

SUD

Support Newsletter

Authority & Quality Improvement Services

October 2022

WHAT' S NEW?

SUD Support Team

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UPDATES

• Interpretation/translation services and CalAIM

As has been the case previously under the DMC-ODS, please note that solely providing interpretation and/or translation is **not billable**.

• Weekly Notes (Residential)

The weekly note requirement is a part of the Alcohol or Drug (AOD) Certification Standards. As you know, the SST monitors only to the Medi-Cal standards and cannot provide specific guidance on AOD Certification

...continued on page 2

There are a few new Health Care Agency Mental Health and Recovery Services Policies and Procedures (P&P) that have recently come out! These P&Ps are important in helping to ensure that all County and County contracted staff adhere to California State regulations and guidelines related to the provision of services for the Drug Medi-Cal Organized Delivery System (DMC-ODS) under the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. Below are brief descriptions and links to the most recent P&Ps:

The **Access Criteria for Drug Medi-Cal Organized Delivery System P&P** explains the access criteria requirements as well as the level of care determination for clients. It also highlights services being reimbursable prior to the determination of a diagnosis and even if the assessment concludes that the client does not meet the criteria for the DMC-ODS. Read more here:

<https://www.ocalhealthinfo.com/sites/healthcare/files/2022-09/01.03.07%202022%20%20Access%20Criteria%20for%20Drug%20Medi-Cal%20Organized%20Delivery%20System.pdf>

The **No Wrong Door Mental Health Services P&P** primarily applies to the Mental Health Plan regarding timely mental health services without delay regardless of the delivery system where clients seek care. However, an important aspect of this that affects the DMC-ODS is that services are covered regardless of whether the client has a co-occurring mental health diagnosis. Learn more here:

...continued on page 3



CalAIM Memos

Thus far, the AQIS SST has distributed the following Memos specific to DMC-ODS:

- CalAIM Memo #002 – Code Selection During Assessment Period – Outpatient
- CalAIM Memo #003 – Documentation requirements to SMHS DMC-ODS Progress Notes
- Diagnostic Code Selection During Assessment Period (SUD Outpatient)
- CalAIM Memo #005 – Assessment Period Access Criteria Medical Necessity
- CalAIM Memo #006 – DMC-ODS Level of Care Determination

**Note: CalAIM Memo #001 and #004 only apply to MHP.*

If you need a copy of any of the Memos, please speak with your assigned SST consultant or email your request to AQISSUDSUPPORT@ochca.com

Standards. For CalAIM, there is a daily note requirement (see the September SUD Newsletter for more information). Each program/organization is responsible for taking into consideration any other certifications or regulatory authority that your program must abide by.

Discharge process and billing under CalAIM

There are no changes to the discharge process and the associated billing under CalAIM. The billing of time to complete the Discharge Summary is based on whether the type of discharge is planned or unplanned. Time spent to complete discharge activities is billable as Care Coordination *if the client discharge is unplanned*. This remains unchanged. A face-to-face session with the client for completing the Discharge Plan is billable as Individual Counseling or Care Coordination (depending on the primary focus of the interventions). This also remains unchanged.

DMC-ODS Providers

The following is a grid of who can provide and bill for services under the DMC-ODS. Please review carefully to ensure that staff with the appropriate credentials, registrations, and licenses are in your programs.

Providers Who Can Bill in the DMC-ODS	
Licensed Practitioner of the Healing Arts (LPHA)	- Physicians - Nurse Practitioners - Physician Assistants - Registered Nurses* - Registered Pharmacists* - Licensed Clinical Psychologist (LCP) - Licensed Clinical Social Worker (LCSW) - Licensed Professional Clinical Counselor (LPCC) - Licensed Marriage and Family Therapist (LMFT) - Licensed-eligible practitioners working under the supervision of licensed clinicians
Non-LPHA counselors	Registered or certified Alcohol and/or Drug (AOD) counselors.

