SUD Support Newsletter

Authority & Quality Improvement Services

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CalOMS Network Error Rate	
Jan	17.7%
Feb	17.9%
Mar	9.5%
Apr	12.6%
May	9.6%
Jun	10.5%
Jul	9.4%

WHAT'S NEW?

Starting in September, AQIS is no longer providing the two-day in person training that previously qualified as the American Society of Addiction Medicine (ASAM) B. However, the County is able to provide both ASAM A and B via eTraining modules to in network Drug Medi-Cal Organized Delivery System (DMC-ODS) providers.

While these eTrainings are equivalent to the ASAM A and B trainings and will satisfy the regulatory requirements for SUD counselors in the ODS, the DMC-ODS Plan Administrator expects all counselors to also attend AQIS' one-day SUD Documentation as this training is more specific to the workflow and forms of Orange County's DMC-ODS.

For more information regarding registration in the ASAM A and B e-modules, contact Noshin Kohzad from Behavioral Health Training Services (BHTS) at nkohzad@ochca.com.

Upcoming Documentation Trainings

- September 9th & 11th (2 day)
- September 25th (1 day)*
- October 23rd (1 day)*
- December 2nd & 4th (2 day)
- December 11th (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 Impact of Certification Expiration

AOD Counselors:

- Any AOD counselor whose certification expires is not eligible to provide services under DMC-ODS
- If certifications expire, counselors will be suspended from providing DMC services.
- If services are provided while certifications are expired, they will be disallowed on audit. Disallowed services must be credited back and re-entered as non-compliant.
- **CCAPP, CADTP and CAADE require a minimum of 30 days to process renewals**
- **AQIS recommends sending renewal packets at least 6 weeks prior to expiration**

LPHAs:

- Any LPHA whose license or registration expires is not eligible to provide services under DMC-ODS
- If licenses or registrations expire, staff will be suspended from providing DMC services.
- If services are provided while licenses/registrations are expired, they will be disallowed on audit. Disallowed services must be credited back and re-entered as non-compliant.
- **AQIS recommends sending renewal packets well in advance of expiration**

Documentation FAQ's

1. Where can I address a client's financial information on the SUD Assessment?

a. Upon admission, all clients must receive a comprehensive assessment including financial history and current status.

b. The financial information can be documented in dimension 4, dimension 5, or dimension 6. Within dimension 4, question 13 asks about "life areas affected by substance use" with a checkbox for financials. Please remember to provide further information if the checkbox has been selected with an explanation. Dimension 5 also has a checkbox selection of financials available under question 15 for "Triggers" where the information can be noted. Lastly, dimension 6 can be utilized to provide a client's financial information in relation to the client's previous work experience, living arrangements, and/or barriers to recovery.

c. Please remember that the key is not where the information is documented, but that the content is informative of the client's financial history and current financial status.

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Drug Medi-Cal (DMC) Treatment Program Monitoring

DMC Monitoring

All Drug Medi-Cal (DMC) programs are subject to utilization review and control. Authority governing utilization controls is provided in the Federal Medicaid Law [(42 USC 1396(a)(30-33)] and Federal Medicaid Regulations, Title 42, Code of Federal Regulations, Sections 456.2 through 456.6. Utilization review provides safeguards against DMC paying for unnecessary services provided by substance abuse programs. The former Department of Alcohol and Drug Programs (ADP) now known as Department of Health Care Services (DHCS) developed regulations in CCR, Title 22 detailing the minimum requirements that must be met in order for DMC services to be reimbursed to providers.

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2. Can I use a template for my notes?

Yes, it is possible to utilize an outline to assist with documentation. HOWEVER, the specifics of the content must be INDIVIDUALIZED to the client AND to the current service provided. This means, no "copy and paste" from other documents. Identical content, whether it be across notes of the same client or notes of different clients, is not allowed. The exception is the goal and intervention for group notes, where all clients in that particular group are going to have received the same intervention under one group topic/purpose. However, each client's response should be different. Also refrain from templating times for service and documentation minutes as this may appear as a red flag to further investigate for fraud. This means that service minutes should not be the same 50 minutes for every session and the same 10 minutes of documentation for every note. Start and end times must be actual minutes rather than an estimated time. Therefore, service and documentation minutes would vary from one service to another.

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Title 22 regulations define the roles and responsibilities of the State, County, and treatment providers. Title 22 regulations require that DHCS conduct onsite post service, post payment (PSPP) utilization reviews to determine compliance with standards of care and other requirements of the regulations. Assembly Bill (AB) 106, which Governor Brown signed into law on June 28, 2011, required the transfer of the administration of the DMC treatment program from the Department of Alcohol and Drug Programs to the Department of Health Care Services (DHCS) on July 1, 2012. DHCS is now responsible for conducting all onsite PSPP utilization reviews. The PSPP review process is intended to provide statewide quality assurance and accountability for DMC services.

State Role

DHCS is responsible for administrative and fiscal oversight, monitoring, and auditing to safeguard California's investment in DMC alcohol and drug treatment services. This is accomplished through the promulgation of the Title 22 DMC regulations and onsite reviews of DMC providers by DHCS staff. The purpose of the review is to ensure that DMC compliance measures are in place for each provider participating in DMC programs, to provide technical assistance and training to providers and their staff, and to initiate the recovery of payments when DMC requirements have not been met in accordance with all of the requirements outlined in the CCR, Title 22, Section 51341.1(k). A written report is issued at the conclusion of each onsite visit, detailing the deficiencies found. The county and/or provider are required to develop and implement a written corrective action plan (CAP) for every deficiency identified in the PSPP report.

