



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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QA UPDATES FOR SUD ODS PROVIDERS 9.10.18

This supersedes the prior July and August updates.

It is crucial to review in full (pages 1 – 4) for all updates/revisions.

Also, attached is the prior update with corrections from updates provided here (pages 5-9).

Changes to this memo and PowerPoint (pending) are highlighted in purple.

As well, significant items are highlighted in Red.

Current Updates:

- **Required** SUD Clinical Documentation Training October 10, 2018 (date change) **for all SUD Providers** (OS/IOS/RES/WM/OTP):
 - a. Updated Location—1900 Embarcadero, 1st Floor Brooklyn Basin/Tilden Conference Rooms
 - b. http://www.acbhcs.org/providers/QA/docs/training/2018/Clin_Doc_SUD_Training_Flyer.pdf
 - c. Two staff may enroll from each agency. If you have additional staff you would like to attend please email Sharon who will maintain a waiting list.
- See attached CQRT Calendars for RES/OS/IOS.
- Group claiming (for co-staffed services) in InSyst changes effective 9/1/18.
 - a. See BHCS memo:
http://www.acbhcs.org/providers/QA/memos/2018/Co-staff_Change_letter.pdf
- Residential Services:
 - a. LOC 3.1: Required face-to-face (F-F): 5 Clinical Hours and 20 Total Hours Weekly
 - ALSO, DHCS requires one Hour F-F of structured activity each day (clinical not required). Structured activities that are non-clinical include staff transportation of client for needed appointments and Patient Education (Ind or Grp).
 - b. LOC 3.3 & 3.5: Required face-to-face: 12 Clinical Hours and 20 Total Hours Weekly



- Also, one Clinical Hour each day.
- Patient Education claimable for RES and Outpatient Services (OS):
 - a. Group Service—Use “Group Education” Code.
 - Per DHCS, The Group Ed Progress Note must be **tailored to the individual** as all other PNs.
 1. This applies to ALL OS/IOS Group Ed Notes.
 2. For RES, it applies to the daily note being tailored to the individual—including those days when only Individual Patient Ed or Group Ed were provided.
 - Per DHCS, Outpatient Services (OS/IOS) “Group Ed” is absolutely limited to 2 – 12 participants.
 1. Claiming for groups larger than 12 participants is NOT ALLOWED. **If group is > 12, no claiming is allowed for any participants.**
 2. IOS “Group Ed” Code is in development.
 3. For OS Code “Group Ed” see Posted Procedure Codes: <http://www.acbhcs.org/providers/SUD/Docs/transition/InsystProcedureCodeList.pdf>
 - RES “Group Ed” (non-clinical activity) is not limited in group size (2+ members)
 - b. Patient Ed or Group Ed is not currently claimable in OTP.
- Per DHCS, ALOC Requirements:
 - a. Due with each Treatment Plan
 - OS: initially within 30 days and every 90 days at Plan Update (by every Plan due date).
 - b. **Due within # of days of Episode Opening Date (EOD).**
 - **IOS: within 30 days of EOD initially and every 60 days from the EOD thereafter.**
 - **RES: within 5 days of EOD initially and every 30 days from the EOD thereafter.**
 1. The Treatment Plans for IOS and RES are on a different calendar than the ALOC, therefore:
 - a. ALOC’s completed within 30 days of a Treatment Plan may be used for that Plan update.
 - i. If there are any clinical changes within the gap from the administration of the ALOC to the finalization of the Treatment Plan—the ALOC must be redone. (If not—indicate in the PN: “No clinical changes, ALOC done on dd/mm/yyyy is being utilized for this Treatment Plan update.”)

- Claiming for group services in prior RU's:
 - a. Providers are asked to add documentation time to the total time entered into InSyst.
 - b. Additional reimbursement *may* be available at year-end Cost Reporting. See SUD ODS FAQ #5 & 6 on transitional website page.

- Per DHCS, Urinalysis is only claimed when medically appropriate and:
 - a. Collection and Screening claimable to M/C at Intake/Assessment and throughout treatment as Individual Counseling.
 - b. M/C claiming for alternative screens (saliva, hair, etc.) is not allowed.
 - c. UA is only claimable when a face-to-face is provided with the client.
 - For example, when the UA results come in and the counselor only enters the results into the UA template (without seeing the client F-F) that documentation time cannot be claimed UNLESS it is reviewed with the client in Individual Counseling.

