

DMC-ODS Conference Call Meeting Notes 11/21/2017

Participants: HealthRIGHT 360, Palm Ave Detox, Free At Last, The Latino Commission, Sitike Counseling Center, El Centro de Libertad, Service League of SMC – Hope House, MIS/BHRS, AOD/BHRS

Agenda notes:

Announcements:

- El Centro's HMB office is moving to a larger suite in the same Shoreline Station location effective 12/1/17.
- TLC's Christmas Party is 12/1 at Orange Park, from 6-10 pm.

Inquiries:

- Sitike has a MC client who does not want to attend 12-Step groups, as the client identifies the group environment as a trigger. Sitike is requesting TA.

Topics:

- Perinatal providers must use the Client Conditions page in Avatar to document a client's pregnancy in order to claim Peri DMC services. Claims are denied without this page. Analysts will forward instructions to complete the Pregnancy Indicator on the Client Conditions page to providers.
- Providers were asked what specific MH training they would like to receive. Suggestions included:
 - Documentation standards and requirements
 - 5150/psych hospitalization processes – maybe have a representative from PES come and explain their process, and reasons for discharging vs. holding a client.
 - Emotional CPR and Mental Health CPR – it's a shorter version of MH First Aid, and easier for staff to attend.
 - ASAM Evaluation Report that RTX provides needs to have more details on clients' mental health, and types of medication the client is on, and whether they are a 290 registrant.
 - Providers and RTX team need to have an interactive training to share with each other what's helpful and what works best in referring clients.
- Lea Goldstein is available to providers for consultations on complex/co-occurring clients. Some of the providers weren't familiar with Lea, so Diana Hill will do an email introduction.
- 100186 form needs to be completed retroactively for the month prior, but submitted along with the advance pay invoices. I.E, in November, provider will submit the October 100186 and the December invoice.
- Residential providers need to submit their 60-Day Plans and 30 Day Extension requests via AVATAR, to the case manager connected to the client. The Plans must contain an updated Treatment Plan with updated Goals, and why the extension is medically necessary.
- Providers are going to be asked to submit signed AOB forms along with the ARF to MIS, and to no longer document AOB signatures in AVATAR.
 - Diana Hill will look into whether this will cause any problems because the AOB form is part of the Admission Bundle, so providers will have to access it from the Waitlist episode and not the actual admission episode.