SUD Support Newsletter

Authority & Quality Improvement Services

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Documentation UPDATES

All action steps on a treatment plan must have a corresponding target date. Previously, the direction was to have target dates associated with the goals on a treatment plan. Recently, the State has made it clear that the expectation is that each action step on the treatment plan has a target date. This is because for any one goal, there may be several action steps that each take differing lengths of time

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WHAT'S NEW?

Has your site had a visit from the State? It looks like the State is making its rounds to various programs to provide technical assistance on the Drug Medi-Cal Organized Delivery System (DMC-ODS). Don't forget to let us know when this happens so that we can work collaboratively to make sure we are all in compliance with the State's requirements. The recent visits from the State have provided us with more guidance in regards to what is expected, which is helpful information for others in the network as well. Some of that information can be found in this month's newsletter. The purpose of this newsletter is to inform you of changes and address common issues. You can access additional resources by visiting the "Providers" tab of the DMC-ODS website:

http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers

Upcoming Documentation Trainings

- March 4th & 6th (fulfills ASAM B)
- March 27th (1 day)*
- April 1st & 3rd (fulfills ASAM B)
- April 24th (1 day)*
- May 6th & 8th (fulfills ASAM B)
- May 22nd (1 day)*

**prerequisites: ASAM A and ASAM B*

For county staff: sign up through Training Partner. For contract staff: e-mail us at AQISSUDSupport@ochca.com.

…More UPDATES:

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to achieve. Depending on the goal and the client's needs, it is possible that all of your action steps will have the same target date.

The LPHA has up to 15 calendar days from the date of the counselor's signature to sign the treatment plan. This applies for both the initial treatment plan and for subsequent updates. The non-LPHA must complete and sign the initial treatment plan for Residential programs within 10 calendar days of admission. For Intensive Outpatient/Outpatient Drug Free programs, the initial treatment plan is to be completed and signed by a non-LPHA within 30 calendar days of admission. For those treatment plans completed by a non-LPHA, the LPHA must approve and sign the treatment plan. However, they will have up to 15 calendar days from the date of the counselor's signature to do so.

We recommend that signatures be obtained as soon as the treatment plan is finished. This will minimize the risk of you overlooking an upcoming signature due date and ending up with a non-compliant treatment plan.

CalOMS Important Deadlines

- Administrative discharges need to be complete by the 20th day
- Annuals need to be complete at least 30 days prior to the client's admission anniversary
- Errors need to be corrected within 2 days
- Everyone plays a role in ensuring compliance with CalOMS requirements

Remember to run your Client Error Detail Report (CEDR) and your Open Client Report!

Documentation FAQ's

1. Will my progress note fail if I put the client's response in the intervention section of GIRP?

No. The State does not require that the progress notes be written in a specific format. As far as the content of the narrative is concerned, the important part is documenting so that it is clear to the reader that appropriate clinical interventions were provided that addressed the client's treatment needs. The GIRP format is our guide for helping to organize the information to make sure we fulfill all requirements. It is less important where it is documented, as long as it is documented somewhere and makes sense!

2. There is no face-to-face consultation between the non-LPHA and LPHA documented…what will happen?

Without the documentation of a face-to-face consultation, there is no evidence that this took place. Since this face-to-face consultation is required by the State, there is always the possibility that the State may

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PAVE Portal Updates

The PAVE Portal is here! You can visit DHCS's Provider Application and Validation for Enrollment (PAVE) website at www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx.

The PAVE portal is the Provider Enrollment Division's (PED) web-based application designed to simplify and accelerate enrollment processes. Providers can utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to PED-initiated requests for continued enrollment or revalidation. PAVE features secure login, document uploading, electronic signature, application progress tracking, intuitive guidance, social collaboration and much more.

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find that the establishment of medical necessity (documented in the Case Formulation) is not valid without this interaction. If the State determines this to be the case, all services billed based off of that assessment would be disallowed and result in recoupment.

3. I am a non-LPHA. Can I complete the diagnosis and case formulation section of the SUD Assessment and have the LPHA sign off as approval?

No. The State requires that the LPHA document separately the basis for the diagnosis and how the client meets the medical necessity criteria. It is not enough that the LPHA simply sign off on the assessment. The LPHA, based on the information on the SUD Assessment form and the face-to-face consultation with the non-LPHA who performed the assessment with the client, must document the diagnosis and case formulation section of the SUD Assessment form.

