County of San Mateo
Behavioral Health & Recovery Services

Drug Medi-Cal Organized Delivery System
Monthly Webinar with ODS Providers

BHRS AOD will host a monthly conference call with providers in preparation for ODS rollout. Please save the dates and times for the calls. The agenda will be announced in advance. We will address programmatic, clinical, and billing related issues

Wednesday, January 25, 2017 9:00 AM - 10:30 AM

Conference line: **888-636-3807**
Participation code: **566983**
Host code: 605984 (Clara or Paula to host)

* Kim Westrick of BHRS AOD will take con call notes to share with providers

<u>**AGENDA**</u>

1) <u>Welcome, Introductions, Announcements</u> CLARA Boyden

Agencies represented on the call:

HealthRight 360	El Centro
Free At Last	Our Common Ground
Project 90	Pyramid Alternatives
Service League/Hope House	Sitike Counseling Services
StarVista	The Latino Commission
BHRS AOD	BHRS Service Connect

Notes
1. BHRS Board approved February 1st "go live" date for Our Common Ground and Sitike.
2. Acknowledgement of BHRS staff who have gone above and beyond to get us to this point: Mary Vozikes, Diana Hill, Diana Chung, AOD Analysts, Mark Korwald, Kim Westrick. Thank you to Eliseo Amezcua and Mary Taylor Fullerton in Developing ASAM screening tools.

2) <u>ASAM Screening Tool</u> – MARY TAYLOR FULLERTON
- expectations for use by all providers effective 2/1
- Screening Tool -maintaining documentation, reporting to BHRS
- Positive residential evaluation required - referring to BHRS for evaluation

Notes:
1. BHRS-AOD has developed our own ASAM Screening tool , which is a work-in-progress. We are taking a Quality Improvement approach, so changes and lessons-learned are appreciated and an important part of this process.
2. The newest version is the one that is dated 1/19/17 at the bottom.
3. It can be filled out electronically (fillable PDF)/
4. This screening tool must be used with any client (adult or adolescent) who calls/comes into a provider agency for service starting Feb 1st, 2017.
5. **Purpose of ASAM Screening Tool**: A quick screening instrument designed to rule out whether someone needs immediate medical attention, is a candidate for outpatient services or includes Intensive Outpatient, or whether the client is requires further evaluation for residential treatment.
6. **Referral for Residential Evaluation**: If a caller/client has positive screen for possible residential, the provider will send the completed ASAM Screening Tool to the BHRS Residential Treatment (RTx) team for the evaluation via secure email or fax. See more information in item #4.
7. Only send the completed ASAM Screening Tool BHRS if an evaluation for residential treatment is needed. Contact information will be included in the Workflow document.
8. **Retention of Screening Tool**: All providers are expected to retain completed ASAM Screening Tools to document compliance with ODS requirements. Completed ASAM Screening Tools may be saved in hard copy, or electronically. BHRS AOD may request to review these files during site reviews.
9. **ASAM Screening Reporting**: Providers must submit the number of screening tools they have completed, per month, with their quarterly reports. BHRS will update the quarterly report form to reflect this.
10. **Youth Screening and Evaluation**: On 1/26/17 the Youth Services Network will review and provide feedback on the adolescent ASAM screening tool and the residential evaluation tool.
11. **Translation of Screening Tool:** The ASAM Screening Tool will be translated into the threshold languages once it is finalized. This can be lengthy process and forms that are provided to clients are prioritized for translation.

3) Client Registration Form – PAULA NANNIZZI
- Review client Registration Form, How to fill it out
- Review where to send form and impacts on opening a client in the system

Notes:
1. BHRS-AOD is making improvements on the form so any feedback is welcome. Please send feedback to Paula Nannizzi (PNannizzi@smcgov.org).
2. This form was presented at the January 5th, 2017 Treatment Provider meeting and at the most recent AVATAR meeting. A provider should start using this once they "go live" with ODS.

