SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

December 2023

SUD Support Team

Chiyo Matsubayashi, MFT
Yvonne Brack, LCSW
Ashlee Al Hawasli, LCSW
Claudia Gonzalez de Griese, LMFT
Caroline Roberts, LMFT
Crystal Swart, LMFT
Emi Tanaka, LCSW
Susie Choi, MPH
Faith Morrison, Staff Assistant
Oscar Camarena, Office Specialist
Marsi Hartwell, Secretary

CONTACT
aqissudsupport@ochca.com

UPDATES

In November, DHCS issued **Behavioral Health Information Notice (BHIN) 23-068**, which updates documentation requirements to better align with the Centers for Medicare and Medicaid Services' (CMS) national coding standards and physical health care documentation practices. The updated standards are effective January 1, 2024. Below is a summary of the main changes that impact the

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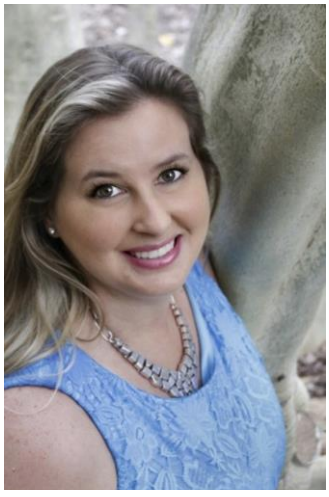
WHAT'S NEW?

We would like to welcome our newest team member, Crystal Swart! She will be in the role of Quality Improvement and Compliance Consultant and will be conducting clinical chart reviews with the rest of the SUD Support Team (SST) consultants. She will also be the assigned consultant to some of the programs. Here is a little bit about Crystal:

"I am a licensed Marriage and Family Therapist and Licensed Professional Clinical Counselor. I previously worked as a provider in all levels of care, apart from inpatient treatment, for both substance use and mental health treatment. Most recently I worked with Orange County's CAT team doing crisis assessments for children. I also work in private practice specializing in somatic based trauma treatment. I obtained my Bachelor's degree in Business Administration from the University of California, Riverside. I then obtained my Master's degree in Counseling from California State University, Fullerton. I enjoy traveling the world, spending time with my family and friends, and going to escape rooms. I look forward to working with our providers and building collaborative relationships."



Training & Resources Access

UPDATED DMC-ODS Payment Reform 2023 - CPT Guide:

https://www.ochealthinfo.com/providers-partners/authority-quality-improvement-services-division-aqis/quality-assurance-quality-1

UPDATED MAT Documentation Manual

https://www.ochealthinfo.com/sites/healthcare/files/2023-11/CalAIM_MAT_Documentation_Manual_v2_11.8.23_FINAL.pdf

The SUD Documentation Training:

http://www.ochealthinfo.com/bhs/about/aqis/dmc_ods/providers

SUD Documentation Manual:

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

UPDATES (continued)

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DMC-ODS:

- **Removal of the assessment timelines** – There are no longer any specific points where the assessments are due (such as within the 30- or 60-day timeframe). Instead, assessments are to be completed as soon as possible, based on the client's clinical needs, and generally accepted standards of practice.
    - ***The exception is for the Residential levels of care*** where a multidimensional level of care assessment (such as the Brief LOC SUD Screening Tool) is to be completed within 72 hours of the client's admission, to ensure that the client gets admitted to the right level of care.
    - Following the level of care assessment, the full ASAM based assessment needs to be completed as soon as possible, based on the client's clinical needs, and generally accepted standards of practice.
- **Treatment plans are required for the Residential programs**, as indicated by the licensing and certification requirements. However, it does not need to be a standalone treatment plan. Thus, the required elements can be noted in a document of the provider's choosing (i.e., progress note, assessment, problem list, other templates, etc.). *This must be completed within 10 calendar days of the client's admission.*
    - The State expects that whatever format is chosen, it can be easily produced and communicated to others (i.e., the client, other providers, etc.) to support coordination of care.
- Licensing and certification requirements also indicate that **a client's progress at the residential levels of care must be reviewed and documented every 30 calendar days**. As a result, it is advised to continue completing a re-assessment document to clearly record the client's progress or lack thereof and adjust the client's plan of care, as needed.
- The State now makes a **distinction between progress note documentation requirements for non-group and group services.**
    - ***For group services ONLY:***

      It is no longer required to include the narrative of the service or intervention and the next steps for group services. However, there is no change to the requirement that the progress note must demonstrate medical necessity to bill. We strongly recommend including enough information within the content of the progress note to justify how the service is medically necessary and accurately reflects the billing code selected.

