

Drug Medi-Cal (DMC) Title 22 Requirements

Agenda

- ▶ Title 22 Background & Updated Information
- ▶ State Plan Amendments
- ▶ Roles and Responsibilities
 - Provider
 - SUD Medical Director
 - Physician
 - Department of Health Care Services (DHCS)
 - County
- ▶ DMC Substance Use Disorder (SUD) Treatment Modalities
- ▶ Perinatal Services
- ▶ Title 22 Documentation Requirements
- ▶ DMC Resources

Title 22 Background & Updated Information

- ▶ Title 22, California Code of Regulations (CCR)
 - 51341.1 (program requirements)
 - 51490.1 (same day, second service)
 - 51516.1 (reimbursement rates)

- ▶ Emergency Regulations
 - Effective 6/25/14

- ▶ Permanent Regulations
 - Effective 7/14/15

- ▶ Provider Enrollment Regulations
 - Effective 8/17/15

State Plan Amendments

▶ Amendment 13-038

- Effective 1/1/14
- Day Care Habilitative (DCH) Treatment renamed Intensive Outpatient Treatment (IOT) services
- DCH previously limited to pregnant, postpartum or youth eligible for EPSDT
- IOT expanded to include all beneficiaries who meet requirement for medical necessity
- Removed 200-minute limit on counseling in narcotic treatment setting
- MHSUDS Information Notice - 14-031 - dated 10/7/14

▶ Amendment 15-012

- Effective 1/1/15
- Expanded group counseling size limits
- Outpatient Drug Free (ODF) - minimum 2, maximum 12
- MHSUDS Information Notice - 15-025 - dated 7/8/15

Provider Responsibilities



- ✓ Know the Regulations!
- ✓ Ensure staff know the Regulations, follow requirements, meet required timelines
- ✓ Employ qualified staff – Medical Director, Physician, Therapist, Counselor
- ✓ Complete a personal, medical and substance use history upon admission
- ✓ Ensure medical necessity is documented
- ✓ Establish an individual patient record/file for every DMC beneficiary. Maintain record/file a minimum of 3 years
- ✓ Develop written procedures for admission
- ✓ Submit Corrective Action Plan (CAP) within 60 days of receiving a DMC PSPP report



SUD Medical Director

51341.1(b)(28)

- ▶ Physician licensed by the Medical Board of CA or Osteopathic Medical Board of CA

- ▶ **Responsibilities shall include:**
 - Ensure –
 - Medical care provided meets standard of care
 - Physicians do not delegate their duties
 - Medical personnel follow medical policies and standards
 - Medical decisions are not influenced by fiscal considerations
 - Physicians are adequately trained to perform diagnosis of SUD, and determine medical necessity
 - Delegated duties to physicians are properly performed
 - Develop medical policies and standards
 - Receive continuing medical education in addiction medicine annually

Physician Responsibilities

- ▶ Review each beneficiary's personal, medical and substance abuse history
- ▶ Determine whether SUD services are medically necessary
- ▶ Ensure physical exam requirements are met
 - Within 30 days of admission
- ▶ Review, approve and sign treatment plan & treatment plan updates
- ▶ Complete Continuing Services Justification **unless** continuing treatment services are determined no longer medically necessary
 - Between 5 and 6 months from date of admission
 - Document determination of medical necessity



DHCS Responsibilities



▶ Postservice Postpayment Units

- Conduct Postservice Postpayment Utilization Reviews
- Provide administrative and fiscal oversight
- Provide training
- Recover DMC funds based on Section 51341.1(m)
- Verify provider maintained beneficiary record for a minimum of 3 years
- Verify the physician has documented medical necessity for every DMC beneficiary
- Verify provider rendered services claimed and that a treatment plan exists for beneficiary

County Responsibilities

Per Title 22

- ▶ Implement and maintain a system of fiscal disbursement and controls
- ▶ Ensure billing for reimbursement is within rates established for services
- ▶ Process claims for reimbursement

Per State/County contract

- ▶ Conduct, at a minimum, an annual programmatic and fiscal audit
- ▶ Attest that the DMC provider has implemented an approved Corrective Action Plan (CAP) following a DHCS PSPP utilization review
- ▶ Provide annual training on Title 22 regulations and DMC requirements
- ▶ Forward complaints to SUD Compliance Division, Complaints Unit within 2 business days of receipt

For technical assistance, county staff are encouraged to contact the County Monitoring Unit at (916) 445-9966 and request to speak with your County analyst.

DMC SUD Treatment Modalities

- ▶ Outpatient Drug Free (ODF)
- ▶ Intensive Outpatient Therapy (IOT)
previously identified as Day Care
Habilitative (DCH)
- ▶ Narcotic Treatment Programs (NTP)

Perinatal Services

Section 51341.1 (c), (d)(4)

- ▶ Medical documentation to substantiate pregnancy and last day of pregnancy must be in beneficiary file

- ▶ Available modalities:
 - ODF
 - IOT (previously DCR/DCH)
 - Residential
 - Licensed, 24 hour supervision
 - Supported in efforts related to interpersonal and independent living skills and access community support systems.

