SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

March 2023

SUD Support Team

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UPDATES

Please be aware that **guidance on advertising requirements by SUD programs** has been outlined in **BHIN 23-007**. In order to protect the health, safety, and welfare of the vulnerable population that we serve, Senate Bill 1165, Chapter 172 addresses fraudulent marketing practices by prohibiting providers from using false or misleading advertisements for services. Effective March 15, 2023 DHCS will issue citations for licensed

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WHAT'S NEW?

There is a new Behavioral Health Information Notice (BHIN) that the Department of Health Care Services (DHCS) has put out! **BHIN 23-008** discusses the change that **graduate students are now exempt from registering as Alcohol and/or Drug (AOD) Counselors**. At this time, there are no changes to our current practices. We have already moved towards reaching out to the State for more guidance on this issue and how it will be put into practice. We will let you know once we have more information!
You can review it here:
https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-008.pdf

Coming Soon Mark your calendars!

The **Annual Provider Training (APT) 2022-2023** will be available in early May. Please note, once it is released, it will need to be completed within a 30-day window. The APT will only be available for that time period, so please watch your email for more information and plan accordingly.

CalAIM Documentation Trainings

The UPDATED Documentation Training is here! The training is being offered via video conferencing and addresses the CalAIM requirements. Upcoming training dates:

- Tuesday, March 28th 9am – 3pm
- Wednesday, March 29th 9am – 3pm
- Monday, April 3rd 9am – 3pm
- Wednesday, April 26th 9am – 3pm

Please sign up for a training by sending your request to aqissudsupport@ochca.com.
Be sure to indicate the name of the staff, credentials, and agency/organization along with the date of the training requested.

Hope to see you there!

UPDATES (continued)

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SUD recovery or treatment facilities and certified alcohol or drug programs that are found to be out of compliance. In summary, the BHIN identifies that providers must NOT:

- Make false or misleading statements or provide misleading information about services in marketing/advertising;
- Include on internet websites any picture, description, staff information, or the location of the program, along with false contact information that leads readers to a business that does not have a contract with the program;
- Include on internet websites false information or an electronic link that provides false information or directs readers to another internet website surreptitiously.

You can access the BHIN here:

https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-007.pdf

SST Clinical Chart Reviews

The Clinical Chart Reviews for Fiscal Year 2022-2023 are predominantly qualitative in nature to help us all adjust to the documentation changes that came with CalAIM. The following are some of the trends and findings observed by the SST most recently. Take a look as it might be a helpful reminder for you!

- **Progress note completion within 3 days of the service** – As much as possible, please try to adhere to this new requirement. Although documentation completed outside of the 3 days can be coded using the billable code, the expectation is that in most cases we are meeting the required timeframe.
- **Excessive documentation time** – Remember that the time it takes to write a progress note should be supported by the amount of writing on that progress note. Over-billing can be perceived as fraud, waste, and/or abuse, so please be careful.

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Documentation FAQ

1. Is a full ASAM based assessment required for a change in diagnosis?

If a change in diagnosis is not associated with a change in the client's functioning, it is not necessary to complete a full ASAM based assessment. For example, if the client is now appropriate to receive an "in remission" diagnosis, this can be explained in a progress note. Additionally, if a change in diagnosis does not necessitate or is not associated with a change in the level of care, there is no full ASAM based assessment needed. It is recommended that an explanation be provided in the documentation of the service encounter where information related to this is discussed with the client. If your program utilizes a form or document specific to a change in diagnosis, an explanation can be documented there. Please remember that only an LPHA is able to make any diagnosis changes related to a client's substance use and/or mental health disorder diagnosis.

2. Can we bill for completing a discharge summary?

The State allows us to bill for completing a discharge summary only if the discharge is unplanned. If your program is in the practice of completing a discharge summary for all clients who have been admitted, you will only be able to bill for completing a discharge summary for those clients who have left unplanned (i.e., AWOL, loss of contact, unexpected move, administrative discharge, etc.). This can be billed by completing a progress note for the non-face-to-face time spent on the discharge process using the billable care coordination code. If you are conducting a termination session with a client and completing the discharge summary together to finalize the client's treatment episode, this can be part of the last face-to-face service. The focus of the session or service in this case is not on the completion of the discharge summary, but on recapping with the client what was provided, what was achieved, what areas still need to be addressed, etc. so that the client can smoothly transition out of the current treatment episode. A termination or discharge session like this would be billable as an individual counseling session.

