ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Memorandum

To: Master Contract Providers and County Operated Clinics

From: Kyree Klimist, MFT, QA Associate Administrator

Date: October 19, 2012

Provider update: **Changes and New Requirements**

ACBHCS recently had a visit from the DHCS Office of Medi-Cal Oversight. The meeting was to communicate the changes to the tri-annual audit protocol and there are a number of changes to regulations as well as changes to how they want to see evidence of the current regulations being carried out. This memo will address these changes and a few other things.

SERVICE LANGUAGE DOCUMENTATION
The DHCS has informed us that it is now required to:
- Put the language that the service is provided in on every progress note.
- If a translator is used, this must be noted and the relationship to the client (if any) must also be documented.

In addition, there was discussion on how the treatment plan is discussed with the client if it is written in English and that is not the primary language of the client. Three (3) options were provided:
- You may write the progress note in the primary language AS WELL as English and give the client the copy of the one in the primary language (and note that it was done that way).
- You can add a line to your signature page next to the client's signature that indicates that the treatment plan was discussed with the client in (their primary language) and the client agrees by evidence of his/her signature. If a translator is used, this must be noted and the relationship to the client (if any) must also be documented.
- If you do a separate note when you discuss the treatment plan with the client, you can note it in the progress note.

Note to Clinicians Gateway (CG) users: Changes are being made to CG to accommodate these requirements and will be implemented ASAP.

ALLERGY DOCUMENTATION
It is a requirement that client allergies or the lack thereof, be documented both in the chart and if you have a physical chart, on the outside of the chart. This has become

complicated by EHR's and the lack of a physical chart. We are working with IS to find a way to populate allergies on the face sheet.

Note to CG users: MD's will now put client allergies in RxNT as well as in a section on CG. Ultimately it will auto populate the field but that is not happening yet, so a double entry is required in this case. Other clinicians can enter non-medication allergies directly into CG. Anything entered into CG will show up on each progress note. This feature will take effect 10/21/12

NEW 367 CODE: MEDICATION TRAINING AND SUPPORT
This new code does not replace the 361 Medication Support code or any other code. Its purpose is to allow the claiming of certain non-Medicare reimbursable medication service activities to be claimed directly to Medi-Cal. One of the primary functions of the 367 code is to allow for non-face-to-face medication support claiming which is not billable to Medicare.

367: MEDICATION TRAINING AND SUPPORT
- Obtaining informed consent linked to providing Medication Support Services activities
- Instructions in the use, risk and benefits of and alternatives for medication
- Plan development related to Medication Support Services

361: MEDICATION SUPPORT (must be face-to-face)
- Prescribing, administering and dispensing
- Evaluation of the need for medication
- Evaluation of clinical effectiveness of side effects
- Collateral related to Medication Support Services

EMERGENCY CONTACTS
Another issue that has arisen as a result of having an EHR, is that the paper face sheet, which includes the client's emergency contacts is no longer present and immediately available when needed. Our current patch for this is to request that providers put the emergency contact info into the Significant Other field in INSYST.