

SUD

Support Newsletter

Authority & Quality Improvement Services

August 2022

SUD Support Team

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UPDATE

The **Annual Provider Training (APT)** must be taken by all providers who will be billing for DMC-ODS services. It is recommended that staff who are not billing take the APT for information purposes but is not required.

For more information on required trainings, please refer to the P&P here:
<https://ochealthinfo.com/sites/hca/files/import/data/files/70039.pdf>

WHAT'S NEW?

Although there are no new Authority & Quality Improvement Services (AQIS) CalAIM Memos specific to DMC-ODS, we do have some updates to inform you of!



Most notably, we have received confirmation that while the State is continuing to work to update the AOD Certification Standards to align with the CalAIM requirements, the Outpatient levels of care may proceed with implementing a problem list in lieu of a treatment plan. However, if your program is required to follow the SABG (including residential programs), Adolescent SUD Best Practices Guide (formerly Youth Treatment Guidelines), or Perinatal Treatment Guidelines, please continue with the treatment plan until further notice. Likewise, if your program is CARF accredited, you will need to continue to abide by those requirements. NTP's will continue to complete treatment plans.

As always, please feel free to reach out to your assigned consultant or to the SST mailbox for questions/concerns at AQISSUDSUPPORT@ochca.com.



CalAIM Memos

Thus far, the AQIS SST has distributed the following Memos specific to DMC-ODS:

- CalAIM Memo #002 – Code Selection During Assessment Period - Outpatient
- CalAIM Memo #003 – Documentation requirements to SMHS DMC-ODS Progress Notes
- Diagnostic Code Selection During Assessment Period (SUD Outpatient)

If you need a copy of any of the Memos, please speak with your assigned consultant or email your request to AQISSUDSUPPORT@ochca.com

More Memos to
come...stay tuned!

Documentation

FAQ

1. How will the 3 “business” days impact programs that are not operating on a standard Monday through Friday schedule?

“Business” days will be any days that the program is open and providing services. For example, at a Residential program, if a provider needs to document a service provided on a Friday, the timeline of three business days will mean that it needs to be completed by Sunday. Remember, that the date of service counts as day 1. This would also be applicable for any other level of care programs that may provide services on Saturday. As mentioned in the previous month’s newsletter, the billable code for the service can still be used after the three business days but do keep in mind that a pattern of documentation beyond the timeframe can be a red flag.

2. If the Brief Level of Care (LOC) Screening Tool is used for youth to provide Early Intervention Services, does the LPHA need to be involved?

No. Youth under the age of 21 can qualify for Early Intervention Services without the involvement of an LPHA. This is because youth clients do not need to meet the criteria for a SUD diagnosis to receive Early Intervention Services. As a result, there is no additional documentation that is required from the LPHA. However, please keep in mind that if the ICD-10 code of Z03.89 is most suitable for the youth client, there will need to be a consultation between the non-LPHA and LPHA as well as separate documentation by the LPHA to justify this diagnosis.

AQIS Mailbox Quick Guide

Did you know that AQIS consists of several different service units? Each service unit is responsible for a different aspect of compliance and quality assurance pertaining to state and federal regulations. To help you determine who to contact for the type of question you may have, please refer to the following guide:

GROUP MAILBOX	AQIS TEAM	USES
AQISCalAIM@ochca.com	Certification & Designation Support Services	CalAIM/ECM Referrals, Forms, and Questions
AQISCDSS@ochca.com	Certification & Designation Support Services	General Questions regarding Certification and Designation
AQISDesignation@ochca.com	Certification & Designation Support Services	Inpatient Involuntary Hold Designations LPS Facility Designations Outpatient Involuntary Hold Designations
AQISGrievance@ochca.com	Managed Care Support Team (MCST)	Grievances and NOABDs
AQISManagedCare@ochca.com	Managed Care Support Team (MCST)	Access Log Errors/Corrections Change of Provider/2nd Opinion Clinical Supervision County Credentialing Network Provider Directory Cal-Optima Credentialing Provider Directory PAVE Enrollment
AQISmccert@ochca.com	Certification & Designation Support Services	MHP Medi-Cal Certification
AQISSUDSupport@ochca.com	SUD Support Team (SST)	CalOMS Questions (clinical based) DMC-ODS Clinical Chart Reviews SUD Documentation Support & SUD Newsletter Questions DHCS audits of DMC-ODS Providers DATAR Submissions & DMC-ODS ATD Medication Monitoring & Treatment Perception Surveys Master Provider File (MPF) Updates
AQISupportTeams@ochca.com	Program Support	AOA & CYP Documentation Support Provider Support Program Referrals Certified Reviewer Applications APT Questions or Concerns
BHSHIM@ochca.com	MHRS Health Information Management (HIM)	County-Operated MHP and SUD DMC programs Use Related: <ul style="list-style-type: none"> ▪ Centralized Retention of Abuse Reports & Related Documents ▪ Centralized Processing of Client Record Requests, Clinical Document Reviews, and Redactions ▪ Release of Information, ATDs, Restrictions, and Revocations ▪ IRIS Scan Types, Scan Cover Sheets, and Scan Types Crosswalks ▪ Record Quality Assurance and Correction Activity
BHSIRISFrontOfficeSupport@ochca.com	BHS Front Office Coordination	IRIS Billing, Office Support CalOMS – Data Entry Questions (Contract programs)
BHSIRISLiaisonTeam@ochca.com	BHS IRIS Liaison Team	IRIS & EHR Processes (County) CalOMS – Data Entry Questions (County)

