



Alcohol and Other Drug Services System of Care Meeting MINUTES

Thursday, January 17, 2019 9:30 AM-12:00 PM
1220 Morello Ave., Second Floor Conference Room, Martinez, CA 94553

System of Care Providers: Tonia Abloogalook, J. Cole Recovery Homes; Douglas Bailey, OHS; Shanna Boulden, Anka Power Central; Edward Crandell, J. Cole Recovery Homes; Susan Cinelli, Bi-Bett; Damon Fischer, Bi-Bett; Kirk Hewett, BACR; Vernessa Jones, Anka Power West; Mickie Marchetti, REACH Project; Ronald Martin, BACR Gateway; Gene McVae, Oxford House; Greg Moore, REACH Project; Patsy Phillips, Amador Family Institute; Natalie Pierre, Ujima; Michelle Russell; Ujima Stephen Sooter, BAART Programs; Rita Schank, Ujima; Ulrika Williams BAART

AODS Staff: Mark Messerer, Michelle Richardson, Trisha Seastrom, Christopher Pedraza, Harrison Stewart, Marsha Bernstein, Isabelle Kirske, Amber Forsythe

Additional Staff: Vernon Calloway, Behavioral Health I.T.; Elena Eagan, Contra Costa Vocational Services;; Kelly Hines-Contra Costa Vocational Services; Melissa Kersten, Quality Improvement Quality Assurance; Kimberly Nasrul, Quality Improvement Quality Assurance; Jorge Pena, Behavioral Health I.T.; Alicia Pormento, Health Services Finance; Latashia Randle Health Services I.T.; Richard Thai, Health Services I.T., Fatima Matal Sol

Handouts:

MHSUDS Information Notices: 18-053, 18-058

DHCS DMC-ODS Website Updated Materials List; SABG Policy Manual Draft 2018; DMC-ODS Certification Checklist (NACT)

AODS Provider Advisory Collaborative Invitation

Training Notifications: January 31, 2019-ASAM Criteria-B; February 1, 2019- Tuberculosis Screening, Assessment & Referral to Services; February 11, 2019- Medication Assisted Treatment (MAT); January- June 2019 Tentative AODS Training and Meeting Calendar

TOPIC	DISCUSSION	ACTION/ RECOMMENDATION
<p>Welcome and Introductions. November 2018 Meeting Minutes Review</p>	<p>Fatima welcomed all attendees to the meeting and introductions were made.</p> <p>The group reviewed November meeting minutes.</p>	<p>Mickie Marchetti MM to approve minutes as presented. Greg Moore MMS to approve.</p>
<p>Prevention and Women’s Services Updates</p> <p>Prevention</p>	<p>Isabelle Kirske provided updates on the following Prevention items:</p> <ul style="list-style-type: none"> • As reported in previous meetings, prevention data is no longer reported in CalOMSpv as it has been retired and replaced with the Primary Prevention Substance Use Disorder Data System (PPSDS) platform. AOD staff is retroactively entering data as a way to support providers and is near to completion. 	

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<p>Women's Services</p>	<ul style="list-style-type: none"> • Isabelle will be attending a <i>Healthy Stores for a Healthy Community</i> training in February and will be part of a training team. The team will begin assessing stores in the spring. <p>Trisha Seastrom provided the following updates for Women's Services:</p> <ul style="list-style-type: none"> • AODS Administration is working with The Latino Commission to add monolingual, Perinatal, and Women's Residential Services. Both facilities will be located in San Francisco. The contract will include transportation. • All SAMHWorks Providers have received projected budget allocations as well as contracting documents that are required. 	<p>Required documentation for budget allocations is due by February 14,2019. There will be a period of time for adjustments. Christopher Pedraza will have entered this information by March 8, 2019. Contracts will be completed and ready to go on July 1,2019.</p>
<p>3. Mental Health Vocational Services- Elena Eagan</p>	<p>Fatima introduced Elena Eagan from Mental Health Vocational Services which works under contract with the Department of Rehabilitation. Elena introduced Kelly Hines who is a Vocational Services counselor and reminded SUD Providers of the benefits of referring clients to Vocational Services. She added that services include: assistance with job searches; clothing for interviews; transportation assistance; potential for union dues coverage; retention services and job clubs. Elena Eagan added the following:</p> <ul style="list-style-type: none"> • Clients must be in treatment with a provider to be eligible for Vocational Services, clients with co-occurring disorders may be eligible for more services. Providers are not required to submit a client's ASI and ASAM, but this information could be helpful. • Kelly explained the referral process and provided the Referral form that should be used as well as her contact information. Vocational Services have counselors located across the county and as of February 2019, they will have additional staff that can come to do intakes at the program site. • Vocational Services are also available for youth 17 ½ years and older. • Vocational Services will work with a client up to 3 to 6 months after the client is hired and clients in outpatient levels of care also qualify for services. • Providers can call or email Kelly with any questions and invite a Counselor to come to their program. Clients can also call main number on brochure. 	<p>The referral form will be posted on the AOD homepage</p> <p>Elena.Eagan@cchealth.org Fatima will email Elena to for electronic versions of Referral Form and Brochure. Referral Form and Brochure will be posted on AODS website.</p>

