

QI SUD Provider Updates

August 2018

Substance Use Disorder (SUD) Program Updates

Group Progress Note Coming Soon and Documentation Time for Group in SanWITS

- At a recent documentation training, there were questions about how to record documentation and travel time for group progress notes
- The current individual progress note does not reflect how group service, documentation, and travel time is equally divided among all the group members when it is billed in SanWITS
- We are in the process of developing a group progress note form and will be emailing and posting this on the Optum website soon.
- In the meantime, programs can use the individual progress note and record the service, documentation, and travel time for the entire group on each individual progress note
 - For example, if you wrote all the group notes from 12:00pm to 12:30pm for a total of 30 minutes of documentation time, you will document this on each individual progress note.
- In SanWITS, the group calculation is done on the group session screen from the duration field. At present the start and end time must calculate the duration field then from there the group is calculated once the attendees are marked present. The documentation time will need to be added to the end time on the group session.

ASAM Discussion Groups in August

- As a reminder, these are not trainings, but an opportunity to share with others about program successes, challenges, case presentations, and questions regarding ASAM Implementation.
- Groups will be limited to 25 participants and reservations are required by emailing QIMatters.HHSA@sdcounty.ca.gov
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend.
- Meetings at the County Operation Center (Training Room 171, 5560 Overland Ave, San Diego)
 - Wed, 8/15/18, 10:00 A.M. to 11:30 A.M.
 - Thurs, 8/30/2018, 2:00 P.M. to 3:30 P.M.
- Meeting at the North Inland Live Well Center (Conf. Room D, 649 W. Mission Ave Escondido)
 - Fri, 8/31/2018, 10:00 A.M. to 11:30 A.M.

ASAM Training Requirement

- A reminder that staff providing screening/intake, assessment and treatment planning must be trained in ASAM prior to providing those services.
- This ASAM Training requirement is met by 1 of the following 3 options:
 - County sponsored ASAM training by Dr. Mee-Lee in November, 2017, **or**
 - Completion of both e-learning modules through the Change Companies (ASAM Modules I and II), **or**
 - Completion of all three CIBHS trainings (ASAM-A, ASAM-B and ASAM-C).
- If your program is having difficulty meeting these training requirements, please contact your program COR to discuss options.

Upcoming Residential DMC-ODS Documentation Trainings

- These trainings will be co-lead by QM Staff and will be located at the County Operations Center
- Thursday, August 16th, 9am to 1pm – Registration Flyer email was sent on 8/9/18
- Monday, September 10th, 9-1pm – Registration Flyer email will be sent at the end of August

NAADAC Offers Free Upcoming Webinars

- NAADAC is offering several free, upcoming webinars with CE's available.
- Topics include: Breath Awareness and Modulation: Healing Trauma and Addiction and Cognitive Behavioral Therapy for Substance Use Disorders.,

QI SUD Provider Updates

August 2018

- To register, go to <https://www.naadac.org/webinars> and select the July – September 2018 or October – December 2018 options.

Establishing Medical Necessity – ASAM Level of Care

Only the Medical Director or LPHA can establish medical necessity for SUD services (which includes ASAM level of care determination). This can be done by one of the methods below:

- MD or LPHA meet with client to conduct intake/assessment (claimed by the MD or LPHA as Individual – Assessment), or
- If intake/assessment is completed by SUD counselor, the MD or LPHA review and evaluate the client's assessment and intake information and have a face-to-face or telehealth interaction with the counselor to verify the client meets medical necessity criteria (see DHCS information Notice 16-004).
 - Additionally, this face-to-face review applies to all subsequent ASAM assessments/treatment plan updates.
 - The medical director or LPHA may claim this face-to-face encounter with the counselor as case management. In order to do so:
 - The medical director or LPHA must document, in a progress note, the nature of the ASAM level of care discussion and include documentation of any case management recommendations discussed to meet the client's unique needs
 - The progress note must follow all documentation standards, including completion of progress note within required timelines.

