



DMC-ODS Outpatient Documentation Training

Date: Monday, January 14, 2019

Time: 1:00 p.m. - 5:00 p.m.

Where: County of San Diego-County Operations Center (COC)

5500 Overland Avenue, 1st floor, Room 120, San Diego, CA 92123

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

DMC-ODS Residential Documentation Training

Date: Thursday, January 24, 2019

Time: 9:00 a.m.-1:00 p.m.

Where: County of San Diego-County Operations Center (COC)

5560 Overland Avenue, 1st floor, Room 171, San Diego, CA 92123

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

Documentation Skill Building Workshops on Progress Notes in January

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on Progress Notes in January.
- Groups will be limited to 30 participants and reservations are required by emailing BHS-QITraining.HHSA@sdcounty.ca.gov
- 2 Meetings at COC (5560 Overland Ave, 1st Floor, Room 171, SD)
 - Wednesday, January 16, 2019 at 1:30 p.m.-3:30 p.m.
 - Friday, January 18, 2019 at 1:30 p.m.-3:30 p.m.
- 1 Meeting at North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave, Escondido)
 - Friday, January 25, 2019 at 1:30 p.m. – 3:30 p.m.



ASAM C Training Coming in February 2019

- Save the date: Wednesday, 2/13/19
- Look for an email coming soon about how to register

BHS SUD Treatment Provider Meeting

Meetings are held monthly, on the 3rd Tuesday of every month, 10:00 a.m.-11:30 a.m.

- Next meeting: **Tuesday, January 15th, 2019, 10:00 a.m.-11:45 a.m.**
- Location: Scottish Rite Center (Heald Room), 1895 Camino del Rio South, San Diego, CA 92108

New Serious Incident Report Phone Number and Updated Forms

- The new Serious Incident Report (SIR) phone number is **(619)584-3022**
- Updated Serious Incident Report (SIR) and Serious Incident Report of Findings (SIROF) forms with the new phone number are available on the SUDPOH Tab of the DMC-ODS Page on the Optum Website (<https://www.optumsandiego.com/>)
- The QM Confidential Fax number will remain the same **(619)236-1953**.

Beneficiary Rights: Grievance/Appeal, State Fair Hearings, and the NOABD Process

- SUD service providers contracted with the County of San Diego through BHS are part of a network of providers referred to as a PIHP; this is a type of managed care plan (e.g., DMC-ODS).
- Therefore, there are Federal Grievance and Appeal System requirements
- To increase awareness and education about these requirements, there is a 45-minute recorded webinar for “on-demand” viewing.
- All program staff with client contact are required to participate in this webinar by close of business on **Thursday, February 28, 2019**.
- The SSR will be updated to include the Beneficiary Rights training.
- Ensure all completed trainings are documented on the SSR.
- A Certificate of Completion may be requested by including the name of the webinar and email to BHS-QITraining.HHSA@sdcounty.ca.gov



County Billable vs. Non-Billable Services

- “County Billable” services are defined as an individual or group service that has been delivered and documented within a treatment episode that is not billable to DMC for various reasons (e.g., client is not Medi-Cal eligible, justice over-ride clients, or medically necessary and authorized residential treatment days that exceed DMC-ODS benefits)
- “Non-Billable” services are defined as an individual or group service that has been delivered and documented within a treatment episode that is not DMC or County billable for various reasons (e.g., a clinical group with more than 12 clients, self-help groups, UA’s, documented more than 7 days after the service)
 - Non-billable encounters may be used for billing corrections
- See the BHS Drug Medi-Cal Organizational Providers Billing Manual for more details on the Billing Tab of the DMC-ODS Page on the Optum Website (<https://www.optumsandiego.com/>)

Reminder: Residential Bed Day Requirement of a Minimum of 1 hour of Service to Bill

- To bill for a residential bed day at ASAM Level 3.1 or 3.5, a client must have received at least 1 hour of a billable activity (e.g., Assessment, Individual Counseling, Group Counseling, Family therapy, Collateral Services, Crisis Intervention, Treatment Planning, Discharge Services, Transportation Services, or Patient Education)
- Remember Case Management is billed separately and cannot count towards the 1 hour
- For more information review the [MHSUDS Information Notice #18-001](#) on the DHCS website and the [Quick Guide - Residential Service](#) on the Toolbox Tab of the Optum website

