SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

January 2025

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Updates

Treatment Day Billing

We have received confirmation from the State on the billing of a treatment day at the residential and withdrawal management levels of care. The treatment day can be claimed even if the bed day is not, if the requirements for billing a treatment day are met. This means that for situations where the client does not stay overnight at the residential or withdrawal

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WHAT'S NEW?

New Licensing and Certification Requirements Effective January 1, 2025

The Department of Health Care Services (DHCS) has released information on three legislative bills that have passed:

Assembly Bill 2081 –
Requires operators of licensed residential alcoholism or drug abuse recovery or treatment facilities and certified alcohol or drug programs to disclose on their websites and admission intake forms that an individual may check the licensure or certification status on the DHCS website. The disclosure must include a link to the DHCS website.

Assembly Bill 2574 –
Licensed facilities and certified programs must disclose to DHCS if any of its agents, partners, directors, officers, or owners, including a sole proprietor and member, has either ownership or control of, or financial interest in, a recovery residence or any contractual relationship with an entity that provides professional services, or substance use disorder treatment, or recovery services to clients of programs licensed or certified by DHCS.

Assembly Bill 2995 –
Amends existing terminology within the Health and Safety Code used to describe individuals experiencing a substance use disorder to person-first terminology. For example, the prior outdated language of "Alcohol abuser" has been updated to the more appropriate terminology of "individual with an alcohol disorder."

Access the memorandum here.

Training & Resources Access

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

DMC-ODS Payment Reform 2024 CPT Guide v2.pdf (ochealthinfo.com)

Updated SUD Documentation Manual

https://ochealthinfo.com/sites/healthcare/files/2024-09/FINAL_DMC-ODS_CalAIM_Doc_Manual_9.3.24.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 aqissudsupport@ochca.com

Updates (continued)

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management facility, the treatment day may be claimed if a qualifying service has been provided. For example, at the residential levels of care, if an assessment, individual or group counseling, family therapy, medication service, patient education, or SUD crisis intervention has been provided, the treatment day may be claimed. There must be documentation in the client's chart to evidence that a qualifying service has been provided.

For situations where the client is entering into a 24-hour facility (i.e., inpatient, hospital stay for medical issue, etc.), we must be mindful of admit and discharge dates. For example, if the client is going to the hospital for a known period time where the client is expected to return to the program in a few days and the case will remain open, the treatment day cannot be claimed on the date of the client's admission to the other 24-hour facility. If, on the other hand, the client is discharging from your program to admit to the hospital as it is unknown when or if the client will be able to return, the treatment day can be claimed on the date of discharge if there is at least one qualifying service that was provided and documented.

"Business Days" Definition

The State has clarified that the definition of a business day is "Monday through Friday, excluding holidays observed by the State of California." This is applicable for all programs, including those that operate on a 24-hour basis like the residential and withdrawal management programs. Therefore, for the timeline of progress note documentation that must be completed within three (3) business days of the date of service, a progress note for a service provided on a Friday will be due by the following Wednesday. As a reminder, the billable service code may continue to be used for services that are documented beyond the three (3) business days. However, such situations should be the exception and not the norm as the expectation is that documentation is completed within the required timeframe.

Documentation FAQ

1. Is the Case Formulation or narrative write-up by the LPHA required for the Re-Assessment at Residential?

Yes. It's important to remember that the client's length of stay is determined by medical necessity. Since the LPHA is the only one who is permitted to make the level of care placement determination, the LPHA's documentation of the client's ongoing need and appropriateness for remaining at the residential level of care is necessary. However, it is not an automatic disallowance or recoupment in a clinical chart review by the SST if the Re-Assessment does not include the LPHA's documentation so long as other documentation on the Re-Assessment or in the client's chart demonstrates the client's continued need for this level of care.

2. What happens if a provider whose certification or licensure has lapsed has continued to provide services?

All services provided and claimed by a provider during the period where their certification or licensure is not active (i.e., expired) are invalid. Claimed services must be made non-billable. It is important to point out that if the provider has completed an assessment during such time, the assessment is invalid. When there is no valid assessment, this means that all the services provided and claimed based on that assessment are also not valid. In this situation, it is not just the services provided and claimed by the provider whose certification or licensure has lapsed, but all services provided (regardless of provider) to that client beyond the completion of the invalid assessment that must be made non-billable.

3. Can MAT services be claimed separately at the Withdrawal Management levels of care?

MAT services can be provided as a standalone service. Therefore,

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Documentation FAQ (continued)

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it is possible to claim for MAT services for clients who are also receiving withdrawal management services. However, this does not mean that all medication services provided at withdrawal management is separately billable as MAT. Medication services are part of the daily bundle of services to be provided at the withdrawal management programs. Therefore, it is important to know the distinction between medication services and MAT services. Services for prescribing, ordering, administering, and monitoring medications for the purposes of stabilizing the client physically to address the client's withdrawals, would be part of the withdrawal management day rate and not separately billable as a MAT service. If the physician deems that additional or other medications for addiction are necessary, this could be considered a separate MAT service and billed as such.

