#### Welcome

#### The Webinar Will Begin Shortly.

Before starting, please note the following:

- 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
  - There will be Q&A sessions periodically throughout the presentation.

Thank you for attending today's webinar, **PHC Provider Education Team** 





# Wellness and Recovery Benefit Provider Round Table

Drug Medi-Cal Organized Delivery System

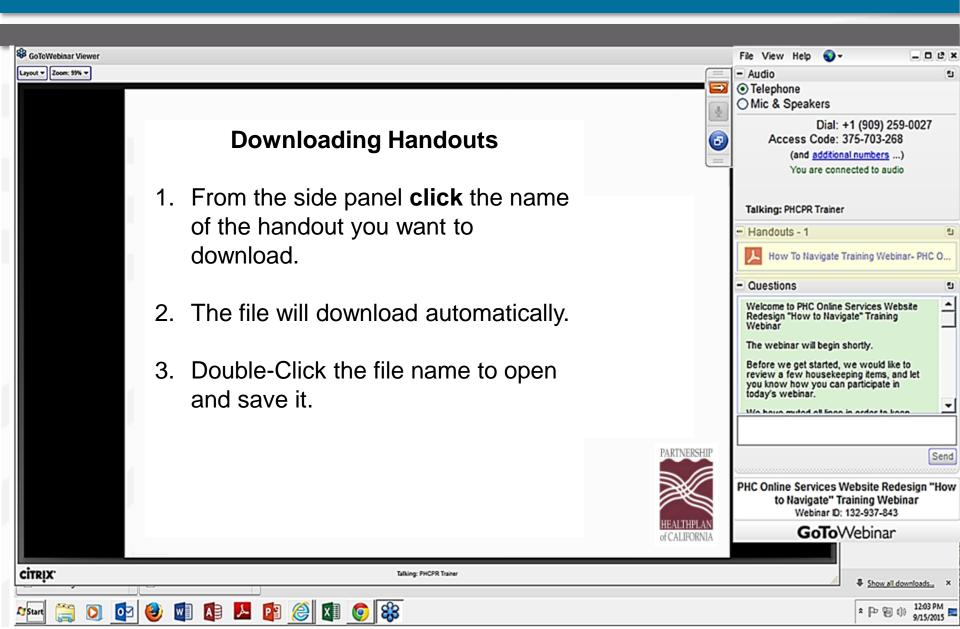
March 4, 2019

### Agenda

- Updates from the Wellness and Recovery Leadership Team
- Additional items to consider in the new benefit
- Upcoming Events
- Resources



# **Downloading Handouts**



#### **Wellness and Recover Updates**

#### Liz Leslie

Program Manager, Wellness and Recovery

Partnership HealthPlan of California





# Additional Items to Consider in the Wellness & Recovery Benefit

### **Timely Access**

#### **Accepting Referrals**

- Most referrals will be made by phone
- Someone needs to be available to answer the call

#### Data Requirements

- Screened LOC vs. Assessed LOC (Beacon/CalOMS)
- Time from initial request to first face to face (Beacon/CalOMS)
- Time from ASAM assessment to first clinical service (Provider)
- Bed availability for residential service (Provider)
- Demonstrate effort to connect with no-shows (Provider)



# Quality

Annual Treatment Perceptions Survey

- One week per year
- Everyone in treatment that week is asked to participate

Quality Improvement Initiatives

- One administrative PIP and one clinical PIP (EQRO)
- Yearly EQRO Review
- PHC quality program
  - Substance Use Services Provider Advisory Group (SUPAG)
  - Substance Use Internal Quality Improvement Subcommittee (SUIQI)



### **Transitions / Referrals**

Care transitions expected for all LOC except recovery services

Discharge Plan to accompany all planned transitions

**Care Coordination** 

**Compliant Releases** 

- Other LOCs
- Mental Health Providers
- Primary Care



# **Staffing Considerations**

Administrative Functions

- Answering phone calls
- Providing data
- Completing documentation within standards
- Responding to grievances

Funding Sources – DMC vs. SABG (Block Grant)

- Verifying Medi-Cal eligibility in a Regional Model County
- Determining how you will serve others

**Documentation Expectations** 



# **Changes in Treatment Access – DMC Services**



# **Changes in Treatment Access - CalOMS**



Changes in Treatment Access – Unique Beneficiaries



# **Changes in Treatment Access - Residential**



# **Documentation Expectations**

Documentation Element	IAB	Counties
Assessment Appointment - Time from referral by the beneficiary access line to appt. at the provider		PHC – 15 calendar days (all LOC)
Intake         -       History (Drug & Alcohol, Medical, Family, Psych, Social, Financial, Educational, Employment, Criminal, prior SUD episodes)         -       ASAM	30 days	PHC – History – Day Entering Treatment (all LOC) PHC – ASAM – In OP and IOP, within 15 days of admission. In Res and WM, within one business day of admission.
Physical Exam - Proof of completed exam, or; - Treatment Plan Goal	30 days	PHC – Same standard as IAB unless it is a treatment plan goal in which case it needs to be completed within the Treatment Plan standard.
Diagnosis - Based on DSM-5 - Separate from the Treatment Plan	30 days	PHC – In OP and IOP, with 15 days of admission. In Res and WM, within one business day of admission.
Medical Necessity - Evaluate assessment and intake - Includes face-to-face - Document medical necessity	30 days	PHC – In OP and IOP, with 15 days of admission. In Res and WM, within one business day of admission.
Treatment Plan	30 days	PHC – In OP and IOP, within 30 days of admission. In Res, within 15 days of admission. In WM, within one business day of admission.
Ongoing Treatment Plan	90 Days	PHC – Same standard as IAB except for Residential which will be based on previous approval.
Progress Notes	7 days or within a calendar week	PHC – Same standard as IAB
Continuing Services Justification	Between 5 – 6 months from day of intake	PHC – Same standard as IAB
Discharge Plan/Discharge Summary	Within 30 days after last face-to- face	PHC – Discharge Plan – at time of transfer if moving to another level of care. PHC – Discharge Summary – Same standard as IAB

#### **Important Dates**

#### Trainings

- May 10, 2019 Motivational Interviewing (Redding and Eureka)
- May 29, 2019 Thriving in the new DMC Managed Care Environment (Fairfield, Santa Rosa, Eureka, Redding)

Provider Webinar – April 1, 2019





#### **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

Updated 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



#### **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/MediCal/Pages/ProviderEduca tionTrainingMaterials.aspx