County Role

The county is responsible for contracting with the providers, if applicable (programs may be county entities);implementing and maintaining a system of fiscal disbursements and controls; monitoring the billings to ensure that reimbursement is within the rates established for services; and processing claims for reimbursement. Beginning in fiscal year 2014-15, counties are required to certify that their DMC providers have implemented all corrective actions. Counties should complete form DHCS 8049 and submit it to SUD County Reports once they are completed.

Provider Role

All DMC providers must be certified by DHCS Provider Enrollment Division to participate in the DMC treatment service system and must comply with all DMC requirements.

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Documentation Tips

Drug testing is NOT billable:

If you would like to document in your progress note that this was done, please be sure to indicate clearly that this activity was not billed for. You can write "drug testing completed (time not billed for)" or something to that effect.

Be careful with standard time versus actual time:

If your progress notes are consistently 50 minutes every session or the documentation time is always 10 minutes, this will be a red flag for auditors.

The duration of the session needs to reflect the actual number of minutes. This is also the same for the start and end times. Rarely will a group scheduled to start at 9am, consistently start exactly at 9am from week to week.

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Outcome

Monitoring of DMC services results in quality control in publicly funded treatment, assists counties and providers in identifying and resolving compliance issues, and provides training and technical assistance to counties and providers. Where appropriate, the onsite utilization review provides an opportunity for the provider to receive technical assistance in how to reach compliance with the regulations.

Source Reference:
https://www.dhcs.ca.gov/services/adp/Pages/dmc_drug_medical_monitoring.aspx

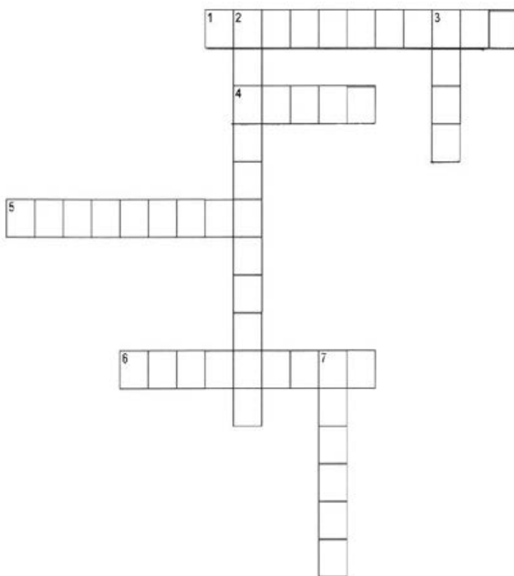
Personnel Files and Requirements

In the DMC-ODS, each individual counselor or clinician is considered a "provider", not just the agency as a whole. As such, each person must be properly accredited to provide services. Personnel files shall contain the following:

- Current/non-expired License or certification
- Training certificates, all required and optional
- Proof of continuing education required by licensing or certifying agency and program
- Job application/resume
- Job description
- Performance reviews
- Health records/status (as required by AOD Certification or Title 9)
- Signed code of conduct, including licensing/certifying body's code of conduct

For more information, ask your program director, service chief or AQIS staff.

Crossword Puzzle



ACROSS

1. Quality __________ consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.
4. Any time the plan makes a decision that impacts the beneficiary, a __________ must be issued.
5. According to Title 42, Code of Federal Regulations (CFR), Part 438, Subpart F, the __________ is aimed at aligning the Medicaid managed care regulations with requirements for other major sources of coverage.
6. Quality __________ tracks data outcomes and report on ability to meet performance objectives and ensure file compliance with the DMC-ODS implementation plan.

DOWN

2. __________ is a health care delivery system organized to manage cost, utilization, and quality.
3. __________ is a third party agency contracted by the State to perform quality reviews for the County's implementation of Drug Medi-Cal Organized Delivery System (DMC-ODS).
7. __________ is short for California Outcome Measure System.

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Clinical hours at Residential Treatment Services level of care:

Please remember that the minimum requirement is 7 clinical service hours per week and a billable activity must occur every day. If a client leaves for a weekend or overnight pass, be mindful that, in order for billing to occur, the client must receive some type of service on that day.

Initials and date should be at the bottom of each page of the SUD Assessment form:

Initials and date should correspond with the date of completion for that page. If you complete the entire assessment in one session, you do not need to worry about this as all of the pages will have the same date. But, if you complete the assessment form over multiple sessions, you may potentially have a different date on each page. If you are billing for the time spent outside of session working on any of the pages, be sure to print those pages and place them in the chart as you go so that if an audit takes place before the entire form is complete, the auditor will be able to see what has been done so far. If you are completing the assessment form over multiple sessions, make sure there is a clean final copy also placed in the chart at the end of the assessment for the auditors to look at.

The last face-to-face contact with a client:

This must be provided by a DMC-ODS certified staff member who has performed a service that can be dropped in IRIS. This means that the client meeting with the front office staff or non-DMC certified staff (i.e., community health worker) would not be considered a last face-to-face. Additionally, drug testing by any level of staff is not considered a last face-to-face service. Again, it must be a service that gets entered into IRIS.