

SUD

Support Newsletter

Authority & Quality Improvement Services

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WHAT'S NEW?

As you know, this newsletter was established to help communicate any changes or updates as well as to reinforce our current understanding of requirements related to the provision of services under the Drug Medi-Cal Organized Delivery System (DMC-ODS). In this month's issue, we will continue to relay updates to requirements based on the State's visit in October.



Documentation UPDATES

Review of documents may be billable as case management. Review of documents might include the LPHA reading the SUD Assessment that was completed by the non-LPHA in order to prepare for the face-to-face consultation. It can also include looking over paperwork like a discharge summary, Minute Orders, treatment plan, etc. The justification for why this activity is necessary and relevant to the client's

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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 intimately familiar with the specific needs and workflows of their organization and how the DMC-ODS requirements will fit into that mix.

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DMC-ODS Documentation Training

Don't forget that the AQIS Documentation Training is required. You can also fulfill the requirement for ASAM B by attending the AQIS Documentation Training (ASAM-B). For county staff: sign up through Training Partner. For contract staff: e-mail us at AQISSUDSupport@ochca.com.

2019 AQIS Documentation Trainings:

- January 7th & 9th (fulfills ASAM B)
- January 23rd (1 day)*
- February 4th & 6th (fulfills ASAM B)
- February 27th (1 day)*

*prerequisites: ASAM A and ASAM B

...More UPDATES:

treatment must be clearly documented in the progress note (i.e., why did you need to review that document?). Also include what the outcome of the activity was (i.e., will this result in a change in the course of the client's treatment or the actual treatment plan?).

Start and end times for documentation must be included in the progress note. The start and end time for the actual session or service is already being captured. Additionally, we must indicate the start and end time for documenting that progress note (time it took you to write the progress note). This can be done in the body of the narrative portion of the progress note (such as the Plan section of GIRP). The start and end times must match the minutes claimed for documentation time.

All problems identified in the assessment must be on the treatment plan. Although it does not mean that we need to address every problem in treatment, it does need to be indicated on the treatment plan. The problem or goal can be deferred for a later time. Clearly document the reason the problem is not going to be addressed at this time. This should also be reflected in your treatment planning session progress note with the client where it is discussed.

DMC-ODS Network Provider Directory (NPD)

You can view our DMC-ODS NPD online at www.ocalhealthinfo.com/bhs/about/aqis/dmc_ods

QI coordinators, please be sure to review your NPD sheet monthly and send your updates to our AQIS SST by the 20th of every month. This is a Managed Care requirement that needs to be updated **every 30 days**.



Documentation FAQ's

1. Can adolescents "at risk" of developing a Substance Use Disorder be admitted to treatment?

Youth "at risk" cannot be admitted into treatment. They (along with adults) must meet the full diagnostic criteria based on the DSM-5. Any individuals who do not meet the full diagnosis must be referred out for prevention and/or early intervention services outside of the DMC-ODS. Remember to consider any collateral information from people in the client's life (e.g., parent/guardian, social worker, probation officer, teacher, etc.) that can be used to help support the need for services (with the appropriate authorization or release, of course).

2. What training is required for staff to provide DMC-ODS services?

In order to begin providing services under the DMC-ODS, staff must become certified by the State as a Drug Medical provider. This means...

Your staff must complete a DHCS 6209 application.
Your LPHA staff must complete a DHCS 6010 application,

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CERTIFICATION REMINDERS



Avoid compliance and financial consequences by monitoring your Substance Abuse Counselors' (SAC) certifications and registrations. Please be aware of your SAC's expiration dates, as certifications need to be renewed on time. According to CCAPP and CADTP, the renewal process can take approximately 30 days. In some cases, it could take longer if there are additional materials that need to be submitted by the counselor. AQIS recommends sending renewal packets to the certifying organization at least **6 weeks** prior to the SAC's expiration date.

QI coordinators can help prevent SAC expirations by working with program staff to keep track of expiration dates and renewal.

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this is in addition to the DHCS 6209 application.

In order to begin billing for services provided under the DMC-ODS, staff must complete, at minimum, ASAM A.

If staff are going to provide and bill for any assessment services, staff must complete both ASAM A and ASAM B.

This matters because services provided by staff who do not have the required training and/or certifications will be disallowed.

Obtain an Annual Provider Training certificate or a New Provider Training certificate.

3. What is a collateral activity?

The definition of a collateral activity has changed. It no longer includes consultations with other staff. **Collateral** is solely used for sessions with significant people in the client's life. Remember that significant people are those that are not professional or official and who instead have a personal relationship with the client. Collateral is still an activity that falls under Individual Counseling services and will be billed as Individual Counseling.

4. Do I have to write everything that will go in the Assessment form on the progress note?

Not necessarily. There is nothing wrong with writing the same information that will go in the Assessment form in the progress note for the session where you obtained all of that information. If that is helpful for you when it comes time to complete the Assessment form, continue to do it that way. Otherwise, the progress note can indicate the general topic areas where the information was gathered. Remember that the progress note is to document the session and to account for the time. It should reflect how the session went overall in regards to the intended purpose of that session and be descriptive enough to justify the amount of time that is being claimed.

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The Substance Use Disorder (SUD) Support Team, under Authority & Quality Improvement Services (AQIS), is tasked with providing quality improvement support for all county 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 to be able to 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 will be a "train-the-trainer" format 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

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If a Substance Abuse Counselor's (SAC) certification expires, they are not allowed to provide services. It is your responsibility to ensure your staff are eligible to remain in the DMC-ODS provider network. Services that are submitted by expired counselors will be disallowed. Disallowed services must be credited back and re-entered as non-compliant.

This reminder also applies to LPHA's, please ensure your staffs' licenses do not expire. Reviewing your monthly DMC-ODS Network Provider Directory is a helpful way to double check LPHA's and SAC's credentials.

DOC 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 State 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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Some Reminders

For Intensive Outpatient and Outpatient Drug Free levels of care, there must be a **Continuing Services Justification (CSJ)** completed between the 5th and 6th month from the date of admission. Although this should happen naturally since a reassessment is required every 90 days (which is fulfilled by completing the CSJ), be mindful that if your first reassessment or CSJ is late, this could cause your next CSJ to fall outside of the window between the 5th and 6th month. Not having a CSJ between the 5th and 6th month will result in a deficiency. If you are using the County's CSJ form, there will be a place to indicate whether it is a "reassessment" or a "continuing services justification."

For **group sign-in sheets**, please utilize one (1) sign-in sheet for all attendees in the group (regardless of funding source). This is to demonstrate that the group size did not exceed the maximum of twelve (12) allowed by DMC-ODS for billing. Clients should already be informed during the intake process about confidentiality within the group setting. Please follow up with your respective administrators for confirmation that this has been made explicit in the intake paperwork. Some providers may choose to also include information on the actual sign-in sheets to remind clients about this. It may also be helpful to review this with clients in the group setting from time to time to ensure understanding.

Are you in compliance?

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- ACROSS
- 4 measurement system used to track trends and patterns statewide.

5 those responsible at each respective site for compliance with State and Federal requirements.

6 required in IOT & ODF between the 5th and 6th month.
- DOWN
- 1 consequence for billing assessment without ASAM A and ASAM B training.

2 providing services with an expired license or certification.

3 reviewing documents may be billable as...



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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. 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 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 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.