

# UP TO THE MINUTE – SUD PROVIDER EDITION

NOVEMBER 2018



## Documentation Skill Building Workshops on Treatment Plans in November

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and we will focus on Treatment plans in November
- Groups will be limited to 25 participants and reservations are required by emailing [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov)
- Meetings at County Operation Center (Training Room 171, 5560 Overland Ave, San Diego)
  - Monday, 11/26/18, 1:30 P.M. to 3:30 P.M.
  - Friday, 11/30/18, 9:30 A.M. to 11:30 A.M.
- Meeting at North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave, Escondido)
  - Tuesday, 11/27/18, 1:30 P.M. to 3:30 P.M.

## Outpatient Provider Documentation Training

Date: Monday, November 19, 2018

Time: 9 am-1pm

Where: County of San Diego-County Operations Center (COC)  
5560 Overland Avenue, 1<sup>st</sup> floor, Room 171, San Diego, 92123

- To register, please email the following to [stthomas@mhsinc.org](mailto:stthomas@mhsinc.org)
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual



## Residential Provider Documentation Training

Date: Wednesday, November 28, 2018

Time: 1 pm-5 pm

Where: County of San Diego-County Operations Center (COC)  
5530 Overland Avenue, 1<sup>st</sup> floor, Room 124, San Diego, 92123

- To register, please email the following to [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov)
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual

## DMC-ODS Treatment Provider Meeting

- Tuesday, November 20, 10 am to 11:30 am
- Scottish Rite Center, Heald Room, 1895 Camino del Rio South, San Diego, CA 92108

## Residential Substance Use Disorder Providers Optum Phone Number Reminder

- Optum has a provider only number to call when Residential Substance Use Disorder Programs need to request authorization for residential SUD treatment. This line is for providers only, and this number is not for client calls.
- The Provider Authorization Optum number is: 1-800-798-2254, Option 3, then Option 2.
- Should a client need to call to request resources, please refer them to the San Diego Access and Crisis Line at 1-888-724-7240, which is for clients and can be called 24 hours/7 days a week.

### **Residential Authorizations in SanWITS Requirements and Reminders**

- Follow Residential Authorization Request timelines to Optum (SUDPOH Appendix D.1):
  - Initial authorization is due within 24 hours of program admit
  - Continuing authorization is due by day 10
  - Extension authorization is due by day 80 (Adolescent programs by day 30)
- DC Summary must be faxed to Optum upon completion (within 30 days of discharge)
- Confirm with Optum approved authorization dates prior to entering the Residential Authorization in SanWITS
- After the Residential Authorization has been completed in SanWITS, print it for the paper chart
- To print this in SanWITS, right click on the SanWITS screen displaying the SanWITS Residential Authorization and select “Print”
- If you have specific questions about how to enter the Residential Authorization in SanWITS, please follow up with the MIS Support desk at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

### **Request Approval Prior to Using of Alternate Versions of County Required Forms**

- If Programs want to use a different version of one of the required SUDURM Forms or create one of the forms in their own EHR, then they need to submit a request for approval to the County SUD QM team.
- Please send the alternate version of the form for review to [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

### **Title 22 State Fair Hearing Rights Form Discontinuation - Reminder**

- The Title 22 State Fair Hearing Rights Form is no longer used and should not be given to clients
- Clients are to receive the Personal Rights at an AOD Certified Program Form upon admission
- In addition, if they have Medi-Cal or are Medi-Cal eligible, they are to receive a DMC-ODS Beneficiary Handbook, which reviews additional client rights

### **Update to Acknowledgement of DMC-ODS Beneficiary Handbook and the Provider Directory (F209)**

- Form was updated on 10/25/18 to include the updated link to the Provider Directory
- Use this updated form for all new admits and dispose of all blank copies of the old form
- Posted on the Optum website under the SUDURM Tab

