DMC-ODS Technical Assistance Conference Call

Minutes

10/17/17

10AM-11:30AM

1. **Welcome (Clara)**
    a. Providers:
        i. Healthright 360: Nicole Ibarra, Chris Kernes
        ii. StarVista: Lindsay Stark, Nancy Quiggle
        iii. Sitike: Joe Wagenhofer
        iv. The Latino Commission: Berman Icabalceta Jr., Adriana Escobar
        v. Project 90: David Meeds, Jim Buckner, Amir Ayromloo
        vi. Palm Detox: None
        vii. El Centro: Colin Laver, Maria Cerrillo-Hernandez
        viii. Service League Hope House: Karen Francone, Morrigan Bruce
        ix. Free At Last: Elizabeth Chewning, Sue Cortopassi, Gerardo Barragan
        x. Our Common Ground: None
        xi. BAART: Angie Aloba
    b. BHRS:
        i. Daniel Lanzarin
        ii. Denise Mosely
        iii. Diana Campos-Gomez
        iv. Matt Boyle
        v. Eliseo Amezcua
        vi. Clara Boyden
        vii. Kim Westrick
        viii. Diana Hill
        ix. Giovanna Giron
        x. Mark Korwald

2. **Announcements:**
    a. There will be a residential intake coordinator meeting at Healthright360 Pioneer Court, Oct 3rd, at 3pm: Discussing priority populations and how we want to provide services going forward.
    b. The Latino Commission is having their graduation Friday October 20th, at 6pm in South San Francisco, Orange Park at Fernike building. Children are welcome.
    c. The Drug Court Graduation will be Tuesday 10/24/17 in the evening
    d. There will be an Immigration forum on Sunday October 22nd in Half Moon Bay

      e.   The youth program in EPA is open, please send youth clients

3. **Intravenous <u>drug users as priority populations (Eliseo)</u>**
   BHRS AOD is looking forward to better serving priority populations including intravenous drug
   users. If a client is homeless in San Mateo County and without Medi-Cal, the county will fund
   them under SAPT. The only exception is for clients who have private insurance. Providers may
   provide feedback on this at the intake meeting on the23rd at 3pm at Pioneer Court.

   We may add more screening/buttons to the form to assess whether or not someone is an IV
   drug user. We will look into whether or not IV Drug Using and Perinatal clients' ARFs should be
   addressed first before other ARFs. On the financial payer form, select "Peri-SAPT" for perinatal
   clients and "County-SAPT" for IV Drug users.

4. **<u>Initial ASAM Screen (Clara)</u>**
   Providers must complete the initial ASAM screening any time anyone is inquiring about
   treatment at any time. Initial Placement Screen at the point of first contact. Do this first before
   faxing it over to the RTx team. Additionally, track initial ASAM screenings and enter them into
   the tracking sheet. Include every single client including Prop 36, DEJ, DUI clients because it is
   unknown if someone needs treatment or not.

   AOD has provided the screening form required for the initial screen. The results must be
   entered into the UCLA spreadsheet, under Brief/Initial Screen under column F. There are two
   other times you're required to enter into the UCLA spreadsheet. At the point of intake the
   provider completes the ASI and other screenings and then it goes to the LPHA for the medical
   necessity determination. Once the physician or LPHA does their diagnosis, they are supposed to
   apply their ASAM criteria. That is the time at which you need to document what was the
   assessed level of care identified as a need and what level of care did the client get.

   The 3rd and last time you need to enter into the spreadsheet is when you update the treatment
   plan and when you've evaluated the client and determined they need to move up or down in
   their level of care. You need to record what level of care the client actually received and the
   reason for the difference.

   Utilize Continuing Care ASAM criteria at 30-45 days to help analyze whether or not clients are
   achieving their goals, to guide the process of reassessing. Guidelines will be sent out to
   providers.

5. **<u>AVATAR update (Eliseo)</u>**
   The BHRS team is still in the testing phase of getting all RTx forms into AVATAR. The providers
   can run the authorization report in AVATAR. We are only accepting 60 day plan and one time
   extension through AVATAR. If you send it by paper, it will be sent back.

If you're having trouble, you can call Eliseo on the phone and he can walk you through anything you need help with. Providers will be alerted once this changes.

6. **Contractor Monthly Credentialing Policy 01-04 (Mark)**
Under the Managed Care requirements 438, every provider by the 1st of the month, needs to send a list of their staff to Amber Ortiz who will be running the list to make sure they are not on the excluded lists, Social Security death master list, list of people who are prohibited from receiving federal grants, list of people who are prohibited from receiving Medi-Cal. If you have other practitioners you need to run, you need to run those on your own.

If staff members are uncomfortable providing their social security number, you can send an attestation to BHRS that you have checked the Social Security Death Master List. Mark Korwald will follow up with clarification on this and you can get the information through your analyst.

7. **Treatment Perceptions Survey: Nov 6th-10th (Kim)**
November 6th-10th is the next time we'll be doing this survey. We'll receive the analysis from the August surveys in a couple months from UCLA. We received 253 surveys from providers in August. If you want a different number of surveys than last time, please email Kim Westrick (kwestrick@smcgov.org).

8. **NOA and Beneficiary Brochure (Diana)**
The Beneficiary Brochure is being reviewed by our quality management unit. You have to give a client the Termination Notice of Action when a client is discharged and must quote a regulation when that is done. If treatment is delayed, denied, modified, it must be based upon a regulation. This is because treatment is an entitlement.

A NOA may be needed each time treatment is delayed, denied, or modified and AOD will research the specifics. Please send us input from the providers about the most common reasons for discharge. It's possible you'll have to modify your processes. Example: upon termination of services, a NOA must be provided. Example: Every time a client is sent to Palm Avenue Detox or PES, it is considered a "modification" and a NOA must be provided. AOD may schedule a conference call to discuss scenarios and get information from the state if needed.

Additionally, AOD plans to develop an implementation plan, create a template, and set up some follow-up conversations. Providers should start developing a list of the typical reasons this happens, citing the regulations. These efforts will ensure clients are informed of their rights and that we don't violate their rights.

9. **Fiscal update (Clara)**
The state has a new requirement that we retain all program and fiscal documentation. The first year is the first year in which you went ODS live, contract year.

Additionally, Medi-Cal claims can be submitted up to 6 months after the service was delivered. This is new; previously it was only 30 days. We are looking into how the new regulation impacts the county's billing cycle. Providers still need to submit billing every 30 days but it will give more flexibility for clients who have Medi-Cal pending or are having their Medi-Cal transferred. Continue to submit your billing every 30 days by the 10th of the month.

10. **Provider updates/questions/requests for agenda items (Clara)**

There was a nice send off for Paula. Thank you to everyone who helped plan going away parties for her. Paula says her first day was awesome but her office is cold.

The state monitoring unit is coming to SMC in December and they want to see what tools we will be using to monitor the providers. They are going to go to a few different provider sites to see how the tolls work. We will be asking for providers to be willing to host us and the state.

Acronyms:

SMC = San Mateo County

BHRS = Behavioral Health and Recovery Services

AOD = Alcohol and Other Drugs

DMC = Drug Medi-Cal

EHR = Electronic Health Record

DHCS = Department of Healthcare Services

Tx = Treatment

RTx = Residential Treatment

PES: Psych Emergency Service