SUD Support Newsletter

Authority & Quality Improvement Services

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SUD Support Team

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UPDATES

- In the November Quality Improvement Coordinators' (QIC) Meeting, there was a reminder about the need for the frequency of services to be identified on the treatment plan. For clarification, **Case Management is the only type of service that may indicate "as needed" for the frequency.** Of course, if it is known how often the Case Management

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WHAT'S NEW?

As we draw near the end of the year and reflect on all that has happened, it is without a doubt that 2020 has been quite a difficult year. The abrupt and unpredictable changes brought on by COVID-19 has forced us all to adjust our work practices and the way in which we serve our beneficiaries. We, at the Authority and Quality Improvement Services (AQIS) Substance Use Disorder (SUD) Support Team, would like to take this opportunity to thank you for all of your hard work in ensuring that our beneficiaries continue to receive the quality of care that they need. We understand that it has not been easy to adapt while trying to maintain compliance with all of the State's requirements for the Drug Medi-Cal Organized Delivery System (DMC-ODS) and appreciate you allowing us to work alongside you. It has been our pleasure to work with you and we look forward to what is ahead in the New Year!

As always, we are here to support you as much as we can. If you have any questions or concerns, please feel free to reach out to us at AQISSUDSUPPORT@ochca.com.

Upcoming Documentation Training

- January 27th*

**Prerequisites: ASAM A 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.

Coming soon...

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

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service will be provided, this can be specified (e.g., 1-2x/month, 1/week, etc.). All other services (Individual Counseling and Group Counseling) must have a specific frequency or range that is expected to be provided.

- In the September SUD Newsletter, it was explained that trainings for CEU/CME being provided by staff who attend the formal training and bring back the material to train others, is not permissible. But what about Evidence Based Practices (EBP's), since it is not required for staff to attain CEU/CME for it to count as one of the required EBP's? **There is no specific regulation that makes it explicit that providers cannot attend an EBP training and bring back the material to train other staff at his or her site. However, it is not the SST's recommendation, nor is it best practice to do so, because that provider has not been granted permission or designated as a certified instructor for that EBP.** If you are contemplating bringing back an EBP to train your staff, please consider contacting the facilitator(s) of the formal EBP to confirm that it is permissible for an individual who attends the training to take the information back to their respective sites for training other staff. In some cases, EBP's have stringent fidelity guidelines that may prohibit such practices.

Documentation FAQ

1. My position is a "Case Manager", and I have my Alcohol or Drug (AOD) Counselor Certification. This means that everything I bill for in the DMC-ODS should be "Case Management," right?

No. The billing code that is used for DMC-ODS is dependent on the type of activity that is conducted, not on your role or position. Just because you are a case manager does not mean that all of the services you provide are considered case management. For example, if you conduct a one-on-one session with the client to process the client's recent triggers and possible coping skills that may be needed to address similar situations in the future, the service provided is Individual Counseling. If you have a session to meet with a new client to gather information necessary for assessing his or her treatment needs, the service provided is Individual Counseling. On the other hand, Case Management could be billed if you are providing such services as linkages to community resources, assistance with facilitating and ensuring access for transfers or transitions across programs, coordinating with other professionals involved in the client's treatment, consultations with members of the treatment team, and review of documents

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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 AQISgreivance@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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relevant to the client's treatment. Check with your organization's Human Resources to determine if anything in your job classification limits the types of services you can provide.

2. I would like to refer my client to the SUD Peer Mentor Program for Adults that is now available at Phoenix House. Can I bill case management?

Yes. The time you spend with your clients to introduce them to the availability of the program and to provide information on its components as well as to discuss their level of interest and how it may benefit their overall treatment is a billable Case Management activity. If you obtain a signed Authorization to Disclose (ATD) from a client to contact Phoenix House to discuss possible enrollment, including how the client meets the criteria for participation, obtaining information about how any areas of concern for the particular client may be addressed by the program, and beginning the referral process is a billable Case Management activity. As with all Case Management services that are billed, ensure that the documentation clearly indicates the purpose and need for the activity as well as the outcome.

2. I spent time working on the assessment document for 30 minutes, without the client present, and continued the following day for 15 minutes. Can I put both of the services on one note for a total of 45 minutes?