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SST Clinical Chart Reviews (continued)

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- **Blended notes** – Be mindful not to combine care coordination and individual counseling activities in one progress note. In order to bill for both activities provided, a separate progress note must be completed using the appropriate billing code.
- **Templated content** – Although group counseling progress notes will have the same intervention for all participants in the group, the interventions across different groups (such as from week to week) need to be individualized to that particular day/service. You may be running a process group every Tuesday, but each week is going to give rise to different issues and areas of focus. This needs to be reflected in the documentation. We need to be careful because if the documentation makes it seem like we are doing the same thing over and over, this could be perceived as fraud, waste, and/or abuse.

NARCOTIC TREATMENT PROGRAMS (NTPs) UNDER CALAIM

There are two very important updates that have been put into place for the NTPs under CalAIM:

1. A History and Physical Exam by an LPHA within his/her scope of practice done at admission to a NTP qualifies for the purpose of determining medical necessity under the DMC-ODS.
2. An ASAM based assessment is required for level of care placement determination, which will require LPHA involvement (consultation and separate documentation).

The typical admission at the NTPs involve the client first meeting with the physician for a medical evaluation. This physical evaluation usually results in the physician determining the client's diagnosis and admission to NTP based on the diagnosis. This justifies the medical necessity. One important change with CalAIM is the separation and distinction of medical necessity from the level of care placement determination. Therefore, the State has made explicit that NTPs will be required to complete an ASAM based assessment for the purpose of level of care placement determination. It is permissible for the ASAM based assessment to be completed *in part* by a non-LPHA. However, the non-LPHA is limited to gathering relevant information because the State indicates that the LPHA must ultimately determine the appropriate level of care placement. This means that for the NTP, the physician or another

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Documentation FAQ (continued)

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Billing for solely completing the discharge summary for a planned discharge as a care coordination activity is not permissible.

3. What needs to be on the participant list for a group service?

The State does not provide specific information on what must be on the participant list, other than the names of all the attendees (no signatures necessary). Therefore, it is the County's recommendation that participant lists include:

- ✓ Name of the group or topic
- ✓ Date and time of the group service
- ✓ The rendering provider's printed name, credentials, with signature and date of signature

This is to ensure that all group counseling progress notes can be matched up with its corresponding participant list and there are no questions as to which list goes with which progress note. Although a missing participant list will not result in automatic disallowance and/or recoupment, it is the expectation that each group counseling service will have a matching participant list. The need for a participant list is applicable for all levels of care.

IMPORTANT!

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Clinical Licenses and Certifications

We continue to see issues with expirations and lapses of licenses and certifications. It is every provider's responsibility to know the expiration date for your respective license and/or certification. Even if your certifying organization renews credentials retroactively, it is not appropriate to provide services during the gap in time from the date of the expiration to the actual renewal. As a DMC-ODS provider, it is expected that registrations, certifications, and licenses are up-to-date and renewals are completed in a timely manner.

Regardless of registrations, certifications, and/or licenses being retroactively renewed:

- ***If you know that your registration/certification/license has expired, you should NOT deliver any DMC-ODS services.***
- ***DMC-ODS services found to have been claimed between the expiration and actual date of the approved renewal will be disallowed, even if the renewal is made retroactive.***

Who does this apply to?

AOD Counselor (registered or certified), Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed-eligible practitioners (working under the supervision of licensed clinicians), Licensed Clinical Psychologist, Physicians, Nurse Practitioners, Registered Nurses, Registered Pharmacists

NARCOTIC TREATMENT PROGRAMS (NTPs) UNDER CALAIM (CONTINUED)

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LPHA will need to be involved in the ASAM based assessment through having a consultation with the non-LPHA after the completion of the non-LPHA's portion of the assessment. This consultation must be documented. If done by the physician, the physician must also document separately from the Health and Physical Exam, based on the ASAM based assessment and the consultation, how the client is appropriate for receiving services at the NTP.

