

# SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

April 2023

## SUD Support Team

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## UPDATES

We would like to provide clarification on **Recovery Services under the Residential treatment episode of care**. The State allows for Recovery Services to be provided as part of the Residential treatment level of care. However, this does not mean that Recovery Services can be billed on top of the residential treatment day. The Recovery Services are expected to be part of the bundled daily rate. There is no

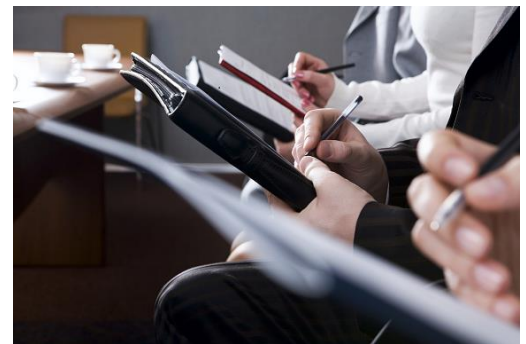
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## WHAT'S NEW?

We would like to welcome our newest team member, Susie Choi! She will be in the role of Health Program Specialist to assist with important activities required for maintaining compliance with the State's requirements.

Here is a little bit about Susie so we can all get to know her:

"Hello, my name is Susie. I enjoy baking, reading, and staying active by going on hikes or lifting. I love spending time with my family and friends, especially my baby niece! I obtained my BS in Public Health Sciences from the University of California, Irvine, and my Master of Public Health (with an emphasis in community health) from Columbia University. I come from a research background but have wanted to work with community-facing programs. I'm very excited to be part of this



## SUD Documentation Training

The SUD Documentation Training that addresses the CalAIM changes will soon be available online! When it becomes available, we will be sending out information on how you can access it. A "live" training via video conferencing will be offered:

- Wednesday, May 17<sup>th</sup> 9am – 3pm

To sign up for this training: Send your request to [aqissudsupport@ochca.com](mailto:aqissudsupport@ochca.com). Include name of the attendee, credentials, and agency/organization.

## Annual Provider Training (APT)

The **APT 2022-2023** is now available! The training can be accessed [here](#) towards the bottom of the page. This year's APT has an integrated general section and then DMC-ODS. Providers must complete the training by **June 5, 2023**, so please prepare accordingly!

## UPDATES (continued)

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additional billing while the client is in the residential level of care. As mentioned in the past, it will not be common that a client will be clinically appropriate to receive Recovery Services while in another treatment level of care. In those rare instances, there must be documentation that clearly explains how it is medically necessary for the client to receive both. Of course, it is possible that clients may enter into a Recovery Services episode of care once they have completed Residential Treatment. In this case, the client's treatment episode of care at Residential will be closed and a new one opened for Recovery Services.

### BHIN 23-018 - Updated Telehealth Guidance for SMHS and SUD Services

- Department of Health Care Services (DHCS) has finalized updated guidance on the Medi-Cal behavioral health delivery systems telehealth policy, superseding [BHIN 21-047](#). County Behavioral Health Directors Association of California (CBHDA) was a part of the telehealth workgroup that provided input on telehealth policy following the public health emergency (PHE).
- This policy ensures payment parity for services provided through telehealth and provides an exception for Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) service providers to establish a relationship with new patients via synchronous audio-only interaction in specified instances, including when the beneficiary does not have access to video.
- DHCS also clarifies other requirements in regard to telehealth, addressing questions in an accompanying FAQ to the BHIN.



## Timely Documentation Reminder

Although services can continue to be claimed using the billable code, please remember to adhere to the requirements:

- **Progress notes are to be completed within 3 business days of providing a service.**
- **Crisis services are to be documented within 24 hours.**

Services must be documented and signed promptly into the medical record. A pattern of late documentation will raise questions about waste.

It is important to keep in mind that client records are legal documents that must be current for the purpose of releasing records to clients, their personal representatives, and third parties such as SSI Outreach, Social Security Administration, other care providers, and the legal system. Timely service documentation is also critical for effective coordination of care. Documents that are "in progress" do not appear in record reports, or as complete records for coordination of care.

## Payment Reform

The State is moving away from cost-based reimbursement and implementing fee-for-service payments. What this means is that there will be an increase in the number of Current Procedural Terminology (CPT) codes that will be more specific to the type of services, the rendering provider's credentials, and the location where the service is provided. Effective July 1, 2023, there will be a new set of CPT codes to choose from. To give you an idea of the scope, instead of 1 HCPCS code for Individual Counseling, we will have 23 CPT codes to select from! For the physicians, there will be 43 CPT codes instead of only 1 MAT service code. The exception will be for residential day rate services and Narcotic Treatment Program (NTP) dosing services, which will remain the same with no changes.

It will be important for you to be aware that with this payment reform, billing for documentation or travel time will no longer be allowed. The time we can claim must be direct client care, which is the time spent with the client. This time cannot include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after an encounter with a client. For the time being, the documentation and travel minutes will continue to be captured in IRIS for monitoring but will not be billed to the State after July 1st.

Additional information and guidance will be provided in the coming months to assist us in this transition!



## MCST OVERSIGHT

- EXPIRED LICENSES, CERTIFICATIONS AND REGISTRATIONS
- 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/2<sup>ND</sup> OPINIONS (MHP/DMC-ODS)
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- CAL-OPTIMA CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHPS/DMC-ODS PROVIDER DIRECTORY

## REMINDERS, ANNOUNCEMENTS & UPDATES

### COUNTY CREDENTIALING



- The MCST is now required to credential **Certified Peer Support Specialists** if they are registered with or certified by the certifying organization, CalMHSA. If you have a provider with this certification you must submit their credential packet to the MCST in order to continue to deliver Medi-Cal covered services. You can read more about peers here <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>
- 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 hire credentialing packet to the MCST.
- New providers must **NOT** provide any direct treatment or supportive services to a beneficiary until they have officially received a credentialing approval letter.

### EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- As of January 2023, the MCST has been tracking and monitoring programs with three (3) or more providers who have failed to renew their license, registration or certification on time and has begun issuing a Corrective Action Plan.
- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization at least 2-3 months prior to the expiration. It is not appropriate for a provider to continue delivering Medi-Cal covered services while a registration or certification has lapsed on the assumption that the certifying organization will renew the credential retroactively, as this may not always be the case and can potentially lead to a disallowance.
- The County credentialing verification organization, VERGE e-mails notifications to providers **45/30/7 days** in advance about expiring licenses, certifications and registrations. They also send final notices the day of and the day after expiration.
- Providers who have had their privileges suspended due to expired credentials must submit proof of license, certification, and/or registration renewal via e-mail to QMS MCST at [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and QMS IRIS at [BHSIRISLiaisonTeam@ochca.com](mailto:BHSIRISLiaisonTeam@ochca.com). The provider must receive a confirmation letter from the MCST re-activating their privileges to begin delivering Medi-Cal covered services starting on that day.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST REQUIREMENTS FOR PROGRAMS THAT ARE CLOSING AND MERGING

When a program plans on closing OR merging, Quality Management Services (QMS) must be notified. The MCST requires the program to complete the following:

- ✓ Clinical Supervision Report Form (CSRF) – a CSRF must be completed by the clinical supervisor to terminate supervision or change to a new clinical supervisor.
- ✓ NOABDs – submit any pending NOABDs issued to the beneficiary.
- ✓ Access Log – enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable).
- ✓ Provider Directory – submit the spreadsheet that will identify all the staff separating and/or transitioning to other locations within the entity. The MCST will utilize the updated provider directory to deactivate credentialed providers who have separated from the program or update the providers information for those that have transitioned to a new location within the entity.
- ✓ Credentialing – submit an updated Insurance Verification Form for the sites that will be taking on the existing providers at the new locations within the entity.



PROVIDER DIRECTORY

- **Certified Peer Support Specialist** are now required to be added to the Provider Directory under the “provider” tab.



Senate Bill 923 requires the county Managed Care Plans to identify providers on the provider directory who have subject matter expertise working with the transgender, gender diverse, or intersex (TGI) population. If the provider has a specialty in this area you may indicate it on the Provider Directory. The provider does not need to have formalized training or certification in TGI.

| Initial Entry     |                                       | Last Update   |         |
|-------------------|---------------------------------------|---|---------|
|                   |                                       | <input type="checkbox"/> I attest there have been no staffing changes |         |
| Orange Co         |                                       |   |         |
| Program Specialty | Trained in Cultural Competency Yes/No | Cultural Capabilities   | Address |
|                   |                                       | TGI Specialty   |         |

| Provider Directory    |                                       |              |   |                  |
|-----------------------|---------------------------------------|--------------|---|------------------|
| der Details           |                                       |              |   |                  |
| PROGRAM PHONE #:      |                                       |              |   |                  |
| ed in ural stency /No | Linguistic Capabilities (Non-English) | Provider NPI | Providers Specialty (e.g. Cognitive Behavioral Therapy) *no abbreviations | N                |
| ASL                   |                                       | 1234567890   | TGI Specialty   | AD-Amis polar Di |



PAVE ENROLLMENT FOR COUNTY DMC-ODS CLINICS AND PROVIDERS

This will be transitioned from the MCST to Certification and Designation Support Services (CDSS) in the next month or so. Stay tune for more information.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### **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 Health Services Administrator, Annette Tran, at [antran@ochca.com](mailto:antran@ochca.com) or Service Chief II, Dolores Castaneda, at [dcastaneda@ochca.com](mailto:dcastaneda@ochca.com).

### **GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> 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" Fraga, 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



### **CONTACT INFORMATION**

400 W. Civic Center Drive., 4<sup>th</sup> floor  
Santa Ana, CA 92701  
(714) 834-5601      FAX: (714) 480-0775

### **E-MAIL ADDRESSES**

AQISGrievance@ochca.com (NOABDs/Grievance Only)  
AQISManagedCare@ochca.com

### **MCST ADMINISTRATORS**

Annette Tran, LCSW  
Health Services Administrator  
  
Dolores Castaneda, LMFT  
Service Chief II