



COUNTY OF YOLO

Health and Human Services Agency

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Meeting Minutes

Date & Time:	Thursday, August 16th, 2018 9:30-10:30am
Location:	HHSA Bauer Building #1600 Thomson Room, 137 N Cottonwood Street, Woodland
Subject:	DMC Organized Delivery System – Substance Use Disorder Services
Organizer:	Ian Evans, LMFT Alcohol and Drug Administrator Yolo County Health & Human Services Agency
Attendees:	Ian Evans, Ann Margaret Armas, Helen Ng, Pam Sidhu, Sara Gavin, Shannon Garza, Christina Andrade-Lemus, Lori Thompson, Igbinosa Amadasun, Eric Smith, Douglass Hill, Marshall Stenson, Amara Pickens, Dee Langley, Paige Cooper, Sanford Robinson

1) Welcome and Intros: All

5 Minutes

- CORE Medical – Permits for West Sac not in place for renovations. Demolitions completed. Timeline – January 1 opening date.
- Fourth and Hope – DMC Resubmission Completed
- CoRR - DMC Certification Update provided

2) Program Updates and Announcements: All

5 Minutes

- Carrie Hogan from HHSA Fiscal present today to answer any questions from providers pertaining to Fiscal.
- SUD Conference in SoCal – Igee, Ian, Ann Margaret, Rob Villareal in Attendance from Yolo County
- David Mee-Lee training 8/30 1-5pm to be hosted at HHSA (invite reminder sent to all providers this week via email)
- Clarification from DHCS regarding LPHA's – LPHA's may establish med necessity and diagnosis, but only certain ones can diagnose based on scope of practice.
 - Diagnosis: RN, Pharmacist, and SUD Counselors CANNOT Diagnose
 - MD, PA, NPs, Licensed Clinical Psychologist, Licensed Clinical Counselor, Licensed Social Worker, or Licensed LMFT, or license-eligible staff can establish diagnosis – a face-to-face meeting with SUD Counselor and LPHA must be documented and completed to establish diagnosis.
 - Waivered Clinical Staff – can they diagnosis? (i.e. practicum students who do not yet have an intern number with their licensing/certifying board)
 - **Action Item – HHSA to follow-up and provide additional clarification for these folks if they can diagnosis, what are the requirements for documentation?**

- **Student Interns or Trainees: NOT CONSIDERED LPHAs – to be considered “license-eligible,” the individual must be registered with the appropriate state licensing authority for his or her respective field. Interns who have not yet received their advanced degree within their specific field and / or have not registered with the appropriate state board are not considered LPHAs.**
- **Action Item: HHSa Follow-up - Contract Language review to ensure that face-to-face requirement is addressed (CORE Medical Request)**
 - **Confirmed that contract language includes face-to-face requirement. See Contract Exhibit A – Scope of Services Section A. 1) c).**
- Website Updates – to be made available to providers to include P&Ps, FAQs, Desk references, guides, etc.
- Updates for ASAM after 90 days, is it ok for SUD Counselor to complete ASAM assessment update, up until the page where med necessity is re-established which requires the LPHA to complete final diagnosis page? This timeframe is for outpatient services, and the 90-day re-assessment is to re-establish medical necessity, therefore the same process as the initial establishment of medical necessity must occur, including a face-to-face discussion with the Counselor and LPHA or Medical Director if the Counselor completed the re-assessment.

3) Referral to Residential

10 Minutes

- From Access Point and Providers: Ian 5 Minutes
 - New Clients from ACCESS POINTS shall be referred by Access Point staff – refer to HHSa access point staff directory which list all the staff whom residential providers should accept a referral from.
 - Bed count website updates – new email links to be sent out to providers
 - Providers should be reviewing the bed website to determine where the available beds are in the system.
 - Residential Authorization Paperwork must be completed and submitted to HHSa for review and approval within 72 hours.
 - For access points, there will be an option to select that the client was referred to residential treatment so that this will start the clock for 72 hours for authorization. The 72 hours begins when the client arrives at the provider residential site. HHSa (Ann Margaret Armas – QM SUD Clinician) will follow-up with residential providers to confirm if the client has landed to ensure that we are meeting 72-hour timeline.
 - Once the client no longer meets medical necessity for residential services, the client should be transitioned to Lower LOC, client does NOT need to be referred back to the access points. Providers can make direct referral to Outpatient/IOT providers, and this is actually part of the mandated coordination of care under the DMC-ODS, that this warm handoff process between providers is occurring.
 - Minimum assessment is 90 days for outpatient, but if there are life events, then the providers should reassess and refer client to appropriate LOC. Residential

clients need to be reassessed a minimum of every 30 days and re-authorization paperwork submitted to HHSa prior to the 30-days being completed.