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Documentation FAQ

1. An individual presented to the clinic who appeared to not meet criteria for an SUD diagnosis based on a brief interaction…can we bill for an assessment?

Yes. Remember that Medi-Cal beneficiaries are not required to receive a screening or assessment to access DMC-ODS services. This means that, until an assessment determines that the client truly does not meet the criteria for a SUD diagnosis, they are eligible to receive services. And this includes assessment services. Even if the assessment determines that the client does not meet criteria for SUD treatment, the assessment services are billable. It is not uncommon, especially in cases where the client is not interested or motivated for treatment, to receive information from the client's self-report that makes us question whether they need treatment. This is where we can do our due diligence by completing a full ASAM-based assessment to gather the relevant information to confidently state that the client does not meet the access criteria. It is also important to keep in mind that with CalAIM, access criteria have expanded to include those with at least one SUD diagnosis prior to being incarcerated or during incarceration, determined by substance use history. Additionally, it is possible that the client may not need treatment but qualifies for the Recovery Services level of care. An assessment would be

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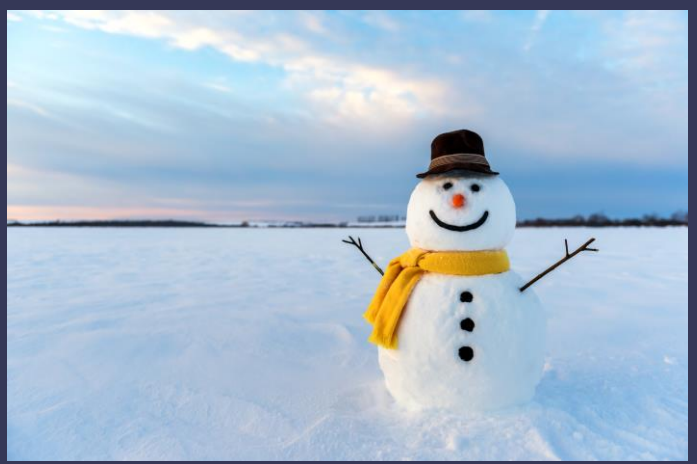

UPDATES (continued)

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  - It is now required to **include information on the client's response** to the service. This can be a brief description of the activities or interventions that occurred during the group session, the issues that were discussed, as well as the client's progress toward achieving treatment outcomes.
  - ***Residential programs:*** Due to licensing and certification requirements, start and end times for each service is required for all progress notes.
- **Weekly summaries at residential programs are no longer required.**

Check out the BHIN here: https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf

Licensing and certification requirements: https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-21-001-Exhibit-A.pdf)

Don't Forget!!

- AOD certification applications are due January 1, 2024
- Submission of proposed MAT policies are due January 4, 2024
- SUD Go-Live effective December 18, 2023! All services can now be posted in IRIS.
  For support, contact the Front Office Coordination Team at bhsirisfrontofficesupport@ochca.com
  714-834-6007

Documentation FAQ (continued)

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necessary to help delineate better what internal and external resources the client may have to sustain long-term recovery independently.

2. If a client is referred to MAT from another non-MAT program, can documents (i.e., assessments, problem lists) be shared?

Yes. If a client is coming from another program where an ASAM assessment has already been completed, this document may be used by the MAT medical staff as part of the MAT LPHA's assessment to confirm the client's need for MAT. If there is a problem list that the client is also coming in with, it may be used for the MAT LPHA to add to as needed. The MAT LPHA will still need to complete some kind of documentation attesting to the client's need or appropriateness for MAT and what the plan will be for their treatment, based on the assessment documents received/reviewed.

3. How can the Environmental Intervention for Medical Management Purposes (90882-1) code be used?

There is no further guidance on the use of this code other than for activities conducted on behalf of clients with agencies, employers, and other institutions, much like how we use care coordination in general. It does appear to be indicated for very specific uses related to a client's medical or physical health care and since we do not have clarity on what those specific uses might be, it is advised that coordination of care for medical or physical health care be claimed as Targeted Case Management (70899-120).

4. How can the Medical Director document that the review of the physical exam has been completed now that the time is not billable?

A few options may include:

- Non-billable progress note
- Notating directly on the received copy of the physical exam that it was reviewed and the provider's signature and date

As long as there is evidence in the client's chart that the physician has reviewed the physical exam, it is less important where it is documented.