0” and the documentation reads like the client no longer has any problems in those areas, there is no medical necessity for Recovery Services.

As you can see, it will come down to your documentation – how are you explaining the client’s needs and what are you saying needs to be provided to help this client at this point in his or her recovery?