



# SUD Technical Assistance

San Francisco Department of Public Health  
Office of Compliance & Privacy Affairs  
Behavioral Health Services Compliance Unit  
By Andre Pelote

# Agenda

- ▶ Waiver
- ▶ Licensed Practitioner of the Healing Arts (LPHA)
- ▶ SUD Counselors
- ▶ Roles and Responsibilities
  - Provider
  - SUD Medical Director
  - Physician
  - DPH BHS Compliance
  - Department of Health Care Services (DHCS)
- ▶ Provider Modality
- ▶ Data Requirements
- ▶ Team Exercise - Title 22 Documentation Requirements
- ▶ DMC Resources

# What is the Waiver?

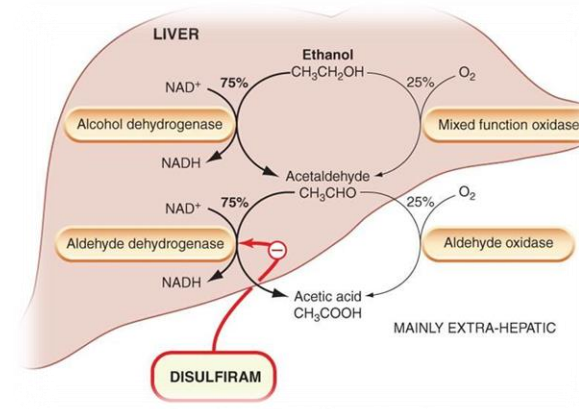


- ▶ California's 1115 Waiver Renewal, called Medi-Cal 2020
- ▶ Approved by the Centers for Medicare and Medicaid Services (CMS) on Dec. 30, 2015

**California Medi-Cal 2020 Demonstration - A package of new Medi-Cal waivers.**

CMS granted approval to California State Health and Human Services Agency to operate the Drug Medi-Cal Organized Delivery System pilot, with hopes that California can re-design and improve SUD quality of services.

# Waiver Info.



- ▶ ASAM assessment required at intake; must complete SUD Level of Care Recommendation Form (current in draft)
- ▶ Provider must document medical necessity for appropriate ASAM level of care
- ▶ Case management is a service that assists clients with accessing needed medical, educational, social, and other community services
- ▶ Medication Assisted Treatment (MAT) is combined with all modalities of treatment including buprenorphine, naltrexone, disulfiram, naloxone
- ▶ Continuum of care modeled after ASAM
- ▶ Evidence-based practice (EBP) Intervention required
- ▶ SUD Physicians can consult with and seek expert advice from addiction medicine physicians, psychiatrists or clinical licensed pharmacists

# Waiver Info. (continued)

- ▶ Off-site counseling (excluded NTP)
- ▶ Over the phone counseling (excluding NTP)
- ▶ LPHA signature replaces MD's on medical necessity documented (excluding NTP)
- ▶ IOT services will not be disallowed if the client missed a session
- ▶ 15 minute increment billing for ODF/IOT services, physician consult, recovery services, Individual and group, CM, IOT, MAT (For NTP: 10 minute increments for individual and group) (For RES: billed per day)

# Licensed Practitioner of the Healing Arts (LPHA)

- ▶ Physicians, Nurse Practitioners, Physicians Assistants, Licensed Clinical Psychologists, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapists, Registered Nurse or a Licensed Eligible Practitioners working under the supervision of a Licensed Clinicians
- ▶ Practitioners may diagnose, establish and sign off on medically necessity documents within their scope of practice (physical exams, assessments, treatment plans, continuing services justifications, etc.). *NTPs must still have MD signature on medical necessity documents.*

# SUD Counselors

- ▶ Counselor = Certified or Registered Alcohol and Drug Counselor
- ▶ The counselor approved certifying organizations are:
- ▶ California Consortium of Addiction Programs & Professionals (CCAPP)
- ▶ California Association of Alcohol/Drug Educators (CAADE)
- ▶ California Association of Drinking Driver Treatment Programs (CADDTP)



**KNOW THE RULES!**



# Provider Responsibilities

- ▶ Ensure staff know the Regulations, follow requirements, meet required timelines  
Employ qualified staff - Medical Director, Physician, Therapist, Counselor
- ▶ Complete a personal, medical and substance use history upon admission
- ▶ Ensure medical necessity is documented
- ▶ Establish an individual patient record/file for every DMC beneficiary. Maintain record/file a minimum of 7 years
- ▶ Develop written procedures for admission
- ▶ Submit Corrective Action Plan (CAP) within 60 days of receiving a DMC PSPP report
- ▶ Know the Regulations!



# Program Medical Director and/or Physician Responsibilities

- ▶ Develop medical policies and standards
- ▶ Physician must be licensed by the Medical Board of CA or Osteopathic Medical Board of CA
- ▶ Receive continuing medical education in addiction medicine annually
- ▶ Ensure:
  - Medical care provided meets standard of care
  - Clinicians are adequately trained
  - Clinicians follow medical policies and procedures
  - Medical decisions are not influenced by fiscal considerations



# DPH BHS Compliance Responsibilities

- ▶ Maintain a compliance program that ensure compliance with applicable federal, state and local laws regulations, codes, standards, etc.
- ▶ Provide administrative and fiscal oversight and monitoring
- ▶ Prevent fraud, waste, and abuse of funding
- ▶ Conduct audits, reviews, risk assessments, and investigations
- ▶ Provide technical assistance and training

