Welcome

The webinar will begin shortly.

The webinar is being recorded.

Before starting, following are a few housekeeping items and tips about how you can participate in this webinar.

- All lines are muted to minimize background noises
- You can ask questions at any time during the presentation – Use the **Questions Pane Chat Box**
- Enter your questions then click the **Send** button

We will review questions as they come in, and will have a Q&A period periodically throughout the presentation.

Thank you for attending today's webinar.

PHC Provider Education Team

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Wellness and Recovery Benefit Provider Round Table

Drug Medi-Cal Organized Delivery System

February 4, 2019

Agenda

- Updates from the Wellness and Recovery Leadership Team
- Moving through care in the new benefit
- Resources

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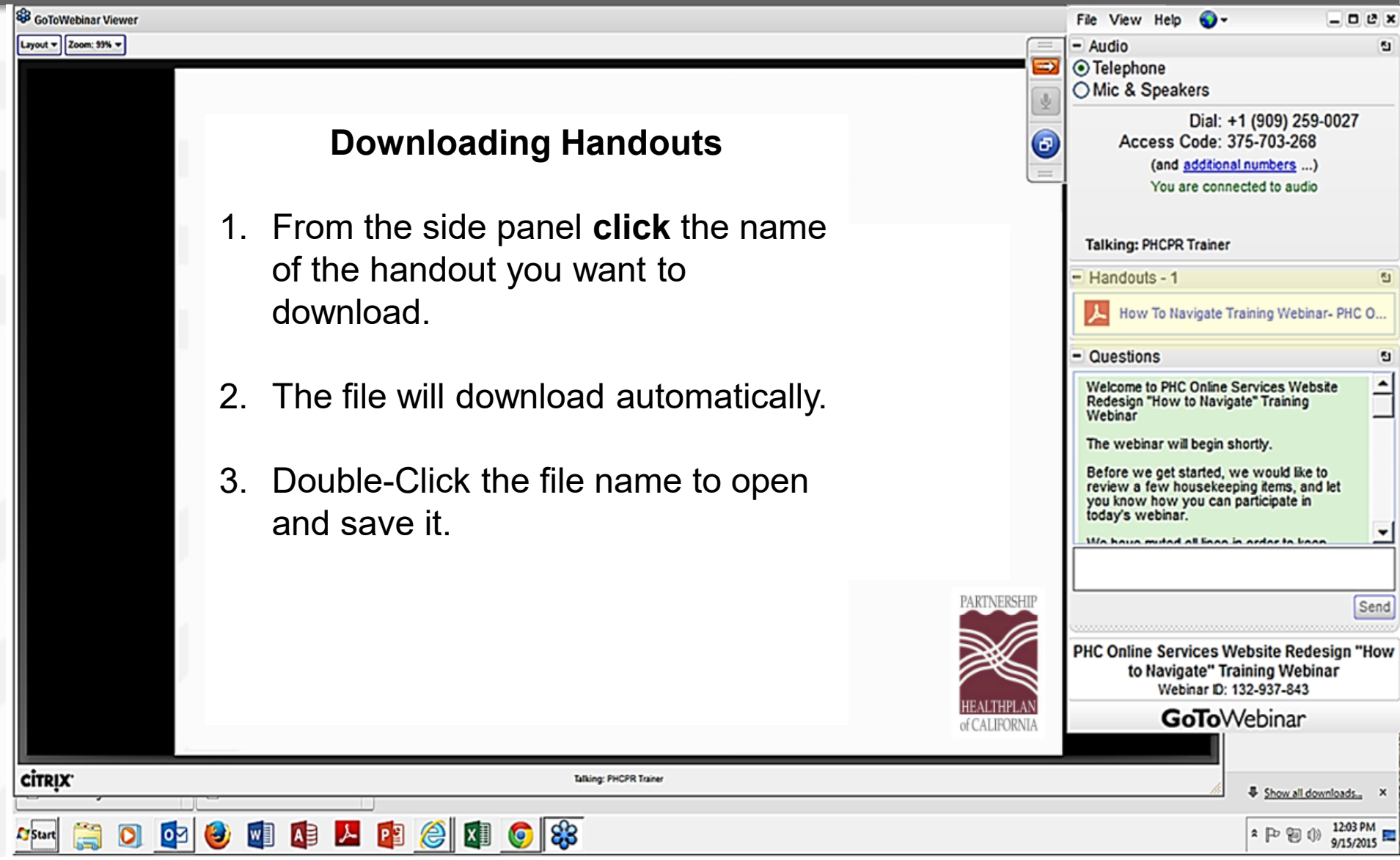
Downloading Handouts