MANAGED CARE SUPPORT TEAM



MCST OVERSIGHT

- GRIEVANCES & INVESTIGATIONS
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT FOR COUNTY DMC-ODS CLINICS & PROVIDERS
- PAVE ENROLLMENT FOR MHP PROVIDERS
- **CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)**
- **COUNTY CREDENTIALING**
- CAL-OPTIMA CREDENTIALING
- **ACCESS LOGS**
- CLINICAL/COUNSELOR SUPERVISION
- **MHP/DMC-ODS PROVIDER DIRECTORIES**

REMINDERS

COUNTY CREDENTIALING



- If the **County Contracted Programs** have completed credentialing all their providers during the initial credentialing timeline, then any new providers on-boarding going forward must submit their credentialing packet (within 5-10 business days) of being hired. The newly hired provider must not deliver Medi-Cal covered services under their license, registration and/or certification until their credentials are approved by the MCST. IRIS will not activate the new provider in the system to bill for services without a credentialing letter of approval.
- **County Employees** who are licensed, waived, registered and/or certified providers will soon undergo the credentialing process that will start in phases beginning September 1, 2022.

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS

Per DHCS, the MCST is tracking and monitoring all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries will be provided soon for **Q4 FY 21-22** and will continue to be disseminated each quarter to all County and Contracted providers to monitor and ensure compliance with the DHCS requirements. The report identifies programs with zero and/or a low number of submissions and entries. Be sure to monitor your programs closely to assist the MCST with ensuring the DHCS requirements are met.

UPDATE: NOABD LETTERS

The NOABD letters have been updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature line of the letters. The newly revised NOABD templates have been updated and are available on the AQIS "For Providers" website to begin using, immediately. Discard all old NOABD templates.

Hyperlink Access: <https://www.ochealthinfo.com>

2ND OPINION/CHANGE OF PROVIDER (DMC-ODS ONLY)

DMC-ODS County and County Contracted programs are now required to complete the 2nd Opinion/Change of Provider log starting July 1, 2022 for FY 21-22 (Quarter 1). The quarterly log must be submitted to the MCST by **October 10, 2022** deadline. A training was provided at the SUD QI Coordinators' Meeting on 5/19/22. If you need a training or have inquiries, please reach out to Jennifer Fernandez and/or Esmi Carroll.

MANAGED CARE SUPPORT TEAM



REMINDERS (CONTINUED)

PROVIDER DIRECTORY

The MCST and IRIS are still seeing errors and information not accurately reflected on the list of providers identified on the spreadsheet for some of the programs. The Provider Directory is a DHCS requirement (DHCS IN#18-020) that entails an exhaustive list of providers and program information under the Health Plans to be made available for all beneficiaries to access mental health and substance use disorder services. The MCST heavily relies on the accuracy of the Program Directors, Service Chiefs/Heads of Services submission to compile the Provider Directory for publishing and utilizes it to reconcile several reports and tracking systems within AQIS. Be sure to review the monthly spreadsheet to ensure the list of providers are current and accurate before submitting it to the MCST by the 15th of each month.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

If you and your staff would like a specific or a full training about the MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Administrative Manager, Annette Tran at antran@ochca.com.

TRAINING?



GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW

Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist

Provider Directory Lead: Paula Bishop, LMFT



CONTACT INFORMATION

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E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs, Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATIVE MANAGER

Annette Tran, LCSW