DMC-ODS Technical Assistance Conference Call
Tuesday, July 18th, 2017
10-11:30AM

Meeting Notes

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

1. Participants:
Providers:
1. Project 90: Dave Clemens, Jim Buckner, Jason Brewer, David Meeds
2. Free at Last: Elizabeth Chewning, Sue Cortopassi, Gerardo Barragan
3. The Latino Commission: Berman Icabalceta, Jr., Adriana Escobar
4. El Centro: Colin Laver
5. Sitike: Joe Wagenhofer
6. Palm Avenue: Kristie Beckman
7. Star Vista: Rosario Alvarez
8. HealthRight 360: Anissa Moore, Krystal Lelea, Christina Tufono
9. Our Common Ground: Orville Roache
10. Hope House: Morrigan Bruce

AOD/BHRS:
1. Robert Szopa
2. Sheryl Uyan
3. Kim Westrick
4. Diana Hill
5. Paula Nannizzi
6. Mark Korwald
7. Christine O'Kelley
8. Daniel Lanzarin

2. Announcements:
a. Free at Last is hiring for counselors. Please contact Free At Last for a job description and announcement.
b. BHRS has entered into a contract with Advent in Morrigan Hill and has admitted one youth into the residential treatment program there. If you need authorization for a youth, send the RTx team the 2-page youth ASAM screening tool. Youth are only eligible for 30 days of residential treatment with a one-time extension. We did a site

visit with Sunny Hill and may contract with them in the future. We also might contract with Thunderhead and will likely be able to accept youth in August.

   c. Next month we'll have a process in place that will get out to the providers about justice involved clients. DUI court is delayed until September 1st. There are new staff to help with coordination between various entities.
   d. The documentation manual revisions should be completed by the end of July. We will flush out the BHRS policy on the frequency of documentation. BHRS requires documentation every 3 days and this will be included in the
       BHRS Documentation Manual. Once in final draft, we will send it out to the providers to review and provide feedback on the manual.

3. UCLA Tracking Form (added to the end).

4. Changes in RTx evaluation form and screening form:
A question was added about probation. We will post the updated forms online when they are finalized. As a reminder, please throw out any old forms that have been printed.

5. Beneficiary Share of Cost:
We are exploring the BHRS policy on beneficiary share of cost. This is in the beginning stages of development. We will alert providers to changes and updates.

6. 100186 Form, "Wet Signature" form:
The purpose is to attest that all of the Drug Medi-Cal claims are accurate and true to the best of your knowledge. This cannot be submitted early. The state requires this form be submitted with claims. Please send the original signed form to MIS by the 10th of the month following the service month. Send one for each of your agency's DMC sites. We will send formal notification about this. Submit a *copy* of this to your analyst with your monthly invoice. Please note you do not need to select the funding source in AVATAR, only on the ARF. We will be scheduling a financial training soon after summer. If yo have identified needs, send them to Paula for when we begin planning these trainings. They are not scheduled yet.

Naming of DMC Submission Identifier for form 100186:
* DMC Facility ID-Month-Year
* DMC Facility ID-Month-Year-Retro

Mail or hand deliver to MIS at this address:
BHRS MIS
2000 Alameda de las Pulgas, Suite 280
San Mateo, CS 94403
Attn: Nancy Ferreira

7. Weekend Services:

Title 22 says staff supervision has to be available 7 days a week, for residential treatment. This includes weekends. We are finding out what exactly Title 22 means by "available". We may need to revise our reimbursement rates due to this change.

8. RTx Team Reminders:
Be mindful of when the 60 day plans are due. Please count the days and send the plan 2 weeks before 90 days. Calendar calculator: You may contact Giovanna for a copy (gbonds@smcgov.org). We are going to go paperless soon. These forms will ultimately be in AVATAR.

9. Process for moving clients between 3.1 and 3.5:
Use the transfer request process. Call your RTx case manager to get the authorization approved and updated. Make sure to update the treatment plan. This information will be incorporated into the workflow. The change will be effective as of the date of the call with your case manager. Any days prior should be billed at the previous level. Issue a new authorization with the correct level but with the original admission date. The evaluation form will be updated and we will alert providers to the changes.

3. UCLA Tracking Form:
Last Wednesday, the UCLA tracking form was sent out to providers with the cells locked. On Friday, a tool was sent out to support this spreadsheet.
- Please enter in information that you're already collecting. You can use the tool to map to the fields.
- Make sure to enter the initial assessment, the follow up assessment, and outcomes of the client being reassessed for a new level of care.
- There are multiple columns for "levels of care" because clients might need multiple types of care. For example: they might need residential care and IMAT.
- We will eventually put this spreadsheet into AVATAR.
- We encourage everyone to start using it now to get find any issues so that it will be up and running by August.
- You do not need to use this for DUI clients or private pay clients.
- Column B: Social Security Number (SSN) and Client Identification Number (CIN) are mapped together. Do not put the SSN in Column B in place of the CIN. If you can't entere the CIN on the initial screen, it is ok to not enter it.
- We are conferring with QM and IT how we can coordinate our screenings with the Call Center so we can eliminate duplicate screenings. The Call Center is collecting information for us through their ICI-AOD form.

Questions we will ask UCLA:
1. How long is an initial ASAM "screening" good for? How frequently do we need to "rescreen" and enter data?
2. How often must it be completed when a client is referred from one provider to another-especially within the same day/week?

3. How do we minimize duplicate data entry at screening between CC and providers, RTX and Providers, etc.

Other Questions:

a. **The ASAM Continuum:**

This is the ASAM assessment to replace the ASI. Clara will start a workgroup to and will send out the link to the continuum. Providers are free to buy the continuum if they think it makes sense for their business.

b. **Rendering Practitioner:**

Who do they identify as their rendering practitioner in AVATAR and in their form? This needs to be defined.