

DMC-ODS Conference Call

August 15th 2017

10AM-11:30AM

AGENDA

Agenda:

1. Welcome (Clara)

a. **BHRS Participants:**

- i. Paula Nannizzi
- ii. Matt Boyle
- iii. Diana Hill
- iv. Robert Szopa
- v. Mark Korwald
- vi. Clara Boyden
- vii. Giovanna Giron
- viii. Analiza Salise

b. **Provider Participants:**

- i. HR360: Christina Tufono,
- ii. Star Vista: Nancy Quiggle, Janel Guinane
- iii. Sitike: Joe Waghenhofer
- iv. The Latino Commission: Berman Icabalceta Jr., Maria Newson, Adriana Escobar, Luis Iglesias
- v. P90: Jeanne Read, David Meeds, Jim Buckner, Mike McCormick, Dave Clemens, Chris Peters, Nick Callucci
- vi. Palm: Lillian Recinos
- vii. El Centro: Colin Laver
- viii. Service League: Morrigan Bruce
- ix. Free At Last: Elizabeth Chewning, Sue Cortopassi, Gerardo Barragan
- x. Our Common Ground: Orville Roache
- xi. BAART: Nadine Robbins-Laurent

2. Announcements:

- a. The Treatment Provider Survey will be conducted 8/28-9/1; you'll receive your surveys in the mail by 8/25. Let us know if you have issues and we'll let UCLA know.
- b. CLAS Training august 30th 9a-12n.
- c. Cost Report Training Tuesday Sept 19th in Santa Clara County. They'll do a webinar for those who can't make the face-to-face training, but it's not scheduled yet. Send your questions to the state beforehand. Make sure you're key fiscal folks are there.
- d. Project 90 will be providing Recovery Residence and IOP services for up to 24 clients, group, individual counseling, Monday through Friday. They are no longer providing residential services. All services will be provided at 416 2nd Ave, San Mateo, Friendship Hall.

2. AVATAR: RTx forms:

The RTx Forms were entered into AVATAR but they had glitches. Fixes to these problems are scheduled. The 60 day plan and one-time extension are now in AVATAR. The ASAM authorization and evaluation are in AVATAR as well. Eliseo is meeting with Quality Management (QM) to ensure the Residential providers can see it in AVATAR. QM made an authorization report that you can print out. To locate this report, search "Forms" and type "AOD Residential Treatment Auth". Call Eliseo if you need help and he'll walk you through how to print the report. This will be shown at a AVATAR monthly user group meeting.

After an evaluation is done, the RTx team will refer the client to a provider. Then the provider will get the AOD referral form which will trigger providers to find the authorization and print it. We will let you know when it will be possible to start printing the forms from AVATAR. This will make it possible to for counselors to put a hard copy into the client file. However, the state said it is ok to have a client file be partly hard file and partly electronic health record. You must ensure you have this organized so that if the state did a retrospective audit 3 years from now, you could find it. Providers are not required to print.

3. Perinatal Priority Populations:

Perinatal SAPT funding is available to providers who are still licensed for this and you meet the guidelines. Please consult with us to make sure. This applies to parents even if they have out of county Medi-cal. We may add something to the RTx form to show a client would be eligible. Can use a Request for Consultation form, and if we approve it we'll pay for it. It is then your responsibility to verify Med-Cal benefits regularly, every month in the beginning of the month.

The ARF should be fully completed under SAPT-Peri to start, for an out of county or uninsured perinatal client. Once their Medi-Cal is transferred to SMC, we need to redo the ARF. We'll be looking at episode data and doing quality reviews on our end to make sure we're doing a good job identifying our funding sources.

4. AVATAR Referral Form:

We found there have been a few providers with discrepancies about how funding sources are identified. Typically providers have been selecting “DMC”, and “SAPT” only but leaving out our specialty programs (AB109, going to court, or on probation, Drug Court, Pathways falls under ‘criminal justice’). Make sure to check off “criminal justice” or “CalWORKs” if the client is eligible.

5. Out of County Medi-Cal Clients and Private Pay:

We are required to provide services to beneficiaries registered for benefits in our county. There are limited exceptions, such as, perinatal clients. Exceptions will be identified and flagged through the RTx team. Providers can create contracts with other counties to provide services to clients who have Medi-Cal in other counties.

6. UCLA Spreadsheet:

Send your UCLA spreadsheet to your analyst for July by August 10th, and each month going forward. This is part of the ODS evaluation. Please use this to record each time you do a screening, intake assessment, or reassessment, CIN, level of care indicated, and actual level of care. We’re looking into developing something for providers to use for a Re-assessment tool.

Orville: Issue is that counselors go to ASAM trainings which talk about all the ASAM tools but we’re not standardizing the ASAM assessment for providers. Our Common Ground has the ASAM tools. They’re in the ASAM book. Orville will share with the group.

If you can confirm that a client was referred to you by the call center or another provider recently, you don’t have to duplicate that work. Use your judgment until further guidance is given by BHRS.

7. 100186 and 6209 Forms:

Use an electronic flat file to send in your billing; send in 100186 form to assure you’re not lying, and that you assert the information is true. You can get the form off the DHCS website, it’s a fillable form. You can fill it out in advance except the signature and date. Recent change: send the original form to Nancy Ferrera at 2000 Alameda. Fill in the DMC number that you were sent in a letter at the time you were licensed to provide DMC services. We’re county 41. It is listed on your credentialing document. If you were licensed prior to this your DMC number will be on your license. NPIs are the 10 digit number. DMC Submission identifier: DMC facility ID-2 digit Month-4 digit Year. Each location will need a separate 100186 form.

Example for Sitike, August 2017: 41AA-08-2017

We will send out instructions about each form. For example: Free At Last will need to send in 3 100186 forms: Men’s House, Out Patient, Women’s House. Submit this form post-service. Please send in the forms for July, in August.

6209 Supplemental Change Form: Fill this out any time there is a change in your program including adding or losing a counselor, or if you're changing your manager or services. You have 35 days to submit this from the time you change your staff to Provider Enrollment Division. If you are moving to a different location, or changing services, you need to submit the 6209 form. It applies to licensed counselors and interns, but not to registered counselors or interns. Example: Orville sent in a 6209 form for licensed but not registered staff and it was accepted. However, when he submitted one for registered counselors, it was rejected. If you're changing your clinical director or management, you have to send it in as soon as possible. If you're changing something in your program you have to send it in 60 days in advance.

8. AVATAR will require SOGI data as of November 1st. The fields are not visible to providers yet. Our CalOMS data will be denied and rejected if we can't provide this information. We'll have to do some back-end cleanup to add this.

Suggested Topics for future conference calls:

- a. Sue and Orville: more time for financial questions
- b. Colin: Could pick a DMC protocol question of the month, a topic, an implementation standard, a protocol, or standard.
- c. Joe: Ancillary services for DMC, and what is the process for each of those services
- d. Karen: Recovery Residences
- e. Reminder: send in your agenda topics to Kim Westrick