WHAT'S NEW?

SUD Support Team

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UPDATE

FOR COUNTY PROVIDERS ONLY

As you know, the LPHA is the only one who can diagnose a client using the Z03.89 code. The Electronic Health Record (EHR) does not restrict the use of Z03.89 code to just LPHA's. Therefore, the system will allow non-LPHA's to assign the Z03.89 code....*Just because you can, doesn't mean you should!* Please be mindful that the Z03.89 code cannot be used by a non-LPHA without the appropriate consultation with the LPHA.

As you all know, the California's Advancing and Innovating Medi-Cal (CalAIM) initiative is officially here! Although the changes have become effective as of July 1, 2022, the Orange County Health Care Agency (HCA) Authority & Quality Improvement Services (AQIS) will be moving to provide you with more guidance on the application of these changes as the information becomes available. You will receive formal memos that will outline the new requirements. AQIS' Substance Use Disorder (SUD) Support Team (SST) will also be using the SUD Newsletters to provide further clarification and seek to address questions on how these changes will impact all the county and county-contracted providers.

Many of you have already posed some great questions! We know you are eagerly awaiting guidance on areas such as the daily notes for Residential Treatment. Please know that we are actively working with the State to try to obtain answers. As soon as that information becomes available to us, we will work to get that to you as quickly as possible. We appreciate your patience and understanding as we navigate this new territory.

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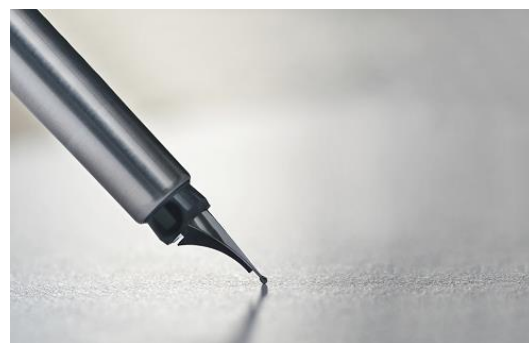
CalAIM Memos

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!

Z55-Z65

In order to be able to use the ICD-10 codes Z55-Z65, there are a few important requirements that we need to remember:

- Z55, Z56, Z57, Z58, Z59, Z60, Z61, Z62, Z63, Z64, and Z65 are HEADERS ONLY and are NOT billable. Please ensure you are only diagnosing ICD-10 codes between Z55-Z65 that have additional specifiers as these are BILLABLE. For example, Z63.72 Alcoholism and drug addiction in family. For a complete list, please see page 4 .

- After intake, all providers, including a non-LPHA, can use the Z55-Z65 codes without LPHA consultation, if it is determined to be clinically appropriate. There may be times, upon completion of the intake, when a SUD diagnosis is more appropriate. If this is the case, the non-LPHA should consult with the LPHA so that a SUD diagnosis can be given at that time. Remember that the use of the Z03.89 code will also require a consult with the LPHA.

- The Z55-Z65 codes can be used throughout the assessment period. The exception for use after the assessment period is for youth (up to the age of 21) who are receiving Early Intervention Services (Level 0.5). Once the client turns 21, a SUD diagnosis must be given to continue services.

- Best practice: The point at which there is enough information to determine whether a client meets criteria for a SUD diagnosis is when the diagnosis should be given!

Documentation FAQ

1. At the IOT and ODF levels of care, what happens if I do not complete the initial assessment within the first 30 days?

Billing no longer needs to stop (services do not need to be made non-compliant) if you do not have an initial assessment completed by the end of the 30-day period. Continue to use the billable codes for the necessary services provided to your client. In the meantime, do your due diligence: Your chart documentation should clearly show the reason you are unable to complete it within the timeframe. As best as you can, try to complete the initial assessment as soon as you are able.

2. If I don't complete the progress note within 3 business days, do I have to make it non-compliant?

No. Please continue to use the billable code even in those instances where you are unable to complete progress notes within 3 business days. Late documentation will not result in disallowances or recoupment. It is best practice to complete

Assessments (Outpatient)

The initial assessment continues to be due within the first 30 days from the client's admission at the outpatient levels of care. With CalAIM, the State has allowed for an extension of up to 60 days for individuals who are homeless or youth under the age of 21. However, at this time, if your program is under the AOD Certification Standards requirements, please remember that the 30-day timeline will need to be adhered to.

