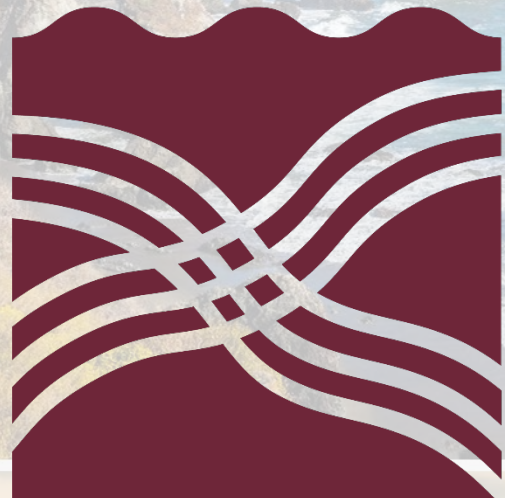


PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Welcome to Partnership and the
Wellness and Recovery Program
(DMC-ODS Regional Model)



About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Who is Partnership?



Partnership HealthPlan of California is a non-profit community-based health care organization. Partnership contracts with the state to administer Medi-Cal benefits through local providers to ensure our members have access to high-quality health care. Beginning in Solano County in 1994, Partnership now provides services in *24 Northern California counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.*



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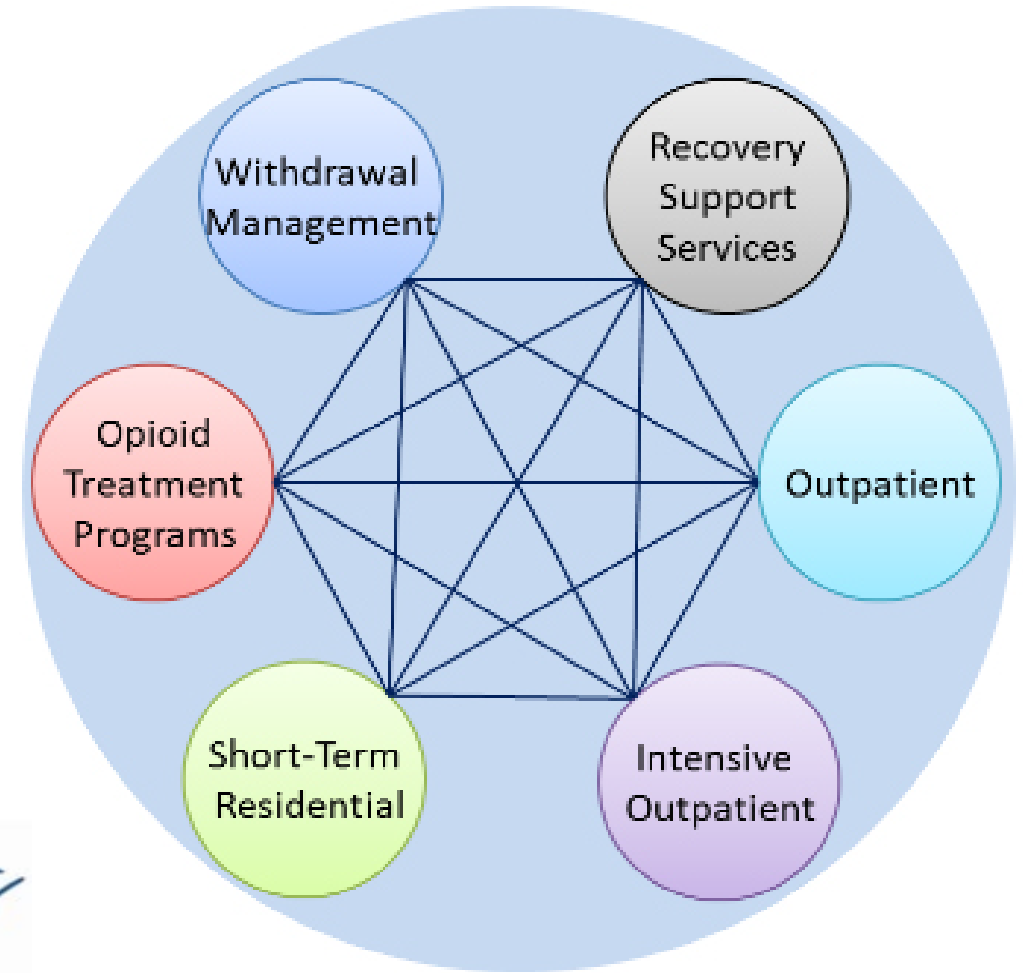
A Public Agency

Welcome to the Wellness
and Recovery Program!