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<p>4. Drug Medi-Cal Organized Delivery System (DMC-ODS) Updates</p> <p>SABG Updates</p> <p>DMC-EQRO Final Report and Next Steps</p> <ul style="list-style-type: none"> • Provider-County Collaborative • Webpage and SUD Newflash <p>Plan Practice Guidelines (PPGs)</p>	<ul style="list-style-type: none"> • Fatima referred to the Governor’s Budget and indicated that the number of Medi-Cal beneficiaries has declined in part due to the rate of unemployment going down. She also shared UCLA’s Evaluation of the DMC Waiver with comparisons data from Pre DMC to Post DMC. According to the slides, there have been no changes in the number of beneficiaries utilizing residential services as expected, and for some counties there has been an increase in the number of beneficiaries in residential treatment. • Contra Costa’s data in the report shows very few DMC claims submitted. At this time, AODS is unable to get accurate reports from ShareCare regarding admission, due to the ShareCare transition. Data is also not being entered in a timely fashion which is causing the data to be inaccurate. • The draft of Substance Abuse Block Grant SABG Policy Manual was disseminated which applies to SAPT funding only. • Mark provided updates on EQRO visit in August 2018. The conclusions of the final report involved how data is being used in AODS System of Care. The EQRO report also addressed communication and inclusion between Providers and AODS Administration. Steps are being taken to follow the recommendations provided by the EQRO. • SUD Newsflashes are being posted on AODS website which has been redesigned to improve communication. • Mark will be coordinating a Data Management Group. This will include Quality Management from each program. This group will report back findings to the SUD System of Care group as well as to the Behavioral Health Quality Management Group. • Trisha disseminated an invitation for the next Provider Advisory Collaborative Meeting, the first meeting took place in November 2018, she hopes for more provider participation. Trisha will be sending an email invitation that will include the Summary Report from Home Base for providers to review. • Michelle informed everyone that the Plan Practice Guidelines are now finalized and they will be posted on the website. • Susan brought up during a most recent Drug Medi-Cal audit, the State posed the question as to whether or not the Provider reviewed the county’s PPGs and signed an attestation that they would comply with them. • Fatima added that AODS also has to comply by attesting that PPGs have been shared with Providers and make sure that Providers have an orientation with all their staff regarding Plan Practice 	<p>The final version of the manual will be posted on AODS website.</p> <p>The EQRO Report has been distributed to Providers and is also on AODS Website.</p> <p>An email was sent to announce the Data Management Workgroup scheduled for January 24, 2019.</p> <p>The next Provider Advisory Collaborative Meeting will be on Feb 21, 2019 from 9-11am. There is no agenda, this is a provider driven meeting.</p> <p>Questions regarding Plan Practice Guidelines can be addressed to Michelle.</p> <p>Fatima advised that staff orientation on PPGs also applies to SAPT programs regardless of funding.</p> <p>Service codes will be attached to documents once finalized and posted on AODS website.</p> <p>Fatima recommended that this topic be added to the Provider Collaborative</p>