The initial assessment must establish a SUD diagnosis as the primary diagnosis by an LPHA. The exception for the diagnosis is when the client is under the age of 21. At this point, the Z55-Z65 codes will no longer be the primary diagnosis or diagnoses. This does not necessarily mean that the Z55-Z65 codes go away as they may still be applicable areas of need for the client and continue to be addressed.

TIP: Be sure that the documentation on the initial assessment is clear on how the client meets the diagnostic criteria for a SUD diagnosis. Best practice is still to use information specific to the client to explain how he/she/they meet the diagnostic criteria, rather than just listing the criteria straight from the DSM-5.

documentation as soon as possible, so do try to stick to the requirement as best you can. Also, please be aware that a *pattern* of late documentation may appear as fraud, waste, or abuse and can lead to disallowances or recoupment. Also, don't forget to keep your license/certification up to date! Expired or lapsed licenses/certifications means that you cannot provide and bill for DMC-ODS services until you are back in good standing.
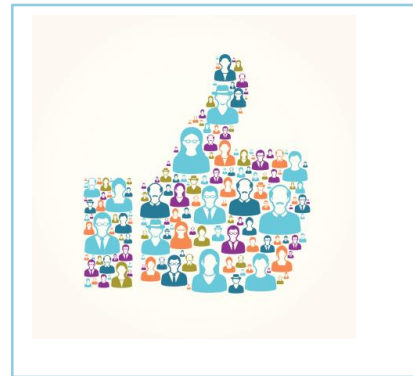
3.   Does the ICD-10 and CPT code need to be on the actual progress note?

No. The ICD-10 and CPT code do not need to be within the body of the progress note. Many providers have become familiar with using what is called the Encounter Document. The Encounter Document is simply a place where information necessary for data entry by your program's billing specialist is compiled, that is attached to the progress note. It typically includes information such as the date of service, date of documentation, the total amount of service time claimed, the total amount of documentation time claimed, the total amount of travel time claimed, face-to-face versus non-face-to-face time, the location where the service was provided, etc. Use of the Encounter Document will continue to be an appropriate way to ensure the ICD-10 and CPT code are captured. Providers may determine, based on the needs of each specific program, how best to clearly identify the ICD-10 and CPT code and making sure it is tied to the progress note.

Progress Note Documentation

Let's take a closer look at the requirements pertaining to the content of a progress note.

Requirement: A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

For those that have gotten used to the GIRP format, think about the narrative as the combination of the "Intervention" and "Response" sections. You do not need to be concerned about "where" the information goes. It is basically a summary or recounting of what you as the provider did in that session. You will want to make sure that it clearly shows how what you provided was necessary or relevant to the client. It should also include information about how the client presented in the session and what he/she/they did. Remember, the narrative should paint a general picture of how that session went. It should give the reader a good understanding of what the issue was (or issues), how you addressed it, and how the client responded to that. You can include quotes if this is helpful in illustrating the nuances of the session that may give insight into how the client is or is not progressing.

Requirement: Next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

For those that have gotten used to the GIRP format, this is synonymous to the "Plan" section. If you have assigned the client any homework or tasks to follow up with in between sessions, this would be good to note here (it's also a great way to keep track for yourself on what you need to follow up on with the client in your next encounter!). Perhaps there is a task that you as the provider need to follow up with as well, such as a consult with the client's case manager or looking into resources that would address the client's needs. Maybe the client has come upon a new stressor or issue that needs to be addressed going forward. If you are providing interventions from a particular curriculum, it may be information on what will be addressed in the next session.

What about GIRP?

The State does not dictate what format the progress notes need to be in. So, you do not need to use the GIRP format. As long as you meet the requirements for what needs to be included, it can be written in any format.

For more on progress note requirements, please refer to CalAIM Memo #003.

Breakdown of the ICD-10 codes of Z55-Z65

(From ICD-10-CM Section Z55-Z65)

The headings in **RED** and <u>underlined</u> are the ICD-10 headers and <mark>NOT</mark> actual diagnoses. The headers should not be used for progress notes, and they are <mark>NOT</mark> BILLABLE.

Z Codes that are highlighted in <mark>BLUE</mark> have been identified as the Department of Health Care Services' (DHCS) Priority Social Determinants of Health (SDOH) Codes.

