

SUD Support Newsletter

Authority & Quality Improvement Services

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SUD Support Team

Azahar Lopez, PsyD, CHC
John Crump, LMFT
Joey Pham, PhD, LMFT
Emi Tanaka, LCSW
Angela Lee, LMFT
Erica Spencer, MS, HCM
Olga Gutierrez, MHS
Marsi Hartwell, Secretary

CONTACT
aqissudsupport@ochca.com
(714) 834-8805

CalOMS Reminders

I. Important Deadlines:

- Administrative discharges need to be completed by the 20th day of no contact.
- Annuals need to be completed at least 30 days prior to the beneficiary's admission anniversary.
- Errors need to be corrected within 2 days.

II. Remember to run the Client Error Detail Report (CEDR) and your Open Client Report.

III. Everyone plays a role in ensuring compliance with CalOMS requirements!

WHAT'S NEW?

We have a new member of our team! Please welcome Angela Lee, LMFT, who is joining the SUD support team as a Quality Improvement Consultant. Her clinical experience has been in various collaborative settings including the wrap around program, Integrated Community Services, and the PACT program. She has worked with incredibly diverse populations such as the hard-to-reach, at-risk youth, and those with severe and persistent mental illness.

A fun fact about Angela is that she loves food. She is always excited for any type of meeting revolving around food and often finds excuses to hold these gatherings herself. She is a strong believer that food brings people together and cultivates an environment of closeness. Her retirement goals are traveling the world and experiencing different cultures through their various types of food. For now, she is pleased to explore Santa Ana and surrounding areas!



Upcoming Documentation Trainings

- August 5th & 7th (fulfills ASAM B)
- August 28th (1 day)*
- September 9th & 11th (fulfills ASAM B)
- September 25th (1 day)*
- October 7th & 9th (fulfills ASAM B)
- October 23rd (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.

The Role of the QI Coordinator

For DMC-ODS, each site must have a designated QI Coordinator or staff member who is tasked with the responsibility of ensuring compliance with the State's requirements at his or her respective site. The QI Coordinator is the front line of defense as he or she is familiar with the specific needs and workflows of his or her organization and how the DMC-ODS requirements will fit into that mix.

The Substance Use Disorder (SUD) Support Team, under Authority & Quality Improvement Services (AQIS), is tasked with providing quality improvement support for all County-operated and County-contracted SUD programs in order to adhere to State and Federal regulations. Although the SUD Support Team is your liaison with the State and Federal government, the QI Coordinators will be our eyes and ears to help us ensure compliance.

The expectation is that the QI Coordinator (or a staff representing them in their absence) will be present at each monthly QI Coordinator meeting held at the Health Care Agency. This meeting is meant to be a training so that information presented can be taken by each QI Coordinator back to his or her organization to further train the staff there.

You can view the DMC-ODS New provider orientation slides, which covered this and many other topics of interest by visiting the "Providers" tab of the DMC-ODS website, here:

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



Documentation FAQ's

1. 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.

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 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.

Medication Assisted Treatment (MAT)

MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders. Research shows that a combination of MAT and behavioral therapies is a successful method to treat substance use disorders.

In an effort to address the opioid epidemic throughout the state, the California Department of Health Care Services (DHCS) is implementing the California MAT Expansion Project. This project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. The California MAT Expansion Project is funded by grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

For more information regard MAT, please visit: <http://www.californiamat.org/>

County's DMC-ODS Reviews

As part of the DMC-ODS requirements, the County monitors all of its county-operated and county-contracted providers on an annual basis to ensure that all programs within the network are in compliance with State and Federal regulations.

❖ For County-contracted clinics:

County-employed Contract Monitors perform Administrative reviews and AQIS Quality Improvement Consultants carry out the chart documentation reviews.

❖ For County-operated clinics:

AQIS's Quality Improvement Consultants carry out both chart documentation reviews and Administrative reviews.

These reviews identify deficiencies or areas for improvement. Following the reviews, programs shall submit a Corrective Action Plan (CAP). The County shall determine whether the CAP is sufficient and ensure that these corrective actions are implemented.

Common Deficiencies Found in Administrative Reviews

Administrative reviews are different than chart reviews in that the monitors are not looking at clinical services. In these reviews, monitors are concerned with matters within the program such as: policies and procedures, timely and accurate submission of monthly reports (e.g. DATAR, CalOMS, CESI/CEST, etc.), ADA compliance, safety and emergency procedures, ability to provide culturally and linguistically appropriate services, ensuring that the facility is up to the California Health and Safety code, personnel requirements are met, etc.

In the recent review of programs, we found these common deficiencies among the locations.

❖ Administrative Requirements:

- . The written roles, responsibilities and code of conduct for the medical director were missing.
- . CalOMS were not submitted accurately and timely.

