alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

QA UPDATES FOR SUD ODS PROVIDERS
November 15th, 2019

Any changes herein supersede prior information that was addressed in previous QA updates, trainings or technical assistance <u>AND updates the current Clinical Documentation Manual embedded in the ACBH SUD ODS Practice Guidelines.</u>

<u>It is crucial to review this document in full for all updates/revisions,</u>
which will be posted here: and http://www.acbhcs.org/providers/QA/memos.htm

<u>Table of Contents:</u>

New and Revised Updates

Previous Reminders

New and Revised Updates:

IMMEDIATE ACTION REQUIRED:
- The ACBH SUD ODS Audit has found two agencies which are utilizing BBSE Board Registered Interns whose registration has expired. This will result in significant disallowances to Providers. It is imperative that each agency immediately confirm all staff's credential status (inclusive of Registered and Certified SUD Counselors AND Registered and Licensed LPHA's).
- If you find any staff whose credential is incorrect or has expired—immediately contact your QA contact with that information so that you are in compliance with Federal and State requirements.

IMMEDIATE ACTION REQUIRED:
See Provider Memo 2019-06, Naming Convention Rules:
http://www.acbhcs.org/providers/QA/memos.htm

IMMEDIATE ACTION REQUIRED:
- All claiming and completion of required clinical form for SUD ODS non-OTP programs are now expected to be done by entering services into Clinician's Gateway—not InSyst. OTPs must use CG for ALOCs only at this time.
- For those providers not utilizing CG for ALL client records, you must immediately contact your TA contact or you will be at risk of disallowed claims and recoupment.

SUD Practice Guidelines Manual Posted
- See: http://www.acbhcs.org/Providers/News/2019/DMC%20ODS%20Practice%20Guidelines%20%20Clinical%20Process_JM%20inclusion%20of%20DT%20and%20OA%2006.06.19.pdf

IMMEDIATE ACTION REQUIRED:
- Please note, a modification will be made to the SUD Drug Testing section of the SUD Practice Guidelines Manual link above (pg. 94) to clarify that _if a client refuses drug testing, they may not be denied formal treatment services._
- The Drug Testing Workgroup will be reconvened to check in on progress of drug testing implementation, and to review proposed clarification language to SUD Practice Guidelines. Watch for the announcement.
- The committee will also address informed consent requirements for drug testing.

IMMEDIATE ACTION REQUIRED— CQRT will now take place internally within each agency and authorization is no longer required for OS/IOS/WM—See attached _Guide to Completing ACBH SUD CQRT Forms_ (with CQRT forms also attached).

Change in Patient Education Services for RES Services
- In brief, all service activities can be broken down to Counseling Structured Activities and Patient Education (SUD Non-Counseling Structured Activities) and the Non-Counseling Activities have been broadened.
- The service definitions for Patient Education Services (individual and group) has been expanded. Please see the document attached: *RES Structured Activity Prog Requirements* If a Provider has a "patient education" (group or individual service) that they are unsure if it meets the ODS standards they may consult with their QA TA Contact.

RES/OS/IOS/WM/OTP SUD ODS Audit for FY 18-19
- Audit results are planned to be reported to the Providers in December.
- Providers have 30 days to appeal any disallowances.
- The Audit report will then be finalized and sent to DHCS.

DHCS Update re scoring ASAM/ALOC for OTP clients
- For all OTP clients, it is recommended that Dimension 1 and 5 be scored from the perspective of how client would present without ongoing MAT services. This would likely involve some level of risk scoring in dimensions 1 and 5.

DHCS Update re Providers responsibility for providing transportation
- For all levels of care, it is the responsibility for the provider to provide or arrange for medically necessary transportation to perinatal clients (for all of their needs if assistance is required).

