DMC-ODS Technical Assistance Conference Call

Tuesday, February 21st, 2017

1-2:30PM

Call information:

Conference line: 888-636-3807
Participation code: 566983
Host code: 605984 (Clara or Paula to host)

Agenda

1. 1:00PM-1:10PM Welcome, Announcements - Clara
    a. Welcome:
        i. BHRS-AOD Staff:
            1. Clara Boyden
            2. Kim Westrick
            3. Paula Nannizzi
            4. Giovanna Bonds
            5. Joe Gutierrez
            6. Denise Mosely
            7. Sheryl Uyan
            8. Mary Taylor Fullerton
            9. Mark Korwald
            10. Christine O'Kelley
            11. Scott Peyton
        ii. Treatment Provider Staff:
            1. Pyramid: Maribel Rodriguez
            2. Star Vista: Stephanie Weisner
            3. El Centro: Michael Stoll, Maria Cerrillo, Colin Lever, Luis Ramirez, Maggie De Vera
            4. Health Right 360: Nicole Ibarra, Chris Kernes, Laury Thammavong, Junior Flores, Anissa Moore-Williams, Christine Kerry, Krystal Lelea
            5. Sitike: Joe Wagenhoffer
            6. Free at Last: Gerardo Barragan, Sue Cortopassi, Liz Mendoza
            7. BAART: Angie Aloba, Helen Cabiles
            8. Latino Commission: Michelle Hill, Berman Icabalceta, Maria Newson, Sal Blancas
            9. Service League: Karen Francone, Morrigan Bruce
            10. Our Common Ground: Orville Roache
            11. Project 90: Amirali Ayromloo, Dave Clemens, Mike McCormick, Ken Robinson

    b. Announcements:
        i. We've gone LIVE! Our Common Ground and Sitike are "live" Star Vista's WEC program is billing Drug Medi-Cal currently. Acknowledgement for Orville and Joe for their leadership in implementing DMC-ODS.
        ii. Providers "going live" March 1st are El Centro, Latino Commission, Hope House, Health Right 360. Provider contracts are going to the Board of Supervisors for approval at the end of the February.

iii. AOD staff are meeting with fiscal leadership to develop a template for cost reports. We will set up a meeting with providers and fiscal staff to answer questions. Feel free to send Paula Nannizzi (PNannizzi@smcgov.org) your questions about this so we can better prepare for this meeting.
iv. A Survey Monkey will be going out to providers around how you'd like to receive technical assistance.

2. 1:10PM-1:20PM Website: http://www.smchealth.org/post/dmc-ods-implementation - Kim
   a. DMC-ODS information is kept here, including technical assistance call information, resources, updated forms, important documents.
   b. Please send questions or feedback about this webpage to Kim Westrick kwestrick@smcgov.org.

3. 1:20PM-1:45PM County of Residency Requirements – Clara
   a. Any Medi-Cal beneficiary can no longer obtain DMC services in any county. Under the ODS, beneficiaries can only access DMC ODS services where their Medi-Cal is registered. This mirrors Mental Health and primary care services in San Mateo County. It's in the best interest of the client to be able to access all their care, including substance use, mental health, primary care, etc, in the same county/location.
   b. Providers' admission processes needs to ensure that clients have Medi-Cal in San Mateo County prior to admission. If not, the billing will be denied and services will not be reimbursed.
   c. Exception: NTP programs can serve out-of-county residents until June 30th, 2017.
   d. Providers who are "live" or are "going live" on 3/1 will receive a list of clients with out-of-county residence. Ideally, client care will not be interrupted.
   e. At admission, all providers need to determine whether a client has SMC Medi-Cal. If not, providers options include: 1) transfer a client's Medi-Cal to San Mateo County; 2) to refer client to their county of residence 3) seek to establish a contract with the clients county of residence.
   f. Do not assume it is in the best interest of the client to have clients re-register their Medi-Cal in San Mateo County. Things to consider are:
      i. Does the client have a family? Does the family have Medi-Cal? If so, changing Medi-Cal county will leave family members at risk of having their benefits terminated in their county
      ii. Does the client have a serious condition they're getting care for in their home county? In these cases it may be better to transition the client to their home county.
      iii. Please review the handout and carefully consider whether a client's Medi-Cal should be transferred. Changing Medi-Cal residency is the client's decision, not the provider's decision.
      iv. If client decides to transfer his/her Medi-Cal to SMC, provider staff should help beneficiaries with any paperwork. The provider cannot receive payment for client services until Medi-Cal has been successfully transferred to SMC.
   g. As part of the residential authorization process we will be verifying beneficiaries' county of residency. The RTx team will either refer client to home county, or refer client to SMC provider if client requests Medi-Cal transfer to San Mateo County.

