

SUD

Support Newsletter

QUALITY MANAGEMENT SERVICES

February 2025

SUD Support Team

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Update

SUD Documentation Manual Attestation

An updated SUD Documentation Manual is now available with an important addition. There is an attestation page at the end of the manual that may be used by providers to acknowledge that the SUD Documentation Manual has been read. As you know, there is no SUD Documentation Training being provided by the SUD

continued on page 2...

WHAT'S NEW?

Payment Reform Update

The State has made the following changes to the allowable provider types for a few of the service billing codes:

- Psychologist Clinical Trainees are no longer allowed to provide and claim for –
 - Skills Training and Development, Individual (70899-113) H2014
 - Community Support Services (70899-121) H2015
 - Psychosocial Rehabilitation, Individual (70899-122) and Psychosocial Rehabilitation, Group (70899-123) H2017
- Registered Nurse Clinical Trainees are no longer allowed to provide and claim for –
 - Psychosocial Rehabilitation, Individual (70899-122) and Psychosocial Rehabilitation, Group (70899-123) H2017
 - Psychoeducational Service (70899-115) H2027
 - Recovery Services, 1 Hr. (70899-124) H2035

This change is effective for dates of service beginning on July 1, 2023.

CalOMS Discharge Data

The State released Behavioral Health Information Notice (BHIN) 25-001 on January 10, 2025 to update the protocols for discharging clients and the completion of the discharge CalOMS. The following is a brief outline of changes:

- Update to the discharge protocol language regarding situations where the discharge

continued on page 2...



Training & Resources Access

DMC-ODS Payment Reform 2024 - CPT Guide (version 2):

[DMC-ODS Payment Reform 2024 CPT Guide v2.pdf \(ochealthinfo.com\)](#)

NEW Updated SUD Documentation Manual

[DMC-ODS CalAIM Doc Manual.pdf](#)

Updated MAT Documentation Manual

[FINAL CalAIM MAT Documentation Manual v3 11.6.24.pdf](#)

NOTICE: In lieu of a standalone SUD Documentation Training, please refer to the most recent Documentation Manual, CPT Guide, and the monthly newsletters for the most recent changes! If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

Update (continued)

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Support Team (SST) currently. Therefore, completion of the review of the SUD Documentation Manual is sufficient to fulfill this training requirement. The attestation page is for your records. How the document is utilized will be up to the discretion of each program/agency. Please refer to your supervisor or program administrator for further guidance.

WHAT'S NEW?

...continued from page 1

interview is scheduled, but is unable to be completed and the conditions necessary to complete the discharge questions without meeting with the client;

- Updates to the definitions for Standard Discharge status 1, 2, and 3 to allow for a standard discharge under certain situations;
- Updated time frame for administratively discharging clients in outpatient programs from 30 consecutive days to "within 30 but no later than 60 consecutive days."

Take a closer look at the BHIN here:

[Update to Protocols for Collecting and Reporting Discharge Data in California Outcomes Measurement System Treatment \(CalOMS Tx\)](#)

OFFICE HOURS: DOCUMENTATION SUPPORT

Do you have questions on how to document or bill an activity?

Are you looking for clarification on what's required?

Come to the online documentation support session on

Wednesday, March 12th at 2pm-3pm

This is voluntary and open to all staff

RSVP is required – email us at BHPSUDSupport@ochca.com

If you have specific questions, please include those questions in the email to make sure they get addressed.

HOPE TO SEE YOU THERE!



Documentation FAQ

1. If the physician prescribes medication to address the client's mental health, can this be billed as a MAT service?

If the client is already receiving MAT services and the physician determines the need to address concurrently the mental health component with medication to support the client's SUD treatment, the service can be folded into the MAT service provided. If the client is not already receiving MAT services and the physician is going to address the client's mental health as it relates to the client's SUD through medication management, this would not be a MAT service and cannot be claimed as such. At the residential and withdrawal management levels of care, this kind of medication service is included in the daily bundle of services. At the outpatient levels of care, it is permissible to use one of the outpatient evaluation and management codes to bill a medication service where the client's SUD is primary.

2. Do structured activities at the residential programs qualify as a service that allows for the treatment day to be claimed?

No. A qualifying service must be one of the following:

- Assessment
- Individual/group counseling
- Family therapy
- Medication service
- Patient education
- SUD crisis intervention

Please remember that the qualifying service must be clearly documented to justify the billing of the treatment day.

3. If I review the client's responses to the CalOMS questions or the Health Questionnaire with the client in a session, is this billable?

Continued on page 3...

Documentation FAQ (continued)

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Yes, this could be billable if it is done with the client and is medically necessary. Remember, that part of what can help us to determine whether an activity or intervention is billable is to look at the clinical expertise required to conduct it and what purpose it serves in treating the client's SUD. Reviewing the admissions CalOMS questions and responses could yield helpful information about the client that is needed for completing the ASAM-based assessment or determining a SUD diagnosis. It offers a valuable opportunity for further exploration with the client on their substance use history, impact of the substance use on various aspects of their lives, and areas of need that could facilitate treatment planning. Be sure to make this correlation in your documentation on the progress note for the session/service to justify the billing.



RECOVERY INCENTIVES DOCUMENTATION

When documenting the required elements for a Recovery Incentives (RI) visit in a progress note, it is important to make clear that if an incentive was given to the client, that this was earned because of the negative drug test result for stimulants. Instead of documenting "Client received incentive," it is advised to be explicit in stating, "Client received incentive as a result of their negative UDT for stimulants." Additionally, be sure that the amount that was disbursed in the service is made clear in the progress note to match what is reflected in the Incentive Manager program.