- PN Documentation Time
 - a. The Community Standard of care for SUD ODS time for documentation of services is usually 20% of the total time, or five minutes, whichever is greater.
 - i. For example, a 50 minute F-F service would usually have up to 10 minutes additional time claimed for PN documentation.
 - ii. The time for the service must be clinically indicated and the write-up must support the amount of documentation time.
 - iii. Exceptions include the write-up of Intake, Client Plans, and Crisis Services. These generally take longer than a given percentage of the F-F time.
 - iv. PN's which document greater than 25% of the total time are almost always disallowed (if greater than 5 minutes), except for the write-up of the exceptions listed in (iii) above.

- Field Based Services:

If you attended the August DHCS SUD Conference you may have heard information about the ability to claim for field based services which conflicts from current ACBHCS guidance. Until we have further clarification, you may continue to follow our guidance and claim for field services as explained in our QA Trainings (including power points), Written Updates, Monthly SUD Provider Meetings, CQRT and QA TA feedback.

- See updated Form Templates on SUD ODS Transitional Website include:
 - a. Version control: all are now dated with "version.mm.dd.yr"
 - b. Most recent ones are dated August, 2018.

- OTP:
 - a. Client signatures are required on Client Plans (as for all levels of care).
 - b. Claiming for Intake/Assessment the first day of service is bundled into the dosing rate and not claimed separately.
 - c. Currently, additional Assessment activities such as the ALOC completed on a different day (non on day 1) are billable as Assessment.
 - d. Currently, Treatment Planning (not done on day 1) is claimable as Plan Development.

- Medication Services may be provided in RES/OS/IOS/OTP:
 - a. MD, NP, PA
 - b. If within provider's scope, training and experience for OS/IOS:
 - Prescribing is allowed:
 1. if medication may be picked up by client at local pharmacy, &
 2. except not Opioid MAT services for Opioid addiction (Methadone, Buprenorphine, Disulfiram, and Naloxone) which must be referred to OTPs.
 - a. Opioid outpatient MAT services may be set up in outpatient services through Nathan Hobbs.
 3. Residential MAT requires M/C certification for Incidental Medical Services

PRIOR QA UPDATES FOR SUD ODS PROVIDERS

August 2018 (revised with above updates as well)

This supersedes the update provided at the July SUD Provider's Meeting and has been modified with the above information.

- SUD ODS **Power Point** Training has been updated and attached:
 - Crucial to review **in full** for all updates/revisions.
 - As well, significant changes are highlighted in **Red**.
 - **Changes to this memo and PowerPoint as per above (since the prior update) are highlighted in purple.**

- 2018-Q1 SUD Audit Reports Finalized June 30, 2018 for OS/RES:
 - DMC disallowances are resulting in recoupment:
 - Non-DMC disallowances not being recouped at this time—pending, if to be done so at a future date—notice will be provided at that time.
 - Remember for all future SUD audits (M/C and non-M/C)—all disallowed claims will be recouped.

- Patient Education claimable for OS, IOS, RES:
 - **Individual Service—Use “Patient Education” Code**
 - See Posted Procedure Codes:
<http://www.acbhcs.org/providers/SUD/Docs/transition/InsystProcedureCodeList.pdf>

- Patient Education claimable for RES and Outpatient Services (OS):
 - a. Group Service—Use “Group Education” Code.
 - Per DHCS, The Group Ed Progress Note must be **tailored to the individual** as all other PNs.
 1. This applies to ALL OS/IOS Group Ed Notes.
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 - RES “Group Ed” (non-clinical activity) is not limited in group size (2+ members)
 - b. Patient Ed or Group Ed is not currently claimable in OTP.

- **Claiming for group services in prior RU's:**
 - **Providers are asked to add documentation time to the total time entered into InSyst.**
 - **Additional reimbursement *may be available at year-end Cost Reporting.***

- **Release of Information—2 Approved Forms + Required Tracking Form:**
 - See Provider Website
 - *Auth to Disclose—BHCS SUD Programs* REQUIRED AT INTAKE/DAY 1
 - *Auth to Disclose—Emergency Contact*
 - For other ROI at this time—use your own forms
 - Release of Information Log—Required for ALL releases done.
 - See SUD ODS Transitional Website for all forms.
 - All forms now dated with version date in the footer.

- **Progress Notes:**
 - OS and IOS—require individual service PNs (now and with first release of CG.)
 - BHCS is still trying to look at the feasibility of a daily note (excluding RSS, C/M and Phys Consultation) for IOS in future revisions of CG.
 - Residential requires daily PN + individual progress notes for Case Mgt and Physician Consultation
 - Required due to configuration of CG and documentation of daily service requirements.
 - Also, reduces Provider risk when a PN is disallowed. (Only the day rate recouped rather than the whole week for a weekly PN.)
 - Some counties are requiring Individual Service PNs for Residential as well (we believe this is too cumbersome).
 - Weekly note is not also required (but may be done).
 - OTP requires individual PNs:
 - OTP follows OS PN requirements with the following exceptions:
 - Currently Individual services may be rolled up into the major Individual service provided.
 - Restrictions apply such as Ind Counseling and Group Counseling may not be completed before completion of the Client Plan.

