

SUD

Support Newsletter

Authority & Quality Improvement Services

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SUD Support Team

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WHAT'S NEW?

We have a new team member, Faith Morrison! Faith was hired into the County in February 2016. Before coming to AQIS, she worked as the Office Specialist for the Housing and Supportive Services team. This unit encompasses many different programs such as shelters, short term and transitional housing, residential rehabilitation, etc. Faith has learned a great deal about the County system through these programs and from frequently interacting with representatives of County Clinics and contracted providers.

Like many in the SST team, she has one cat (emphasis on one). She is a little black cat named Meow Meow who faces some health challenges. Faith and her partner, Russ, rescued her from Mojave City. A piece of interesting note is that Russ lived and worked in Mojave City for nearly 2 years as a CATIA software design engineer for Richard Branson's The Space Ship company working on SpaceShipTwo.

In her previous life, Faith lived in Northern Ireland and taught horse riding before she transitioned into office work and administrative support. If she is spotted wandering in the hallway, it's because she is still not used to being chained to a computer desk even after 16 years. Finally, she is duty bound by her English heritage to make a Banoffee pie every once in a while. Next time she feels compelled to make one, she might see if the SST members appreciate the finer qualities of this particular pastry confection. Yes, Faith's vicarious lifestyle really is that exciting! For now, she is looking forward to working with the SUD Support Team and assists in making this team even stronger.



Upcoming Documentation Trainings

- December 2nd & 4th (2 day)
- December 11th (1 day)*
- January 22nd (1 day)*
- February 26th (1day)*
- March 9th & 11th (2 day)
- March 25th (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.

CalOMS Late Submission Rate	
Jan	17.7%
Feb	17.9%
Mar	9.5%
Apr	12.6%
May	9.6%
Jun	10.5%
Jul	9.2%
Aug	9.4%
Sep	11.3%
Oct	8.7%

Grievance Reminders

The county maintains a written record for each grievance and appeal received. The record of each grievance and appeal is maintained in a log and include the following information:

1. The date and time of receipt of the grievance or appeal;
2. The name of the beneficiary filing the grievance or appeal;
3. The name of the representative recording the grievance or appeal;
4. A description of the complaint or problem;
5. A description of the action taken by the Plan or provider to investigate and resolve the grievance or appeal;
6. The proposed resolution by the Plan or provider;
7. The name of the Plan provider or staff responsible for resolving the grievance or appeal; and
8. The date of notification to the beneficiary of the resolution

The written record of grievances and appeals is submitted at least annually to the county's quality improvement committee for systematic aggregation and analysis for quality improvement. Grievance records are submitted to the Department of Health Care Services (DHCS) quarterly.

Grievances and appeals reviewed shall include, but not be limited to, those related to access to care, quality of care, and denial of services. Appropriate action shall be taken to remedy any problems identified.



Documentation FAQ's

1. Are student interns or trainees considered LPHA?

No. To be considered "license-eligible," the individual must be registered with the appropriate state licensing authority for his or her respective field. Interns who have not yet received their advanced degree within their specific field and/or have not registered with the appropriate state board are not considered Licensed Practitioner of the Healing Arts (LPHA) LPHAs.

2. Are co-signatures required for license-eligible practitioners?

Co-signing assessments is not required for license-eligible practitioners as part of the required supervision. To be considered a "licensed-eligible practitioner," an individual must be registered with the appropriate state licensing authority for his or her respective field in order to obtain supervised clinical hours for licensure. The individual must also be working under the supervision of a licensed clinician. The terms of supervision are governed by the scope of practice statutes and the California Board of Behavioral Sciences and the California Board of Psychology professional boards. Please refer to the California Board of Behavioral Sciences or the California Board of Psychology for more information on licensing and registration requirements.

Medication Assisted Treatment (MAT) available outside of DMC-ODS

It is true that Medi-Cal beneficiaries may access MAT services outside of DMC-ODS under certain circumstances. SUD treatment providers may offer certain MAT services through an enrollment of physicians as Fee-For-Service (FFS) providers and adherence to the requirements as outlined below.

Please see the Medi-Cal provider manual posted online for more detailed information about the coverage available under the FFS program at:

Reference: http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp

Requirements for Case Management Services Reimbursement Reminders

1. The beneficiary is Medi-Cal eligible.
2. The beneficiary resides in the county.
3. The beneficiary meets established medical necessity criteria. The initial medical necessity determination must be performed by a medical director, licensed physician, or other LPHA working within their scope of practice.
4. Services are medically necessary, connected to the beneficiary's treatment needs and delivered by a qualified provider and linked to a DMC-certified site / facility.