Problems related to education and literacy

<mark>**Z55.0**　Illiteracy and low-level literacy</mark>
Z55.1　Schooling unavailable and unattainable
Z55.2　Failed school examinations
Z55.3　Underachievement in school
Z55.4　Educational maladjustment and discord with teachers and classmates
Z55.8　Other problems related to education and literacy
Z55.9　Problems related to education and literacy, unspecified

Problems related to employment and unemployment

Z56.0　Unemployment, unspecified
Z56.1　Change of job
Z56.2　Threat of job loss
Z56.3　Stressful work schedule
Z56.4　Discord with boss and workmates
Z56.5　Uncongenial work environment
Z56.6　Other physical and mental strain related to work
Z56.8　Other problems related to employment
　　Z56.81　Sexual harassment on the job
　　Z56.82　Military deployment status
　　Z56.89　Other problems related to employment
Z56.9　Unspecified problems related to employment

Occupational exposure to risk factors

Z57.0　Occupational exposure to noise
Z57.1　Occupational exposure to radiation
Z57.2　Occupational exposure to dust
Z57.3　Occupational exposure to other air contaminants
Z57.31　Occupational exposure to environmental tobacco smoke
Z57.39　Occupational exposure to other air contaminants
Z57.4　Occupational exposure to toxic agents in agriculture
Z57.5　Occupational exposure to toxic agents in other industries
Z57.6　Occupational exposure to extreme temperatures
Z57.7　Occupational exposure to vibration
Z57.8　Occupational exposure to other risk factors
Z57.9　Occupational exposure to unspecified risk factors

Problem related to physical environment

<mark>**Z58.6**　Inadequate drinking water supply</mark>

Problems related to housing and economic circumstances

Z59.0 Homelessness
      Z59.00 Homelessness unspecified
      Z59.01 Sheltered homelessness
      Z59.02 Unsheltered homelessness
Z59.1 Inadequate housing
Z59.2 Discord with neighbors, lodgers, and landlord
Z59.3 Problems related to the living in residential institution
Z59.4 Lack of adequate food
      Z59.41 Food insecurity
      Z59.48 Other specified lack of adequate food
Z59.5 Extreme poverty
Z59.6 Low income
Z59.7 Insufficient social insurance and welfare support
Z59.8 Other problems related to housing and economic circumstances
      Z59.81 Housing instability, housed
            Z59.811 Housing instability, housed, with risk of homelessness
            Z59.812 Housing instability, housed, homelessness in past 12 months
            Z59.819 Housing instability, housed unspecified
      Z59.89 Other problems related to housing and economic circumstances
Z59.9 Problem related to housing and economic circumstances, unspecified

Problems related to the social environment

Z60.0 Problems of adjustment to life-cycle transitions
Z60.2 Problems related to living alone
Z60.3 Acculturation difficulty
Z60.4 Social exclusion and rejection
Z60.5 Target of (perceived) adverse discrimination and persecution
Z60.8 Other problems related to social environment
Z60.9 Problem related to social environment, unspecified

Problems related to negative life events in childhood

Problems related to upbringing

Z62.0 Inadequate parental supervision and control
Z62.1 Parental overprotection
Z62.2 Upbringing away from parents
      Z62.21 Child in welfare custody
      Z62.22 Institutional upbringing
      Z62.29 Other upbringing away from parents
Z62.3 Hostility towards and scapegoating of child
Z62.6 Inappropriate (excessive) parental pressure
Z62.8 Other specified problems related to upbringing
      Z62.81 Personal history of abuse in childhood
            Z62.810 Personal history of physical and sexual abuse in childhood
            Z62.811 Personal history of psychological abuse in childhood

Z62.812 Personal history of neglect in childhood
Z62.813 Personal history of forced labor or sexual exploitation in childhood
Z62.819 Personal history of unspecified abuse in childhood
Z62.82 Parent-child conflict
Z62.820 Parent-biological child conflict
Z62.821 Parent-adopted child conflict
Z62.822 Parent-foster child conflict
Z62.89 Other specified problems related to upbringing
Z62.890 Parent-child estrangement NEC
Z62.891 Sibling rivalry
Z62.898 Other specified problems related to upbringing
Z62.9 Problems related to upbringing, unspecified

