SUD Support Newsletter

Authority & Quality Improvement Services

March 2019

SUD Support Team

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Documentation UPDATES

If the initial assessment is being performed by a non-LPHA, there must be a consultation with the LPHA on the same day of the visit. This is required to have the LPHA establish a working diagnosis for the purposes of allowing the non-LPHA to be able to bill for the assessment services. This initial consultation does not need to be face-to-face and can be via telephone. Both parties can document and bill

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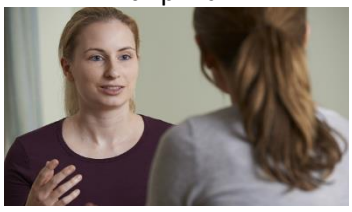
WHAT'S NEW?

We have a new member of our team! Please welcome Joey Pham, LMFT, PhD. who is the Program Supervisor for the DUI and Court Programs in our unit and will oversee the work of the Alcohol Liaison Officers and DUI program compliance. Although he will primarily be working with the Court Programs, you will also be getting acquainted with him as he will be assisting the Substance Use Disorder Support Team (SST) in regards to the Drug Medi-Cal Organized Delivery System (DMC-ODS).

Here are some tidbits of information to help you get to know Joey:

1. He is a syfy nerd and loves Marvel
2. He likes dark chocolate
3. He likes pineapple with pizza



Upcoming Documentation Trainings

- ~~April 1st & 3rd (fulfills ASAM B)~~ cancelled
- Added: April 8th & 10th (fulfills ASAM B)
- April 24th (1 day)*
- May 6th & 8th (fulfills ASAM B)
- May 22nd (1 day)*
- June 3rd & 5th (fulfills ASAM B)
- June 26th (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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for the time. However, at minimum, the LPHA must document that this consultation occurred and that a diagnosis was given that will be confirmed at a later date upon completion of a comprehensive assessment.

Please note that this is a separate and distinct activity from the face-to-face consultation required so that the LPHA can complete the diagnosis and case formulation of the SUD Assessment.

PAVE Portal Updates

DMC-ODS Certification and Provider Enrollment useful tips

- Obtain a copy of your rendering providers, **Medi-Cal Program Enrollment Approval Letter**
- Maintain a valid copy of your rendering providers current CDL/ID and professional license/certification on file at all times
- Review your monthly Network Provider Directory for changes and/or updates
- Report staff changes via PAVE within 35 days and notify AQIS SST & IRIS

Documentation FAQ's

1. Is the LPHA required to sign off on the treatment plan for Recovery Services?

The regulations do not specifically state that we must do so. However, our contract with the State indicates that we must "provide recovery services to beneficiaries as medically necessary." Since it is the LPHA who must substantiate medical necessity within the DMC-ODS, it would make sense that Recovery Services would need to involve the LPHA just as it is with all other levels of care. It is recommended that the treatment plan be signed by the LPHA for Recovery Services.

2. Can a client in Recovery Services have "0" risk ratings in all 6 dimensions of the ASAM Criteria?

The "0" risk rating for any dimension of the ASAM criteria means that the client does not have any problems in this area or the problems are minimal or stable enough for the client to be without any services. It's important to ask: "What will I need to help this client with?" Recovery Services are intended to

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Some things to consider…

Assisting people with co-existing disabilities

People vary in how well they understand or accept their own disabilities. Some persons entering treatment for substance use disorders know what interventions their disabilities require, while other do not. Some people appreciate and benefit from accommodations to their disability, whereas others may be reluctant to acknowledge that some condition limits their functional capacity. The following are some of the factors that affect a person's willingness to accept the realities of his/her disability and important considerations in our work:

- The severity, duration, or specific functional limitations of the disability
- Societal reactions to and expectations of the person with disability

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address the treatment needs of the client in the area of Dimension 6, Recovery and Living Environment. (i.e., enhancing transportation, child care, housing, financial assistance, vocational and school counseling, peer supports, legal services, etc.). Therefore, the client should present with some need in this dimension. The other dimension to consider for Recovery Services is Dimension 5, Relapse, Continued Use, or Continued Problem Potential. Regardless of how long the client has been without use or how well the client may be doing in any one level of care, the reality is that our clients with a substance use disorder history are usually always at some risk for relapse. Therefore, it would be important to help identify those aspects of the client's life that may pose a threat to his or her sobriety. Oftentimes, this is related to his or her living environment.

3. The treatment plan that my agency uses only has one place to indicate a target date. How do I make sure to have a target date for each action step like the State wants?

You can simply add the target date after each action step. For example, "Counselor will provide case management 1x/month or as needed to coordinate medical referrals and follow up to help the client improve her ability to manage Hep C (target date: 5/1/19)." It is certainly possible that target dates that you were using for the goals on your treatment plan may now be target dates for your action steps. Perhaps all three of your action steps for goal #1 are all the same target dates. That is fine. Just be sure that each of those three action steps has the target date identified with it.

Remember that as soon as a target date comes, your treatment plan begins to expire and once all target dates arrive, the treatment plan is no longer valid. Keep this in mind as you develop the beneficiary's individualized plan based on needs and visit the treatment plan regularly to make sure things are on track. If revisions are needed, you can make them at any point. Just make sure the beneficiary is on board with any goals that are set.