- Crisis, Assessment, Plan Development, and medication services/dosing may be completed before completion of the Plan.
 - Separate notes required for:
 - Physician Consultation
 - Group Counseling
 - Medication dosing currently does not require a separate PN. However, required documentation in the medical record must be done (E.g. medication log with all required elements).
 - Only location allowed to provide service is at the OTP clinic site.
 - Withdrawal Management—3.2 (currently only Cherry Hill Detox):
 - Daily Note required with breakdown of services provided.
 - Separate PNs required for Case Management and Physician Consultation
 - See Revised WM PN templates on SUD ODS Transition Website
- Residential Clinical and Non-clinical Hours:
 - See power point for what constitutes Residential Clinical and Non-Clinical Hours
 - Residential Services:
 - 3.1: 5 Clinical Hours (300 minutes) and 20 Total Hours (1200 minutes)
 - ALSO, DMC requires one Hour F-F of structured activity each day (clinical not required).
 - 3.3 & 3.5: **12 Clinical Hours** and 20 Total Hours
 - Also, one Clinical Hour each day.
- Case Management Services:
 - May be provided by LPHA, and SUD Counselors (certified or registered).
- Intake and ASAM (and participation in BHCS CQRT/Authorization meetings):
 - Highly recommended conducted by LPHA and/or Certified SUD Counselors ONLY.
 - When no other option, registered SUD Counselors may do so with appropriate training and experience as described below:

- Registered SUD Counselors who have one year full time equivalent SUD treatment experience; OR
 - Registered SUD Counselors who have completed one half or more of the requirements for CCAPP CADC-I certification. See Power Point.
 - All providers conducting ASAM must **ALSO** have completed the equivalent of the two ASAM e-modules (see PowerPoint).
 - Upcoming ASAM training with Dr. Mee-Lee—see Training Calendar on SUD ODS Transition Website.
- Medication Services may be provided in RES/OS/IOS/OTP:
 - a. MD, NP, PA
 - b. If within provider’s scope, training and experience for OS/IOS:
 - Prescribing is allowed:
 1. if medication may be picked up by client at local pharmacy, &
 2. except not Opioid MAT services for Opioid addiction (Methadone, Buprenorphine, Disulfiram, and Naloxone) which must be referred to OTPs.
 - a. Opioid outpatient MAT services may be set up in outpatient services through Nathan Hobbs.
 3. Residential MAT requires M/C certification for Incidental Medical Services
- Residential Timelines:
 - By 5 days: Initial Medical Necessity Form and ASAM required.
 - Also, completed Intake/Assessment Highly Recommended.
 - By 10 days: Intake/Assessment and Plan
- Withdrawal Management:
 - Intake/Assessment and Plan due within 24 – 48 hours (24 hours Highly Recommended and Whenever Possible).
- Physician Consultation Services:
 - Only agency MD may consult and claim.
 - Non-planned Assessment type Service so not required on the Plan.
 - Only current approved BHCS consultant is Dr Rob Lee
- Medical Necessity face-to-face requirements:

- For Initial MN: LPHA face-to-face required with SUD Counselor (when they conducted collection of Intake/Assessment information) and/or Client.
- For Continuing MN: SUD Primary Counselor/LPHA must make written recommendation.
 - LPHA also meet with Primary Counselor/LPHA and/or Client face-to-face.
- ASAM-ALOC at initial referral for all SUD Providers:
 - Redone by new provider (with compare/contrast of ASAM referral with their own ASAM PN in record).
- Per DHCS, Urinalysis only claimed when medically appropriate and:
 - Collection and Screening claimable to M/C at Intake/Assessment and throughout treatment as Individual Counseling.
 - M/C claiming for alternative screens (saliva, hair, etc.) is not allowed.
 - UA is only claimable when a face-to-face is provided with the client.
 - For example, when the UA results come in and the counselor only enters the results into the UA template (without seeing the client F-F) that documentation time cannot be claimed.
 - See Power Point for additional requirements
- Incidental Disclosure Acknowledgement Form:
 - This is required at Intake with Informed Consent
 - See updated forms on SUD ODS Transition Website.
- Claiming services InSyst:
 - Registered and Certified SUD counselors must have “Rehab Counselor” in the Staff Mask in InSyst (not Unlicensed Staff).