About Wellness and Recovery



PHC Wellness
& Recovery™
HOPE IS HERE



Connecting Clients to Care

Access Call Center CARELON



Individuals may access care by calling Carelon **855-765-9703**.

Carelon will do a short screening and connect the beneficiary to the appropriate level of care.

Must have Medi-Cal coverage
Doesn't have to be assigned to PHC
Meet ASAM medical necessity criteria



Treatment can also be accessed directly through a provider screening, individual Counties, and other community providers connections.



The only level of care requiring authorization is **residential** and can be obtained by the residential treatment provider

Intake Forms

At A Minimum, The Following Should Be Included During The Intake Process:

- A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay
- Complaint process and grievance procedures - provided by PHC
- Appeal process for involuntary discharge
- Program rules and expectations
- Client rights and responsibilities – provided by PHC
- Consent to release information
- Always include PHC
- HIPAA notification
- Consent to treat
- Admission agreement
- All members should be aware where they can find the DMC-ODS member handbook. If the member would like a printed copy, they can call members services to make this request



Care Coordination Responsibilities

As a DMC-ODS provider, you are responsible for providing coordination of care for step downs or step ups in care. A “referral” through the access center is not required. A phone call to the next level of care is the preferred method.

Medication Assisted Treatment (MAT) Responsibilities

Each Provider, at all levels of care, are responsible for having a MAT policy that covers clients directly receiving MAT services and/or having an effective mechanism in place for referrals.

Only providing a beneficiary the contact information for a MAT treatment program is insufficient. Care coordination must be performed in order to assist with accessing treatment.

Beneficiaries needing or utilizing MAT shall be served and cannot be denied treatment services or be required to be tapered off medications as a condition of entering or remaining in the program.

A written policy is required

CalOMS

The California Outcomes Measurements System (CalOMS) is the statewide data collection system used to report information to the Department of Health Care Services



- All treatment levels are required to report data
 - There is an exception for Care Coordination and Recovery Services
- There are just under 80 entries required
- All fillable online, must be entered into PHC online services
- You are required to enter information into CalOMS for every one in your program, even those not covered under Medi-Cal.
- Data must be entered and submitted timely. Within 10 days of an occurring event (Admissions, Discharge or Annual Update)
- All staff who have a touch point to CalOMS are required to take a “How-To” training.

CaIOMS



Eligibility Modules



Claim Modules



Clinical Modules



User Management



Authorizations (RAFs and TARs)



CaIOMS Reports

DATAR

DATAR is a data entry point for capacity management.