Resources:
- ACBH SUD ODS Transitions Website: http://www.acbhcs.org/providers/sud/Transition.htm
- ACBH Quality Assurance SUD Treatment and Recovery Services: http://www.acbhcs.org/providers/QA/aod.htm
- ACBH Welcome to SUD Tx and Prevention Provider Site: http://www.acbhcs.org/providers/Sud/index.htm
- Quality Assurance Technical Assistance:
  - All Topics: Brion.Phipps@ACgov.org
- SUD ODS Operations Contacts:
  - Theresa Ly for RES and WM: Theresa.Ly@ACgov.org
  - Jacqline Murillo for OTP, OS and IOS: Jacqline.Murillo@ACgov.org

Previous Updates:

Change in Procedure Codes linked to Clinician's Gateway (CG) Form Templates.
- Effective immediately, only Non-claimable tracking codes will be allowed to be selected on all Form Templates in Clinician's Gateway.
- In order to claim for a service, the Provider will need to complete a PN:
    - OTP: written PN in their medical record and then claim in InSyst.
    - OS/IOS: CG PN—documented as an individual service.
    - RES/WM: CG PN— Use documentation time on corresponding Daily Notes
- The following types of Procedure Codes are used in the appropriate PN when claiming for completing the following templates:
    - ALOC: use Assessment code
    - Intake/Assessment: use Assessment code
    - Medical Necessity (Initial and Continuing): use Assessment code
    - Client Plan: use Treatment Planning code

Clerical Transcription of Residential Daily Progress Notes
- Residential providers may now have a data entry clerk transcribe the data from a sign-in sheet into the daily Progress Note (indicating services provided).
    - This data includes ONLY: Counseling Session Type, Session Topic, Start and End Times, Staff and Location.
        - No other daily PN fields may be completed by the data entry clerk.
        - This data must be transcribed from a group (and/or individual) sign-in sheet in which all the data is present.
            - If the data is not present on the sign-in sheet they may not collect the data from elsewhere for entry purposes.
    - Modified--The clerk indicates data entry was performed by initialing the sign-in sheet next to the client's information transcribed. Additionally, if the complete sign-in sheet is entered by the clerk, they may then <u>initial at the bottom of the sign-in sheet</u> to indicate that all data was transcribed into the client record.
    - The data entry clerk then assigns the PN to the SUD Counselor responsible for authoring the PN.
        - Before transcribing the PN, the data entry clerk should ensure the responsible SUD Counselor will be available to author the PN as once it is assigned, it cannot later be reassigned to another Counselor.
    - Once received, the SUD Counselor verifies the data transcribed was entered correctly by reviewing the sign-in sheets and also initialing it.
    - Any additional PN fields are completed by the Counselor whom then electronically signs the notes.
    - See Group Sign-In Sheet (with relevant fields for initials) in Clinicians Gateway.
- Authors of daily PN's must be by a SUD Counselor (or LPHA) provided a service to the client that day.

- If only one Counselor served the client that day and is un-expectantly out for 7 calendar days, the agency should have another Counselor-who also worked that day-write the daily PN within the required timeframe.
- If all Counselors that worked that day are un-expectantly absent for the week, another agency SUD Counselor/LPHA may write the note to meet the seven day required timeframe. Please avoid this whenever possible because DHCS has disallowed for this reason in PSPP audits.

Connectivity Issues with Clinician's Gateway EHR
- If an agency is having connectivity issues, IT recommends checking their broadband capability. It may be necessary to increase the agencies broadband capacity.
- Additionally, if there are connectivity issues it is a good practice to regularly save data after entered (rather than waiting until completion of the document).
  - In CG one may periodically use the "save and continue" command.
  - If data is lost and must be re-entered, the data reentry time is not a claimable service (RES may enter the additional documentation time in CG as they only claim the bundled day rate, and not documentation time by the minute).

Correcting Claims Made in Error in CG
- Claims entered into CG in error may be corrected.
- The process includes completing the form entitled: *Claims Correction Form (CCF)* found here: http://www.acbhcs.org/providers/Forms/Forms.htm#CCF
- The PN is then amended to include the information: that the claim was entered in error and has been reversed via the CCF.
- If a corrected service then needs to be entered—a new PN may be created for that purpose.
- Corrected claims must be completed within the due dates for the service for any claiming to occur.