ASAM Releases New Definition of Addiction to Advance Greater Understanding of the Complex, Chronic Disease

Released by ASAM

Incomplete Understanding of Addiction has Prevented an Adequate Response from the Medical Community, the Criminal Justice System and Policymakers in Addressing Prevention, Treatment, Remission, and Recovery and Reducing Overdose Deaths

Rockville, MD – The American Society of Addiction Medicine (ASAM) – the nation's largest organization representing medical professionals who specialize in addiction prevention and treatment – has updated the society's definition of addiction to explain more fully the complexity of this chronic disease with the intent of driving a bold and comprehensive national response that creates a future when addiction prevention, treatment, remission and recovery are accessible to all, and profoundly improve the health of all people. The release of the updated definition of addiction coincides with National Addiction Treatment Week, which is recognized from October 21–27, 2019.

In commentary published in Medium, the president and vice president of ASAM, Drs. Paul Earley and Yngvild Olsen respectively, note the updated definition "underscores the complex interplay of unique biological, psychological, and environmental conditions that have a role in any one individual's addiction." Moreover, the two assert that a better understanding of addiction "... may lead us to bolder policy interventions that save and improve more lives. Ultimately, public perception and public policy must reflect this nuanced understanding if our nation is to recover."

The updated definition reads:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Substance Use Awareness

Substance abuse might start out as a bad habit but it can become a harmful disease. The use and abuse of alcohol and drugs are serious issues that should not be ignored or minimized. If left untreated, use and abuse can develop into drug dependence or alcoholism. As a result, it is important to recognize the signs and symptoms of alcohol and drug abuse early.

Signs of Drug and Alcohol Abuse:

- Problems at work or school because of drinking/drug use, such as being late or not going at all.
- Drinking/doing drugs in risky situations, such as before or while driving a car.
- After drinking/doing drugs, the individual can't remember what happened while he or she was drinking/doing drugs (blacking out).
- Having legal problems because of drinking/drug use, such as being arrested for harming someone or driving while drunk.
- Friends or family members are constantly worried about drinking/drug use.



SUD Workforce Recovery & MAT Summit

DHCS is holding The Substance Use Disorder (SUD) Workforce: Recovery and Medication Assisted Treatment (MAT) Summit that brings together registered and certified SUD counselors and other disciplines of the behavioral health workforce to provide education and resources pertaining to MAT, tools to address and reduce stigma and ways the workforce can join California's current efforts to address SUD emerging epidemics.

Registration is complimentary and CEUs are available. The dates, locations, and registration information can be found at: www.cvent.com/d/4hq10m

Promoting a Customer-focused Culture in Your Treatment Program

According to research, using customer-focused business practices, a research collaborative has succeeded in reducing wait times and no-show rates and increasing admissions and continuation in treatment.

For many of us trained in the healthcare and medical field where we think of patients and clients, it may seem a bit of a turnoff to sound like a business selling widgets, thinking of "customers". After all, aren't we into healing, not selling; saving lives, not saving money? Have you ever been frustrated waiting for your doctor who's running an hour late? Imagine if you were treated as a customer, not a patient? What if obtaining an airline booking was as difficult as getting an initial addiction or mental health appointment? The airlines would be even more bankrupt than they already are, and certainly out of business.

When we treat people as wanted and welcomed customers whose needs we wish to understand and address as fast as possible, that qualifies as good care. A customer approach is more likely to engage the client and cement the relationship. Research reminds us that these are the single most important predictors of treatment outcome anyway.

Reference: retrieved from www.tipsntopics.com



Requirements for Appeals Reminders

The beneficiary or their authorized representative may file an appeal in-person, orally, or in writing. If they request expedited resolution, the beneficiary or representative must follow an in-person or oral filing with a written, signed appeal.

The appeal must not count against the beneficiary or authorized representative in any way. Individuals deciding on the appeals resolution must be qualified to do so and not have been involved in any previous level of review or decision-making.

Beneficiaries and/or their authorized representative must:

1. Have the right to examine their case files, including their medical record and any other documents or records considered during the appeal process, before and during the appeal process.
2. Have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
3. Be allowed to have a legal representative and / or legal representative of a deceased member's estate included as parties to the appeal.
4. Be informed that their appeal is being reviewed using written confirmation.
5. Be informed of their right to request a State Fair Hearing, following the completion of the appeal process.