The DATAR webpage is ran by DHCS

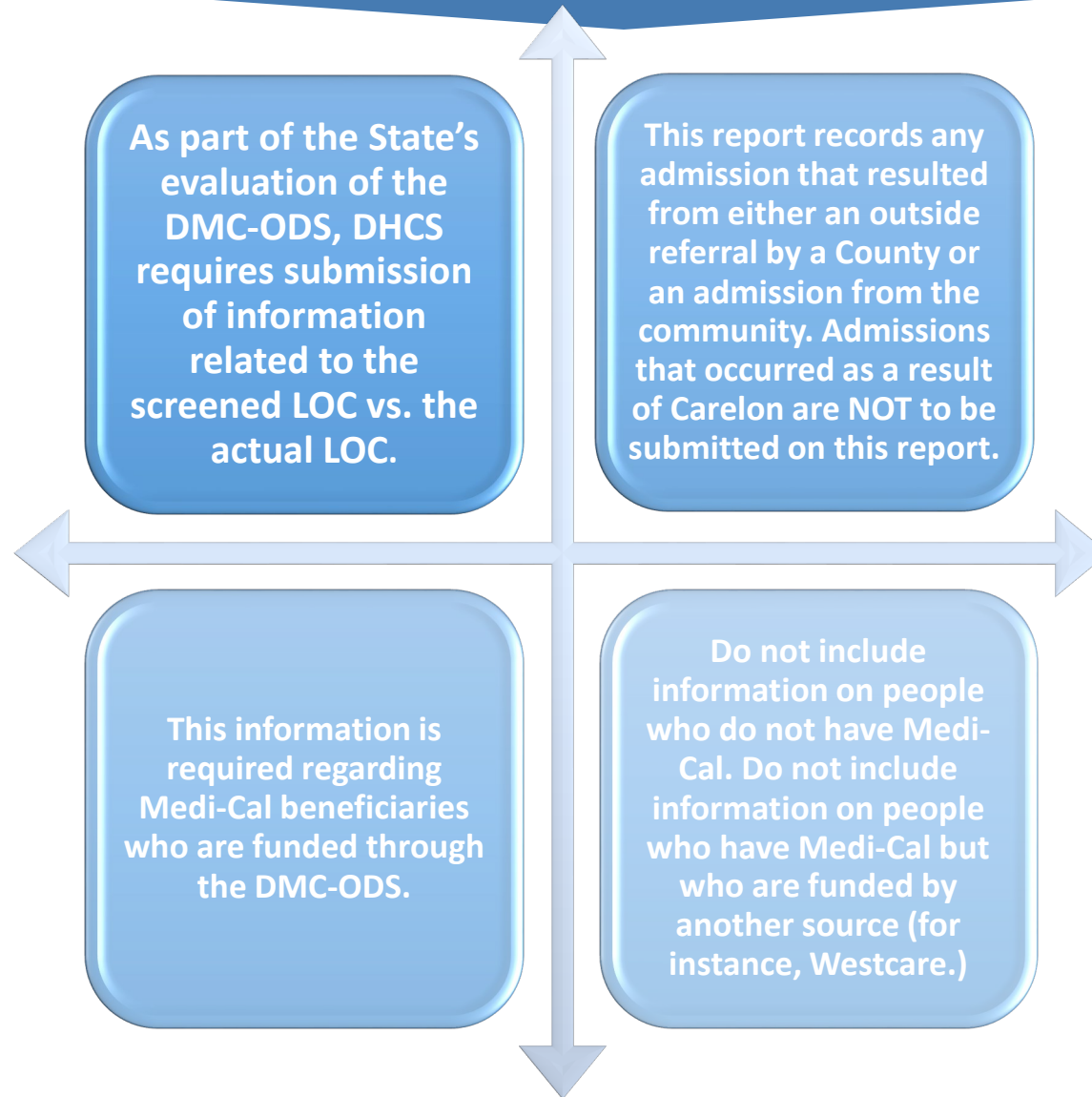
The county where your program resides will set up an account to make entries.

These entries are due by the 5th of the month following when the data is gathered.

DATAR entries are required for all providers who reside in one of the seven regional model counties (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano)



Level of Care (LOC)



Due Each Month



Level of Care (LOC)

yyyy-mm SAMPLE_Site_Name - LOC reporting template for Wellness and Recovery - 001122 - Excel

A	B	C	D	E	F	G	H	I	J
Date of Screening or Assessment (MM/DD/YYYY)	Medi-Cal Client Index Number (CIN)	Client First Name	Client Last Name	Client Date of Birth (MM/DD/YYYY)	Type of Screen / Assessment	Indicated Level of Care/WM	Additional Indicated Level of Care/WM, if any	Additional Indicated Level of Care/WM, if any	Actual LOC/WM placement decision
07/08/2020	12345678A	John	Doe	01/01/1996	Brief Initial Screen	Residential, exact level TBD	Withdrawal Mgmt, exact ASAM level unspecified		Residential, exact level TBD
07/09/2020	12345678A	John	Doe	01/01/1996	Initial Assessment	3.2-WM Clinically managed residential WM			3.2-WM Clinically managed residential WM
07/28/2020	98765432B	Mickey	Mouse	11/18/1928	Brief Initial Screen	Residential, exact level TBD			2.1 Intensive Outpatient
08/01/2020	12345678A	John	Doe	01/01/1996	Followup Assessment	1 Outpatient			1 Outpatient

← To add rows, right click the row number to the left of this box, then select Insert
[\(click here for more info\)](#)

001122 | Instructions for adding rows

Level of Care (LOC)

Important reminders

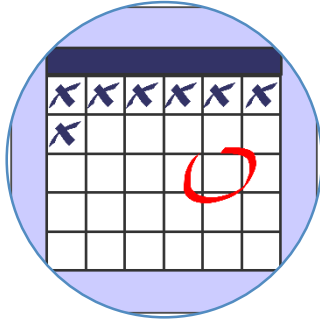
Each month of admissions is to be placed in a separate spreadsheet/file.