### **Assessed-No Admit and Assessed-Delayed Admit Processes**

- Review the QM Memo (10/18/18) and attachments for all the specific details, which is posted on the Optum website under the Communication Tab
- Review the SanWITS Flow processes (posted on Optum under the SanWITS Tab) on how to enter the services in SanWITS for “Assessed – No Admit” and “Assessed – Delayed Admit
- There is not currently a cap on the county billable claims for “Assessed – No Admit” as long as documentation substantiates all time claimed
- At this time, there is a 4 unit (1 hour) cap on the county billable claims for “Assessed – Delayed Admit” and these county billable claims are currently only permitted for referrals related to the collaborative courts

### **RN (Registered Nurse) as a LPHA (Licensed Practitioner of the Healing Arts) – Scope of Practice**

- DHCS has recently clarified that although RNs are considered LPHAs, they are not permitted to diagnose a client because it is not within their scope of practice
- Therefore, programs shall not use a RN as a LPHA to complete the diagnosis on the DDN (Diagnosis Determination Note) or on the Initial LOC Assessment (note: provisional diagnosis is required on this form for Residential programs)

### **Reminder: Cloned Documentation is Never Allowed**

- Cloned Documentation is defined as documentation that is worded exactly like or similar to other documentation in the same chart or another chart
- This can happen if a program is using templates or examples for progress notes or forms (e.g., Treatment Plans, ASAM LOC Recommendation)
- If documentation appears to be cloned, there is significant risk for disallowance of services
- Every client and every contact is unique, so documentation should be different for each client and each service

### **Charitable Choice Regulations Reminder**

- The SAMHSA Charitable Choice provisions apply to SAMHSA-funded (e.g., SABG or PATH funded) non-profit religious organizations only. When these organizations are providing substance abuse services, the standards are:
  - An individual who receives or is interested in services and disagrees with the religious nature of the program has a right to obtain a notice and a referral to an alternative program within a reasonable time period.
  - Programs must ensure that appropriate referrals are made and recorded
  - The number of referrals provided must be submitted to BHS via the QSR, so BHS can submit this information to DHCS (Review SUDPOH E.11-12).

### **Beneficiary Material Reminders**

- The following information is to be made available in a prominent public place (such as the Program's waiting room) in all threshold languages:
  - Grievance/Appeal Posters, Grievance/Appeal Brochures, Grievance/Appeal form for clients, Self-addressed envelopes for Grievances/Appeals, Limited English Proficiency (LEP) posters, and Access and Crisis Line posters
- Programs offer the County of San Diego Drug Medi-Cal Organized Delivery System Beneficiary Handbook (print, if client wants print version, or provide link to online version) and the provider directory (link) to clients upon admission
- Beneficiary materials are available on "Beneficiary" tab of the DMC-ODS page on the Optum website for programs to print
  - If you are printing posters, they need to be printed on 8.5 X 14 inch paper
- If ordering materials from BHS (order form is on the Beneficiary Tab), please only order materials in small batches
  - For example only order 1-2 months of materials at a time
  - This prevents waste of paper when updates are made to the beneficiary materials, per the County or DHCS requirements

### **Grievances and Exempt Grievances Clarification**

- A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination
- An exempt grievance is resolved to the beneficiary's satisfaction by the close of the next business day following receipt of the grievance. It is exempt from the requirement to send a written acknowledgement and disposition letter.
- No distinction exists between informal and formal grievances
- A complaint is the same as a formal grievance and can be received over the phone or in-person

## **Difference between Recovery Services and Recovery Residences**

- Recovery Services (formally known as “aftercare”) are available after a client has completed a course of treatment with no indication of a need to transfer to another level of care
  - Recovery services serve to support the client when he/she is triggered, has relapsed, or as a preventative measure to prevent relapse
  - More information about Recovery Services will be coming soon
- Recovery Residences (also known as Sober Livings) are privately-owned homes or complexes that provide transitional housing for adults who are recovering from a substance use disorder
  - Recovery Residence supplemental funding is an option for clients actively receiving DMC-ODS Outpatient Treatment Services or Recovery Services. Refer to the Recovery Residences – Supplemental Funding Guidelines on the Optum website, Toolbox Tab for more details on the requirements and maximum costs.