UPDATE

There may be situations where it becomes necessary to address more in a RI service than the typical visit. For example, the visit goes beyond the typical 15 minutes because individual counseling is also provided to address the client's concern about a new stressor that may potentially compromise the client's recovery efforts and additional intervention such as motivational interviewing or relapse prevention is necessary. We do not need to separate out the service between RI and the individual counseling portion in the documentation or billing. It is acceptable to include that additional time into the RI service using the SUD Recovery Incentives, 15 Min (70899-118) H0050 code and complete one progress note.

REMINDERS



Group Participant Lists

Make sure each group service claimed has a corresponding participant list that clearly indicates all clients in attendance.

To reduce the risk of non-compliance, it is important that information matches between the progress note and the participant list (i.e., group topic/name, date of service, time, rendering provider, number of clients, etc.).

Templated service time

We continue to see services that are billed for the exact same number of minutes (e.g., 60 minutes for all groups, 30 minutes for care coordination, etc.).

Remember that this can be a red flag for potential fraud, waste, and/or abuse! The number of service minutes must accurately reflect the duration of the service. Do not estimate or round up/down and use actual minutes. Residential programs are required to include start and end times for the service in all progress notes.



Are there questions or topics that you'd like to see addressed in the monthly SUD Newsletter? Feel free to reach out to your assigned consultant or let us know at BHPSUDSupport@ochca.com.

MCST OVERSIGHT


- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS
- **GRIEVANCES & INVESTIGATIONS**
- **COUNTY CREDENTIALING**
- ACCESS LOGS
- MHP & DMC-ODS PROVIDER DIRECTORY
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)

REMINDERS, ANNOUNCEMENTS & UPDATES

CREDENTIALING: SUPERVISION REPORTING FORM REQUIRED FOR SUBMISSION



- To prevent any potential deficiency for disallowances or recoupments, the MCST will require the submission of the **Supervision Reporting Form** for applicable providers to be submitted with the initial credentialing packets, effective **2/1/25**.
- All **new providers** must submit their initial 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. This means the new hire must **NOT** provide direct treatment or supportive services to a member on their own nor document any services, including non-billable services. 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 hire credentialing packet to the MCST, timely.



CREDENTIALING

SUBMISSION CHECKLIST

A complete packet should contain the following documents listed below and be labeled Last Name, First Name. The document names can be abbreviated. For example, New Applicant Request Form (NARF), Annual Provider Training (APT), Cultural Competency (CC), etc. The e-mail subject line must be titled Credentialing – Program Name.

| MHP CHECKLIST | DMC-ODS CHECKLIST |
|---|--|
| ✓ Doe, John NARF | ✓ Doe, John NARF |
| ✓ Doe, John Resume | ✓ Doe, John Resume |
| ✓ Doe, John APT | ✓ Doe, John APT |
| ✓ Doe, John CC | ✓ Doe, John CC |
| ✓ Provider Insurance Verification Form | ✓ Doe, John ASAM A |
| ✓ Supervision Reporting Form (if applicable) | ✓ Doe, John ASAM B |
| | ✓ 5 CEU/CME in Drug Addiction/Recovery |
| | ✓ (ONLY for MD, LCSW, LMFT, LPCC, Psychologist) |
| | ✓ Provider Insurance Verification Form |
| | ✓ Supervision Reporting Form (if applicable) |

NOTE: The APT and CC Training must be the most current training that was completed in the last year.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

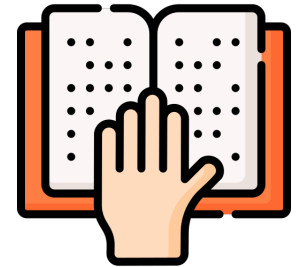
RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- Per DHCS, “Threshold Language” means a language that has been identified as the primary language, as indicated on the MEDS (Medical Eligibility Data System), of 3,000 members or five percent of the member population, whichever is lower, in an identified geographic area.
- Quality Management Services (QMS) is working on having all the member materials translated in Russian.
- The 8 threshold languages are English, Vietnamese, Spanish, Korean, Chinese (Simplified), Arabic, Farsi and Russian.



BRaille REQUIREMENT

The Department of Health Care Services (DHCS) has required Orange County to provide member materials in Braille in the 8 threshold languages. The MCST has already requested the “Grievance & Appeals Poster” and “Grievance Form” that are under our oversight to be translated by a vendor through Behavioral Health Training Services (BHTS). QMS is working diligently to have member materials to be translated. Stay tuned.



30 DAY RESOLUTION FOR GRIEVANCES

- DHCS is requiring grievances to be resolved within 30 calendar days instead of 90 calendar days to be aligned with the Federal requirements for the Managed Care Plan. This will go into effect **1/1/25**.
- DHCS will be issuing a revised [BHIN 18-010E](#) sometime in February.
- The MCST requires program’s assistance to quickly respond to our Investigation Representative when requesting supporting evidence (e.g., chart, lab results, medication listing, etc.) and discussing the case to help conclude the grievance. Your cooperation is appreciated to help expedite information needed to resolve the member’s grievance, timely.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** programs are required to schedule a full training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about MCST's oversight please e-mail the Health Services Administrator, Annette Tran at antran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.



AVAILABLE
NOW

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 2-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail AQISGrievance@ochca.com with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

2nd Tuesdays of the Month @ 1 p.m. MCST Training (MHP)
4th Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)

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

Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, LCSW

PAVE ENROLLMENT FOR MHP

Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW & Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialists)

COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW



CONTACT INFORMATION

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E-MAIL ADDRESSES

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

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II