Perinatal Services (Continued)

- ▶ Address treatment & recovery issues specific to pregnant & postpartum women
- ▶ **Services shall include:**
 - Mother/child habilitative services
 - Service access
 - Education
 - Coordination of ancillary services
- ▶ **Provider** – receives enhanced rate
 - must be certified to provide perinatal Medi-Cal Services

Title 22 Documentation Requirements

- ▶ Admission, Intake & Assessment
- ▶ Physical Exam Requirements
- ▶ Medical Necessity
- ▶ Treatment Plans – Initial & Updated
- ▶ Counseling Requirements
- ▶ Minimum Beneficiary Contact
- ▶ Progress Notes – ODF & IOT/Perinatal Residential
- ▶ Sign-in Sheets
- ▶ Continuing Services
- ▶ Discharge Plan & Summary
- ▶ Fair Hearing Rights
- ▶ Same Day, Second Service

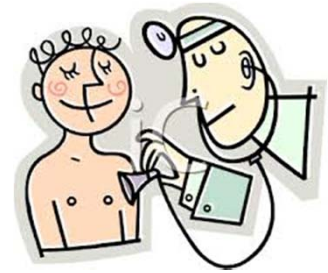


Admission, Intake & Assessment

- ▶ Admitted to treatment = first face-to-face treatment service
- ▶ Intake = process of admitting beneficiary into a SUD treatment program
- ▶ Includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance use disorders
- ▶ Must meet physical exam requirements within 30 days of admission, may include laboratory testing
- ▶ Shall complete a personal, medical, and substance use history

Physical Exam Requirements

Can a physician waive physical exam requirements?



NO!!!

Physical exam requirements – Required within 30 days

Physician's role –

- Review documentation of physical exam completed within last 12 months
- Perform a physical exam (Alternative – a registered nurse practitioner or physician's assistant)
- If the physician has not reviewed or conducted a physical exam, the provider shall document the goal of obtaining a physical exam on the initial and updated treatment plans until the goal of obtaining a physical exam has been met

Medical Necessity

- ▶ **Must be documented in beneficiary file**
- ▶ **Physician (or therapist, physician assistant, or nurse practitioner) shall:**
 - Review personal, medical and substance use
 - Shall evaluate each beneficiary and diagnose using DSM III or IV
 - Document basis for diagnosis within 30 days of admission
 - Physician shall document approval of diagnosis that is performed by therapist, physician assistant or nurse practitioner by signing and dating the treatment plan
- ▶ **Physician shall determine whether SUD services are medically necessary within 30 days**

Treatment Plan – Initial

- ▶ Must be based on information obtained through the assessment process at intake
- ▶ Shall include:
 - Statement of problems to be addressed
 - Goals to be reached which address each problem
 - Action steps to accomplish identified goals
 - Target dates for accomplishment of actions steps and goals
 - Description of services – include type and frequency
 - Assignment of primary counselor
 - Diagnosis = DSM code(s)

Treatment Plan – Initial (continued)

- ▶ Prescription for services signed by the physician
- ▶ Engage the beneficiary to meaningfully participate
- ▶ Must include typed or legibly printed name, signature and date for counselor, beneficiary and physician

Treatment Plan – Update

- ▶ Review and update no later than 90 days after signing the initial treatment plan & no later than every 90 days thereafter
- ▶ Must include typed or legibly printed name, signature and date for the therapist/counselor, beneficiary and physician.

Counseling Requirements



- ▶ Counselor = Certified Alcohol and Drug Counselor, Registrant
- ▶ Therapist = Psychologist, Clinical Social Worker, Marriage and Family Therapist, Registered Intern, Physician

Minimum Beneficiary Contact

- ▶ ODF beneficiaries shall receive at least two group counseling sessions per month.
- ▶ All beneficiaries shall be provided a minimum of two counseling sessions per 30-day period.

Note: If beneficiary does not return to treatment within 30 days, the provider shall discharge the beneficiary. See discharge summary requirements

Progress Notes – ODF

- ▶ Individual or group – for each beneficiary
- ▶ Therapist/counselor must type or legibly print their name, sign and date within 7 days
- ▶ Individual narrative summaries shall include:
 - Description of progress on treatment plan
 - Record of attendance – include date, start and end times and topic



Progress Notes – IOT/Perinatal Residential

- ▶ Minimum of one progress note, per calendar week
- ▶ Therapist/counselor who conducted the counseling session shall record progress note
- ▶ **Must type or legibly print their name, sign and date within the following week**
- ▶ Individual narrative summaries shall include:
 - Description of progress on treatment plan
 - Record of attendance – at each counseling session including the date, start and end times and topic

Sign-In Sheets



- ▶ A sign-in sheet is required for every group counseling session
- ▶ Therapist/counselor **must type or legibly print name and sign**
- ▶ Must include date, topic and start and end time of the counseling session
- ▶ Must include typed or legibly printed participant names and signatures

Continuing Services

- ▶ Required no sooner than 5 months and no later than 6 months
- ▶ Therapist/counselor shall review the beneficiary's progress and recommend the beneficiary either continue or discontinue treatment
- ▶ Physician shall determine whether continued services are medically necessary
- ▶ Determination shall be documented by the physician and shall include documentation that all of the following have been considered for each beneficiary:
 - Personal, medical and substance use history
 - Most recent physical examination
 - Progress notes and treatment plan goals
 - Therapist/counselor's recommendation
 - Beneficiary's prognosis
- ▶ If the physician determines that continuing treatment services is not medically necessary, the provider shall discharge the beneficiary from treatment.

