

SUD Support Newsletter

Authority & Quality Improvement Services

May 2020

WHAT'S NEW?

SUD Support Team

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Please help us welcome our newest team member, Michelle Hour! Michelle is a Licensed Clinical Social Worker who will be in the role of Quality Improvement and Compliance Consultant within the Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST). She will be assisting you with documentation and billing support as well as participating in the SST clinical chart reviews conducted to ensure compliance with the Department of Health Care Services (DHCS) requirements for the Drug Medi-Cal Organized Delivery System (DMC-ODS). Here is a little bit about Michelle so you can get to know her better...

“My favorite food is sushi” and “I like to travel and would love to do some more travelling! My most recent trip was Chicago, IL...my favorite trip has been to Japan.”

Feel free to reach out to any of the SST at AQISSUDSUPPORT@ochca.com. If you send any sample documents for review, such as progress notes or treatment plans, please be sure to remove any patient identifying information.



Upcoming Documentation Trainings

- June 24th (1 day)*
- July 22nd (1 day)*
- August 26th (1 day)*

*Prerequisites: ASAM A and ASAM B

Until further notice, all SST Documentation Trainings will be provided via Go-To Meeting to ensure the health and safety of all.

To sign up, e-mail us at AQISSUDSupport@ochca.com. For county staff, Training Partner is no longer in use. Please send an e-mail.

UPDATES

In the past we had believed it was possible to bill crisis without a valid treatment plan in place, however, **the State emphasizes that there needs to be a valid treatment plan in place to bill for crisis.** Even though we do not identify crisis as a specific type of service on the treatment plan, for the DMC-ODS, an active treatment plan in general is what allows or authorizes us to provide services, including crisis, to the client. When crisis

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...UPDATES

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intervention is provided without a valid treatment plan in place, a non-compliant progress note should be written to explain the crisis situation and the interventions provided. It should also include documentation about the plan for getting a valid treatment plan in place as soon as possible.

COVID-19 SPECIFIC UPDATE...

Physical exams during COVID-19 can be completed via telehealth, according to the State. Best practice would be for the client to receive a physical exam in person whenever possible. At minimum, since the physical exam requirement is still applicable during COVID-19 for all levels of care, please be sure that clients who have not had a physical exam within the twelve (12) months prior to their admission have a treatment plan goal to address this. The topic should be visited periodically with the client to encourage the benefits of obtaining a physical exam for maintaining one's physical health in recovery.



Documentation

FAQ

1. I am a trainee in a graduate program completing my internship at an SUD clinic. Can I bill for providing services in the DMC-ODS?

No. The DMC-ODS does not permit trainees to provide services; only LPHA and AOD Counselors (certified or registered) are able to provide services. If a trainee is also registered as an AOD Counselor, he or she may provide and bill for services in the DMC-ODS as a registered AOD Counselor. However, providers will need to keep in mind that the service and corresponding documentation must reflect the scope of practice of an AOD Counselor. Please ensure that trainees are fully advised of the restrictions of registering as an AOD Counselor. A registered AOD counselor "shall complete certification as an AOD counselor within five (5) years of the date of registration" (*CCR Title 9, Chapter 8, Subchapter 3, Section 13035 (f)(1) and (2)*). Additionally, please be sure to check with graduate training programs and administration in regards to the signing off of internship or practicum hours intended to fulfill the requirements of a graduate program while the individual operates under a different discipline.

SST Clinical Chart Reviews amidst COVID-19...

You may be wondering what is happening with the SST Clinical Chart Reviews. Some of you have even received notification about postponing on-site reviews that had been scheduled prior to the pandemic. In our efforts to minimize the spread of COVID-19 while still maintaining our obligations to the contract with the State, we will be working to conduct Clinical Chart Reviews without an on-site visit as much as possible. We will first be starting with those programs that utilize an Electronic Health Record (EHR) system that can be accessed remotely. For other programs that may have paper charts, we will be working to implement a way to review documentation and billing practices without an on-site visit whenever possible. Each program and site has their specific needs and capabilities, which we would like to be mindful of. We will be reaching out to you to coordinate a plan that will be the least disruptive method to your operations during this already challenging time. Stay tuned...

Documentation FAQ (continued)

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2. Is it considered a discharge when a client goes from Intensive Outpatient Treatment (IOT) to Outpatient Drug Free (ODF) within the same provider?

No. The State does not consider a transition between IOT and ODF within the same provider as a discharge. This only applies to IOT and ODF, not Recovery Services, and only when it is within the same provider. Even though it is not a discharge according to the State, the County's billing system (IRIS) does require that we create a new episode of care when a client transitions between IOT and ODF within the same provider. There should also be a SUD Re-Assessment on file that documents the reasons the client is appropriate for the change in level of care. This SUD Re-Assessment will demonstrate how the client is no longer appropriate for the level of care that they are in and are appropriate to begin receiving services at the next level of care. It is advised that providers check to ensure that all of the assessment elements (i.e., drug/alcohol use history, medical history, family history, psychiatric/psychological history, social/recreational history, financial status/history, educational history, employment history, criminal history, legal status, and previous SUD treatment history) have been captured in the initial assessment or subsequent Re-Assessments. If it is found that this information is missing, please be sure to include it in the most recent Re-Assessment so that we may be in compliance with the requirements for what is needed on an assessment.

3. I need to complete the Discharge Summary for an unplanned discharge, but it has been more than 30 calendar days since the last face-to-face with the client. Can I bill for it?

No. Although the State will reimburse for the completion of the Discharge Summary of unplanned discharges, part of the requirement is that the Discharge Summary be completed within thirty (30) calendar days of the last face-to-face treatment contact with the client. Therefore, the State has confirmed that if you are completing the Discharge Summary for an unplanned discharge beyond the thirty (30) calendar days, it cannot be billed. It should be coded as non-compliant.

COVID-19 SPECIFIC INFORMATION

Please keep in mind that information contained in this newsletter, that is specific to the COVID-19 pandemic, may be subject to change under normal operations.

Refer to the following documents for more detailed information:

COVID-19 SUD Support Telehealth Guidance Final 4.2.2020

CORRECTED COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.7.2020

COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.13.2020 (Guidance Memo #3)

COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.23.2020 (Guidance Memo #4)

Updates will be provided periodically. You can also find more resources on the DHCS COVID-19 Response page, found here: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>

Documentation Reminders...

- County's Discharge Summary form: the "EOC and/or Facility Discharge Date" must be the last date on which there was any charting completed. This means that if the Discharge Summary form is the last piece of documentation that will be completed for a client, the date it is completed would be the same as the "EOC and/or Facility Discharge Date." The "EOC and/or Facility Discharge Date" should never be a date prior to the "Documentation date."
- Corrections to chart documents such as Progress Notes and Encounter Documents (ED), must be made by the rendering provider. Please remember that these are legal documents and any changes must be made by the provider whenever possible, except in cases where that provider is no longer with the agency. For a provider who is no longer with the agency, a Service Chief or Program Director can make the correction on his/her behalf if the correction does not involve missing signatures or changes to the content of the note, such as changing the code from compliant to non-compliant. If there is a missing signature, that note must be made non-compliant as he/she is no longer able to attest to having completed it.