1. MediCal eligibility, benefits and HSA Changes
   o Advise of Changes
   o All provides should have on-line access to MEDS Medi-Cal Eligibility System
     If you don't, please work with your Analyst to get this capability as soon as possible.
     Eligibility documentation needs to be checked monthly with the information put in the
     client chart.

2. UCLA Survey
   o UCLA Client Treatment Perception Survey - has had an initial review and compilation.
     Each provider will get their result when the analysis is complete
   o UCLA Provider survey will ask about coordinating care between other SUD providers as
     well as Mental Health and Physical health. The Program Director should do these. There
     will be a $20.00 gift card upon completion.
   o Level of Care – forms should be completed at initial screen, after complete assessment,
     and whenever a level of care change may be indicated.

3. Diagnosis – Must use DSM 5
   o No deferred diagnosis available for DMC.
   o Establish an initial SUD diagnosis for the beneficiary based on the billed interaction. This
     may not be the same as the medical necessity determination that is required to go
     forward with treatment (the DSM-V diagnosis may change).
   o In the case that the beneficiary drops out early, it will not be held against you if you do
     not complete the full assessment and plan. If you did not interact with the beneficiary
     enough to get a basic idea of the diagnosis, there would be no billable activity.
   o Have a diagnosis in mind at intake in order to justify going forward with the full
     assessment.   The diagnosis might be a "rule out" versus a "deferred" diagnosis.

4. AVATAR Notifications
   o Send all notifications in AVATAR for 60 day plan, 1x extensions and consult/transfers to
     the RTX Case Manager and follow up with a phone call as well to ensure receipt. If the
     counselor does not have Avatar permission to do this please send an email to Eliseo
     (eamezcua@smcgov.org)and Yadhira (ychristensen@smcgov.org) to get the counselor
     added to the send list or to request on site training/support with how to do this.

5. CalOMS Rewrite
   o DHCS has established a mailbox to accept CalOMS rewrite feedback. This is another
     way, in addition to the in-person stakeholder meetings, that your and others can input
     into the system. Send to: calomsrewrite@dhcs.ca.gov
   o BHRS is asking for a rewrite of the SOGI questions
   o If you have report requests or any other suggestions please email to the above address.

6. Mock ODS Site Visit
   - On December 12 & 13 DHCS DMC ODS sent a team of 5 to review San Mateo County ODS providers.   Thank you HealthRight360, Sitike, and Service League for welcoming DHCS and the County to your site for the mock site visit.
   - DHCS provided the County feedback prior to leaving regarding their findings. Some major findings are:
     - **Client charts**
       - All ODS providers are to use DSM V, not an earlier version.
       - Medical necessity must be established. This includes a diagnosis plus the basis for the diagnosis.
       - Physical exams can no longer be waived, please use new forms
       - Treatment plans must be consistent with intake problem statements; they must contain goals, action steps, and target dates.
       - Discharge plans must contain a description of the client's relapse triggers, and a plan to assist the client to avoid relapse when confronted with each trigger and a support plan. It should be signed and dated and a copy of the plan given to the client.
       - If a service is provided in the field, how confidentiality is ensured shall be documented.
     - **Staff personnel files**
       - Every LPHA must have 5 hours of addiction training per year and it must be documented in the client personnel file.
       - Every staff member must have yearly TB testing documentation kept in their personnel file
7. Future training
   - Have regional training for counselors on treatment planning
   - BHRS will reach out to Dr. O'Neil re: upcoming changes requiring a narrative basis for the diagnosis
   - Regional training for staff on common charting deficiencies.