Establishing Medical Necessity – Diagnosis Determination Note (DDN)

- Only the Medical Director or LPHA can diagnose and document the basis for the diagnosis
- The MD or LPHA must complete the DDN within 30 days of admit for outpatient or within 10 days of admit for residential clients
- If the DDN is not completed by the MD or LPHA, this will result in potential billing disallowances

Residential Services Reminder

Residential providers can only bill DMC for 3 types of services:

- Residential Bed Day includes Intake/admission, Individual and Group Counseling, Family Therapy, Patient Education, Collateral Services, Crisis Intervention, Treatment Planning, Transportation Services to and from medically necessary treatment, and Discharge services
- Case Management is a service to assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
 - Review "Quick Guide – Case Management Activities" on the Toolbox Tab of the DMC-ODS page on the Optum website (<https://www.optumsandiego.com/>)
- Physician Consultation is a service to support physicians providing MAT (Medication Assisted Treatment) and the residential program must have Incidental Medical Services (IMS) designation

Case Management Billing Clarifications

- Ongoing consultation or supervision between the LPHA and SUD counselor is considered the "cost of doing business" and not billable as case management.
- Only the face-to-face meeting required as part of evaluating the client's assessment and intake information (ASAM level of care/medical necessity determination) and ongoing ASAM Level of Care assessment (with treatment plan updates) can be billed by the LPHA as case management.
- If an LPHA and a SUD counselor from the same program consult with another provider together to discuss the client's treatment goals, they CANNOT each staff bill for their own time.
 - Rationale: The LPHA can address all treatment goals because the LPHA license is a level of competence to address the mental health and SUD aspect of the treatment plan, so only the LPHA would claim case management services in this example.

QI SUD Provider Updates

August 2018

Updated Optum Fax Cover Sheet for Residential Authorizations

- New Fax Cover Sheet was emailed to Providers on 8/3/18 and Optum requests that providers use the revised form immediately and discard any prior versions
- The Diagnosis Determination Note (DDN) will now be required when submitting continuing authorization requests. DDN provides clinical information that helps support the authorization requests and clinical rationale.
- The New Fax form is available on the SUDURM Tab of the DMC-ODS page on the Optum website (<https://www.optumsandiego.com/>)

Personal Rights Form Change

- "Your Personal Rights at an AOD Certified Program"-F203, has replaced the Client's Personal Rights Form. It is required to have the client sign and provide a copy at admission.
- The new form is available on the SUDURM Tab of the DMC-ODS page on the Optum website (<https://www.optumsandiego.com/>)

10 Day Letter to Client Form Eliminated

- Prior to the implementation of the DMC-ODS, providers used a "10-Day Letter to Client" form, which was sent 10 days prior to the client's services at the program ending (for an administrative discharge) and to inform them of their rights to a fair hearing.
- Under the DMC-ODS, this form letter has been replaced by the Notice of Adverse Benefit Determination (NOABD) letters. Different letters are used to address specific circumstances that may lead to a DMC client experiencing a change or termination of services.
- A summary chart of the different NOABD letters and when to use them is included in the SUDPOH (Appendix G.5)
- Please discontinue use of the "10-Day Letter to Client" (form number F702) and destroy any blank copies you may have in storage at your program.
- The NOABD letters will be available on a new NOABD Tab of the DMC-ODS page on the Optum website (<https://www.optumsandiego.com/>) very soon

Credentials Required on Signature Lines

- Make sure staff is always putting their credentials on signatures

Billing Questions

- Contact the SUD Billing Support Desk, 619-338-2584, ADSBillingUnit.HHSA@sdcounty.ca.gov

SanWITS and SSRS Trainings - August classes are on RegOnline

Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at <https://www.regonline.com/builder/site/Default.aspx?EventID=2260135>

Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed. No walk-ins or substitutions will be allowed due to specific individual accounts. If there is no staff registered for a training 7 days prior, the training for that date will be cancelled.

August dates are as follows:

- 8/14, 8/21, 8/29 - Residential Basic
- 8/16, 8/23, 8/30 - Outpatient Basic
- 8/24 - SSRS

QI SUD Provider Updates

August 2018

The Residential Basic and Outpatient Basic include the ODS updates. OTP programs should register for the Outpatient Basic.