## **Date of Discharge Clarification**

- Per CalOMS, the discharge date is based on the last contact with the client.
- Standard Discharges are planned discharges that involve an “exit interview”. This exit interview can take place either face-to-face or by telephone. The date of this exit interview is the discharge date for a standard discharges for Outpatient/Residential programs.
- Administrative Discharges are unplanned discharges typically resulting from the client not returning to the program. Since the client cannot be located for an exit interview, the discharge date is the last date the program had contact with the client (Face-to-face or by telephone).
- For OTPs, date of discharge for a standard discharge is the last oral medication the client had.

## **SUD QM Team Program Reviews**

- As onsite technical assistance reviews continue for programs, focus will be on working with program quality assurance staff to support internal quality review processes at the program.
- The SUD QM team requests program quality assurance staff participate in these TA reviews.

## **From the MIS Team**

### **Save the Date: SanWITS Quarterly Users Group Meeting**

- Date: Monday January 7, 2018
- Time: 9:30 am – 12: 00 pm
- Location: 1 Father Junipero Serra Trail, San Diego, CA 92119

### **Optum Website SanWITS Tab Updates**

- SanWITS Flow-Assessed Clients not Admitted
- SanWITS Flow-Delayed Admission
- SanWITS Flow-Group List for OTP Providers
- SanWITS Flow- Group List for Outpatient Providers

### **Reminder: Residential Providers**

- Residential Bed Management is meant to be done in real time so that an accurate count of beds can be maintained and used for referring clients to your facility
- Promptly discharge the client upon completion of treatment - this will take the client out of the bed so that the bed is available for new clients
- If the client has unreleased encounters, leave the case/episode open after discharge
- Only Authorized Residential Bed Days can be billed – Optum is the authorizing entity

## Important - Perinatal Services

- To bill DMC perinatal services, a facility must be licensed by DHCS to provide perinatal services in conjunction with being contracted with the County to provide perinatal services
- There are very few facilities that fall into this category – if you are not sure if your facility can bill DMC for perinatal services, please contact your COR and/or the Director of your facility
- If your facility is able to bill DMC for perinatal services, the client will need the following two items in SanWITS:

### 1. ODS DMC Perinatal Payor Group Enrollment – linked to perinatal rates

The screenshot shows the 'Client Profile' page in SanWITS. The left sidebar has 'Payor Group Enrollment' highlighted. The main content area is titled 'Benefit Plan/Private Pay Billing Information'. It includes fields for 'Payor-Type' (Medicaid), 'Plan-Group' (ODS DMC- Peri-Medi-Cal -...), 'Payor Priority Order' (2), 'Coverage Start', 'End', 'Aid Code', 'Relationship to Subscriber/ Responsible Party', 'Policy #', 'Payment Scale', and 'Subscriber/ Responsible Party' details (First Name, Middle, Last Name, Birthdate, Gender, Subscriber #, Address 1, Address 2, City, State, Zip).

### 2. Answer “yes” to the Perinatal question in the program enrollment- linked to perinatal rates

The screenshot shows the 'Program Enrollment Profile' page. It includes fields for 'Facility' (Residential #1), 'Program Name' (Recovery Services), 'Program Staff' (Emerson, Cynthia), 'PS Court Phase', 'Last Treatment Level of Care', 'Termination Reason' (Yes/No), and 'Notes'. The 'Perinatal' question is highlighted, and the 'Yes' option is selected.

- Important: If your facility cannot bill DMC for perinatal services
  - Always answer NO to the Perinatal question in the Program enrollment
  - Do not create a payor group enrollment for peri services
- The question in the encounter “pregnant/postpartum” is used for reporting purposes and is not linked to the higher perinatal rates

## SanWITS and SSRS Trainings – Oct through Dec classes are on RegOnline

- Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at <https://www.regonline.com/builder/site/Default.aspx?EventID=2260135>. If you have any questions please contact the SUD MIS support desk at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
  - Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
  - No walk-ins or substitutions will be allowed due to specific individual accounts.
  - If there is no staff registered 7 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
  - SanWITS Basic training is required before Billing training

- If you have signed up for a class and are unable to attend, cancel the registration as soon as possible so that staff on the waitlist are able to attend.

**RegOnline is being replaced with RegPack as of January 2019. More details to come.**

**Is this information filtering down to your counselors, LPHAs, and administrative staff?  
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)