3. Providers should continue to engage the client at admission to determine eligible funding sources.
4. When opening up a client on the waitlist, you will complete top half of form and send to MIS, in by secure email or by fax via contact info on the page.
5. When admitting a client, you will complete entire form and send to MIS, in by secure email or by fax via contact info on the page.
6. Make sure it's being sent securely, due to the protected health information (PHI) on the form.
7. Mark either "initial request" or "update" in the top corner of the form.
8. MIS will advise provider to register the client in AVATAR or provide the AVATAR ID.
9. Anytime there has been a change in client's financial situation, please provide an update registration form to MIS by checking the "update" box.
10. This form is to be used for all DUI and DEJ clients, and all BHRS clients. It is not to be used for private pay clients.
11. This form is used for all modalities, including, NRT, outpatient, intensive outpatient, and residential.
12. If you're filling this out for a waitlist client, financials do not need to be filled out.
13. Paula will contact MIS to determine a back-up plan in case the MIS staff person is out.
14. There is a difference between admitting a client to AVATAR and admitting a client to the program. Services can be provided if not admitted into AVATAR.
15. Providers shall verify Medi-Cal eligibility monthly, and assure the diagnosis, and Assignment of Benefits (AOB) are updated in AVATAR for a successful claim
16. **Criminal Justice (CJ) clients:** In the past, they typically come with an already determined funding source. Now, with this new form, you can check the box confirming that they are involved with the CJ system. Only SMC Court or Probation monitored individuals are eligible. There are situations when someone is released from prison that they could be involved with Service Connect and not on Parole. These individuals are eligible for CJ funding. Don't check the CJ box unless CJ eligibility is verified **AOD will *not* be verifying criminal justice or Calworks status**. Providers should verify this and document when a client reports they are on CalWorks or CJ involved.
17. For clients that are Medi-Cal eligible, please check 1-additional funding source.
18. For clients that are not Medi-Cal eligible, please check up to 2- funding sources.
19. In Reference to Recovery Residence, this only applies to OCG at this time.
20. Program code number will be changed to Program Code. This Code refers to the program code that identifies your agency/program in AVATAR. **Guarantor**: Usually the client will be the responsible party unless it's an adolescent or someone who has been conserved. Providers should verify the clients involvement in conservatorship program.
    a. **The address**: The client might get mail at this address from BHRS later on. PO Box addresses are allowed If a client is homeless, please write "homeless" on the form. MIS will defer the the address in the Medi-Cal record.
21. This will be available in a PDF fill-able form. This will be available online once we get that up and running.

4) Res Evaluation and Auth Process – ELISEO AMEZCUA

- 2/1 - all BHRS to authorize to res all appropriate beneficiaries that come through system
- Review Res Eval, Auth and Reauth process, expectations, rollout timeframe

Notes:
1. See the steps provided in the handout. The highlighted steps are for providers and the non-highlighted steps are for BHRS-AOD.
2. Providers only need to complete the Res Eval Authorization process once their agency has "gone live".
3. ***After* a provider goes "live", the process is this**: If the client scores for residential treatment during the ASAM screen, the provider sends the form to the Residential Treatment Team (RTx Team) for authorization. Be sure to always use secure email.
4. If the client qualifies for residential treatment, the form will be scanned and saved in the county sharepoint cloud. Paper forms will be shredded.
5. Providers must provide daily updates.
6. If the client is not satisfied, they can call Eliseo (**EAmezcua@smcgov.org**) or OCFA to file a grievance (JWilches@smcgov.org).
7. Expecting this will change until we incorporate AVATAR into this more. Estimated 20 minutes to complete the form.
8. Residential Treatment Team (RTx) is available by phone. Transportation for clients is not needed.
9. We'll have someone "here" 8-5pm on Friday to do the evaluation. We don't have a plan for after-hours yet. More to be determined
10. Within 24 hours—same day or following day to have residential treatment verified.
11. What about correctional health doing initial screening, from custody? Clara has been working with Carlos Morales and Carol Clancy on this issue and don't have a solution yet. This will be a challenge right now for clients coming out of custody. This is in process but don't have a plan yet.
12. For "after-hours" and weekend verification, call 573-2735 for the IMAT Team.
13. If a male client comes to a women's facility, fill out the form the same way and submit to the Residential Treatment Team (RTx) team.
14. Clients in custody who are on the waitlist are allowed a 30 day authorization.
15. Telehealth will be discussed next week with the medical director of BHRS.
16. BHRS is not determining Medical Necessity. Medical Necessity is still up the provider to evaluate, determine and document. This authorizes the provider to do an intake into their residential program. The provider is responsible for documenting a qualifying diagnosis.
17. If the LPHA determines residential treatment isn't medically necessary, the county will pay for up to 7 calendar days in Residential while the provider arranges placement into an appropriate level of care.

<u>Clara's other updates:</u>
Billing: we're waiting on the billing manual from the state
We will be providing training to providers on the new codes and requirements
We're doing these calls monthly and we'll send out that information

We are documenting the notes and will post on the BHRS website for easy access.

5) Res Capacity Tracking Document – PAULA NANNIZZI
- review BHRS expectation related to daily res census update
- review expectation that providers take client once authorized

Notes
1. BHRS will manage Residential capacity. We will require each residential provider to report bed availability every day within a Google spreadsheet. This spreadsheet will be stored in Google docs. Each provider agency shall set up a gmail account and AOD will give the provider access to the Google spreadsheet. **Providers shall update the spreadsheet everyday by 9am**. A back-up person shall be identified by each agency. BHRS will work with each provider to set up the Google accounts and access to the spreadsheet.
2. BHRS cannot use AVATAR to check available capacity because it is not accurate "real-time" due to delays entering admissions and discharges.
3. It's ok for overnight staff to do this as long as it's accurate at 9am. The point is that we know how many slots are open and that we can place clients knowing there's an open slot.
4. This is happening by 2/1/17 1, system-wide
5. If providers have a change in the contact person, they should send that information to Paula
6. Paula will update this before 2/1/17.