- Make sure all forms are completed and sent to the SUD support desk
 - For SanWITS billing classes, register with the BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
 - SanWITS Basic training is required before Billing training
- If you have signed up for a class and are unable to attend, cancel the registration as soon as possible so that waitlist staff are able to attend.
- If you have any questions please contact the SUD MIS support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov

SanWITS Staff Administration

- All changes in staff access will need to be submitted to the support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
 - New Access, terminations, changes in facility, changes in programs, changes in staff roles, changes in credentials and or licenses
- Rendering staff need to have their own NPI#, and cannot use the facilities NPI#
 - Indicate whether rendering staff will need login access to SanWITS
 - Training will be required before access is granted
- New revised Access forms will be posted to RegOnline and can be acquired through the SUD support Desk

Reset/Login

- Each facility should have 1-2 staff assigned with the role to reset credentials for login access to SanWITS. This is usually assigned to the program manager.
 - If your facility does not have any staff assigned with this role, contact the SUD Support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov
- All users have the capability to reset their own credentials through the **Forgot Password?** on the SanWITS login screen.
 - If you have two unsuccessful attempts to login, click Forgot password? link as seen below
 - Enter pre-documented security question answer
 - User will receive an email with instructions to reset credentials
 - Security question should be set up with access to the system, or at any time when the credentials are reset

QI SUD Provider Updates

August 2018

The image displays two screenshots of the SanWITS web interface. The top screenshot is the 'Login' page, featuring a blue header with the SanWITS logo and the text 'Web Infrastructure for Treatment Services'. Below the header, there is a 'Login' section with input fields for 'User ID', 'Password', and 'Pin', and a 'Login' button. A red box highlights the 'Forgot Password?' link, with a red arrow pointing to it. The bottom screenshot is the 'Reset Credentials' page, also with a blue header. It contains a 'Reset Credentials' section with input fields for 'Display Name', 'Email', 'Security Question', 'Answer', 'Password', 'Confirm Password', 'Pin', and 'Confirm Pin'. A 'Done' button is at the bottom left, and a 'Show Password/Pin' checkbox is at the bottom right. A red box highlights the 'Security Question' and 'Answer' fields, with two red arrows pointing to them.

Important: Identification of Non-BHS Contracted Clients in SanWITS

- All new Non-BHS Contracted Clients are identified in SanWITS by selecting “Non BHS Contracted” in the Special Population field in the Admission record
- All Existing clients prior to July 1, 2018 will need to have the Special Population field in the Admission changed to “Non BHS Contracted”
- This client population should not be placed in Residential beds; no payor group enrollments; no encounters created

Outpatient Providers- DMC Payor Group Enrollment

- All existing DMC clients prior to July 1, 2018 need to have a new payor group enrollment created effective July 1, 2018
 - ODS DMC- Non Perinatal
 - ODS DMC Perinatal – (to be used for perinatal clients if the facility is licensed to provide perinatal services)
- The existing Medi-Cal payor group enrollment will need to be end dated once the June 2018 billing has been processed

Closing a Case/Episode in SanWITS for all SUD Providers

- If the client has a CalOMS admission, the case can be closed by:
 - After discharging the client, select yes to the question asking to close the case **unless the client is entering recovery services or Prop 47 Aftercare**

QI SUD Provider Updates

August 2018

- If the client is completing Recovery services or Prop 47 Aftercare, close the case from the Intake screen by selecting the appropriate Closure Reason – Closing Recovery Services or Closing Prop 47 Aftercare
- If the client is receiving Courtesy Dosing, close the case from the Intake screen by selecting the appropriate Closure Reason – Completed Courtesy Dosing
- If the client was assessed by not admitted, close the case from the Intake screen by selecting the appropriate Closure Reason – Client left/or Referred Out

Group Counseling

- Mixed group of Outpatient Service (OS) and Intensive Outpatient (IOS) Service clients is acceptable
- Recovery Service clients should not be in a mixed group with OS or IOS clients
 - Need assistance with corrections, email the SUD support desk

Encounter Diagnosis

- Encounter requires a SUD Principle Diagnosis in order to release to bill
- This diagnosis only populates the encounter from the Diagnosis under the Admission
- Do not add a Principle SUD Diagnosis from the Diagnosis List on the navigation pane as it will not populate to the encounter



Outpatient and OTP – client Program Enrollment Correction

- If a client was erroneously enrolled in the wrong program enrollment
 - Open program enrollment
 - End Date = Start Date
 - Termination Reason = Other
 - Note Box= Enrolled in wrong program
 - Save and Finish
- Add New Program Enrollment
 - Make sure start date is correct, so the encounters will be covered by an enrollment.