The spreadsheet has two tabs, one with your provider ID and one with instructions, do not change these.

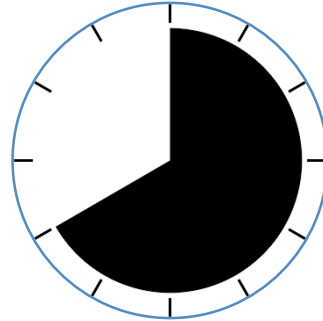
For each upload, the spreadsheet should be named with this file structure: yyyy-mm_Site_Name-LOC reporting

Sharefile folder location is : Provider_LOC

Treatment Authorizations



Prior authorization for services is only required for Residential treatment level of care.



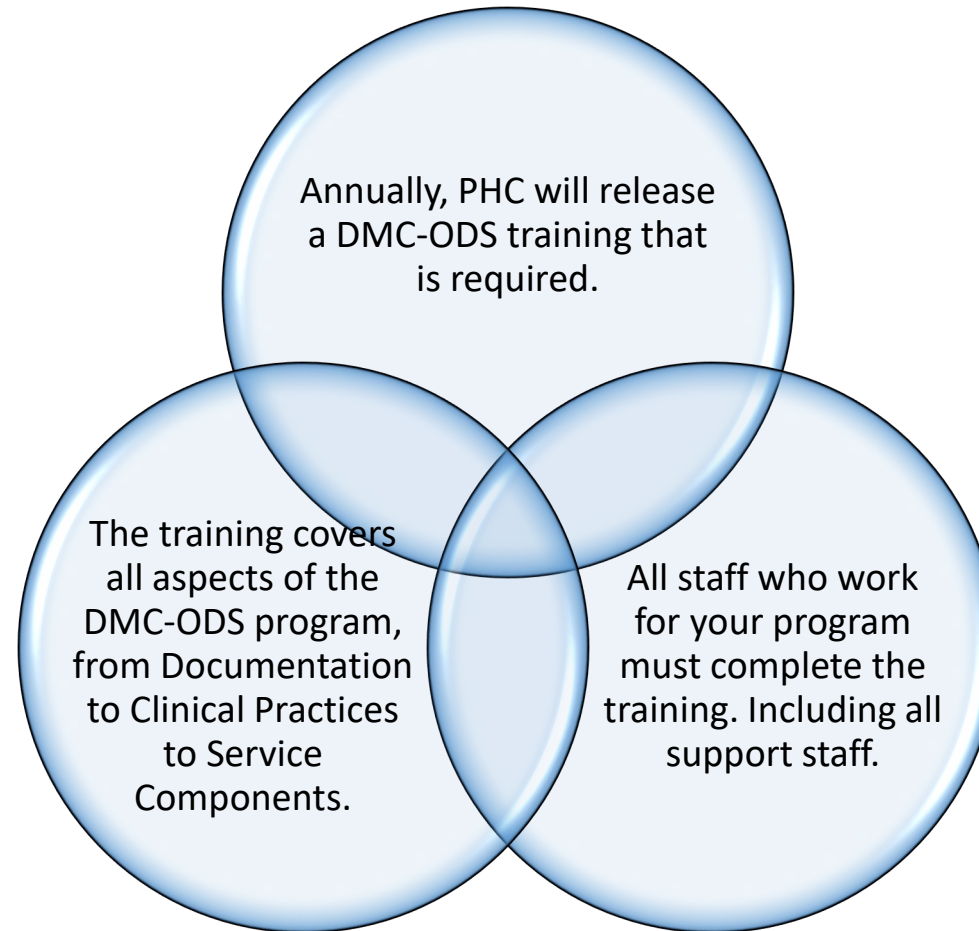
A TAR is required to be submitted within 24 hrs of admission to the treatment program.



A separate training on how to submit a TAR can be provided.



Required Training DMC-ODS



Required Training ASAM

ASAM online Modules I and II are available through The Change Companies.