# DHCS Responsibilities



## ► Postservice Postpayment Units

- Conduct Postservice Postpayment Utilization Reviews
- Provide administrative and fiscal oversight
- Provide training
- Recover DMC funds based on Section 51341.1(m)
- Verify provider maintained beneficiary record for a minimum of 3 years, County reg 7yr
- Verify the physician has documented medical necessity for every DMC beneficiary
- Verify provider rendered services claimed and that a treatment plan exists for beneficiary



# Outpatient Providers

- ▶ 21 years or older adults services consist of up to nine (9) maximum hours per week
- ▶ Under age 21 adolescents services consist of up to six (6) maximum hours per week

# Intensive Outpatient Providers

- ▶ 21 years or older adults services consist of up to nine (9) hours minimum and nineteen (19) maximum per week
- ▶ Under age 21 adolescents services consist of up to six (6) hours minimum and nineteen (19) maximum per week

# Residential Providers

- ▶ No bed capacity limits
- ▶ Length of stay:
  - ▶ 21 years or older adults - two (2) separate stays up to ninety (90) days per stay in a 365 day period
  - ▶ Perinatal clients may receive a longer length of stay if deemed medically necessary
- ▶ Authorization for residential Treatment completed by SFDPH's treatment Access Program (TAP)
- ▶ Residential authorization required every 30 days up to 90 days for adults (30 days for youth)
- ▶ Incidental Medical Services (IMS provided at a licensed residential facility by a health care practitioner which addresses medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services. IMS doesn't include provisions of general primary medical care

# Perinatal Providers

- ▶ Medical documentation to substantiate pregnancy and last day of pregnancy must be in beneficiary file
- ▶ Available modalities:
  - ODF
  - IOT
  - Residential
    - Licensed, 24 hour supervision
    - Supported in efforts related to interpersonal and independent living skills and access community support systems.



# Perinatal Providers (Continued)

- ▶ Address treatment & recovery issues specific to pregnant & postpartum women
- ▶ Services shall include:
  - Mother/child habilitative and rehabilitative services (i.e., motherhood classes)
  - Service access - provision or arrangement of transportation to/from medically necessary Tx
  - Education to reduce harmful effects of alcohol/drugs on the mother and fetus/infant
  - Coordination of ancillary services
- ▶ Provider -receives enhanced rate
- ▶ Must be certified to provide perinatal Medi-Cal Services





# Data Requirements

Applicable data must be submitted according to the following:

- ▶ CalOMS
  - ▶ Intake data must be submitted within 3 calendar weeks of the date of opening
  - ▶ Discharge data must be submitted within 3 calendar weeks of the date of closing
- ▶ ODF/IOT/RES ASAM data must be submitted within 72 hours of evaluation
- ▶ NTP ASAM data must be submitted within 28 calendar days of evaluation
- ▶ ASI data must be submitted within 28 calendar days of evaluation (for all modalities)

# Team Exercise - Title 22 Documentation Requirements:

- ▶ Admission, Intake & Assessment
- ▶ Physical Exam Requirements
- ▶ Medical Necessity
- ▶ Treatment Plans - Initial & Updated
- ▶ Counseling Requirements
- ▶ Minimum Beneficiary Contact
- Progress Notes - ODF, IOT, Residential and/or Perinatal
- Sign-in Sheets
- Continuing Services
- Discharge Plan & Summary
- Fair Hearing Rights

# DMC Resources

- ▶ Compliance Help : Andre Pelote, [andre.pelote@sfdph.org](mailto:andre.pelote@sfdph.org) (415) 255-3763
- ▶ DHCS Website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov))
- ▶ DHCS Website - DMC Treatment Program
  - <http://www.dhcs.ca.gov/services/adp/Pages/default.aspx>
    - DMC Certification
    - DMC Billing - Search -DHCS 7700
    - DMC Monitoring
- ▶ Information Notices  
<http://www.dhcs.ca.gov/formsandpubs/Pages/MHSUDSInfoNotices.aspx>
- ▶ California Code of Regulations (CCR), Title 22  
<https://govt.westlaw.com/calregs/Search/Index>
  - Enter Title 22 and the Section Number (51341.1)

# Don't be afraid to ask questions!

For DMC Frequently Asked Questions (FAQs)

Go to: [www.dhcs.ca.gov](http://www.dhcs.ca.gov) Search - DMC FAQs

[http://www.dhcs.ca.gov/services/adp/Pages/dmc\\_FAQs.aspx](http://www.dhcs.ca.gov/services/adp/Pages/dmc_FAQs.aspx)

## Waiver Questions

Dmcodswaiver@dhcs.ca.gov

## DMC Answers

Dmcanswers@dhcs.ca.gov

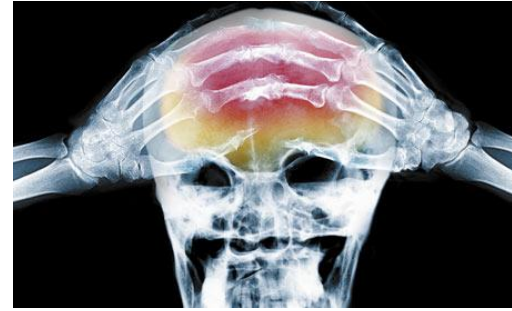
## Certification Questions

Dhcsdmcrecert@dhcs.ca.gov

Questions???



Concerns



Headache

Heartburn