Wellness and Recover Updates

Liz Leslie

Program Manager, Wellness and Recovery

Partnership HealthPlan of California

Moving Through Care in the Wellness & Recovery Benefit

Client Admission

Required Policies

- Admission/Readmission (IGA pgs. 124-125, 143)
- Referral to an appropriate level of care (IGA pg. 125)

Admission/Readmission

- Occurs as a result of the ASAM screening through the client access line or by direct referral from approved entities
- If a client contacts the provider directly in order to be admitted, the provider will assist the client in getting screened through the client access line or by approved entities
- Must occur within 15 calendar days of referral

Referral

- If a potential client does not meet admission criteria, the client will be referred to an appropriate service provider

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Client Assessment

Required Policies

- Multi-dimensional Assessment (ASAM) (IGA pgs. 113, 125-126, 138)
- Personal, medical, and substance use history (IGA pgs. 125-126)
- Face-to-face review (IGA pg. 127)

ASAM – shall be performed by qualified staff based on the ASAM criteria after completing required trainings.

History – the provider shall assure a counselor or LPHA completes a personal, medical, and substance use history for each client upon admission to treatment during the first face-to-face interaction.

Face-to-face review – the face-to-face interaction must take place, at minimum, between the certified counselor who has completed the assessment and the LPHA.

Required Dates – assessment must be completed within 7 days of admission for OP, and IOP (14 days for youth), and on the date of admission for residential and WM.

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Medical Necessity & Diagnosis Requirements

Required Policies

- Medical Necessity/Diagnosis (IGA pgs. 67-68, 127, 145)
- Youth Medical Necessity/Diagnosis (IGA pgs. 68, 76, 141, 145)

Medical Necessity/Diagnosis

- After establishing a diagnosis and documenting the basis for diagnosis, ASAM criteria will be applied by the diagnosing individual to determine placement into the level of assessed services.
- The individual shall have received at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.
- The individual shall receive services based on medical necessity determined by the ASAM criteria.
- The LPHA or medical director must type or legibly print their name, and sign and date the diagnosis documentation.
- The LPHA or medical director must document separately from the treatment plan the basis for the diagnosis in the client's record within 30 calendar days of each client's admission to treatment date.

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Medical Necessity & Diagnosis Requirements continued

Individuals under age 21

- Are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.

- Are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority.

- Medical necessity for an individual under the age of 21 is determined using the following criteria:
  - The adolescent individual shall be assessed to be at risk for developing a SUD
  - The adolescent individual shall meet the ASAM adolescent treatment criteria

Required Dates – medical necessity/diagnosis must be completed within 15 days of admission for OP, and IOP (15 days for youth), and on the date of admission for residential and WM.

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Treatment Plans

Required Policies

- Individualized based on assessment and intake (IGA pgs. 128-130)
- Refusal to sign (IGA pg. 130)

Individualized based on assessment and intake

- Statement of problems identified through the ASAM, other assessment tool(s) and intake documentation
- Goals to be reached which address each problem

Refusal to sign – If the client refuses to sign, the provider shall document the reason for refusal and the provider's strategy to engage the client.

Required Dates – Treatment plans must be completed within 30 days of admission for OP, and IOP (same for youth), and within 15 days of the date of admission for residential and on the date of admission for WM.

- Questions regarding admission, assessment, medical necessity, or treatment plans?

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Progress Notes

Required Policies

- Progress Notes – for each level of care provided (IGA pgs. 131-133)

For outpatient services, Naltrexone treatment services, and recovery services, each individual and group session, the LPHA or counselor who conducted the counseling session or provided the service shall record a progress note for each client who participated in the counseling session or treatment service.

Progress notes are individual narrative summaries and shall include all of the following:

- The topic of the session or purpose of the service
- A description of the client's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals
- Information on the client's attendance, including the date, start and end times of each individual and group counseling session or treatment service
- Identify if services were provided in-person, by telephone, or by telehealth
- If services were provided in the community, identify the location and how the provider ensured confidentiality

The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the counseling session. The signature shall be adjacent to the typed or legibly printed name.

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Progress Notes

For *intensive outpatient treatment and residential treatment services*, the LPHA or counselor shall record at a minimum one progress note, per calendar week, for each client participating in structured activities including counseling sessions or other treatment services.