**Registered Nurses (RN's) and *Registered Pharmacists are considered LPHAs but cannot diagnose and provide some of the clinical services more appropriate for other professional staff, due to scope of practice limitations. Please refer to their respective licensing board standards.*



Documentation FAQ

1. Should we add Tobacco Use to the problem list?

Yes, although a Tobacco-Related Disorder on its own is not a qualifying diagnosis to meet the access criteria for DMC-ODS and it cannot be “treated,” it should still be added to the problem list, if applicable. For example, it may be that a client will need some referrals and resources to address this issue, in which case you may be providing some care coordination. For County electronic health record (EHR) users, the Tobacco-Related Disorder should not be identified as a “Diagnosis Treated Today.”

2. When a client discharges, am I supposed to close out all of the problems on the problem list?

A problem should not be indicated as “resolved” or “completed” simply because the client is discharging, unless the problem truly has been “resolved” or “completed.” If the issue continues to be an area of need for the client, there is no need to end date it at the time of client’s discharge. It would be good clinical practice to document the status for each of the client’s problems on the problem list. This can be done in a session’s progress note or the narrative portion of the discharge summary, if applicable.

3. Can we bill for couples counseling?

Couples counseling is not identified as a billable service under the DMC-ODS. Therefore, there are a few ways that a service provided to 2 DMC-ODS clients, who are in a relationship and addressing issues pertaining to each of their substance use, can be documented and claimed. One way would be to claim the service as family therapy (only if conducted by an LPHA). In this situation, the time can be split between the two clients and a progress note completed for each of the clients. Each progress note would need to emphasize how addressing the relationship dynamics is necessary for the client’s treatment, meaning that each note

DMC-ODS Providers (continued)

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Can Licensed Vocational Nurses (LVN's) bill?

LVNs are not recognized as certified providers within the DMC-ODS and cannot bill for or deliver DMC-ODS covered services. LVNs may provide ancillary services within the DMC-ODS, as clinically appropriate and under supervision. If working within a DMC-ODS program in this support capacity, LVNs must be credentialed through the County's Managed Care Support Team. *

Can Trainees of a behavioral health discipline (those in graduate programs of study who may be gaining internship or practicum hours in a SUD clinic) bill?

Trainees are not authorized to provide services in the DMC-ODS. If a trainee is also registered as an AOD Counselor, they may provide and bill for services in the DMC-ODS program working within the scope of a registered AOD Counselor.

Some important reminders about Trainees registered as an AOD Counselor:

- Providers will need to keep in mind that the service and corresponding documentation by this provider type must reflect the scope of practice of an AOD Counselor.
- Please ensure that trainees are fully advised of the requirements and implications of registering as an AOD Counselor. A registered AOD counselor "shall complete certification as an AOD counselor within five (5) years of the date of registration" (CCR Title 9, Chapter 8, Subchapter 3, Section 13035 (f)(1) and (2)).
- Please be sure to confirm with graduate training programs and administration in regards to the granting of credit for internship or practicum hours intended to fulfill the requirements of a graduate program while the individual operates under a different discipline.

* *Disclaimer: Providers involved in patient care need to be listed on the provider directory and undergo credentialing if they possess a license, certification or registration. For approved DMC-ODS provider types see http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/ODS_Staffing_Grid_Revised_031518_Final.pdf*

Documentation FAQ (continued)

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would need to be written geared towards the respective client's problems and needs. Another way to document this would be to claim the total time as a collateral service under one of the two clients. A "note to chart" or administrative note can be added for the other client so that there is documentation of the service being provided to both clients.

4. In a residential program, transportation is often provided for such needs as medical and legal appointments. Can transportation time count towards the weekly required hours?

The time spent providing transportation to a client is not billable and cannot count towards the required structured or clinical hours at the Residential programs. The expectation under DMC-ODS is that all clients will have access to transportation, which can be provided by CalOptima. Thus, billing of the residential treatment day is not permissible if the client receives no other services on that day, other than transportation. It is recommended that instances where clients are unable to attend structured and/or clinical activities due to attending outside appointments be documented.