Before providing services, make sure to complete the correct Annual Provider Training (APT) in its entirety, including the General and SUD sections.

It must be the 2024 version!

Billing Care Coordination

We know that linkages and referrals are an essential part of care coordination that is billable, but this does not mean that everything associated with linking and referring is billable. We still need to keep in mind that there are some activities that are just not billable in the DMC-ODS.

A few important questions that can help in determining whether the care coordination provided is billable:

Was the activity medically necessary?

In other words: How does the activity or intervention address the client's SUD or problem or issue on the problem list? How will NOT providing this service negatively impact the client's SUD treatment? What makes it a task that the client is unable to complete for themselves?

Did the activity require my clinical expertise/credentials?

In other words: Is it an administrative task that is considered non-billable? How is what I am doing to help the client different than what a non-professional staff could do?

Sample scenario: making an appointment for physical health care services (like supporting the client in obtaining a physical exam)

Although we know that connecting the client to a physician is necessary to fulfill the physical exam requirement, we need to consider the degree to which we need to assist the client with this. If the client already has a primary care physician and it is a matter of the client calling the doctor's office to make an appointment, we want to consider if the client's ability to do so is impaired by their SUD. If not, then we cannot bill for making an appointment for the client. If the client can make an appointment for themselves, there is no medical necessity for helping the client to make the appointment. If the client will require more hands-on assistance that then makes it a medically necessary service, then it may be a billable service. For example, if the client has repeatedly been unable to follow through with completing the task of making an appointment on their own and they have a pre-existing medical issue or complaint that could compromise their SUD treatment if not addressed, there is greater justification for making the appointment on behalf of the client. The reasoning would need to be clear in the documentation to support the billing.

MANAGED CARE SUPPORT TEAM

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

- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ 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.

DMC-ODS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Doe, John ASAM A
- ✓ 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)

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

GENERAL REMINDERS ABOUT SUPERVISION REQUIREMENTS

- Any status change for clinicians, counselors and medical professionals requires an updated Supervision Reporting Form to be submitted to the MCST (e.g., separation, change of Clinical Supervisor, etc.).
- BBS and BOP registered, waivered and trainees must be assigned to a clinical supervisor and remain in clinical supervision until they become licensed.
- BBS and BOP registered, waivered and trainees are required to have clinical supervision **weekly** until licensed.
- Medical Professionals and Registered Counselors must have "regular" supervision to meet the minimum requirements by their licensing board or certifying organization.
- Providers under required supervision by their licensing board or certifying organization (e.g., Nurse Practitioner, Registered AOD Counselor, AMFT, APCC, Certified Peer Support Specialist, Medical Assistant, etc.) are prohibited from delivering Medi-Cal covered services if they have **NOT** submitted their Supervision Reporting Form. Be sure to always secure supervision for the supervisee to prevent any supervision gaps and potential deficiency for disallowances or recoupments.

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 soon.
- 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.

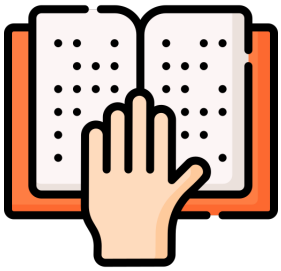
REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- 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). **County Providers,** will need to reach out to BHTS to assist with ordering copies of the braille materials that MCST recently translated. For **Contract Providers,** please reach out to your contract monitor and/or County administrator for guidance with obtaining the required Braille materials to have available at your site. QMS is working diligently to have other member materials to be translated. Stay tuned.



NOTIFICATION OF EXPIRED LICENSE, REGISTRATION, CERTIFICATION AND WAIVER

- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization or licensing board at least 2-3 months prior to the expiration. It is not appropriate for a provider to continue delivering Medi-Cal covered services while a registration or certification has lapsed on the assumption that the certifying organization will renew the credential retroactively, as this may not always be the case and can potentially lead to a disallowance.
- When the provider's credential has expired the MCST and IRIS takes action to deactivate the provider in the County system. The MCST e-mails a notification of the expired credential and requires the provider and direct supervisor to provide a response by the end of the business day.
- The provider's reinstatement is **NOT** automatic. The provider must petition for their credentialing suspension to be lifted and e-mail proof of the license, certification and/or registration renewal to the MCST and IRIS to reinstate their privileges to begin delivering Medi-Cal covered services.

MANAGED CARE SUPPORT TEAM

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 anntran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.

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 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

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MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II