Units of Service

- Most units of service in the DMC-ODS are in 15-minute increments, with some exceptions (e.g., residential services and withdrawal management services are billed as a daily unit of service, OTPs bill a daily unit of service for dosing, or in 10-minute increments for individual or group counseling).
- However, this does not mean that service provision of less than 15 minutes cannot be billed as DMC-ODS allows for billing of fractional units for Outpatient services or Case Management services in Residential programs. (OTPs cannot bill in fractional units).
- In SanWITS, for applicable programs/services, any time entered for services that is less than 15 minutes calculates on the back-end as a fractional unit.

Reminder: Unique Client Numbers (UCN) on Paper Forms

- The standard for client numbers on hard copy client files is to use the SanWITS UCN #
- If your program is not currently following this practice, please begin to do this immediately

OS/IOS and Initial Level of Care Assessment Completion

- The intention of the Initial Level of Care Assessment is to determine a preliminary level of care placement recommendation and is to be completed at admission.
- When completed by a registered/certified AOD Counselor, this must include a face-to-face meeting between that counselor and the program's MD or LPHA to review information, so the MD or LPHA can verify or make recommendations for changes to the level of care. The MD or LPHA documents on the form the date of this face-to-face meeting, and signs/dates the form.
- For OS/IOS programs, this Initial Level of Care Assessment (with face-to-face meeting and all required signatures) must be completed within 2 business days of admission.

New Law Regarding Prescribing of Naloxone (Assembly Bill No. 2760)

- Effective January 1, 2019.
- Requires a prescriber to offer a patient naloxone (or other reversal agent) prescription when:
 - Prescribing \geq 90 MME/day (morphine milligram equivalents)
 - Co-prescribing a benzodiazepine with an opiate.
 - Patient presents with an increased risk for overdose, including a history of overdose, a history of substance use disorder, or is at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.
- If a prescription for naloxone (or other reversal agent) is given, the prescriber must educate the patient, or someone designated by the patient, on overdose prevention and use of naloxone
- You can find the complete text of the law here:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2760



Reminder: Group Size

- Group size must be 2-12 participants to be billable
- ONLY Residential Patient Education groups may be larger than 12 participants

Reminders from Recent DHCS Audits

- Recent DHCS audits of programs in the County of San Diego DMC-ODS found deficiencies in the area of the Minimum Quality Drug Treatment Standards, such as program policies on use of volunteers/interns, personnel file requirements, code of conduct required elements, etc.
- It is recommended that programs review the Minimum Quality Drug Treatment Standards as written in the current version of the SUDPOH (pages G.4 – G.7) on the SUDPOH Tab of the DMC-ODS Page on the Optum Website (<https://www.optumsandiego.com/>)
- Other reminders:
 - LPHAs and MDs must receive a minimum of 5 continuing education hours each year related to addiction medicine
 - Providers are required to provide a summary in writing to each client outlining federal confidentiality requirements. The required elements of this written summary, per 42CFR, are [here](#).
 - Documentation requirements of admission (Current SUDPOH page D.13)
 - The client must be given a copy of the Discharge Plan and it must be documented (the current version of the [Discharge Plan](#), dated April 2017, has a prompt indicating the client was given a copy).
 - Group sign-in sheets must contain all required elements (see sample [group sign-in sheet](#) with these elements, from Appendix D.4 of the SUDPOH)
- Reminder, if a program is contacted by DHCS for any type of review or audit (be it a scheduled or unannounced visit), it is expected that the program will immediately notify the program COR and the BHS SUD QM unit. QM can be notified via email at QIMatters.HHSA@sdcounty.ca.gov
- If a Corrective Action Plan (CAP) is required for any type of review, programs are to submit drafts directly to the BHS SUD QM unit for review and technical assistance (SUDPOH page G.11)



ASAM Screen in SanWITS

- All providers are required to enter the ASAM screen in SanWITS
- A recent audit revealed missing ASAM data – Make sure your ASAM results are entered
- Providers who were not previously entering ASAM data must begin entering all new ASAM data as of 1/1/2019 into SanWITS
- Staff providing any ASAM assessment and treatment planning services must be fully trained in ASAM – for more information contact QIMatters.HHSA@sdcounty.ca.gov

