ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Fact Sheet BHCS
Substance Use Service
Drug Medi-Cal Organized Delivery System

The following questions were posed during the QA Forms / Clinical Documentation Training on June 27, 2018
Also see updated SUD Clinical Documentation Training Power Point

1. What are the signature requirements for the Intake / Assessment?
    a. The SUD Counselor/LPHA conducting the Intake / Assessment is required to sign the intake/assessment. When the Intake / Assessment is conducted by an SUD Counselor, the LPHA who determines Initial Medical Necessity must co-sign the Intake / Assessment. The LPHA co-signature documents the requirement of their review of the Intake / Assessment when determining medical necessity.

2. Does BHCS have a Release of Information log template that we must use?
    a. Yes. This form is available on the SUD QA Forms webpage.

3. When Providers are still using the old RU after 7/1/18 should they enter service staff documentation time into InSyst?
    a. Yes, prior to opening episodes in the new RU, SUD Providers may enter documentation time under their old RU.

4. When billing for group services with the old RU and new RU (represented in the same group) should we also include documentation time?
    a. Yes, in this case you must claim for documentation time for the old RU as well as the new RU.

5. When do SUD providers transition from their old forms/documentation to using BHCS Intake / Assessment and new forms?
    a. July 1, 2018 and the new BHCS forms are required when clients are opened into the new RU.

6. Are the Perinatal/Parenting Programs the only modality required to complete the Perinatal / Parenting section of the Intake / Assessment?
    a. The Perinatal/Parenting section of the Intake / Assessment must be completed by programs providing Perinatal and Parenting services. It is highly recommended that,

when applicable, this section be completed by all programs (women who are pregnant and all clients with children).

7. What are the treatment plan beneficiary signature due dates for residential programs?
    a. Treatment Plans for residential programs must be completed, signed, and dated with **all required** signatures within treatment plan due dates; 10 days of the episode opening date (EOD) for the initial plan and every 90 days thereafter from the counselor/LPHA signature on the previous treatment plan.

8. What information is required for the residential daily progress note (PN)?
    a. Documentation of treatment episode information for all modalities requires documentation of all activities, services, sessions, and assessments. Progress Notes for residential must include: legibly printed name, signature and date of the PN within 7 calendar days of the counseling sessions. PN narratives must include the following:
        i. topic or purpose of the service(s);
        ii. description of beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals;
        iii. information on attendance, including the date, start & end times of each individual and group counseling session or treatment service (this includes travel time);
        iv. identify if services were provided face-to-face, by telephone, or by telehealth and.
        v. if provided in the community, identify the location and how the provider ensured confidentiality in the community
    b. All fields in the PN template must be completed

9. What location of services are allowed when conducting OS/IOS group counseling services?
    a. Services are primarily provided at the clinic location and may be provided in-person and in any appropriate setting in the community (group counseling cannot be provided through telehealth). If provided in the community the provider must document how confidentiality was ensured. Clinicians Gateway location of service dropdown selection is pre-populated with allowable Other/Field service locations by RU. Please refer to the Substance Use Service Definitions document for more information/details.

10. What location of services are allowed when providing residential treatment?
    a. Services are primarily provided at the residential location therefore the pre-populated location for the daily note is set as the residential program location. However, services may be provided in any appropriate setting in the community (group counseling cannot be provided through telehealth). Indicate in the daily PN the specific location of each actual service and how confidentiality was ensured. For more information, please refer to the Substance Use Service Definitions. Clinicians Gateway location of service dropdown selection is pre-populated with allowable Other/Field service locations by RU.

11. Will the monthly SUD Brown Bag Sessions continue while SUD providers are attending all the other trainings?
    a. The CQRT meetings, from 9 am to 3 pm, are held in the Joaquin Miller Conference Room Suite 305 2000 Embarcadero Cove beginning in August.
        i. OS/IOS/RS = 3rd Thursday of the month
        ii. Residential = 4th Thursday of the month
    b. For the remainder of 2018, Brown Bag Luncheon Meetings will be replaced by the CQRT Training on July 19, 2018 and the longer CQRT meetings (Aug. – Dec.)

12. Isn't it outside of the scope of practice for a non-medical LPHA to review a physical examination?
    a. It is in the non-medical LPHA's scope of practice to acknowledge the presence of a physical examination document and that they reviewed it to determine that there are no known physical or mental disorders or conditions that would place the beneficiary at excess risk in the treatment program planned, and that the beneficiary is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition.

13. What do we do when a physical examination is completed by another medical provider?
    a. If the physical exam was completed within 12 months of the date of admission it may be used to meet the intake physical exam requirements. A physician, Registered Nurse Practitioner, or Physician's Assistant must review the physical exam within 30 calendar days of the date of admission. They would document their review in a progress note.

14. Is a residential weekly note still required now that BHCS requires a daily notes?
    a. No a weekly not is not required. Per the Intergovernmental Agreement (IA) for, "… residential treatment services, the LPHA or Counselor shall record at a minimum one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services." The higher standard of a daily note more than satisfies the minimum weekly note requirement.

15. What are the required clinical hours for 3.1, 3.3, and 3.5 residential programs?
    a. Level 3.1 Residential: At least five (5) clinical hours of weekly planned program activities of professionally directed treatment to stabilize and maintain the stability of client substance use disorder symptoms.
    b. Level 3.3 Residential: At least twelve (12) clinical hours of weekly planned program activities of professionally directed treatment to stabilize and maintain the stability of client substance use disorder symptoms.
    c. Level 3.5 Residential: At least twelve (12) clinical hours of weekly planned program activities of professionally directed treatment to stabilize and maintain the stability of client substance use disorder symptoms.

16. What is a calendar week?
    a. Per the IA, a calendar week is Sunday through Saturday.

17. What is the daily requirement for clinical service hours for ASAM LOC 3.1, 3.3 & 3.5 Residential Programs?
    a. At least 60 minutes of clinical face-to-face service time per day is required for residential programs.

18. What services are considered as clinical?
    a. Clinical services must be provided face-to-face, telehealth, or phone (group sessions must be provided face-to-face)
        i. Intake/Assessment (includes determination of diagnosis/medical necessity & ASAM LOC assessment)
        ii. Treatment Planning
        iii. Individual and Group Counseling
        iv. Family Therapy
        v. Medication Services
        vi. Collateral Services
        vii. Discharge Planning