Peer Support Specialist Services
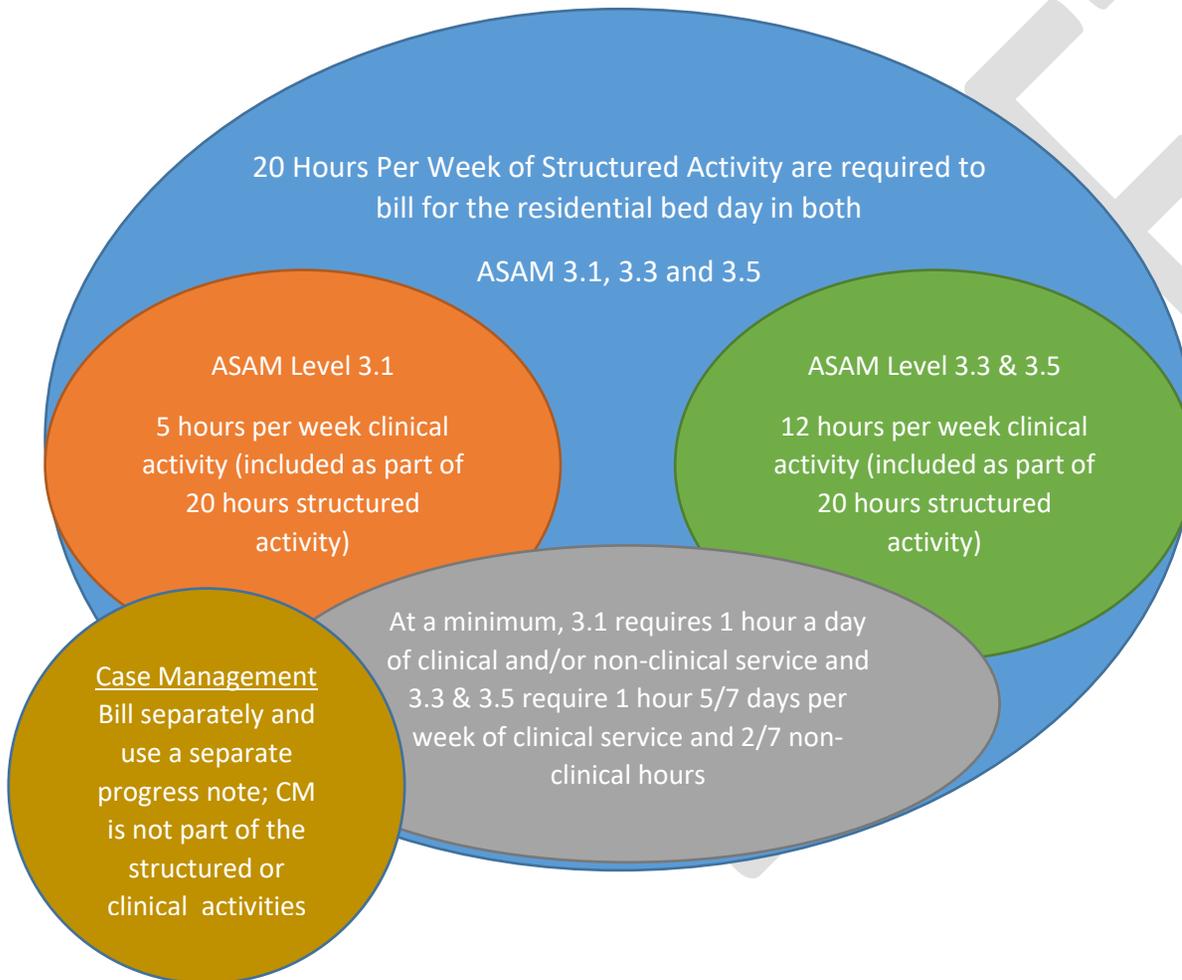- See Guidelines document attached to Prior Memo (June 7, 2019).