Introduction to Community Information Exchange (CIE) and Toolkit Webinar

- Developed by 2-1-1, San Diego/Imperial
- Resource for providers to become familiar with—database tracking for the various providers working with mutual clients, to deliver enhanced community care planning
- Introductory session to kick-off the five-part webinar series recorded on December 20th
- Available for viewing on the CIE website at <https://ciesandiego.org/events/introduction-to-cie-and-toolkit-overview/>

Volunteer Requirements for the Staffing Status Report (SSR)

- The SSR was developed by BHS in an effort to streamline reporting of new and existing requirements by consolidating multiple categories of data into a single, consolidated report.
- Providers are expected to complete the SSR for all staff who are employed by the program, to include subcontractors, and for any interns or volunteers who are providing direct services within the scope of the BHS contract. For purposes of completing the SSR, providers do not need to include volunteers that are not providing direct services.
- Exhibit A of the DMC-ODS Intergovernmental Agreement (IA), states that if a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed by all volunteers to address all of the following:
 - 1. Recruitment; 2. Screening; 3. Selection; 4. Training and orientation; 5. Duties and assignments; 6. Supervision; 7. Protection of client confidentiality; and 8. Protection of beneficiary confidentiality**
- Providers are required to follow all contract requirements and regulations related to the use of volunteers and interns in their program. Provider records on volunteers/interns must be available upon County request.
- Programs are also required to develop and maintain a management and **staff training and development plan, to include volunteers and interns**
 - Programs that utilize interns who are providing clinical services (individual, group, treatment planning, etc.) would be required to take the same trainings as certified or registered AOD or LPHA staff

SanWITS Staff Changes

- Staff changes are to be reported to the County within 5 days. This includes terminated staff and any changes to staff facilities or profile roles.
- Staff rendering services must have a valid NPI# reported to the County
- Sharing of passwords is NEVER allowed
- New employees or employees that have not had access will be required to attend SanWITS training before accessing the system.
- Do not lock staff out of SanWITS without informing the County.

Important Reminder: National Provider Identifier Number (NPI)

- Healthcare Providers are required to register and acquire their own unique 10-digit NPI to identify themselves.
- All staff rendering services to clients must have a valid NPI# listed on their staff profile in SanWITS and must be confirmed on the NPPES NPI registry at <https://npiregistry.cms.hhs.gov/>
- Staff rendering services to clients cannot use the Facility's NPI# as their own
- Claims will be rejected for invalid NPI# and /or NPI# not covering the service/encounter dates
- The encounter will pre-populate with the name of the staff who is entering the encounter, **this should always be changed to the staff that rendered the service.**

Clarification about billing Perinatal Services to DMC

- 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 to connect the appropriate perinatal rates:

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

The screenshot displays the 'Benefit Plan/Private Pay Billing Information' form in the SanWITS system. On the left, a navigation menu is visible with 'Payor Group Enrollment' highlighted. The main form area includes the following fields:

- Payor-Type:** Medicaid
- Plan-Group:** ODS DMC- Peri-Medi-Cal -... (dropdown menu)
- Payor Priority Order:** (dropdown menu)
- Policy #:** (text input with search icon)
- Coverage Start:** (calendar icon)
- End:** (calendar icon)
- Payment Scale:** (dropdown menu)
- Aid Code:** (text input)
- Relationship to Subscriber/ Responsible Party:** (dropdown menu)

The 'Subscriber/ Responsible Party' section includes the following fields:

- First Name:** (text input)
- Middle:** (text input)
- Last Name:** (text input)
- Birthdate:** (calendar icon)
- Gender:** (dropdown menu)
- Subscriber #:** (text input)
- Address 1:** (text input)
- Address 2:** (text input)
- City:** (text input)
- State:** (dropdown menu)
- Zip:** (text input)

2. Answer "Yes" to the Perinatal question in the program enrollment- linked to perinatal rate

The screenshot displays the 'Program Enrollment Profile' form in the SanWITS system. The form includes the following fields:

- Facility:** DMC Billing Test Facility
- Program Name:** (dropdown menu)
- Program Staff:** (dropdown menu)
- PS Court Phase:** (dropdown menu)
- Start Date:** 12/28/2018 (calendar icon)
- End Date:** (calendar icon)
- Perinatal:** (dropdown menu, highlighted with a red box and a red arrow)
- Termination Reason:** (text input with search icon)
- Notes:** Yes (dropdown menu)

- The question in the encounter "pregnant/postpartum" is used for reporting purposes and is not linked to the higher perinatal rates.
- **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 ODS DMC Perinatal services**

OTP Programs – Encounter Screen Update

- SanWITS has been updated with two new fields for “Drug Quantity” and “Type” related to MAT dosing. These fields are required on the DMC claim.
- New fields will only be visible upon selecting the service for MAT Generic or MAT Brand dosing
- All existing MAT dosing encounters will need these fields completed before releasing to bill
- Consecutive dosing - each time the drug quantity and type change (new NDC#) a new encounter will need to be created.

The screenshot displays the SanWITS Encounter form. Key fields include:

- Note Type: DMC Billable
- ENC ID: [Blank]
- Group Session ID: [Blank]
- Program Name: OTP Facility/OTP : 10/1/2018 - 11/30/2018
- Service: D-MAT Generic OTP
- Billable: [Checked]
- Start Date: [Blank]
- End Date: [Blank]
- Start Time: [Blank]
- End Time: [Blank]
- Duration: [Blank]
- Contact Type: [Blank]
- Emergency: [Blank]
- # of Service Units/Sessions: 1
- Medi-Cal Billable: [Blank]
- Pregnant/Postpartum: No
- National Drug Code: [Blank]
- Drug Quantity: [Blank]
- Was an interpreter used?: [Blank]
- Language was the service provided?: English
- Which Evidence-Based Practices were used?: None, Motivational Interviewing, Relapse Prevention, Other

A dropdown menu for Drug Quantity is open, showing options: Gram(s), International Unit(s), Milligram(s), Milliliter(s), and Unit(s).

SUD Diagnosis Required in SanWITS

- A SUD Diagnosis is required in SanWITS
- Billing cannot occur without a primary SUD diagnosis

Optum Website SanWITS Tab Updates

- Census Tip Sheet
- SanWITS Flow- Courtesy Dosing
- Authorization Tip Sheet

Residential Bed Management

- Virtual Beds are for temporary use (24 hour) only and not to be used as a client bed.
- Client must be discharged as soon as they leave treatment, so the bed becomes available for the next client.
- Do not move the client from one bed to the next if the client has been discharged.
- A Client must be placed in a bed in sequential order **OR** the system will think the bed days are overlapping and not allow you to enter the client into the bed.

Residential Providers-Census

- All Residential programs should be using the daily Census
- Only Residential bed day encounters should be created through the Census.
- Residential bed day encounters created through the Census will populate the encounter with the note type of “Bed Management Census Note”
 - This Note type will need to be changed to the appropriate note type of “DMC Billable”, “County Billable”, or “Non-Billable” on each individual client’s encounter.
- **Case Management encounters are not created through the Census.**
- For DMC billing - clients should have two payor group enrollments – for “Benefit Plan Enrollment” and “Government Contract Enrollment”
- For DMC billing only these two Payor Groups under Benefit Plan should be used “ODS DMC-Non-Perinatal” or “ODS DMC-Perinatal”
- When billing DMC Residential Bed Day – on the encounter “Billable” should be Yes and “Medi-Cal Billable” should be No (This allows the claim to be released to the government contract area).
- DMC claims other than Residential Bed Day - on the encounter “Billable” should be Yes and “Medi-Cal Billable” should be Yes (This allows the claim to be released to the Clearing House).

SanWITS and SSRS Trainings on Regpacks

- Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at https://www.regpacks.com/reg/templates/build/?g_id=100901152
- If you have any questions, please contact the SUD MIS support desk at SUD_MIS_Support.HHSA@sdcountry.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@sdcountry.ca.gov
 - SanWITS Basic training is required before attending the 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.



**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@sdcountry.ca.gov**