

SUD Support Newsletter

Authority & Quality Improvement Services

March 2020

WHAT'S NEW?

We have some new members of the Authority and Quality Improvement Services (AQIS) Substance Use Disorder Support Team (SST)! Please welcome Beatriz Garcia, LMFT and Dominic Ong, LMFT. They will both be in the role of Quality Improvement (QI) and Compliance Consultants. You will begin seeing our new members at on-site clinical chart reviews, providing SST's documentation trainings, and responding to all of your documentation and billing questions for the Drug Medi-Cal Organized Delivery System (DMC-ODS). Please remember that you can always send inquiries to AQISSUDSUPPORT@ochca.com. If you send any sample documents for review, such as progress notes or treatment plans, please be sure to remove any patient identifying information.



Upcoming Documentation Trainings

- April 22nd (1 day)*
- May 27th (1 day)*
- June 8th & 10th (2 day)
- June 24th (1 day)*

*Prerequisites: ASAM A and ASAM B

This dates or locations as subject to change due to COVID-19 considerations.

For both county staff and contract staff: e-mail us at AQISSUDSupport@ochca.com

SUD Support Team

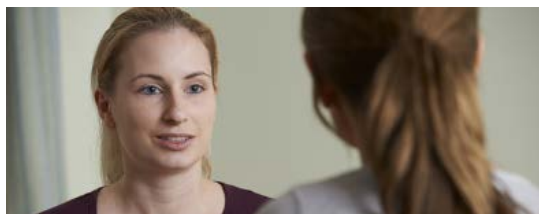
- Azahar Lopez, PsyD, CHC
- John Crump, LMFT
- Joey Pham, PhD, LMFT
- Emi Tanaka, LCSW
- Angela Lee, LMFT
- Beatriz Garcia, LMFT
- Dominic Ong, LMFT
- Erica Spencer, MS, HCM
- Olga Gutierrez, MHS
- Marsi Hartwell, Secretary
- Faith Morrison, Staff Assistant

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UPDATES

We have received information from the State regarding **group sign-in sheets**. For any group services claimed, there must be an accompanying group sign-in sheet along with the progress note for that service. If there is a progress note for the group, but no group sign-in sheet, this is a disallowance. The group service claimed must be made non-compliant. Please

- An interesting fact about Beatriz:
"I enjoy running (as crazy as that might sound)."
- An interesting fact about Dominic:
"I participated in high school show choir for all 4 years... I'm not much of a performer nowadays but I still love to sing while commuting to work every day."



be sure that all information on the group sign-in sheet is consistent with the information on the progress note. **Effective April 15, 2020, any group services claimed without the existence of a corresponding group sign-in sheet will result in recoupment in the County's clinical chart review visits. For Residential programs, the group cannot be counted towards the required number of clinical hours for the week.**

For those providers who offer **multiple levels of care at one site**, there is clarification from the State that documents, such as the assessment or re-assessment can carry over to the new level of care. This means that if you have both the Intensive Outpatient Treatment (IOT) and the Outpatient Drug Free (ODF) levels of care, the re-assessment completed at one level to determine the appropriateness for the next level of care can be used as the initial assessment to establish medical necessity for the new level of care, as long as the need for that next level is clearly substantiated by the previous assessment.

However, this does not apply for transitions to and from Recovery Services. Since Recovery Services are not considered treatment, any move to or from this level necessitates a new intake process. **Effective April 15, 2020, all sites that provide Recovery Services will need to ensure there is an assessment on file that clearly documents how the client meets medical necessity for Recovery Services based on the ASAM criteria.**



Documentation

FAQ'S

1. What needs to be on a group sign-in sheet?

For each group service claimed, there must be a corresponding group sign-in sheet with the following information:

- a. Facilitator's name (typed or legibly printed), signature and the date of signature (same as date of session) must to be next to one another.
- b. Date of the group service.
- c. Topic of the group service.
- d. Start and end time of the group service.
- e. Typed or legibly printed list of the participants' names with signature (next to typed or printed name).

2. How much time do I have to transition my client from Residential to the next level of care?

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Check Yourself, Before...

Have you completed documents (assessment and treatment plan) in the proper sequence?

In the past, the County was not recouping for cases where the initial assessment or re-assessment was completed after the creation of the treatment plan. However, we have received clarification from the State that documents completed out of sequence will result in disallowed services. Effective April 15, 2020, any services claimed based on a treatment plan that has been completed and signed prior to the completion of the assessment or re-assessment must be made non-compliant. Completion of the assessment or re-assessment, if using the County's SUD Assessment or Re-Assessment form, includes the sections designated for the LPHA (diagnosis and case formulation), when the LPHA involvement is required. Please keep in mind that the SUD Assessment or Re-Assessment is not considered complete if the LPHA was required to be involved to diagnosis, modify the previous diagnosis, and/or recommend the client to a different level of care.

Documentation FAQ's (continued)

...continued from page 2

Since discharge planning should begin at admission, the actual amount of time it takes for a provider to transition the client to the next level of care, should take no more than a week. The Residential day rate can only be billed an additional 2 days beyond the point at which it is determined that the client no longer meets medical necessity for that level of care, but only as long as there is documentation of the providers case management activities to transition care to the next level. Regardless of the length of time it takes to transition the client, there must be corresponding documentation to justify the need for the additional days. The client should continue to participate in treatment and case management services during the additional days to ensure a smooth transition.