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

Beneficiaries are entitled to receive these written notices in a "timely" manner. 42 CFR § 438.404(c) states that notices must be mailed to the beneficiary within the following timeframes:
NOABDs for termination of services: mail at least 10 calendar days before discharging the beneficiary.
NOABDs for denial, delay or modification of services: mail within 2 business days of the decision to deny, delay or modify services.
Please consult with your QI staff, program monitor or the AQIS SST as soon as possible if you experience any barriers to issuing these notices per the federal regulations.

Reminders

- Timelines for Recovery Services: Recovery plan updates every 90 days and a Re-Assessment every 6 months.
- Don't forget to double check your work...there are often discrepancies between what is indicated on the Encounter Document (ED) or Progress Note (PN) and what is entered into IRIS. For example, if the individual counseling session was 33 minutes in duration, the service minutes entered into IRIS should also be 33 minutes. We are also coming across situations where the start and end times do not match the number of minutes claimed (e.g., session start time is 9:01am and session end time is 9:57am, but the services minutes claimed is 60 minutes). Please make

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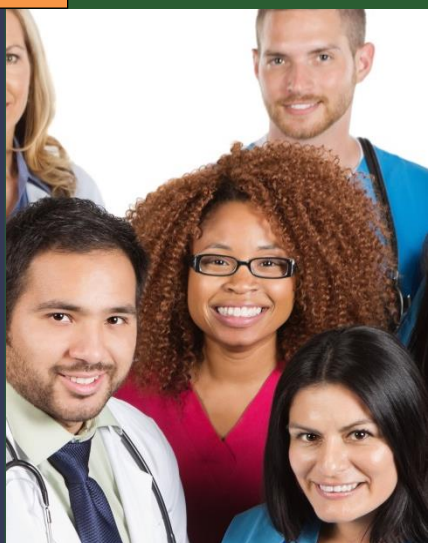
- The developmental stage at the time of the disability's onset
- Access to resources and societal mobility
- A history of risk-taking behaviors prior to the onset of the disability
- A history of having used substances to cope with a disability
- Recurring and episodic forms of personal grieving due to disability issues
- The amount of independence resulting from a person's lifestyle and personality
- Age (generally, younger people are more willing to eventually accept their disability)
- Marital status (married people are more willing to accept disability than single or unattached)
- Income (the greater someone's income, the more willing he/she is to accept disability)



TIPS!

Beneficiary Access Line reminder

Please remember, the Beneficiary Access Line (BAL) can be a valuable tool for beneficiaries who are looking for SUD services. The BAL is useful as it is 24/7 and can assist beneficiaries who are not sure of the most appropriate level of care for them. The BAL can also help assess and refer any of your beneficiaries who are requesting or may be in need of mental health services whether they appear to meet criteria for mild, moderate or severe mental health issues. The BAL telephone number is 800-723-8641.

OCLinks

Similarly, OCLinks is a helpful resource for providers and beneficiaries alike. OCLinks not only provides telephone and online support for anyone seeking information or linkage to any of BHS' services, it is also the DMC ODS Member Services provider. OCLinks is open between 8:00 a.m. and 6:00 p.m., Monday through Friday.

Test Your Knowledge!

1. CalOMS are done at Admission and _____.
2. What is the abbreviation for the California Outcomes Measurement System?
3. Age of first use must be no older than _____.
4. What is the type of CalOMS if the Discharge Status = 2, 4, 6, 7, 8?
5. Primary Drug can never be _____.
6. If the primary or secondary drug is alcohol, what is the value for ADU9 Alcohol Frequency?

BONUS QUESTIONS:

☆ Beam me up _____

☆ Marvel or DC?

R H T E K B Y C X N E N E V A S U S Y K A U J F K
O A D M I N I S T R A T I V E D I S C H A R G E C
W M I C W L V E K Q O N E H U N D R E D F I V E A
V A S U S Y K A U J F K I A X S S M L L X X K L L
Y L C C Q Y G N E M O V R M V C Z Q X A E X U O O
Y A H W M Y N E G A T I V E T H R E E H U O P M M
E G A A H C S Z D R V I E A R A S I N I M D A T S
T Z R A T Y H E Z V T R L B Y C X M A Z E R Y O P
E U G N G K R I P E K V O I N P Z T S C O T T Y B
A R E T T Y Q L B L W R R H T E K B Y C X N O N E

Puzzle creator: Joey Pham

…Some More Reminders

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sure all information matches across the ED, PN, IRIS, sign-in sheets, etc.

- Feel like you don't have enough information from the client to substantiate medical necessity? Be sure to consider if there are any other sources of information – probation officers, social workers, teachers, parent/guardian, family or significant others, etc. With the appropriate authorizations to disclose (ATD) protected health information (PHI) information, these are valuable resources for us to get another perspective of what is going on with the client. Consultations with other professionals outside of your organization are billable as case management as long as you document the relevance of the interaction to the client's treatment. Collateral (contact with significant people in the client's life) is also billable as individual counseling when it is clearly documented that the purpose is related to the client's treatment.

- This newsletter was established to help communicate any changes or updates as well as to reinforce our current understanding of requirements related to the provision of services under the DMC-ODS. You can access additional resources by visiting the "Providers" tab of the DMC-ODS website, here: http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers