

SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

October 2023

SUD Support Team

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UPDATES

Last month, it was announced that problem lists can be implemented for all programs except the Residential, Peer Support Services, and Narcotic Treatment Program (NTP) levels of care, where treatment plans continue to be required. **For the Residential levels of care, we would like to clarify that a standalone treatment plan document is not required.** The State is moving towards viewing the term, "treatment plan" or "care plan" in general

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WHAT'S NEW?

The annual Clinical Chart Reviews for fiscal year 2023-2024 have begun! As you know, the Substance Use Disorder (SUD) Support Team (SST) is responsible for monitoring all County and County-Contracted Drug Medi-Cal Organized Delivery System (DMC-ODS) providers. Our monitoring tasks include conducting reviews of the clinical charts for DMC-ODS clients at each program to ensure that State and federal billing and documentation standards are being adhered to. The reviews are one of the ways in which you receive technical assistance to prevent engaging in practices that may be perceived as fraud, waste, and/or abuse.

With payment reform and the building of codes in the County Integrated Records Information System (IRIS), some of the reviews for this year will look a little different until all the services can be entered. Reviews conducted before the build in IRIS is complete, will involve the additional steps of needing to reconcile the services that were reviewed against what is entered later.

We greatly appreciate your patience and understanding as we continue to work through all the changes!

If you should have any questions or concerns, please reach out to your designated SST QI consultant, or email us at aqissudsupport@ochca.com



Training & Resources Access

SUD Documentation Training:

http://www.ochcahealthinfo.com/bhs/about/agis/dmc_ods/providers

Be sure to retain a copy of the certificate of completion for your records!

SUD Documentation Manual:

<https://www.ochcahealthinfo.com/sites/healthcare/files/2023-02/DMC-ODS%20CalAIM%20Doc%20Manual.pdf>

DMC-ODS Payment Reform 2023 - CPT Guide:

Update coming soon!

<https://www.ochcahealthinfo.com/sites/healthcare/files/2023-06/DMC-ODS%20Payment%20Reform%202023%20CPT%20Guide%206.19.23.pdf>

UPDATES (continued)

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terms to describe the activities related to treatment planning rather than a specific document or form. The State is allowing for these “care plan” requirements to be documented within the problem list. Therefore, Residential providers may configure current treatment plans and/or problem lists to fulfill both requirements, taking into consideration program-specific needs. For example, for our Residential providers who may need to abide by other accrediting organizations that require a treatment plan, the treatment plan may continue to be used while incorporating elements of the DMC-ODS problem list requirements.

There appears to be some confusion about the billing of consultations so we would like to reiterate that there are no changes at this time. **The billing of consultations, whether internal or external, is billable using the Targeted Case Management (70899-120) code.** This code is available for use by LPHA and non-LPHA at all levels of care, except Recovery Services. Care coordination activities at Recovery Services may be claimed using the Community Support Services (70899-121) code.

Some examples of consultations include:

- LPHA and non-LPHA for the diagnosis or assessment
- Within your program (such as with other treatment team members)
- With external organizations (i.e., other SUD providers in the network, Probation, Social Services, school, medical/health care providers, etc.)

Things to remember to bill for consultations...

- Must be medically necessary
- Does not include collateral (contact with significant individuals in the client’s life)
- Clinical supervision (individual or group) is not billable



Documentation FAQ

1. Do we need a treatment plan at Withdrawal Management?

No. A problem list is sufficient. The problem list should be reflective of the focus on stabilization and management of psychological and physiological symptoms associated with withdrawal, promoting the client’s ongoing engagement in care, and care coordination to ensure appropriate transitions to other levels of care and linkages to necessary resources.

2. Can I bill for our weekly treatment team meetings?

No. A regularly held treatment team meeting to discuss the client’s progress is not billable. Simply providing an update on where the client is at in their recovery or progress towards resolution of issues on the problem list is not enough to be considered medically necessary. If there is a particular issue that needs to be discussed within the context of a treatment team

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Care Coordination Red Flags

Some common issues that are observed in the documentation of care coordination services that we need to all be careful of, as it may be perceived as fraud, waste, and/or abuse are:

- **Medical necessity not established** – How does the purpose relate to the client’s SUD treatment? What is the impact of the activity on the client’s course of treatment? What was the outcome that further supports the need for the service?
- **Time not substantiated** – Amount of time claimed must be justified by the documentation. Billing 25 minutes to simply coordinate appointments to ensure access to necessary services is not sufficient. If you were placed on “hold” during this time, that time cannot be included in the service minutes.
- **Billing for non-billable activities** – Be careful about claiming time for administrative activities that do not require any clinical skills or expertise. Is the documentation “blended” with non-billable and billable activities?
- **Billing separately for a service that is part of the daily bundle** – Applicable for residential, withdrawal management, and NTP. For example, billing assessment or treatment planning activities as care coordination when it should be part of the treatment day.

Documentation

FAQ (continued)

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meeting, to determine any change in course of treatment or the problem list, this may be billable. However, only the amount of time spent discussing the issue can be claimed, not the entirety of the meeting duration. Additionally, the documentation needs to clearly explain why the discussion was necessary and what the resulting change was. Does it result in an update to the problem list? Are there specific services or interventions that may need to be provided as a result? In general, consultations should only be billed if it results in some kind of change.

3. Can I bill for writing a progress letter for my client?

No. In most cases, letter writing is not billable. Typically, letters are requested by outside entities to verify a client's participation in an SUD program with little to no clinical information. This would be considered an administrative activity that is not billable. The request for writing a progress letter can be considered as an opportunity to have a discussion with the client on treatment progress and ensure that the client is getting what is necessary and appropriate. It can also be a great way to help enhance motivation for and reinforce the benefits of treatment and/or recovery. An encounter with the client where this is addressed can also include working collaboratively with the client on the composition of the letter.

4. What code should I use if a client shows up for an intake, but ends up leaving in the middle of it?

The SUD Screening (70899-105) code can still be used for those outpatient intake services when a client does not end up staying enrolled in the program. This type of an "open and close" situation likely consists of some review of the intake legal paperwork, general information about the program/services, and obtaining minimal or basic information about the client's substance use. There may be some coordination of care that is provided to get the client linked to alternative resources, which can be included in the progress note if it is not the predominant activity. If there is a significant amount of care coordination needed, the Targeted Case Management (70899-120) code should be used to account for that time and two separate progress notes documented.

REMINDEES

12-Step Meetings are not billable

Please be sure that you are not billing for any on-site or off-site 12-Step Meetings. At the Residential levels of care, if 12-Step meetings are provided on-site, they may only be considered as part of the structured activities. Regardless of the level of care, we need to remember that services are only billable if provided by DMC-certified providers.

Group interventions should be specific to each service

Although group interventions documented will be the same across all group attendees for any given group, this does not mean that the interventions should be the same across different groups or from one week to the next. Please be sure that the documentation is specific to that service. The best way to do this is to target the documentation to the topic or focus of the group session.

Medication Assisted Treatment (MAT) Changes

The State has released [Behavioral Health Information Notice \(BHIN\) 23-054](#) earlier this month to outline the new requirements for MAT referrals and the provision of MAT services to align with Senate Bill (SB) 184. Each SUD program will be required to implement and maintain a MAT policy approved by DHCS, that includes the following components:

- Procedures on how a client receives information about the benefits and risks of MAT;
- Procedures regarding the availability of MAT at the facility;
- A description of the evidence-based assessment to be used;
- Procedures on administration, storage, and disposal of MAT;
- An outline of the staff training to be provided about the benefits and risk of MAT;
- A plan that allows for the client to use their preferred MAT medication (based on determination by the MAT prescriber and the client on what is most clinically beneficial); and
- Procedures for access to NTP medications (for methadone and buprenorphine)

Each program must submit their proposed MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of the BHIN, which is **January 4, 2024**. All required components must also be implemented by this date to avoid any disciplinary action.

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHP & DMC-ODS PROVIDER DIRECTORY

REMINDERS, ANNOUNCEMENTS & UPDATES

EXPIRED LICENSES, WAIVERS, CERTIFICATIONS, AND REGISTRATIONS



When a provider's license has expired, the MCST sends an e-mail notification suspending the provider from delivering any Medi-Cal covered services. The e-mail requires an **immediate response** by the provider and/or administrator by the end of the business day to explain the reason for the lapse of the provider's credential. This is important information for the MCST to track and monitor. Be sure to respond promptly upon receiving the e-mail notification.

COUNTY RE-CREDENTIALING



Recently, there have been several providers who have failed to complete the re-credentialing process and were suspended from delivering Medi-Cal covered services. Providers are required to be re-credentialed every 3 years. The Credentialing Verification Organization, Verge/RLDatix, sends e-mail notifications to providers 90 days in advance and then every week until the provider attests and provides the required documents needed to initiate the re-credentialing process. **Be sure to re-credential your providers on-time by promptly responding to the e-mail notifications!**

REMINDERS, ANNOUNCEMENTS, & UPDATES (CONTINUED)

CLINICAL/COUNSELOR SUPERVISION

- The Clinical/Counselor Supervision Reporting Form (CSRF) has been revised to enhance the tracking and monitoring of all supervisees and clinical supervisors. In an effort to maintain an accurate tracking record, we are requiring all clinical supervisors to complete the two-page CSRF and make sure to list each of their supervisees. Anytime there is a change with supervision or separation a CSRF must be submitted. The revised CSRF goes into effect **10/01/23**. Please discard the old version of the CSRF as it will be invalid and you will be required to resubmit using the newly revised form.
- Waivered Psychologists are required to submit their Board of Psychology (BOP) Supervision Agreement to MCST when submitting their CSRF.



- ✓ A supervisee must be in clinical/counselor supervision until they become licensed/certified.
- ✓ A CSRF is required for each supervisee being provided clinical supervision, whether it is individual, group, or both.
- ✓ If a supervisee has two or more licenses (e.g., AMFT and APCC) and is collecting clinical hours for both, then two CSRFs are required for each discipline.
- ✓ If there is a status change with clinical/counselor supervision (e.g., change in supervisor, a supervisee's license, termination of supervision) then a CSRF is required to be submitted.
- ✓ If a CSRF is not on file and the supervisee has been providing services without clinical supervision a potential compliance investigation will be initiated and recoupment of services may occur.

PROVIDER DIRECTORY



- Over the last few months, there have been spreadsheet submissions with invalid conditions and formulas creating inaccurate data collection. Tampering with the spreadsheet validations will require programs to have to resubmit their information using the correct spreadsheet version to MCST and IRIS.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

PROVIDER DIRECTORY (CONTINUED)

- If a provider is dually licensed, they should be listed consecutively on the **provider tab** and indicate whether the license is “primary” or “secondary” under the column **New or Inter-Agency Transfer Comments**. See example below:

PROGRAM NAME:		PROGRAM ADDRESS:						
Provider Name Last Name, First Name	Provider Status	Effective Date	New or InterAgency Transfer Comments	Is this Provider accepting new beneficiary referrals?	Provider Type	License Number #####	Certifying Organization Name	License Expiration Date
Example: Smith, John	LOA End	Provider returning from 04/01/2023 LOA that started 2/1/23		Yes	APCC - Associate Professional Clinical Counselor	12345	Board of Behavioral Sciences (BBS)	04/01/2024
Jones, Sam	Active		Primary License		APCC - Associate Professional Clinical Counselor	12234345	Board of Behavioral Sciences (BBS)	01/01/2024
Jones, Sam	Active		Secondary License		ASW - Associate Clinical Social Workers	23442522	Board of Behavioral Sciences (BBS)	01/01/2024

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- NEW** DMC-ODS programs are required to schedule a full-day training to comply with MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors, and Clinical Staff participate in the training to ensure those requirements are met and implemented. Please contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If your staff and you would like a refresher on a specific topic or a full training about the MCST's oversight, please e-mail the Health Services Administrator, Annette Tran, at anntran@ochca.com and/or the 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

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

COMPLIANCE INVESTIGATIONS

Lead: Ashley Cortez, LCSW



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MCST ADMINISTRATORS

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 Health Services Administrator

 Dolores Castaneda, LMFT
 Service Chief II