Progress notes are individual narrative summaries and shall include all of the following:

- A description of the client's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals
- A record of the client's attendance at each counseling session including the date, start and end times and topic of the counseling session
- Identify if services were provided in-person, by telephone, or by telehealth
- If services were provided in the community, identify the location and how the provider ensured confidentiality

The LPHA or counselor shall type or legibly print their name, and sign and date progress notes within the following calendar week. The signature shall be adjacent to the typed or legibly printed name.

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Progress Notes

For each client provided *case management services*, the LPHA or counselor who provided the treatment service shall record a progress note.

Progress notes shall include all of the following:

- Client's name
- The purpose of the service
- A description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals
- Date, start and end times of each service
- Identify if services were provided in-person, by telephone, or by telehealth
- If services were provided in the community, identify the location and how the provider ensured confidentiality

The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service. The signature shall be adjacent to the typed or legibly printed name.

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Progress Notes

For *physician consultation services, additional medication assisted treatment, and withdrawal management*, the medical director or LPHA working within their scope of practice who provided the treatment service shall record a progress note and keep in the client's file.

Progress notes shall include all of the following:

- Client's name
- The purpose of the service
- Date, start and end times of the service
- Identify if services were provided face-to-face, by telephone or by telehealth

The medical director or LPHA shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service. The signature shall be adjacent to the typed or legibly printed name.

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Continuing Services

Required Policies

- Continuing Services (IGA pgs. 133-135)

For *case management, intensive outpatient treatment, Naltrexone treatment, and outpatient services*:

- Each client, no sooner than five months and no later than six months after the client's admission to treatment date or the date of completion of the most recent justification for continuing services, the medical director or LPHA shall determine medical necessity for continued services for the client. The determination of medical necessity shall be documented by the medical director or LPHA in the client's individual patient record and shall include documentation that all of the following have been considered:
  - The client's personal, medical and substance use history.
  - Documentation of the client's most recent physical examination.
  - The client's progress notes and treatment plan goals.
  - The LPHA's or counselor's recommendation pursuant to Paragraph (i) above.
  - The client's prognosis. The medical director or LPHA shall type or legibly print their name, and sign and date the continuing services information when completed.

If the medical director or LPHA determines that continuing treatment services for the client is not medically necessary, the provider shall discharge the client from treatment and arrange for the client to an appropriate level of treatment services.

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Discharge

Required Policies (IGA pgs. 135-136)

- Discharge Plan/Discharge Summary for voluntary or involuntary discharge

A discharge plan for each client, except for a client with whom the provider loses contact, needs to be completed by the counselor. The discharge plan will include, but not be limited to, all of the following:

- A description of each of the client's relapse triggers.
- A plan to assist the client to avoid relapse when confronted with each trigger.
- A support plan.
- Be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the client and shall be completed by the time of transfer if moving to a different level of care.
- During the LPHA's or counselor's last face-to-face treatment with the client, the LPHA or counselor and the client shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the client and documented in the client record.

If a client is transferred to a higher or lower level of care based on ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a 30 calendar day lapse in treatment services.

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Discharge

The LPHA or counselor shall complete a discharge summary, for any client with whom the provider lost contact, in accordance with all of the following requirements:

- The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the clients.
- The discharge summary shall include all of the following:
  - The duration of the client's treatment as determined by the dates of admission to and discharge from treatment
  - The reason for discharge
  - A narrative summary of the treatment episode
  - The client's prognosis

For OP, IOP and Residential services, an involuntary discharge is subject to the requirements set forth in Article II.G.2 of this agreement. (Starting on IGA pg. 43 – Timely and Adequate Notice of Adverse Benefit Determination. PHC processes are still under discussion.)

- Questions regarding progress notes, continuing services, or discharge?

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Links to Important Documents

Special Terms and Conditions (STC)

https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020STCsAmended060718.pdf

Refer to pages 96-128 and 384-415 for the DMC-ODS system

Alcohol and/or Other Drug Program Certification Standards

https://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards.pdf

Title 22, Section 51341.1 +

https://www.dhcs.ca.gov/services/adp/Pages/CA_Code_Regulations.shtml.aspx

CIBHS DMC-ODS QUALITY ASSURANCE-C Toolkit attachments

Intergovernmental Agreement Boilerplate can be found here - https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/Exhibit_A_Attachment_I_ODS_final_11_13_18.pdf

- Any other questions?

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Contact Us

eSystems Support
eSystemsSupport@partnershiphp.org

PHC Drug Medi-Cal
DrugMediCalPHC@partnershiphp.org

Facility Site Review
FSR@partnershiphp.org

Care Coordination
CareCoordination@partnershiphp.org

Provider Learning Portal
http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

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Save the Date

Upcoming Provider Webinar

March 4, 2019

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