Other problems related to primary support group, including family circumstances

Z63.0 Problems in relationship with spouse or partner
Z63.1 Problems in relationship with in-laws
Z63.3 Absence of family member
Z63.31 Absence of family member due to military deployment
Z63.32 Other absence of family member
Z63.4 Disappearance and death of family member
Z63.5 Disruption of family by separation and divorce
Z63.6 Dependent relative needing care at home
Z63.7 Other stressful life events affecting family and household
Z63.71 Stress on family due to return of family member from military deployment
Z63.72 Alcoholism and drug addiction in family
Z63.79 Other stressful life events affecting family and household
Z63.8 Other specified problems related to primary support group
Z63.9 Problem related to primary support group, unspecified

Problems related to certain psychosocial circumstances

Z64.0 Problems related to unwanted pregnancy
Z64.1 Problems related to multiparity
Z64.4 Discord with counselors

Problems related to other psychosocial circumstances

Z65.0 Conviction in civil and criminal proceedings without imprisonment
Z65.1 Imprisonment and other incarceration
Z65.2 Problems related to release from prison
Z65.3 Problems related to other legal circumstances
Z65.4 Victim of crime and terrorism
Z65.5 Exposure to disaster, war, and other hostilities
Z65.8 Other specified problems related to psychosocial circumstances
Z65.9 Problem related to unspecified psychosocial circumstance

MANAGED CARE SUPPORT TEAM

OChealth CARE AGENCY

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 existing and new providers during the initial credentialing timeline then all new hires must submit their credentialing packet (usually within 2 weeks) to be processed and approved before being able to deliver Medi-Cal covered services and be activated in IRIS.
- **County Employees** who are licensed, waivered, registered and/or certified providers will soon undergo the credentialing process that will start in phases beginning September 1, 2022. Please be sure to attend the QI Coordinators' Meeting in August for more information about the implementation with the MCST and Human Resources.

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

DMC-ODS County and County Contracted programs will be required to complete the 2nd Opinion/Change of Provider log and submit it to the MCST each quarter starting July 1 – September 30, 2022. The quarterly log must be submitted to the MCST by **October 10, 2022** deadline. A training has already been provided at the SUD QI Coordinators' Meeting on 5/19/22. If you need a training, please reach out to Jennifer Fernandez and/or Esmi Carroll.

COMING SOON

ACCESS LOGS

Access Log entries are required when attempting initial access to Specialty Mental Health Services (SMHS) for serious and persistent mental illness (SPMI) and/or Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS). This means, ALL Medi-Cal beneficiaries accessing services for the first time within the MHP or DMC network via phone/walk-in is required to complete an Access Log when scheduling an initial assessment appointment with an Intake Counselor to determine medical necessity for services. If an appointment is not offered within the timely access standard (routine, urgent, emergent) to be assessed by a provider anywhere within the network then a Timely Access NOABD must be issued.

EXPIRED LICENSES, CERTIFICATES OR REGISTRATIONS

Credentialing is contingent upon providing and maintaining current licenses, certificates, or registrations in accordance with the appropriate licensing or certifying organization. Failure to provide and maintain all the credentialing requirements will result in the suspension, denial of privileges and disciplinary action. When the license has expired the provider will no longer be permitted to deliver services requiring licensure for the Orange County Health Care Agency. The provider must contact MCST and IRIS

REMINDERS (CONTINUED)

immediately to petition for their credentialing suspension to be lifted and provide proof of the license, certification, or registration renewal. The provider's reinstatement is NOT automatic.

2022 DHCS ENHANCED MONITORING REQUIREMENTS FOR NOABDS & ACCESS LOGS
Per DHCS, MCST is tracking and monitoring all NOABD submissions and Access Log entries. A quarterly report of the NOABD submissions and Access Log entries was provided for Q2 and Q3 FY 21-22 and will continue to be disseminated each quarter to all County and Contracted providers to monitor and ensure the compliance with the DHCS requirements. The report has identified programs with zero and/or a low numbers of submissions and entries. Be sure to monitor your programs closely to assist the MCST with ensuring meeting the DHCS requirements.

UPDATE: NOABD LETTERS
The NOABD letters will be updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. Once the newly revised NOABD templates have been updated they will be distributed to the providers and posted on the AQIS website to begin using, immediately.

PROVIDER DIRECTORY
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 Service Chiefs/Head 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 anntran@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

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