

DMC-ODS Technical Assistance Conference Call
Tuesday, April 18th, 2017
1-2:30PM

Call information:

Conference line: 888-636-3807

Participation code: 566983

Host code: 605984 (Clara or Paula to host)

Agenda

1. 1:00PM-1:10PM Welcome, Rollcall - Clara

- a. Treatment Provider Staff:
 - i. Health Right 360: Chris Kernes, Krystal Lelea
 - ii. The Latino Commission: Michelle Hill, Maria Newson
 - iii. Sitike: Joe Wagenhoffer
 - iv. Project 90: Dave Clemens, Jim Buckner, Frank McCormick, Chris Peters, Jason Brewer, Amirali Ayromloo, David Meeds
 - v. Star Vista: Nancy Quiggle, Stephanie Weisner, Peter Ehrhorn
 - vi. Service League Hope House: Karen Francone, Morrigan Bruce
 - vii. El Centro: Colin Lever, Maria Cerrillo-Hernandez
 - viii. Free At Last: Elizabeth Mendoza, Sue Cortopassi, Gerardo Barragan
 - ix. Our Common Ground: Orville Roache
- b. BHRS-AOD Staff:
 - x. Mary Taylor Fullerton
 - xi. Denise Mosely
 - xii. Clara Boyden
 - xiii. Kim Westrick
 - xiv. Paula Nannizzi
 - xv. Giovanna Bonds
 - xvi. Yadhira Christensen
 - xvii. Eliseo Amezcua

2. Announcements

- a. BHRS Administration has officially moved to 2000 Alameda de las Pulgas, San Mateo
- b. The Health Questionnaire is being translated into all threshold languages (Spanish, Tagalog, Chinese). Any provider who has translated it into any language, please contact Kim Westrick (kwestrick@smcgov.org)
- c. The new San Mateo County PRIDE Center is having 2 community forums April 19th, Sat May 13th. The flier will be emailed out.

- d. Acknowledgement: Things are rapidly changing with DMC-ODS because we are the first county to implement DMC-ODS. We know this is complicated and can be confusing. Please check in with AOD management and your analyst with concerns.

3. Out of County Medi-Cal and Inter-County Transfers (ICTs)

The county is not able to bill retroactively to the date of the Medi-Cal transfer request. It can take up to 90 days to transfer a client's Medi-Cal and payment is not retroactive. This means the county will not be paid by the state for services provided to individuals until their Medi-Cal has been officially transferred to San Mateo County or shows as "pending in San Mateo County" in the MEDS System. Therefore, we cannot provide services to clients until they are "pending in San Mateo County" or officially transferred in the Medi-Cal system.

We are training our ASAM and Residential authorization screening staff to know that they cannot authorize clients who are not at least in "pending" (Code 41) mode. "Pending" (Code 41) means their coverage will go back to the 1st of that month.

If out of county clients have been admitted into your treatment, the county will continue to pay for services. Starting May 1st the county will not pay for clients with out of county Medi-Cal. Please train your staff on this change within the next week and a half. BHRS RTX team will implement the authorization process immediately.

There is a disconnect between Health Plan of San Mateo (HPSM) Human Services Agency (HSA). If they have HPSM, it doesn't necessarily mean that their Medi-Cal transfer has started. We are hoping to build a partnership with HSA ICT coordinator within has.

This new approach applies the same to Palm Ave, youth, adults, and across our whole treatment system. Feel free to send scenarios to discuss offline. We are hoping the state will ameliorate harm associated with this issue but have no information on this yet. MIS will catch it if there is a client without SMC Medi-Cal, but providers are responsible for verifying MC eligibility. Providers receive approximately 3-4 calls per week from an out of county client. We're working to educate criminal justice system, and judges, on this change.

4. Enhanced Service Codes:

Case Management (please document time spent), Physician Consult, MAT are pending protocols needed incidental medical services, are built into AVATAR, please do not use—these are currently built into outpatient current service codes. For residential services, we had to add these under a different code. Now they'll have 3 codes for Residential:

- a. Res 30 LE
- b. Res 31GE
- c. Enhanced program Code (new episode, different from residential episode)

Kim will post the Case Management FAQs online.

5. AB109/Unified Reentry/Pathways/Drug Court engagement period:

For residential treatment: There is a change for criminal justice clients. If a client leaves residential treatment before 14 days, this episode will not count as one of their two residential episodes per 12 month period. The case manager will email MIS with the client name, date of birth, and the AB109 funding source. Drug court will be doing the referral through fax and AVATAR.

6. **Residential 60 day plan:**

We are now switched to 90 days authorization. If we need clarity, one of the RTx case managers will call back and ask. Fax a 60 day plan with this. Perinatal, automatic 90 days, initial tx authorization. Send a 60 day plan at 90 days. And resend a plan every 60 days. Reminder still need to meet and document medical necessity and imminent danger every 60 days. We'll address this at the upcoming Tx Provider meeting. We are in the process of developing a screening and authorization for youth treatment.

7. **Questions and Discussion**

- a. AVATAR should be fixed by the end of May for outpatient providers. Outpatient providers should not be entering their services until AVATAR is fixed.
- b. DATAR: Talk to Yadhira about when to enter DATAR data. It is due by the 10th of the month.

8. **Helpful Tips from Providers:**

- a. Keep a contact list, do a check-in with the counselor after a Residential Auth is sent to the RTx team, to stay engaged with clients during this time. WRA lost a lot of clients when they first went live.
- b. Communicate with those working directly with AVATAR around issues that may arise.
- c. Get good information about out-of-county clients, by contacting Sarah or Stephan, Medi-Cal eligibility, Human Services Agency. Sarah's phone number: 573-2049 and email: sarahcibia@smcgov.org
- d. Make sure to document everything, and communicate well between County and Provider.

9. **Requests around content/topics**

- a. Upcoming cost reports and cost allocation, quarterly reporting
- b. Title 22 training in June, TBD