4. How much information is necessary in the Response section of a GIRP progress note?

The Response section of a GIRP note is for how the client presented in the session. Specifically, there should be information about how the client responded to the clinical interventions you provided. This is to help illustrate how the client is or is not progressing in treatment. Be sure to include enough description to provide the reader with a good sense of how the session went. It is not enough to just have information from a mental status exam (such as the client's affect, mood, etc). Again, how did the client do with the interventions provided? This provides information about how the client is doing towards the treatment plan goals.

5. Is it OK for group participants to just use their initials on the sign-in sheet?

No. The State has made it clear that this will result in a disallowance. All group members must sign in with their full name. The group facilitator's full name must also be on the sign-in sheet.

Some Reminders

- Don't forget to include your credentials with your printed name and signature on documents in the client's chart. Both the printed name and signature should be legible.

- If a document in the client's chart has his or her diagnosis or diagnoses, please make sure that the code and descriptor MATCH! The State only requires the code for billing purposes. Therefore, documents in a client's chart only need to have the DSM-5 descriptors. If your site is in the practice of having BOTH, please double check to ensure that the code is appropriate to the descriptor. The DSM-5 code is used for documentation. The ICD-10 code is used only for billing.

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Notices of Adverse Benefit Determination (NOABD)

We have spent quite some time learning about the managed care notice of adverse benefit determination (NOABD). We are all clear that NOABD must be issued at our programs when we, as the plan, make a decision that goes against the beneficiary's interest. But, did you know, that

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Effective March 1st, DHCS will no longer accept paper applications from DMC providers to report supplemental changes. Please begin watching the training videos to familiarize yourself with the PAVE portal.

Contracted providers can set up their account and send our AQIS SST the PDF version of your supplemental changes applications each time you send it to the state.

County providers will be sent an invitation to join our already existing profile.

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the NOABD is necessary even when a beneficiary is not receiving services at one of our usual programs?

NOABD are beneficiary protections for Medi-Cal beneficiaries. Any time the plan makes a decision that impacts the beneficiary, an NOABD must be issued. The determining factor is "beneficiary", not where or how the services are provided. Here are some times when a NOABD may be needed that we might not think about.

- Beneficiaries seeking or receiving services in DMC-ODS Network provider programs
- Beneficiaries seeking or receiving services in "out of network" provider programs
- Beneficiaries seeking DMC-ODS services from any plan representative, such as the beneficiary access line (BAL), screening units, and/or residential authorization staff.

How long do we have to issue the NOABD to a beneficiary?

The Plan must mail the notice to the beneficiary within the following timeframes:

- For **termination, suspension, or reduction** of a previously authorized specialty mental health and/or DMC-ODS service, **at least 10 days before the date of action,** except as permitted under 42 CFR §§ 431.213 and 431.214;
- For decisions resulting in **denial, delay, or modification** of all or part of the requested specialty mental health and/or DMC-ODS services, **within two business days of the decision.**

There are some exception to the timelines listed above. Some of the most common reasons why you may be able to issue an NOABD to a beneficiary sooner than 10 days for termination include:

- The beneficiary has been incarcerated or is an long term hospital
- The beneficiary has died
- The beneficiary's whereabouts are unknown based on returned mail with no forwarding address
- The beneficiary has engaged in behaviors that are dangerous or violent and which go against the agreement the beneficiary signed when he/she entered treatment

Each program's Quality Improvement (Q/I) coordinator is the point person for approving and issuing an NOABD. You as direct service provider may be the first person to start working on an NOABD; however, your Q/I coordinator is the person who will finalize and approve the NOABD. If you have questions about when or how to issue an NOABD, your program's Q/I coordinator is your first contact. The SUD Support Team can also answer your questions.

…Some More Reminders

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- The State requires that LPHA's receive a minimum of 5 CEU's related to addiction medicine each year. This is one year from the LPHA's start date in DMC-ODS. For LPHA providing services as of July 1, 2018, the year goes until June 30, 2019. For those LPHA who came on board after July 1, 2018, the year is going to be based on the date of hire. If the State provides further guidance on this, we will let you know at that time.

- Correcting errors on a progress note after the 7 day timeframe is only permissible for some components of the progress note. Generally, the part of the Encounter Document (ED) that contains the CPT code, location, time, etc. can be corrected beyond the 7 days. Remember to draw a single line, date and initial the error to make the correction. It is also advisable to add an additional note to any corrections that warrant further explanation. Any content changes to the narrative portion of a progress note beyond the 7 days would make the note non-compliant.