

SUD Support Newsletter

Authority & Quality Improvement Services

February 2023

WHAT'S NEW?

SUD Support Team

Azahar Lopez, PsyD, CHC
 Yvonne Brack, LCSW
 Ashlee Al Hawasli, LCSW
 Claudia Gonzalez de Griese, LMFT
 Laura Parsley, LCSW
 Emi Tanaka, LCSW
 Faith Morrison, Staff Assistant
 Oscar Camarena, Office Specialist
 Marsi Hartwell, Secretary

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Welcome Aboard!

We would like to extend a warm welcome to our newest team member, Ashlee AlHawasli, who will be in the role of Quality Improvement and Compliance Consultant for the Substance Use Disorder (SUD) Support Team! Here is a little bit about Ashlee - you'll be seeing her out on clinical chart reviews in the near future.

"I love to travel and explore new cultures, I'm a big Lakers/Kobe Bryant fan, I love spending time with my husband, friends, and family, I'm adventurous, and I enjoy working out! I am a



CaAIM Documentation Trainings

The UPDATED Documentation Training is finally here! The training will be offered via video conferencing and addresses the CaAIM requirements. The following is the training schedule for March:

- Tuesday, March 7th 9am – 3pm
- Tuesday, March 14th 9am – 3pm
- Monday, March 20th 9am – 3pm
- Tuesday, March 21st 9am – 3pm
- Tuesday, March 28th 9am – 3pm
- Wednesday, March 29th 9am – 3pm

Please sign up for a training by sending your request to aqissudsupport@ochca.com. Be sure to indicate the name of the staff, credentials, and agency/organization along with the date of the training requested.



SST Clinical Chart Reviews

The Clinical Chart Reviews for Fiscal Year 2022-2023 will predominantly be qualitative in nature to help us

UPDATES (continued)

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Services was released this month. This addresses the requirements for the problem list based on our current understanding. If you need a copy of it, please email us at aqissudsupport@ochca.com.

Documentation

FAQ

1. For the problem list, can a non-LPHA add the client's SUD diagnosis on behalf of the LPHA?

Since the diagnosis can only be established by the LPHA, it should be the LPHA who adds it to the problem list along with his, her, or their name/credentials and date of addition. The State indicates that the problem list needs to include "Diagnoses identified by a provider acting within their scope of practice, if any" and "problems identified by a provider acting within their scope of practice, if any." Although it will not result in automatic disallowance and/or recoupment if a non-LPHA has added a *diagnosis that has already been established by the LPHA and there is documentation substantiating the LPHA determining the diagnosis*, it is advised that the LPHA be the provider who adds the diagnosis to the problem list. Cases where the diagnosis has been inappropriately added to the problem list by a non-LPHA, without LPHA involvement, will result in disallowance and/or recoupment.

2. At the Residential treatment level of care, how should we document when a client is unable to attend any structured or clinical activities for the day due to an off-site appointment?

If a client is not able to receive a structured or clinical activity on any given day, the documentation in the daily progress note should provide an explanation as to why the client was unable to do so. Document how the off-site activity is relevant to the client's overall SUD treatment in order to justify the billing of the treatment day. Keep in mind that situations where the client is unable to receive any structured or clinical activity should be minimal and properly justified. It is expected that clients receive enough services in the other days of the week to ensure that the minimum requirement of 5 clinical hours per week is met. In a clinical chart review by the SST, each instance will be looked at individually to ensure that there is no potential for the appearance of fraud, waste, and/or abuse. Documentation will be key, but if you know that the client will be unable to meet the requirements for billing a treatment day for the next 4 days, treatment

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Documentation FAQ (continued)

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days should not knowingly be billed when the client will only be receiving room and board for those days. Be aware that patterns of cases where clients are unable to meet the minimum requirements without adequate documentation may result in disallowance and/or recoupment.

3. If our program still needs to complete a treatment plan, what happens if we do not have a problem list?

For the clinical chart reviews by the SST, as long the required elements of a problem list can be identified on the treatment plan, it will be sufficient. Some providers already utilize a list of problems or needs that is part of the treatment plan, which allows for compliance with both CalAIM requirements and other regulatory authorities. It also makes for the transition out of treatment plans to problem lists a little bit smoother. The most significant shift will be in indicating the identifying provider's name/credentials with the date of identification and the resolving provider's name/credentials with the date of resolution for each problem, diagnosis, or issue. Be sure that this is clear so that this requirement can be fulfilled.