Although the expectation set by DMC-ODS is a warm hand-off to ensure that the client is properly connected to the next level of care, this does not mean that everything entailed in the process is billable. Please keep in mind, administrative tasks such as scheduling or rescheduling appointments, leaving phone messages, sending emails, faxing relevant paperwork are still not billable to DMC even if related to this warm hand-off. Services must be clinical in nature and medically necessary in order to bill.

3. There is no face-to-face consultation between the non-LPHA and LPHA documented...what will happen?

In the past, the County has not made any recoupments for the missing documentation of the face-to-face (in person) consultation between the non-LPHA and LPHA. This consultation is necessary for the LPHA to document the basis for the client's medical necessity. We have recently been informed by the State that missing the documentation of this consultation will result in disallowance. Without the documentation of a face-to-face consultation, there is no evidence that this took place. Completion of the Case Formulation alone by the LPHA is not sufficient to meet this requirement. However, it is permissible to document information about the consultation in the body of the Case Formulation section as evidence that this requirement was fulfilled. **Effective April 15, 2020, any services provided without documentation of the face-to-face consultation, if required for completing the initial assessment, will result in recoupment by the County during the clinical chart reviews.**

RESOURCES:

This newsletter was established to help communicate any changes or updates as well as to reinforce our current understanding of requirements related to the provision of services under the DMC-ODS. You can access additional resources by visiting the "Providers" tab of the DMC-ODS website, here:

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

Requests for information to be included in future newsletters can be made to AQISSUDSupport@ochca.com

Documentation Reminders...

- Remember to include a physical exam goal, if applicable. The State's expectation is that if the client has not received a physical exam in the twelve (12) months prior to the client's admission to your program, there is a treatment plan goal to address this. This applies to all levels of care, including Withdrawal Management. Clients who receive Recovery Services will also need to have this be a part of his/her recovery plan if there has been no physical exam in the prior twelve (12) months.
- Double check that you have addressed all required domains of a psychosocial assessment
A few of the most common forgotten areas to document on in the initial assessment is the client's financial status/history, educational history, and social/recreational history. If you are utilizing the County's SUD Assessment form, please be mindful to include information on these areas. Examples of places to include documentation about the client's financial status are: Dimension 6 (Recovery/Living Environment), Dimension 4 "Life areas affected by substance use" and Dimension 5 "Triggers" checkboxes.

DMC-ODS & COVID-19

In light of the COVID-19 public health emergency, the way in which we deliver services to our clients has shifted. In order to continue to ensure access to medically necessary services while minimizing the community spread of the virus, we are maximizing efforts to provide services via telephone and telehealth.

WHAT IS TELEHEALTH?

Telehealth is the use of a live video platform to provide substance use disorder treatment services (the live video platform used is subject to the same privacy and security laws and regulations as services provided by in-person services and must comply with HIPAA, California's Confidentiality of Medical Information Act, and, if applicable, 42 CFR Part 2 or California Welfare & Institutions Code section 5328). For specific applications and platforms that can be used, please defer to your program administration.

WHAT CAN I USE TELEHEALTH FOR?

Telehealth is an acceptable method of providing the services that we have always been providing: Individual Counseling, *Group Counseling, and Case Management. In order to utilize it, we must obtain the client's consent (verbal and/or written) to provide services through this format. We also need to ensure that the client's confidentiality is protected.

- Individual Counseling can be provided by telephone or telehealth.
 - Assessment activities (part of Individual Counseling) can be conducted solely by telephone during the COVID-19 crisis.
 - LPHA/non-LPHA consultation for diagnosis and medical necessity may be conducted solely by telephone during the COVID-19 crisis.
- *Group Counseling can be provided by telehealth.
- Case Management can be provided by telephone or telehealth.

*Due to the practical difficulties of successfully conducting group services via telehealth, please defer to your program administration for further guidance.

Progress Note Documentation:

Service documentation will still need to be written as stand-alone notes with demonstration of the medical necessity of the service and individualized interventions. Use clinical judgement to assess the appropriateness of providing services by telephone or telehealth for the particular client. Additionally, remember to include the following:

1. Why is the service provided by telephone or telehealth (due to COVID-19)? Be specific to the situation, if applicable (i.e., beneficiary is quarantined at home, local or state guidelines direct that the patient remain at home, etc.) to demonstrate the need.
2. What method was used (telephone or telehealth)? What specific live video platform was used?
3. Did the client agree to the telephone or telehealth service?
4. How was the client's confidentiality protected (e.g., in a separated room, closed door, did not address beneficiary by name, etc.)?

- When using the County's Progress Note to document a service provided by telehealth, indicate the Encounter Type as "Site Visit" and the Place of Service as "Telehealth."
- For the Physical Exam goal, since clients may not be able to obtain one at this time, be sure to document that this is due to the accommodations necessary for COVID-19. Since the Physical Exam is a topic that needs to be reviewed with the client periodically, it would be good practice to include this documentation in the Plan section to show that we have not forgotten about this requirement and the plan is to address it once the health emergency is over.
- Requirements for an Authorization to Disclose (ATD) have not changed. Make efforts to obtain a written consent as much as possible. Continue to reference an ATD on file when documenting an encounter with outside parties. If you are unable to obtain written ATD due to the COVID-19 emergency, defer to your administration about how to proceed, on a case by case basis.

Please keep in mind that information contained on this page is specific to the COVID-19 pandemic and may be subject to change under normal operations.

Refer to the following documents for more detailed information:
COVID-19 SUD Support Telehealth Guidance Final 4.2.2020
CORRECTED COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.7.2020
COVID-19 SUD Support Telehealth Follow Up Guidance Final 4.13.2020

Updates will be provided periodically. You can also find more resources on the DHCS COVID-19 Response page, found here:
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>