All staff who conduct, review or sign off on ASAM assessments, must take both modules before billing for services.

The training modules are no cost to your agency. Wellness and Recovery team will provide log in information.

THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE
Adult

Notes to Interviewers
If a patient presents with or reports health issues, first check for immediate referral to ED or call 911. If the patient is not stable or is withdrawn, it may be most appropriate to complete a full ASAM Criteria Assessment once their condition has been stabilized. Consider immediate referral for medical evaluation or withdrawal management services.

Before we get started, can you tell me about why you have come to meet with me today?
Probe: How can I be of help? What are you seeking treatment for?

DIMENSION 1 - ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?

	NEVER USED	DURATION of recent use	FREQUENCY in last 30 days	ROUTE					
	Estimate from past 6 months of use	4-7 days/week	1-3 days/week	1-3 times/week	1-3 times/month	1-3 times/week	1-3 times/month	1-3 times/week	1-3 times/month
ALCOHOL Date of last use: _____ Avg. drinks per drinking day: _____ In the last 30 days, how often have you had 4 or more drinks on one occasion? For males: 5 or more drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEROIN, PENTANYL, OR OTHER NON-PRESCRIPTION OPIOIDS Date of last use: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRESCRIPTION OPIOID MEDICATION ABUSE Specify type: _____ When these medications from a valid prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BENZODIAZEPINES/OTHER SEDATIVES/HYPNOTICS/SLEEPING MEDICATION ABUSE When these medications from a valid prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Route Select all that apply

Notes: This form is a guide to establish clinical assessment and the conceptual approach to the ASAM Criteria interview. Reliability and validity have not been established.

Dimension 1



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Additional Required Information

PHC Online Services Modules



Eligibility Modules



Claim Modules



Clinical Modules



User Management



Authorizations (RAFs and TARs)



CalOMS Reports

esystemssupport@partnershiphp.org

Required Disclosures and Information

Cultural Competency

- PHC members, with limited English proficiency or sensory impairment, must receive access to health care services that are culturally and linguistically appropriate.
- We have a Cultural & Linguistics training that meets DHCS requirements. The training and resources are on our Provider relations webpage.

PHC materials are available in three threshold languages in each region

Caring for Seniors and Persons with Disabilities (SPD)

- We are required to make training available for all contracted providers and their employees who interact with SPD members.
- We have an SPD training that meets DHCS requirements. The training and resources are on our Provider Learning Portal.

Interpretation

Telephone Interpretation

Using relatives, friends, and minors for translation is *discouraged*. We have resources to help providers and members communicate. Use our language Line Services for Telephone Interpretation 24-hours a day.

Toll Free **(866) 425-0217**
Access code **798094**

Provide your name and language interpretation needed.

