

San Mateo County BHRS Alcohol and Other Drug Services

DMC ODS Conference Call

Meeting Notes

5/16/17

Attendees

BHRS: Paula, Clara, Giovana, Diana H, Mark K, Mary F, Diana CG, Matt, Eliseo, Marcy, Nancy F, Annaliza, Daniel

BAART: Nadine

HR360: Anissa, Lolee, Shannon, Chris K

FAL: Elizabeth, Gerardo, Sue

Service League: Karen, Morigan, Ruby

El Centro:

StarVista: Stephanie, Nancy Q

P90: David M, Dave C, Jim B, Jason, Amir, Dave R, Mike McC

Palm: Christy

Sitike: Joe

Pyramid: Rosario

TLC: Sal, Maria, Berman

Choices: Angelina, Toby, Elena, Sylvia

Announcements

- The ODS Documentation Manual is being drafted by BHRS Quality Management, and will soon go to the providers for vetting.
- On June 7th, there will be a Title 22 documentation training that will include ODS STCs and Title 9. Training is conducted by CIBH's Jan Tice. Enrollment is low, and providers are encouraged to attend. If any residential providers have questions regarding conflicts between T22, T9, and STC's, please send the questions to Paula so Jan can address them in the training.

Provider Updates/Questions

1. Anissa w HR360: Concerned about wait time between talking to client, completing the screening/eval and getting the client into treatment. Client gets lost between getting approved for treatment by RTX and following up with provider. The client never contacts the provider after approval.
2. Berman w TLC: What's the process for clients who decline a bed or the provider can't contact them? Do they remain on the waitlist and for how long?
A: Leave them on the waitlist until their authorization expires (30 days.) AOD will develop a written procedure for this. DATAR waitlists is a separate issue and will have a separate process.
3. Berman w TLC: To enter Enhanced Services as a 2nd episode, do we use th Non-CalOMS Admission bundle?
A: Yes. Residential clients can be open in 2 episodes: Residential plus the Non-CalOMS Admission bundle, in order to claim case management services under Enhanced Services.

Providers cannot claim for physician consultation or medication assisted treatment yet, but they can claim for case management.

4. Sal w TLC: How do we modify clients who entered treatment under the original 60 day authorizations to a 90 day authorization?

A: Submit a continuing treatment authorization request, the same way you would request an additional 30 days after the 90 day authorization.

5. Morrigan w SL: We have a lot of transient clients, who don't even know which county holds their Medi-Cal. They are upset to learn that if it's not with San Mateo County, they can't access services. They are also upset by the shorter lengths of stay.

A: We understand that this is a challenge. SMC and other counties are discussing it with DHCS. Also, if a provider often gets clients from a particular county at its door, that provider can request a contract with that county.

6. Karen w SL: Some programs are guaranteeing that clients can stay 4 months, so Probation is sending clients to those providers over Hope House.

Orville w OCG: Probation has a learning/knowledge curve. Probation officers are telling clients they only have to stay at OCG 60 days, even though there's no predetermined time. Probation is taking its time coming around to accepting ASAM.

A: Please make sure all program staff know there are no predetermined times. Probation and the Courts have their own learning curve, and they need to hear a consistent message from both providers and the County. We are advising judges not to mandate treatment time frames, and instead to mandate the client be assessed for treatment and to follow their treatment plan.

Criminal Justice funding

Any Criminal Justice client in a CJ specialty program is eligible to use CJ funding, not just Medi-Cal. If a client is in-custody, with private health insurance, CJ funding can be used to modify the client out. However, the provider is still responsible for requesting treatment be paid by the private insurance prior to billing CJ funding. Make the request of the private health insurance prior to admitting the client, if possible. Once the denial comes, the client can start the appeals process. After the second or third denial, the provider can help the client file a complaint with the California Department of Insurance and ask for an Independent Medical Review.

CJ funding may also be used for clients with no Medi-Cal, both in and out of custody. If an in-custody client does not have Medi-Cal, they can be modified out using CJ funding, and the provider is responsible for helping the client apply for Medi-Cal ASAP.

In-custody clients with out of county Medi-Cal are not eligible to be modified out to a program in San Mateo County. They may be modified out to the county of residence.

Providers will know if they have a specialty program client because they will get a referral and fax from the CJ specialty program. Provider needs to complete their portion of the referral form and notify the specialty program of the client's admission, discharge, as well as complete monthly program updates. Forms and processes are located in the AOD Policy and Procedure Manual.

Q: Can a Medi-Cal client from a specialty program be admitted without medical necessity, using CJ funding?

A: No. Medical necessity is foundational, and no client may receive services without it having been established.

Billing Updates and Rates in Avatar

AOD submitted its first 837 claim for DMC Residential services – February, OCG.

Rates in Avatar are system-wide County rates, and are not used as provider payments for services. Provider payments are calculated based on each individual provider's costs, not the rate that's posted in Avatar.

Service Codes

Providers who are not 'live' or are not DMC certified should not be using the new ODS DMC service codes. They should be using the older service codes. If you are a non-DMC ODS provider and don't have access to the older codes, email MIS.

Physician Consultation

Physician consultation is a service provided to the Medical Director or physician, not to a client. It further described in the STC's. If a doctor needs advice on how to do something, they may request it and their time is reimbursed under Physician Consultation. The County will provide physicians who are available for consults. LPHAs may sit in on the consultation, but only the physician's time is billable. AOD is developing a form to request the consultation.

Consultations are available for:

- Complex physical health needs: Dr. Avilas
- Medication Assisted Treatment: Dr. Chatterjee
- Adult Psychiatry: Dr. Lee and Dr. Gampuli
- Youth Psychiatry: Dr. Hooper
- Medications or Pharmacy: Barbara Liang

Beneficiary Brochure and Notice of Actions

DHCS has provided Beneficiary Brochure and Notice of Action templates that AOD are customizing to San Mateo County. They will be translated into the threshold languages. The Beneficiary Brochure/Handbook will be provided to every beneficiary seeking AOD services, and the NOAs are to be mailed out to beneficiaries upon any delay, denial, termination, etc. of services. Once the templates have been customized, AOD will share them with the providers.

60 Day Continuing Care forms

All forms will be in Avatar soon, eliminating the need for faxing. It is expected that the information on these forms will be individualized and client-centered, and will include information around housing, financials, and continuing care needs. The forms should not all look the same, as this is an audit risk and is not individualized care. It is also expected that the forms will describe how treatment plan goals will be adjusted in the last 30 days, and will include evidence of medical necessity of continued care.

AOD will be providing additional training to providers in this area.

Request for Transfer forms

This form can also be found on the website. It is designed to prevent a break in service or any unplanned discharges. A transfer does not extend the client's time in treatment. If they spent 60 days at provider A, and they transfer to Provider B, they will only be authorized for 30 days, for a total of 90 days per treatment episode. This applies to ODS and non-ODS providers.

Residential Provider Liaisons

Giovanna – OCG, FAL

Terrell – WRA, SL, TLC

Mental Health services

If a client comes to a provider and already has a relationship with an existing mental health provider, please coordinate that client's care with the existing MH provider. Do not ask the client to change MH providers.

UCLA Surveys

UCLA is conducting client surveys and provider surveys for DHCS. They need to be completed this fiscal year. Potential dates are 6/5-9 and 6/19-23. More information to come.