Discharge Plan & Summary

- ▶ Discharge Plan = Planned discharge, beneficiary is still in treatment
- ▶ Discharge Summary = Provider lost contact with beneficiary

Fair Hearing Rights

- ▶ Provider shall inform the beneficiary of the right to a fair hearing related to denial, involuntary discharge, or reduction in SUD services
- ▶ Notification must be provided in writing at least 10 days prior to the effective date of the intended action to terminate or reduce services

Same Day, Second Service

(51341.1(j) and 51490.1)

- ▶ Retain in the beneficiary's patient record, Form DHCS MC 7700
- ▶ The form shall be signed by the person authorized to represent the county and/or provider
- ▶ For outpatient drug free, must meet one of the following:
 - The return visit did not create a hardship on the beneficiary; OR
 - The return visit was a crisis service; OR
 - The return visit was a collateral service (must be noted on the treatment plan)
- ▶ For day care habilitative services, the return visit shall be a crisis service

DHCS Website

(www.dhcs.ca.gov)

Search – DHCS 7700

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY	DEPARTMENT OF HEALTH CARE SERVICES																																																																		
MULTIPLE BILLING OVERRIDE CERTIFICATION																																																																			
<p>PROVIDER NAME: _____ CLIENT NAME: _____</p> <p>MONTH/YEAR OF SERVICES CLAIMED: _____ CIN: _____</p> <p>Please complete this certification form for multiple services provided to a client for the same day.</p>																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: 8px;">SERVICE FACILITY LOCATION NPI</th> <th style="font-size: 8px;">ZIP CODE+4 (if applicable)</th> <th style="font-size: 8px;">SERVICE DATE</th> <th style="font-size: 8px;">UNITS BILLED</th> <th style="font-size: 8px;">SERVICE TYPE</th> <th style="font-size: 8px;">OVERRIDE REASON*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		SERVICE FACILITY LOCATION NPI	ZIP CODE+4 (if applicable)	SERVICE DATE	UNITS BILLED	SERVICE TYPE	OVERRIDE REASON*																																																												
SERVICE FACILITY LOCATION NPI	ZIP CODE+4 (if applicable)	SERVICE DATE	UNITS BILLED	SERVICE TYPE	OVERRIDE REASON*																																																														
<p><small>*OVERRIDE REASON:</small></p> <ul style="list-style-type: none"> 1) The client could not receive all necessary services at one time. The client record clearly documents the date and time of day each visit was made and that the return visit was not a hardship on the client. 2) Crisis visit. Services are documented in client record. 3) Collateral services. Services are documented in client record. <p><small>I hereby certify that I am authorized to represent the provider. I further certify that I have reviewed the client record specified above and have determined that the services billed were necessary and in compliance with Title 22, Section 51490.1.</small></p>																																																																			
Signature: PROVIDER REPRESENTATIVE	Date																																																																		
TITLE																																																																			
RETAIN THE ORIGINAL CERTIFICATION IN THE CLIENT FILE. THIS DOCUMENT MUST BE PRODUCED ON DEMAND FOR AUDIT OR SITE VISIT BY ADP																																																																			

DMC Resources



DHCS Website – DMC Treatment Program

- <http://www.dhcs.ca.gov/services/adp/Pages/default.aspx>
 - DMC Certification
 - DMC Billing
 - DMC Monitoring

Counties – For technical assistance, contact the County Monitoring Unit – (916) 445-9966

- Request to speak with your County analyst

Information Notices

- <http://www.dhcs.ca.gov/formsandpubs/Pages/MHSUDS-InfoNotices.aspx>

California Code of Regulations (CCR), Title 22

- <https://govt.westlaw.com/calregs/Search/Index>
 - Enter Title 22 and the Section Number (51341.1)

A screenshot of a search interface for the California Code of Regulations (CCR). It features two input fields: 'Title' with the value '22' and 'Section' with the value '51341.1'. Below the fields is a green 'Search' button.

Title	22
Section	51341.1
<input type="button" value="Search"/>	

DMC Frequently Asked Questions (FAQs)

(www.dhcs.ca.gov) Search – DMC FAQs
http://www.dhcs.ca.gov/services/adp/Pages/dmc_FAQs.aspx

DMC Answers

DMCAnswers@dhcs.ca.gov