❖ Personnel File Requirements:

- . The majority of staff are missing at least one training such as: infectious disease training, non-violent crisis intervention training, ASAM A and/or B, documentation training related to SUD and treatment, or minimum of 2 Evidenced Based Practices used by the program.
- . A few staff are missing valid TB testing and proof of physical examination.

AQIS recommends that aside from our reviews, both county-operated and county-contracted programs regularly perform internal monitoring in order to minimize deficiencies. This will help make future State reviews more efficient.

Medi-Cal improves SUD Treatment in California

1. Under DMC-ODS, people with Medi-Cal have access to all FDA-approved forms of medication assisted treatment (MAT).

Prior to DMC-ODS, people with Medi-Cal frequently did not have access to medications like buprenorphine for opioid addiction, or disulfiram or acamprosate for alcohol use disorder. DMC-ODS added all FDA-approved drugs to its formulary, ensuring that doctors and other providers could prescribe whichever medications would be best for their patients' needs. Besides medications, treatment includes counseling and other medical and supportive therapies.

2. People with Medi-Cal can access services in the community where they live.

Community-based treatment services are included in the DMC-ODS design. Programs can seek out the most vulnerable and at-risk people with SUD for engagement and treatment.

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Evidence Based Practices (EBPs)

Per DMC-ODS requirements, each individual provider is required to have training on the following two EBPs on an annual basis.

1. **Motivation interviewing:** A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
2. **One of the following:** Cognitive-Behavioral Therapy, Trauma Informed Treatment, Relapse Prevention or Psycho-Education.

FILL IN THE BLANK.

1. Both the _____ and the _____ can do a billable case manage note to account for their consultation time.
2. Trainees (those who are currently in school) would also need to have a/an _____ and be under supervision if services are billed under the DMC-ODS.
3. At each site, the designated _____ is tasked with the responsibility of ensuring compliance with the State's requirements at his or her respective site.
4. _____ is solely used for non-therapy sessions with significant people in the client's life that are not professional nor official and who instead have a personal relationship with the client.
5. _____ is not the same as a _____. Under the DMC-ODS, the definition of a _____ is an actual relapse or an unforeseen circumstance which presents an imminent threats of relapse.
6. A CalOMS _____ needs to be completed by the 20th day of no contact.
7. The _____ is the web-based application designed to simplify and accelerate the DMC enrollment processes. Providers can utilize this tool to complete and submit applications, report changes to existing enrollments.
8. Travel time, spending time waiting for the client to show up, leaving messages, reading correspondence are some example of _____.
9. Currently, only individuals with _____ and _____ can benefit from Medication Assisted Treatment (MAT).
10. Heroin, Oxycontin, Vicodin, morphine, codeine, and fentanyl are some example of _____.

Bonus. Angela Lee used to work for the following programs: wrap around services, Integrated Community Services, and _____.

Key words: crisis, Opioid use disorder (OUD), AOD registration or certification, PACT, non-billable activities, "Collateral" non-LPHA, crisis intervention, LPHA, risk assessment, administrative discharge, Alcohol use disorder (AUD), PAVE portal, QI coordinator, opioid

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These people include the homeless, isolated disabled individuals, and young people who may have limited ability to come to a clinic to begin care.

3. Patient placement is based on scientifically validated, consistent screening criteria.

To ensure people with Medi-Cal have access to the full continuum of substance use disorder (SUD) services, the benefits offered through DMC-ODS are modeled after nationally recognized guidelines from the American Society of Addiction Medicine (ASAM), known as the ASAM Criteria. These criteria, first developed in 1991, are used to create comprehensive and individualized treatment plans for people with addiction and co-occurring conditions. By using a consistent screening tool to place patients in the most appropriate level of care, DMC-ODS counties are reducing the variability of treatment placement for beneficiaries with SUD.

4. People with Medi-Cal can call a dedicated phone line at any time, night or day, and receive a referral to appropriate care.

DMC-ODS requires participating counties to set up a 24/7 toll free line that helps Medi-Cal beneficiaries find treatment. As of 2018, Orange County residents can call our 24/7 Beneficiaries Access Line (BAL) at (800) 723-8641 to check eligibility for Medi-Cal, be screened and receive referrals to an appropriate level of care.

5. Beneficiaries have better engagement in treatment and higher satisfaction.

UCLA's patient satisfaction survey asked people with Medi-Cal about their experience in accessing and receiving SUD care. 93% of people surveyed had a positive rating of the treatment they were receiving in a DMC-ODS plan. This high satisfaction rate points to the true paradigm change that is happening in California around SUD treatment.

Reference: <https://www.chcf.org/wp-content/uploads/2018/11/HowMediCalImprovingTreatmentSUD.pdf>