4. Is there anything different with family therapy under CalAIM?

There are no changes. Family therapy can only be provided by an LPHA. The County has created an internal code specific to family therapy that may be used. At the State level, it is still billed under the individual counseling billing code at this time. Since both non-LPHA and LPHA are permitted to use the individual counseling code, you may be wondering how the State will be able to distinguish between a service with family members, such as collateral, provided by a non-LPHA and a family therapy service by an LPHA. The documented interventions will be looked at to ensure that it is within the scope of practice of the rendering provider. In general, family therapy by an LPHA will bring the family into the treatment process to identify unhealthy family dynamics that enable the addiction to continue within that specific family. It is considered a rehabilitative service where, as unhealthy behaviors are identified, families can then work on positive and healthy interactions with each other.



SST Clinical Chart Reviews (continued)

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- Clinical Groups at Residential programs are limited to a maximum of 12 clients. Groups exceeding 12 clients may count towards the structured activities, but cannot count towards the 5 required clinical hours per week. Patient Education groups count as a structured activity and may have more than 12 clients.
- Recovery Services groups are limited to a maximum of 12 clients. If more are in attendance, those groups must be made non-billable.
- Simultaneous enrollment in Recovery Services and another treatment level of care – Please keep in mind that the client must meet the access criteria and level of care placement for Recovery Services, which must be documented. Recovery Services provided without this documentation could result in disallowance and/or recoupment as they could be perceived as unnecessary. Even for those clients who are self-referred, be sure there is documentation of clinical justification for the client's need of Recovery Services. Dual enrollment for Recovery Services and another treatment level of care should be provided only as necessary. Not all of our clients are appropriate for simultaneous enrollment. If all of the clients in your treatment program are also enrolled in Recovery Services, those services claimed will be scrutinized for appropriateness.



Send us your questions, comments, and/or concerns at:
aqissudsupport@ochca.com

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
- MHPS/DMC-ODS PROVIDER DIRECTORY

REMINDERS

COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing approval letter. It is the responsibility of the direct supervisor to review and submit the new employee credentialing packet to the MCST.
- MHP/DMC-SUD programs with multiple locations will have a credential approval letter that will cover their entity for that provider. However, if a provider works at two different entities, then **two** credential approval letters will be issued.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Effective January 2023, the MCST will be requiring a Corrective Action Plan from programs that have three (3) or more providers with expired credentials due to the failure to renew their license, registration or certification on time. Providers are strongly encouraged to renew with their certifying organization at least 2-3 months prior to the expiration or as soon as permitted.

CLINICAL SUPERVISION - 90-DAY RULE FOR GRADUATES

- Providers who hire staff under the BBS 90-Day Rule requirement need to classify the new staff as a MHS/MHW on the initial PAN form. This would restrict the billable services the new staff can provide.
- Though the BBS allows the licensed-waiver provider to practice during that 90-Day Rule, Medi-Cal does not consider it within their scope to provide therapy or full assessment services because they do not have a BBS registration number. Medi-Cal will not pay for those services.
- Once the provider obtains their registration # a CSRF Form, BBS Supervision Agreement Form, Written Agreement (if applicable) must be submitted to the MCST.
- IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate # and credential approval letter from the MCST.
- County Employees do not qualify for the BBS "90-Day Rule" clause in the law. Human Resources requires an Associate # in order to hire a Behavioral Health Clinician I.

REMINDERS (CONTINUED)

NOABDS

- The MCST has clarified the Termination NOABD requirements.
- NOABD Terminations are no longer required for beneficiaries who have successfully completed treatment, even if they are not moving onto a lower (or other) level of care.

PROVIDER DIRECTORY

- The new Provider Directory spreadsheet (Version 1.17.23) is required to be used effective 2/1/23. Refer to the Provider Directory guideline for detailed instructions.
- Providers covering at the other sites must be identified and placed on the “Provider Tab” for each program location.
- If a provider has separated from the program before the due date of the provider directory, please include the provider on that month but use the “separated” feature. You may then remove the provider the following month from the spreadsheet.
- All new providers must be added to the provider directory spreadsheet for the following month if they started once the provider directory has been submitted.

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 or Service Chief II, Dolores Castaneda at dcastaneda@ochca.com.

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

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AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW, Administrative Manager
Dolores Castaneda, LMFT, Service Chief II