No. Since the services were provided on different days, there needs to be a progress note for each date of service. If activities that fall under the same type of service were provided on the same day, they can be documented together on one progress note. For example, if you meet one-on-one with a client to obtain information about his or her current living situation and sober supports and later that day spend time without the client working on dimension 6 of the SUD Assessment to determine a risk rating, these two services can be documented on one progress note. The Intervention section of the progress note would describe what was done in the one-on-one meeting with the client, (which would be considered "Face-to-Face" minutes), and there would also be a description of how the time was spent later in the day to develop the assessment (which would be considered "Non-Face-to-Face" minutes). Both of the services are Individual Counseling and were performed on the same day, so one progress note is sufficient to capture both activities. In this scenario, both the "Face-to-Face" and "Non-Face-to-Face" minutes are billable.

Managed Care Support Team (MCST)

Some reminders about what the MCST does...

- Grievances & Investigations
- Appeals/State Fair Hearings
- Notice of Adverse Benefit Determination (NOABDs)
- Clinical Supervision
- MHP/SUD DMC-ODS Provider Directories
- Credentialing
- Access Logs
- Change of Provider/2nd Opinions

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E-MAIL ADDRESSES
AOISGrievance@ochca.com
(Grievances and NOABDs only)

AOISManagedCare@ochca.com

Case Formulation Tips

Is your Case Formulation starting to just look like a summary of what has already been stated in the assessment? Here are some things to consider:

1. Don't just regurgitate the list of DSM-5 diagnostic criteria – make them specific to the client's experience. For example, "Recurrent use in situations in which it is physically dangerous" can be individualized to, "Client has continued to use despite multiple DUI's and even acknowledges driving under the influence with others in the vehicle."

2. Go beyond just stating the severity of the client's problems – identify WHAT the severity says about the client and his or her needs. For example, it is easy to simply state that, "Client has moderate risk in Dimension 5 because of history of relapse and treatment episodes." This is just a repeat of what is in the rationale section of Dimension 5. If we can tie this information to the client's needs, it creates a more complete picture. For example, "The client's history of multiple relapses and treatment episodes pose a moderate risk in Dimension 5 because the

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DISCHARGE PLAN VS. DISCHARGE SUMMARY

What is the difference between a Discharge Plan and a Discharge Summary?

According to the regulations, these are two separate documents.

The Discharge Plan is completed with the client prior to his or her discharge.

The Discharge Summary is completed by the provider after the client's discharge from the program.

Here are the specific requirements for each of the documents:

Discharge Plan	Discharge Summary
*Must be completed for all clients who have a planned discharge date. *Must be completed within thirty (30) calendar days prior to the scheduled date of the last face-to-face session with the client. *During the counselor's last face-to-face session with the client*, the counselor and the client will need to sign and date the discharge plan. A copy is to be provided to the client and the original placed in the chart. *Must include: 1. A description of the client's relapse triggers 2. A plan to assist the client to avoid relapse when confronted with each trigger 3. A support plan (including referrals)	* At minimum, must be completed for every unplanned discharge. *Must be completed within thirty (30) calendar days of the date of the last face-to-face treatment contact with the client. *Must include: 1. The client's length of stay in treatment (date of admission to date of discharge) 2. Reason for discharge 3. Narrative summary of the treatment episode (include current alcohol/drug use, vocational/educational achievements, transfers/referrals provided) 4. The client's prognosis

Note: It is best practice for a Discharge Summary to be completed for all clients who are admitted because it is the document that indicates that the client's case has been closed and can be used to help ensure continuity of care for clients transitioning to other programs after discharge.

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/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

Case Formulation Tips

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client has not adequately developed the insight needed to identify triggers and implement strategies to prevent further relapses."

3. Demonstrate what makes your program appropriate for the client – indicate how your services can address the client's needs. Rather than saying, "The client needs the Intensive Outpatient Services level of care to maintain sobriety," we can highlight what services may be applicable for the client. An example of this might be, "The Intensive Outpatient Services level of care will allow for more frequent individual counseling sessions, which the client needs to address the ongoing triggers from environmental stressors (family, work) and mental health symptoms (depression) that may compromise sobriety."

Remember, the purpose of the Case Formulation is for the Licensed Practitioner of the Healing Arts (LPHA) to use the information contained in the other sections of the assessment to create a conceptualization of the client that demonstrates how he or she meets medical necessity for the level of care that is being recommended.