AOD
ALCOHOL AND OTHER DRUGS

Unless explicitly stated in other portions of the newsletter, only the information in this section will apply to AOD programs.

QAR Process Change Effective January 1, 2016

o   *All providers that participate in Drug Medi-Cal (DMC) Quality Assurance Review (QAR) activities will now be required to bring 90% of your DMC charts for review. Prior to this change, providers were required to bring 100% of their DMC charts to QAR.*

o   *Providers are expected to maintain a high standard of compliance with DMC documentation and claiming, to ensure that 90% of DMC charts are going to QAR according to appropriate timelines, and that all providers/staff who claim DMC are participating in the QAR. See QM Memo dated 12/18/15 for more info.*

AOD and Mental Health Programs

AOD and Mental Health Staff Authorization to Use or Disclose Information

In May of 2013, QM issued a memo to address communication factors arising from increased integration of mental health and AOD services. As there are multiple regulations and confidentiality laws, the path to coordination of care can be challenging for these different specialties.

The following guideline was adopted at the time of the memo:

Mental Health Programs that employ staff who are functioning as a Drug and Alcohol Specialist (given their specialty, training, certification, and education) and providing alcohol and drug treatment services and/or referrals to clients in a mental health setting, should obtain an Authorization to Use or Disclose Information from the client giving permission for the Alcohol and Drug Specialist and Mental Health Treatment Staff to communicate with each other within the program related to treatment and/or referral of the client's drug/alcohol problem.

For Alcohol & Drug programs that employ staff who are functioning as Mental Health Specialists, it could be interpreted that the mental health staff are part of the program under 42CFR Part 2 if their primary functions revolve around service to the ADS client and recovery, and an Authorization to Use or Disclose Information is not necessarily required. This determination should be made program by program, based on the role of the Mental Health staff person.

Additionally, the recommendation was made that each program should consult with their own legal counsel regarding disclosure rules under 42CFR Part 2.

The complete memo is available on the Optum website. Log in, and then search for "QM Memo Authorization." Select "QM MEMO – New Auth to Use-Disclose Multiple Form 051513" from the search results.

The "Authorization to Use or Disclose (MULTIPLE)" form is available on the Optum website. Log in, go to Secure Documents, go to "CCBH (formerly Anasazi) Secure Documents" and select "Authorization MULTI 2013—2-27.pdf."

And now... you're up to the minute!!!

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

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QI . . . UP TO THE MINUTE

Recently Added to the Optum Website

Organizational Providers Public Documents

- Communications Tab: QM Memo – Unit Move New Phone Numbers 12-10-15
- Forms Tab: BHS Serious Incident Report Final 12-10-15 (updated with new SIR phone number)
- OPOH Tab: 033-1-OPOH-Appendix C-AC7 – Written Translation Service Authorization Form.pdf (posted 12-01-15). 033-2-OPOH-Appendix C-AC8- Service Authorization Request Form.pdf (posted 12-01-15). 033-0-OPOH-Appendix C-AC6-Request for Services Access Times Log Manual (posted 12-02-15). UM Request and Authorization Form-Fill Rev 12-01-15 (posted 12-07-15). 006-OPOH-Section C-Accessing Services-12-08-15 (posted 12-14-15). 052-OPOH-Appendix D-AD17-DPR-Specialty Services – Rev 12-01-15 (posted 12-14-15).
- References Tab: MIS-25 Program Listing (posted 11-12-15).
- UCRM Tab: UM Request and Authorization Form-Fill Rev 12 01 15 (posted 12-07-15). 5.3 e Day Treatment Weekly Summary Rev 12 08 15.doc (posted 12-11-15). 4.5b DPR-SMHS Request Rev 12 01 15.doc (posted 12-12-15). 2.41 Behavioral Health Assessment-START Form Fill 05-05-14 (posted 12-14-15).

CCBH (formerly Anasazi) Secure Documents

- User Mtgs Tab: CCBH User Group PowerPoint presentation (file name "Title page with lifestyle image" – posted 12-23-15).

ANNOUNCEMENTS

Controlled Substance Utilization Review and Evaluation System (CURES)

o On December 21, 2015, the Department of Justice (DOJ) and the Department of Consumer Affairs (DCA) announced substantial milestones in the enhancement of the state's Controlled Substance Utilization Review and Evaluation System (CURES).

o Beginning January 8, 2016, the upgraded prescription drug monitoring program – commonly referred to as **"CURES 2.0"** – will be released to all users in compliance with the system's minimum security requirements. This upgraded database offers a significantly improved user experience and features a number of added functionalities, including the ability to delegate report queries and new practitioner-identified patient alerts.

