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
Angela Lee, LMFT
Beatriz Garcia, LMFT
Dominic Ong, LMFT
Emi Tanaka, LCSW
Michelle Hour, LCSW
Faith Morrison, Staff Assistant
Marsi Hartwell, Secretary

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

UPDATES

We would like to clarify that **Discharge Plans should be signed on the last face-to-face meeting with the client.** In the May SUD Newsletter, it was stated that Discharge Plans should be signed on the date of discharge. The date of the last face-to-face meeting may not necessarily be the date of discharge. The last activity for the client that takes place is the discharge date (such as the completion of the discharge summary).

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WHAT'S NEW?

In the last few months, some of you have become official Drug Medi-Cal Organized Delivery System (DMC-ODS) providers and we will continue to add a few more providers in the coming months. As a managed care, the more expansive the DMC-ODS network of providers we have within our county, the better we can serve our beneficiaries. Regardless of whether you are a new provider or have been certified for quite some time, we understand that providers are busy providing services while simultaneously trying to navigate the State's requirements. The Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST) is here to support you. As a reminder, this newsletter was established to help communicate 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.

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 online 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

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If using the County's Discharge Summary form, please be sure to justify the billing for time to complete an unplanned discharge. The State allows for billing the time it takes to complete the discharge summary as well as other discharge activities associated with it. However, we must be sure to provide an explanation of how the "number of minutes to complete the discharge process" was used. You can include this information in the narrative section, which may have been time spent researching the client's chart for information needed to determine the client's length of stay, prognosis, overall treatment episode summary and outcomes. This is separate from the "Documentation minutes." The "Documentation minutes" is how long it took to write or type up the Discharge Summary form itself (just like the "Documentation minutes" on a progress note).

Documentation FAQ

1. My client is going to be visiting another state for the next 7 weeks, can I provide telehealth services and keep their case open?

No. Although we are able to utilize telehealth and telephone to provide services to our clients, we cannot do so when clients are outside of California. Please remember that you must work within your scope of practice and this includes the state for which you are licensed or certified under. A client who will be outside of California for over 30 calendar days, must be discharged. If the client wishes to resume services upon his or her return to California, a new case can be opened, if appropriate.

2. I am the Medical Director…why do I need to take the Annual Provider Training (APT)?

The APT is a training that the County is required to provide and must cover specific categories of topics that are pre-determined by the State. The expectation is that all providers in the network are informed of and have an understanding of the issues surrounding these topics. For example, one of those areas is in

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SST Clinical Chart Review Reports

The SST has sent us a report of the findings from their Clinical Chart Review…what does it all mean?

After a review is conducted, you will be receiving a final report, which includes a narrative summary of the findings and a spreadsheet. The spreadsheet will detail each of the services that were reviewed and any relevant comments and/or instructions for correction. Here are a few common questions about the spreadsheet part of the report:

What does it mean when a service "fails?"

A "fail" means that we cannot be reimbursed for the service. These services are typically highlighted in yellow for the entire row on the spreadsheet and results in recoupment. Something was done incorrectly, such as the progress note being written outside of the 7 day timeframe. The reason a service may "fail" could be more than just what is on that progress note for the service.

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Documentation FAQ (continued)

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regards to fraud, waste, and abuse. It is vital for all providers to be clear about those aspects of the day-to-day duties and responsibilities that must be handled with care in order to prevent any fraud, waste, or abuse. Part of completing this training is for each provider to attest that they understand this.

3. Since it is not considered a discharge when a client goes from Intensive Outpatient Treatment (IOT) to Outpatient Drug Free (ODF) within the same provider, do I still need to do a new treatment plan?

Yes. Please remember that even though the State does not consider it a discharge, it is still a change in level of care. This means that the client's needs have now changed. Therefore, the treatment plan needs to reflect the needs of the client at this new level of care. If a thorough SUD Re-Assessment form was completed to justify the client's readiness to move from IOT to ODF, there should have been information related to the client's progress in treatment at IOT and the ongoing or new needs at ODF. This information would then be used to inform the new treatment plan at ODF.

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There may not have been any problems with the actual progress note itself. The service must be medically necessary, which means that there must be an assessment that documents this and a corresponding treatment plan that authorizes us to bill. It is possible that the progress note was fine, but the assessment did not establish medical necessity. Or there was never a treatment plan completed. Perhaps there was a treatment plan, but it was never signed by the required parties or there was a gap between when it should have been completed and when it actually got done.

What is a "quality comment?"

A "quality comment" is typically one of two things: either a suggestion for improving the documentation in the future or a correction that is needed to be made to make the service reimbursable. There are some aspects of the service documentation that can be corrected to make the note billable. For example, perhaps the start and end time of the service does not match the amount of time that was claimed. This is something we can fix without having to recoup. One thing to note about "quality comments" is that, although SST has allowed for the change to be made, this does not guarantee that the State would also. Remember that any requirement that the State has set forth is a potentially recoupable issue if found to be out of compliance. Therefore, any "quality" issues that SST identifies could still be a deficiency according to a State reviewer.

What does the blue font mean?

We have identified any instructions for making any changes or corrections in blue colored font so that it may be easier to see and track. There are a number of changes that may be requested for a service. It could be a change that will only need to be made in IRIS. It is also possible that a change will be needed on the progress note or Encounter Document portion. The blue font is what will alert you to the actions needed to be taken to make the necessary change.

If you have specific questions about the report, reach out to us at AQISSUDSUPPORT@ochca.com

Documentation Reminders…

- Groups with more than twelve (12) participants should be coded using the non-compliant billing code, rather than non-billable. If you have not been coding it as such, please do so moving forward.
- Document review of legal paperwork in the intake note. Each client that is admitted needs to have an intake note on file. Be sure this note clearly indicates that legal forms, such as the Informed Consent, were reviewed with the client and his or her signature was obtained. This is to document that we have instructed the client about the voluntary nature of services and his or her agreement to engage in services.
- Don't forget to complete the Annual Provider Training (APT)! The Behavioral Health Services (BHS) DMC-ODS/SUD Annual Provider Training – 2019-2020 Update is now available. This is a training that all providers must take annually. You can find it at: https://www.ochealthinfo.com/bhs/providers/trainings *Be sure to select the APT for Substance Use Disorder*