HIPAA Release of Information Log
- HIPAA requires all health care providers to maintain a log in the client record of each time information is released to another party (in any format: writing, verbally, etc.)
- See Sample Log attached to Prior Memo (June 7, 2019).

RESIDENTIAL SERVICE PROGRAM REQURIEMENTS

All licensable treatment services, except transportation, must be provided by a residential treatment facility exclusively within the facility or within any facility identified on a single license by street address.

20 Hours Per Week of Structured Activity are required to bill for the residential bed day in both

ASAM 3.1, 3.3 and 3.5

ASAM Level 3.1

5 hours per week clinical activity (included as part of 20 hours structured activity)

ASAM Level 3.3 & 5

12 hours per week clinical activity (included as part of 20 hours structured activity)

At a minimum, 3.1 requires 1 hour a day of clinical and/or non-clinical service and 3.3 & 3.5 require 1 hour 5/7 days per week of clinical service and 2/7 non-clinical hours

Case Management
Bill separately and use a separate progress note; CM is not part of the structured or clinical activities

Recovery Oriented Self-Care   **Non-Clinical Structured Patient Education Sessions/Activities**

Clinical Structured Activity

➢ Intake/Assessment
➢ Individual Counseling
➢ Group Counseling (12 or < less)
➢ Family Therapy
➢ Collateral Services
➢ Crisis Intervention Services
➢ Treatment Planning
➢ Discharge Services

Non-Clinical Group Structured Activity

➢ Patient Education -Research based addiction, treatment, recovery & associated health risks
➢ Facilitated activity by program staff or qualified outside provider (over for more info)
➢ Group size unlimited
➢ Must describe activity, goals and benefit to client recovery plan
➢ Progress note must link activity to client plan goals, objectives and/or action steps

Non-Clinical Individual Structured Activity

➢ Minimum 50 minute activity with 10 minute post check-in by SUD Counselor or LPHA
➢ Examples of Activity: Job application; Resume writing; Recovery workbook/homework

Structured Activities must relate to the Client Plan

Scheduled Structured Sessions/Activities must be supported by the Client Treatment Plan and Documentation of Client Participation in All Structured Activities must link to the stated Goals and/or Objectives and/or Action Steps of the Client Plan. Non-Clinical Structured Activities are Educational Sessions (Patient Education).

I. A <u>facilitated activity</u> by program staff, or <u>qualified</u> providers outside of the program, with a focus on improvement of the overall well-being of the client. Addictive behaviors are a form of self-abuse and neglect. Self-care and recovery go hand-in-hand and includes an in-depth understanding of personal needs. Examples of structured activities include being mindful of sleep, nutrition, exercise, setting boundaries, communication with self and others and practicing self-acceptance. Self-care is a cornerstone of healing addiction and Elements of Self-Care Recovery are:

- Physical-caring for your body internally and externally.
- Emotional-understanding expression for your internal and external health
- Mental-critical thinking that engages and inspires
- Vocational / Educational
- Spiritual-this aspect of self-care can assist with feelings of connectedness, oneness and universality while decreasing feelings of isolation and loneliness
- Social-building a recovery support network of people who uplift and offer meaningful friendships and connections
- Practical-routine day-to-day aspects of living may include shopping, banking/money management, scheduling your day "time management", setting priorities, creating your personal safe place

II. Before billing for structured activities the SUD Provider will develop and have in place a description of the structured activity that includes:

- What is the Topic of the Activity
- Clinical or Non-Clinical
- Who will facilitate the activity?
    - Program staff
    - Outside Qualified Provider: the SUD provider must have on file information pertaining to the following:
        - Sub-contractor name and their qualifications 2) ACBH CG training and Oath of Confidentiality 3) Contractor and/or Volunteer application with acknowledgments of confidentiality 4) Evidence of Program Orientation 5) Signed Confidentiality Statement ACBH Policy
- Focus of the Activity as it relates to Recovery
- Short term and long term benefits for the client
- Where and How the client can independently incorporate the activity into their daily and/or weekly recovery program