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

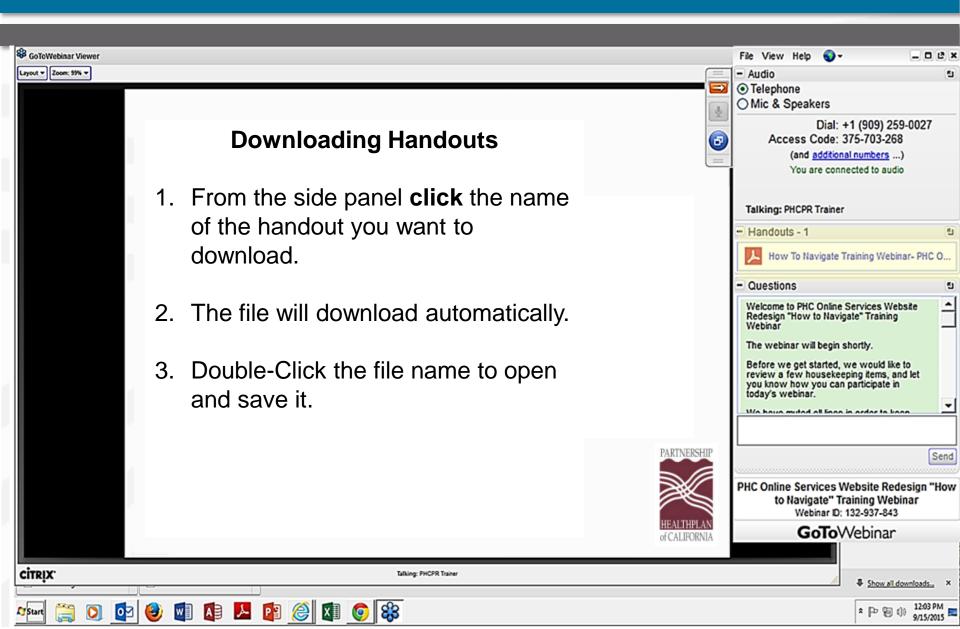
March 4, 2019

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