h. Providers with significant numbers of clients from a neighboring county, such as SF Santa Clara County, can request a contract with that county in order to do so. This is especially relevant to providers who are on the border of two counties. The "home" county is not required to contract with your agency.
i. The Eligibility sheet was also provided as a handout.
    i. It is not an appropriate of taxpayer dollars to provide services to clients with private health insurance.
    ii. Privately insured clients shall:
        1. be referred to their insurance provider for services.
        2. pay the private pay costs at your site
    iii. Providers may request an authorization from the health insurer for a privately insured client who seeks services at your facility.

    iv. If a client is criminal justice involved, it is more complicated. Clients who are involved in the criminal justice system (Pathways, drug court or Service Connect) with private health coverage still need to be referred to their health insurer for service. We are in the process of developing criteria for how this population will access specialty CJ funds, such as AB109 or unified reentry. Providers should continue should continue to refer clients back to the private provider unless they come specifically referred by Service Connect, Drug Court or Pathways. More clarification to come in this area.
    v. Prop 36 funding has been gone for years and the county is eliminating the historical fee structure under the Prop. 36 program.
        1. County providers can provide services if they have Medi-Cal
        2. Client can pay out of pocket.
        3. If the client has private health coverage, they should go to their private provider for services.
        4. Provider can seek authorization for out of network services from private insurer.
j. Criminal Justice Referrals and Court Mandates – BHRS is working with our criminal justice partners in the jail, probation, and the courts to advise them of changes related to ODS related to residency, medical necessity, length of stay, and level of care determination. More work still to be done here.

4. 1:45PM-2:10PM AVATAR Registration Form and Service Codes - Paula
    a. The handout will be converted to PDF soon.
    b. Providers use this when they "go live" with all clients entered into AVATAR, and all DUI and DEJ clients. This helps MIS set up the financial information and reduce duplicate entries in AVATAR
    c. Providers need to complete as much information as possible on this form. Please provide Medi-Cal verification up front, if possible. Client should be informing their counselor of financial changes.
    d. Send an updated form if finances change. (Ex: changes with CalWorks, criminal justice, etc.). Please identify all the funding sources the client could be eligible for so as to maximize the funding sources.
    e. Service Codes:
        i. Service codes are being entered and tested currently in AVATAR

ii. There's a tab at the bottom of the excel sheet by program type: OP, IOP, Res, NRT
iii. Productivity will be looked at and we are still building on the methodology
iv. Family counseling goes under "group counseling".
v. Intensive Outpatient Treatment is now measured in 15 min increments.
vi. There will be big shifts in NRT. This will be addressed specifically in the future. For now, use code AD601for providing MAT services.
vii. There are 4 kinds of Recovery services. One type is Peer-based recovery services. This service is not built into the codes yet. This service will need to be more defined prior to rolling out to the system
viii. We are creating a Billing code for UA testing. This is not a DMC billable service but we will track it to better understand how many minutes this takes.
ix. The codes are not in AVATAR yet, but you will be alerted when you can start entering services into AVATAR.
x. San Mateo County cannot submit a claim to the state until April. DHCS is not ready yet. Providers will be getting advanced payment now (1/12th in advance) Disallowances /denials will be delayed.

5. 2:10PM-2:30PM Residential Authorization Workflow - Eliseo
    a. ASAM screening is for placement for level of care, it is not an assessment tool in and of itself. Providers should not be using the ASAM tool to do the full assessment. Continue using the ASI, and other current tools. The LPHA is required determine medical necessity and to write on what basis they are recommending their level of care.
    b. After provider gets Residential Treatment Authorization from the RTx team, the provider may schedule an intake appointment with the client.
    c. Every provider is responsible for ensuring medical necessity is met for each client admission.
        i. This requires the completion of a comprehensive assessment (i.e. ASI, other assessments, tools).
        ii. A qualifying LPHA must document the qualifying client diagnose, the basis for the diagnosis, apply the ASAM criteria to determine the appropriate level of care document the treatment plan.
        iii. How do we ensure the client has the proper documentation that they are meeting medical necessity? County can provide training but Providers are responsibility for knowing what is required under the STC, Title 22 and all source documentation for requirements.

6. Other:
    a. For residential providers going live 3/1/17: Make sure your MCE authorizations are current and up to date. Paula will send out a spreadsheet.
    b. Thank you to OCG, Orville, for getting authorization on a timely basis.
    c. How do we ensure we can get the residential authorizations to you on a timely basis during after-hours?
    d. BHRS will be looking more closely at the ASAM levels, and the requirements for each level of care. This will be done to make sure clients are being referred appropriately.
    e. Please be careful about discharging a client prematurely because this will result in the client losing 1 of their 2 residential stays per year. Call BHRS before early discharge for a consultation.

f. If clients transfer from one level of care to another with no break of service, it is considered one treatment episode. It is most important that they don't have a break in service.
g. Part of residential evaluation is to determine which provider will be better for the client. Has the client received services from a provider and not had much success? Use your case management benefit to assist in transferring the client to another provider. Use your inter-agency partnerships and relationships.
h. Urgency around how things are changing rapidly at the federal level, immigration status, healthcare coverage.

Next Meeting: Tuesday March 21st, 2017 (1:00pm – 2:30pm)