

## DMC-ODS Technical Assistance Conference Call

Tuesday, March 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. Welcome:

##### a. AOD Staff:

- i. Mark Korwald
- ii. Matt Boyle
- iii. Kim Westrick
- iv. Diana Hill
- v. Diana Campos-Gomez
- vi. Yadhira Christensen
- vii. Giovanna Bonds
- viii. Joe Gutierrez
- ix. Paula Nannizzi
- x. Denise Mosely

##### b. Treatment Provider Staff:

- i. Pyramid – N/A
- ii. Health Right 360 – Chris Kernes, Christina Tufono
- iii. The Latino Commission – N/A
- iv. Sitike – Joe Wagenhofer
- v. Project 90 – Dave Clemens, Jim Buckner, Frank McCormick, Chris Peters, Jason Brewer, Amirali Ayromloo
- vi. Palm – Justin Phillips
- vii. Star Vista – Stephanie Weisner
- viii. Service League Hope House – Karen Francone, Morigan Bruce
- ix. El Centro – Colin Labor, Maria Cerrillo
- x. Free At Last – Elizabeth Mendoza, Gerardo Barragan
- xi. Our Common Ground – Orville Roache
- xii. BAART/ART – N/A

#### 2. Announcements:

- a. **ODS Budget Review and Approval Process:** Your budgets are being reviewed. We are developing a communication plan to let providers know where we are in our process. We will notify you in writing alerting you to your correct budget. Each provider will receive a formal notification from us that your budget is approved by our fiscal team.

Just because this is a cost-reimbursement program doesn't mean that we will pay for 100% of provider costs. We need to be good stewards of public funds and will have to evaluate what are good uses of public dollars given the anticipation of utilization of services. We need to assess the costs associated with the ODS at the minimum vs. at expanded capacity. Please provide evidence or justification for an additional capacity/request to us. The county passed a living wage ordinance and we're waiting to find out how that will impact your budgets and will present that at the next Treatment Provider meeting on May 4<sup>th</sup>.

- b. **Criminal Justice Referral Process:** We are in the process of training correctional health in the ASAM screening process. There is a training scheduled for next week with the goal of establishing a workflow. For now we have an interim workaround with probation while correctional health gets up and running. Update- As of 4/3, Correctional Health will begin utilizing the evaluation tool. A draft workflow is in place and we will working with CH staff to work on improvement processes.
3. **Referral Process:** The referral process is changing in AVATAR. When the changes are finalized, the case manager will be able to send a referral in AVATAR. There will be an AVATAR training on Monday (3/27) to go over this. Please send someone in your agency who is in charge of referrals. We have a referral contact list. BHRS will make referrals to providers. We are finalizing a draft, including screenshots and will let you know when it is complete. If there is critical information that needs to be in the referral, please provide that feedback to Yadhira. We are finding out if client contact information can be added in this section.
4. **Follow-up on urinalysis:** There will be service codes for UAs to be tracked per minute. We will pay attention to this when we look at productivity.
5. **Aid Codes:** There is a Medi-Cal Aid Codes cheat sheet for undocumented folks or those who have emergency pregnancy Medi-Cal. Undocumented clients have emergency Medi-Cal and can get coverage under ACE, but do not have DMC as a primary funding source. Complications regarding this can consist of counties cancelling benefits when a client has many different addresses; or providers lacking access to clients' food stamps and Social Security information. In some situations clients show up as undocumented, and if they are low-income we can use county funds or SAPT funds to pay for their treatment. Please make sure to connect clients to the funding they are eligible for. This is best for them because you're helping them access other benefits. One of the main goals of the ODS is to help people get better from all sides. Paula will send out guidelines about how to get clients onto full scope Medi-Cal.
6. **Waitlists, DATAR and CAWS:** The Client Authorization Waitlist Sheet (CAWS) is the spreadsheet that the RTx and Service Connect-RTX team uses to place clients on the waitlist after having evaluated them. Using this sheet, the case manager will review the CAWS for clients waiting for a bed with the provider, on a weekly basis. If a provider has capacity, there is no need to place a

client on the waitlist. Clients should only be put on the waitlist if providers do not have capacity; then they will be placed into the DATAR list. This will ensure we're inputting DATAR data correctly on a regular basis.

Case Managers are assigned "live" providers to talk once a week:

- i. Giovanna – Our Common Ground
- ii. Joe – The Latino Commission, Women's Recovery Association
- iii. Terrell – Service League, Hope House

Eliseo has access to the CAWS and looks at it a couple times a week. Providers can contact Eliseo for support with this. When clients are admitted into treatment, they are not removed from the list. The date they were added to the list and the date they were admitted into treatment will be recorded. This allows for an opportunity to continue outreach to these clients. The authorization expires in 30 days.

If a client asks for a delay before they come into treatment, we will document the fact that we offered a bed to that client. We tell a client that there is a bed available NOW but it might not be available tomorrow or next week. If they deny a bed, they don't lose their position on the CAWS, they only lose it after their authorization expires.

7. **Authorizations and re-authorization processes:** The workflow for re-authorization is still being developed. Providers will be alerted as soon as it is ready. Currently we are sending these requests and information through secured email. Please respond to these emails within 24 hours so we know the status of the case and that the provider received the email. Once we've authorized the client and alerted the provider, the provider should reach out to the client and let them know a bed is available for them. Please update your case manager who made the authorization with any changes.
  - i. As of April 1, authorizations will be up to 90 days, providers are required to complete "60 Day Plan" should treatment extend beyond 60 days to support continuing care planning.
  - ii. The **continuing care plan** should be sent in at 60 days but could be sent in at day 30 if they're only there for a total of 60 days. The purpose is to create more individualized care for the client.
  - iii. As of April 1, we will begin to authorize a **one-time 30 day extension** (once per year) for a total of 120 days.
  - iv. We are trying to tie the client's length of stay to the treatment needs to make the process more seamless. We are adding a "**transfer**" option.
  - v. The case manager should note the clients' status on the **evaluation form**. If "none" is selected, it is because the client is not in BHRS' system, they are out of county, or they have an aid code that does not show eligibility. Even if "none" is marked on a clients' evaluation form, all clients should be assessed for Medi-Cal eligibility. This system may be updated to be more specific. The RTx team will authorize residential treatment if a client is determined to qualify, regardless of

Medi-Cal status. However, if a client has private health insurance, they will be referred to their private health coverage. If they have Medi-Cal in another county, they may be referred to their home county. If we mark the “other” box, Giovanna will write in their home county.

- vi. **“999” means** a client is ineligible for that month. This could just be missing paperwork. Providers should support the client in finding out if there is missing paperwork or if they are pending eligibility. If the client becomes Medi-Cal eligible mid-treatment, the provider should send the updated registration form to MIS. If the client has left treatment, Medi-Cal can still be billed for the treatment provided to that client. MIS is going to start communicating this to providers. We’re looking to maximize our funding so we can maximize our funding and pay for ineligible clients to receive treatment.
- vii. Regarding clients coming in pregnant, in treatment with their child, or could be eligible based on family composition: If they don’t come in on **CALWORKS**, please work on getting them to apply for CALWORKS at admission. This could pay for their board in care, or a bed for a child, while Medi-Cal would pay for the treatment.

8. Future phone topics: send to Kim Westrick ([kwestrick@smcgov.org](mailto:kwestrick@smcgov.org))