WHAT'S NEW? (continued)

...continued from page 1

https://www.ochealthinfo.com/sites/healthcare/files/2022-10/04.02.10_2022_No_Wrong_Door_Mental_Health_Services.pdf

The **DMC-ODS Documentation of Services and Assessment Standards P&P** discusses the minimum documentation standards for the assessment, problem list, and progress note, as well as the requirements for services provided via telehealth. Take a look here:

https://www.ochealthinfo.com/sites/healthcare/files/2022-09/05.01.15_2022_DMC-ODS_Documentation_of_Services_and_Assessment_Standards.pdf

Treatment Perception Survey (TPS)

Thank you all for your participation in the TPS process! This year, we collected 430 paper surveys and 178 online surveys for a grand total of 608 surveys. These surveys will help us to address requirements from the Centers for Medicare and Medicaid Services (CMS) and our External Quality Review Organization (EQRO), as well as help support DMC-ODS quality improvement efforts. After UCLA receives all surveys, they will process the data and prepare regional, County, and program-level summary reports within three to six months. Once we receive access to the data, we will present the information in a future QI meeting.

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 DIRECTORIES

REMINDERS

CLINICAL/COUNSELOR SUPERVISION REPORTING FORM (CSRF)

- All registered counselors and licensed waived providers must submit a CSRF to the MCST to track and monitor those who must undergo clinical supervision.
- Registered counselors and licensed waived providers are **prohibited** from delivering Medi-Cal covered services if they have not submitted their CSRF.

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 letter of approval. (**NEW COUNTY EMPLOYEES:** A County memo was distributed to all County Directors, Managers, and Service Chiefs on August 1, 2022, detailing the credential implementation for **new County employees** that went into effect September 1, 2022.)
- **Existing County Employees** who are licensed, waived, registered, and/or certified providers that deliver Medi-Cal covered services are now undergoing the credentialing process in phases as of September 2022. A Credentialing Team member will reach out to the Service Chiefs 3-4 weeks prior to the credentialing timeframe to schedule a "Meet & Greet" in order to provide support when undergoing the process.

UPDATE: NOABD LETTERS

The NOABD letters have been updated to reflect Ian Kemmer, LMFT, AQIS Director's name in the signature portion of the letters. The newly revised NOABD templates have been updated **as of July 2022** and is available on the AQIS website to begin using, immediately. **Discard** all old NOABD templates.

Hyperlink Access: www.ochealthinfo.com/dmc-ods

For Providers webpage: <https://ochealthinfo.com/providers-partners/authority-quality-improvement-services-division-aqis/quality-assurance-quality-1>

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Providers are required to maintain their credentials under their certifying board (i.e., BBS, BOP, CCAAP, etc.) and must renew it **on-time**. If the provider has let their credentials lapse, they must **NOT** deliver Medi-Cal covered services and claim Medi-Cal reimbursement in reliance of those services. This practice is viewed as fraudulent.
- When the provider's credential has expired, the MCST and IRIS immediately take action to deactivate the provider in the County system. The provider must petition for their credentialing suspension to be lifted and provide proof of the license, certification, and/or registration renewal to the MCST and IRIS. The reinstatement is **NOT** automatic.

REMINDERS (CONTINUED)

ACCESS LOGS REPORTS & CORRECTIONS

- Service Chiefs/Program Directors are to run and review Access Log reports **weekly** to fix timely access errors and ensure Access Log entries are entered **daily** by staff (e.g., Intake Counselor).
- The MCST runs an IRIS Access Log report **monthly** and **quarterly** for the DMC-ODS to monitor, reconcile, and identify errors to be corrected by the programs.
- The MCST Access Log Team relies on program to make those corrections timely. Any errors found by the MCST must be corrected within **3 business days** upon receiving the e-mail notification.

PAVE ENROLLMENT (SUD DMC-ODS ONLY)

- You have **35 days** to submit the PAVE application to DHCS with any modifications/changes to information previously submitted.
- Supplemental Changes Applications (SCA) must be completed and submitted when adding/deleting counselors and LPCC's to your accounts.
- LPHA's must have an SUDTP/SUDMD application completed for each of the locations where a LPHA will provide services.
- SUDTP/SUDMD applications are created in PAVE when requesting rendering providers to affiliate with your business account.
- Please visit the DHCS PAVE website for further information and training videos at:
<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx.aspx>

PROVIDER DIRECTORY – COMING SOON!!!

- The Provider Directory spreadsheet will undergo changes to streamline the data collection by incorporating the NACT requirement fields. This will help reduce the reporting duplication and save time for you as a provider. A brief training on the new spreadsheet will be offered at the QI Coordinators' Meetings in November and **December**. The newly revised Provider Directory spreadsheet will go into effect **January 1, 2023**.



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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