o Also beginning January 8, 2016, a streamlined registration process will be implemented for new users. This fully-automated process will enable licensed health care prescribers and pharmacists to request access to CURES and validate their credentials entirely online using a secure web browser.

o All health care practitioners authorized to prescribe or dispense Schedule II-IV controlled substances must be registered to use CURES no later than July 1, 2016. To register using the automated system, simply visit oag.ca.gov/cures and follow the instructions. Registrants will need their state license information and prescribers must provide federal DEA license information to register.

o **Learn more: oag.ca.gov/cures/faqs.**

New Service Indicator for CFT Meetings

o Children's programs are familiar with the requirement to provide CFT meetings to children who meet criteria for enhanced services under Pathways to Well-Being (PWB).

o To assist in tracking and reporting the frequency of CFT meetings for PWB clients, a new service indicator for CFT meetings has been added to the Electronic Health Record.

o When completing service entry (either on a progress note or in the Individual Service Entry view) for CFT meetings, make sure to select "Client, Family Team (CFT)" in the field for "Provided To."

o This update became effective January 1, 2016.

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Appointment Reminder Calls
o Program Managers – If you are interested in your program using the automated appointment reminder system for your client appointments, email a request to QIMatters.hhsa@sdcounty.ca.gov.

Reminder: Recorded Webinar Sessions for Documentation Training are Available!
o Do you have new staff that needs Documentation Training? Or staff who would benefit from a review of documentation standards?
o There are recorded webinar sessions available for "on demand" viewing.
o Webinar content is the same as the content covered in "live" classroom sessions.
o Watch once or numerous times at your convenience!
o Program Managers: Email QI Matters to request a personalized link. Indicate if you are requesting links for the Adult or Children's version of the webinars.

BILLING

Billing for Individualized Education Plan (IEP) Meetings
o IEP Meetings are Individualized Education Plan meetings that the school district must facilitate if a child has been identified as needing augmented services.
o The role of the therapist in an IEP is collaborative, participating to provide their unique knowledge and insight into the case and gathering relevant clinical information to assist in addressing client's impairments as related to his or her Title 9 Included Diagnosis.
o For billing purposes, time spent discussing solely academic concerns, or status updates unrelated to mental health, is not claimable as a specialty mental health service.
o All time claimed should be substantiated in the progress note for the service.

Reminder: Billing Plans of Correction (POC)
o Programs may find after a Medical Record Review (MRR) that there are billing corrections that must be made.
o These billing issues will be listed on the "Billing Summary" that comes as part of the final MRR report.
o The program is responsible to address each item on this Billing Summary line by line, and indicate the type of correction that has been made (Edit, 999, 998). This form will be sent by the program to the QI Specialist that conducted the MRR.
o If the program completed "999" voids, the program will submit a copy of the void/replace worksheet sent to the Mental Health Billing Unit (MHBU) and a copy of the Optum Support Desk ticket # to void the progress note(s) to the QI Specialist that conducted the MRR.
o If the program completed "998" pending corrections, the program will need to track when these 998 services have been reconciled and contact the QI Specialist that conducted the MRR when they have completed the final action. The program will then re-send the Billing Summary indicating the date of the final action.

DOCUMENTATION STANDARDS

Client Plan Reminders
o When more than one program is providing services to a client, the programs should be in communication with one another. If your program is sharing a client plan, do not end Objectives, Interventions or entire client plans without first consulting the other program(s) providing services!
o Revise vs. Review: Because of the similarity of the terms, it's easy to confuse these two functions.

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o REVISE is used to add, edit, or update planning tiers (for example, if a client's needs change and you are going to add an intervention). Another example of when to use the REVISE function is if you are sharing the plan with another program and your program is the secondary provider. You would REVISE the current plan to add your program's information, making sure to demonstrate that there is no duplication of services between programs. It's important to add your program's Unit/SubUnit to the beginning of each narrative so it's clear what program is providing which services. Timelines will not change on the client plan when you REVISE (the current end date will remain the same.) A reminder: when a client is open to two programs concurrently, each program must update their specific information at a minimum annually.

o The REVIEW function is like "re-writing" the client plan. The client plan timelines are reset (that is, the start date will become the day after the current plan is ended). REVIEW is the function to use for annual re-writing of the client plan, and for re-writing the client plan for UM/UR in Children's programs. For these types of "re-writes," the expectation is that each tier is read and updated. This is especially important with the Areas of Need, Objective and Intervention tiers. Have needs changed since the last planning session(s) with the client? Did they make progress on previous objectives? Are all previously agreed to interventions still applicable? This type of information should be documented when you REVIEW the client plan.

Is this information filtering down to your clinical and administrative staff?
Keep them Up to the Minute!
And remember to send all personnel contact updates to
QIMatters.hhsa@sdcounty.ca.gov

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