In-person Interpretation

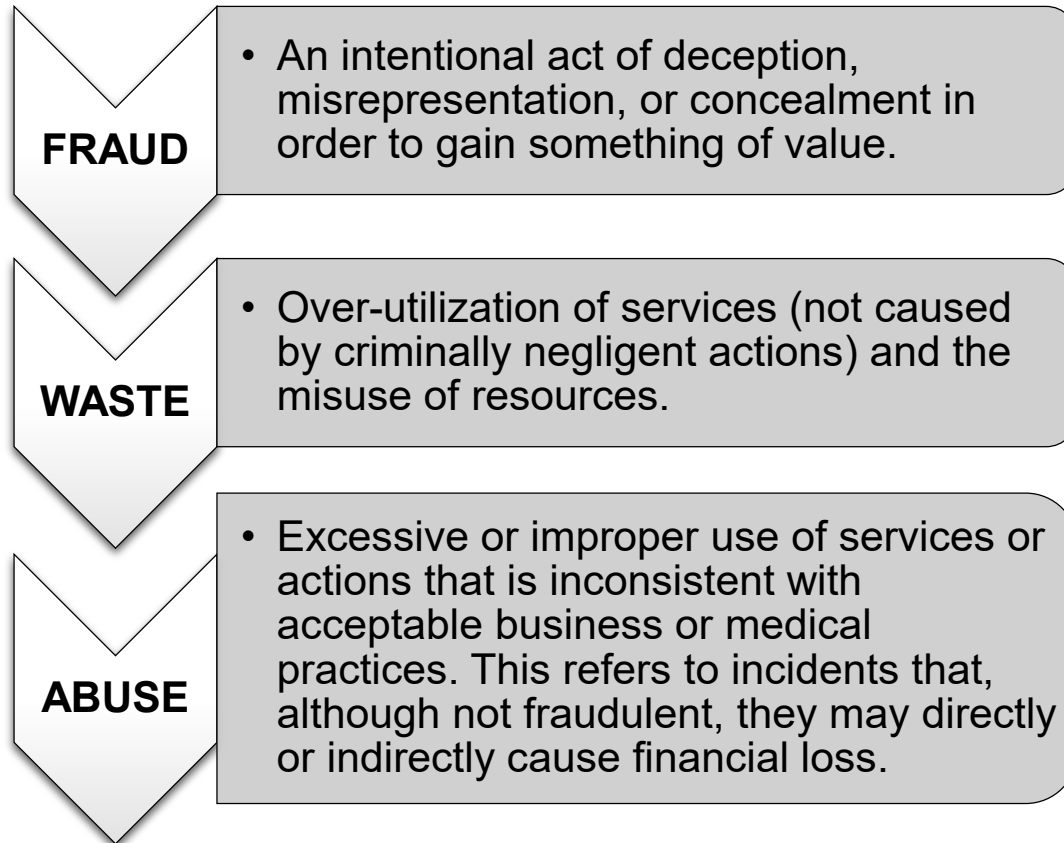
In-Person Interpretation services must be authorized and scheduled by our Members Services Department.

A 24-hour notice is required. Call **(800) 863-4155** to schedule services.

Hearing Impaired

TTY Services **(800) 735-2929** or **711**

Fraud, Waste, and Abuse



Examples

- Charging excessive costs for services or supplies
- Billing for services at a higher rate than justified
- Providing medically unnecessary services

Partners in Fighting Fraud

We ask our providers help us combat fraud by reporting suspicious and fraudulent activity. DHCS and CMS require us to maintain a robust anti-fraud plan and share it with our providers, members, and employees.

- PHC Anonymous Fraud Hotline (800) 601-2146
- Medi-Cal Fraud Issues (800) 822-6222
- Medicare Fraud Issues (800) 633-4221

Protecting Member Medical Information



42 CFR

- Members' medical records are protected under state and federal laws and cannot be disclosed without written consent except as otherwise specifically provided by law.
- If members' medical records involve alcohol or drug abuse, they are also protected under Federal Regulation 42 CFR Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*.



Sending Secure Email

- If information in an email can be used to identify a member, it must be sent using secure methods.

Grievance Process

Who can file a case?

- ✓ The **Member**
- ✓ Member's **Authorized Representative**
- ✓ **Provider** on behalf of a member

*If grievance is not filed by the member, a **signed** Authorized Representative form is required to protect member's privacy rights*

How does the process start?



Call PHC Member Services at **(800) 863-4155**



PHC Grievance & Appeals Department
4665 Business Center Drive, Fairfield, CA 94534



In person at PHC:

- 4665 Business Center Drive, Fairfield 94534
- 2525 Airpark Drive, Redding 96002



www.partnershiphp.org



In person at PHC Contracting Providers
Ask to “file a Grievance or Appeal”

Transportation

Non-Medical Transportation (NMT):

- All ages
- No TAR required
- Least costly mode – mileage reimbursement, bus pass, taxi, train ticket, etc. will be authorized
- 5 days in advance of appointment for taxi, Uber, etc.
- **PHC Transportation: 1-866-828-2303**



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Contacts & Resources



Behavioral Health Information Notices

- BHIN 24-001 -Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
- All relevant Behavioral Health Information Notices (BHIN) for DMC-ODS should be reviewed
- <https://www.dhcs.ca.gov/provgovpart/Pages/2024-BH-Information-Notices.aspx>

Resources

- PHC website – Behavioral Health Wellness and Recovery Page:
<http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Substance-Use-Disorder-Services.aspx>
- PHC Provider Directory – Search by Specialty/Substance Use:
<https://providerdirectory.partnershiphp.org/Provider/BasicSearch/>
- State of California DMC-ODS website:
<https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Contact Us: SUD@partnershiphp.org