Reminders...

Completing the County's Authorization to Disclose (ATD)

There are eight (8) required elements that need to be present to have a valid ATD:

1. Client/Patient Name
2. Releaser of Information (HCA)
3. Recipient of Information (Individual/Organization)
4. Purpose(s) of Use and/or Disclosure
5. PHI to be disclosed
6. Expiration
7. Signature
8. Date

You can access the online training on "How to Complete a Valid Authorization Form" at:
How_to_Complete_a_Valid_Authorization_Form_Training_Slides.pdf (ochca.com)

Closing the Episode of Care (EOC)

Please make sure that the treatment EOC is closed once a client has been discharged. This is important so that the billing system accurately reflects where the client's case is open. If the EOC is not closed at the time of the client's discharge and they enter into another program elsewhere, it is going to look like the client is open at two sites when they are not. When an EOC is closed, services cannot be entered into the billing system after the EOC end date. The EOC end date should be the last date on which a service (billable or non-billable) is documented and claimed. The Financial Identification Number (FIN) attached to that last encounter should be the FIN used to discharge the client in the system.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- GRIEVANCES & INVESTIGATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT FOR COUNTY DMC-ODS CLINICS & PROVIDERS
- PAVE ENROLLMENT FOR MHP PROVIDERS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHPS/DMC-ODS PROVIDER DIRECTORY

REMINDERS

COUNTY CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing approval letter. It is the responsibility of the direct supervisor to review and submit the new County employee credentialing packet to the MCST.
- DMC-ODS programs with multiple locations will have a credential approval letter that will cover their entity for that provider. However, if a provider works at two different entities, then **two** credential approval letters will be issued.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Effective January 2023, the MCST will be issuing a formal Corrective Action Plan (CAP) to programs that have three (3) or more providers with expired credentials due to failure to renew their license, registration or certification on time. Providers are strongly encouraged to renew with their certifying organization at least 2-3 months prior to the expiration.

CLINICAL SUPERVISION - 90-DAY RULE FOR GRADUATES

- Providers who hire staff under the BBS 90-Day Rule requirement need to classify the new staff as a MHS/MHW on the initial PAN form. This would restrict the billable services the new staff can provide.
- Though the BBS allows the licensed-waiver provider to practice during that 90-Day Rule, Medi-Cal does not consider it within their scope to provide therapy or full assessment services because they do not have a BBS registration number. Medi-Cal will not pay for those services.
- Once the provider obtains their registration # a CSRF Form, BBS Supervision Agreement Form, Written Agreement (if applicable) must be submitted to the MCST.
- IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate # and credential approval letter from the MCST.
- County Employees do not qualify for the BBS "90-Day Rule" clause in the law. Human Resources requires an Associate # in order to hire a Behavioral Health Clinician I.

MANAGED CARE SUPPORT TEAM

REMINDERS (CONTINUED)

NOABDS

- The MCST has made some modifications to the Termination NOABD requirements per discussion with DHCS and EQRO.
- NOABD Terminations are not required for beneficiaries who have successfully completed the program, even if they are not moving onto a lower level of care.

PROVIDER DIRECTORY

- New providers need to be credentialed or in the process of being credentialed before being placed on the Provider Directory spreadsheet.
- If a provider is credentialed or in process of being credentialed at the time of submission of the Provider Directory, the program will enter the provider's name on the Provider Directory spreadsheet and select "new" from the drop-down menu.
- If a provider is not credentialed and not yet in the process of being credentialed, then the provider is not to be placed on the Provider Directory. Exceptions only exceptions include MHW, MHS and student interns.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

If you and your staff would like a specific or a full training about the MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Administrative Manager, Annette Tran at anntran@ochca.com or Service Chief II, Dolores Castaneda at dcastaneda@ochca.com.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Martinez, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Paula Bishop, LMFT

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MCST ADMINISTRATORS

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