- Reassessments – brief ASAM screening tool is acceptable to establish appropriate LOC.
- Residential Providers – Full ASAM is currently being used by Progress House and Fourth and Hope, CORR is currently using both Full ASAM and Brief with ASI as they need to meet requirements for multiple counties.
- SUD Residential Authorization Paperwork
 - Include Client diagnosis and diagnosis practitioner to align with documentation
 - Please review the Follow-up comments from Ann Margaret Armas to ensure that they are addressed and completed.
- **HSHA Action Item: Brief ASAM to be sent out electronically – diagnosis and MD/LPHA signature line highlighted to prompt providers to complete.**
- Common ASAM Criteria Screening/ Assessment Deficiencies Reviewed (Handout provided)
- Access Point Staff Directory Review – CCHC to provide feedback if any staff changes need to made. This will be made available electronically. (Handout provided)

4) Questions

5 Minutes

- Partnership Health Care is not accepted in El Dorado County – Perinatal Clients cannot be served in El Dorado due to Partnership Insurance due to Prenatal services that are required at a hospital. Transportation services may be able to assist to transporting perinatal clients to their pre-natal appointments for clients that are out-of-county (such as clients who have partnership health care).
- Billing for transportation for residential facilities is part of their daily rate – only if a clinical service was rendered for that date. However, you may be able to bill for transportation for case management, as transportation is also allowable, but further clarification is required for DHCS. **HSHA Action – Follow-up with DHCS on transportation and provide guidance to providers.**
- Group limits to 12 individuals for GROUP COUNSELING. Group education must be documented if there are more than 12 individuals attended – still a billable service, but not a clinical service. This presents a challenge for meeting the 20 clinical service hours per week.
- **Action Items – Follow up with IA and DHCS on group counseling requirements, specifically the number of clients in the group per counselor. Example, if two counselor facilitate a group of 20, is that allowable or must they be one counselor to 12 clients strictly to be classified as an allowable billable clinical service for group counseling.**
 - i. **Space issues**
 - ii. **Staffing issues**
 - iii. **Placer County – Ian to follow-up with Paula**
- IOS Service Billing Questions – for clients who arrive early or leaves early, how can you account for the total number of minutes and total number of participants.
 - i. DHCS guidance from compliance meeting: Bill minute to minute or only bill if the client stays for the whole session. Up to providers to determine.

- ASAM Training requested from CCHC for Technical assistance needs, requests a call in number for providers to receive TA/ guidance when completing an ASAM screening. Request for documentation and fiscal training ongoing.
- Same Day Billing Matrix Question – Can NTPs and IOT providers provide counseling services to same client? As they are both considered outpatient counseling services, would this be considered a lockout?
 - i. **HHSA Action Item – DHCS to provide additional guidance as there were many questions pertaining to this item at the compliance meeting. Would this also be applicable to Intensive Outpatient services? NTPs are limited to 50 mins to 200 mins max of counseling a week, what happens to the clients that require more intensive services. HHSA to review and confirm the same day billing matrix to provide clarification to providers.**
 - ii. **Possibly allow for an ROI between NTP providers and an intensive outpatient provider, as long as the counseling service wasn't provided on the same day. Example: NTP provides 50 mins on Monday, intensive services at CCHC on Friday.**
- Perinatal Client Question: Is it required to complete a reauthorization every 30 days for perinatal clients? **HHSA ACTION ITEM** – HHSA will review the IA and provide further guidance to Progress House.
- Progress House voiced concerns regarding how restrictive the 72-hour timeliness requirement is for Residential Authorization requests. If the provider is unable to complete the authorization request form within 72 hours, how can the provider address this?
 - i. HHSA advises that documentation should address why the assessment and the request for authorization was not able to be completed within 72 hours.
- Yolo County Medi-Cal coverage for medication – how can providers ensure that a client continues to receive their medication if they are placed at an out-of-county residential facility? El Dorado county does not accept Yolo County partnership health insurance, where can Yolo Clients go to get their medication?
 - i. CCHC shared their own experiences at how they were able to ensure their clients received medication refills when they were placed out-of-county. CCHC and Progress House will connect to discuss how to navigate.
 - ii. HHSA to follow-up with transportation requirements as currently there are restrictions that a transportation request must originate in a Partnership County.
 - iii. HHSA to provide transportation information to providers
- SABG funds are available for clients with no insurance coverage. For a Yolo County resident who is also parenting, then SABG Perinatal funds would also be available.
- Medi-Medi is allowable – confirmed that providers would not have to bill MediCare and obtain a denial if the client has Medi-Medi. HHSA Fiscal confirmed that the County would directly bill Medi-Cal for SUD treatment services.
- How should the financial inquiry form document a client who is currently residing in another county, but is seeking services in Yolo? Fiscal to determine if an Inter County Transfer (ICT) checkbox should be added to the FIN Form.

- For beneficiaries who have Medi-Cal and other insurance (such as parent’s insurance), HHSA to review and determine process for dual coverage.
- What are billable transportation services for providers? **HHSA Action Item – Additional guidance and follow-up to be provided through the FAQ 2.0.**
- What should the primary diagnosis be for a pregnant woman – SUD or Pregnant? **HHSA Action Item – Request confirmation from PSPP.**
- CORE Medical Requests a meeting with HHSA Fiscal to discuss Daily Transaction forms and requirements.
- ROI Update provided – providers may use their own forms if they meet federal and state requirements, however they were reminded that a general designation at an organizational level does not cover all 42 CFR Part 2 requirements. Providers must also ensure that they are keeping a log on the backend of what client information was shared on an individual basis.
- Core Medical requests practitioner id setup for their Nurse Practitioners for billing.

5) Transitional Housing

10 Minutes

- Guidance on Transitional Housing referral process/requirements: Ian 5 Minutes
- Questions: Everyone 5 Minutes

6) Questions/Feedback: Everyone

30 Minutes

- Future Meeting Agenda Topics?
- What do you need support around most?