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Training Requirements	<p>Guidelines. Currently, the PPGs are missing the Service Codes as they are not yet finalized, however are close to completion. The PPGs are considered to be a living document so updates can take place when necessary.</p> <ul style="list-style-type: none"> • Susan Cinelli questioned the need of multiple certifications and licensures, specifically pertaining to BI-BETT programs. The traditional Alcohol and Drug Standard Certification is not required by the regulations. This is a voluntary certification. • Michelle provided information on the following required trainings that have been scheduled. The trainings include: <ul style="list-style-type: none"> ➢ ASAM ➢ CLAS Standards. • The county has purchased ASAM E-modules to help with contract requirements. All providers should have accounts set if their information was provided. ASAM E-modules are a requirement of the contract. Content differs from in person training. • Next steps regarding training will include a compliance review. • There will be future meetings with clinical staff to discuss the clinical application with respect to training. There was concern from Kirk Hewitt of BACR that the ASAM training is mainly oriented toward Adults and would like to access training on ASAM for Adolescents. Michelle advised that there is adolescent related information in the ASAM Criteria book. However, she indicated that ASAM curriculum for youth has not been released yet. • Provider staff should consider attending trainings regardless of previous attendance as there are certain types and amounts of training required on an annual basis. 	<p>Meeting agenda.</p> <p>A tentative training schedule has been provided.</p> <p>Page 14 of the Plan Practice Guidelines provides information on continuing education that is required for DMC-ODS providers.</p> <p>Michelle will send invitations for future meetings.</p> <p>Michelle will be requesting documentation verifying that staff has attended trainings.</p>
MAT Expansion in Detention	<ul style="list-style-type: none"> • Fatima provided an update on the Medication Assisted Treatment Expansion in the Jail grant. Contra Costa is one of 29 counties participating in the MAT Collaborative at the state level. Through this collaborative, Contra Costa County received a small grant of \$25,000 dollars and added that our jail is very deficient pertaining to SUD. Through this grant, AODS will be training all nurses in the Jail in Addiction Medicine and they will become certified. The training will include the Choosing Change nurses. 	
Recovery Residences/Oxford Houses	<ul style="list-style-type: none"> • Fatima introduced Gene McVae form Oxford House Recovery Residences. He said that Oxford House is safe, affordable, democratically run housing. Oxford House has been established since 1975. • Gene is hoping to have two (2) houses opened in Contra Costa County by the beginning of March and 	<p>There is a new Information Notice advising how funding for the Recovery Residence Initiative will work.</p> <p>Once Oxford Houses are established in Contra Costa,</p>

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<p>Network Adequacy Certification Tool (NACT)</p>	<p>the houses are in addition to Support4 Recovery. The contract for Oxford House is ready and is in place.</p> <ul style="list-style-type: none"> • Support4Recovery works a little different in that they do not operate houses, rather they work with existing SLEs. Beneficiaries must be in outpatient and must use the required forms. • Trisha advised that SAMHWorks dollars have been committed to support opening two (2) Oxford Houses for women. • Susan Cinelli had a question about the funding duration for Recovery Residences. Fatima advised that this information should be in the Recovery Residence Guidelines which can be found on the AODS website. • Chris provided brief information regarding the NACT which is due to the State by April 1, 2019. The NACT only applies to Drug Medi-Cal Certified programs. Providers will need to complete and turn in information by March. The NACT has been kept up to date throughout the year. • AODS will not need new forms for staff that is already entered into the current tool. New Rendering Service Provider Forms are needed for new staff and for any changes that may have occurred with previous staff. AODS also needs to be notified of any changes, such as staff that are no longer employed, etc. • A provider had a question regarding accessing online Relias training. 	<p>Gene can come back and advise how the process works. Gene will contact treatment facilities to begin conducting presentations on Oxford House.</p> <p>AODS will be sending NACT information in file so that it is updated.</p> <p><u>New NACT requirements:</u> The LPHA and Medical Director will have to show proof that cultural competency training has been completed in the last 12 months.</p> <p>Contact Michelle Richardson with any questions regarding training.</p>
<p>5. CalOMStx, IT Support Jorge Pena, Chris Pedraza</p> <p>ShareCare Updates: training, reports, issues</p>	<p>Chris responded to concerns and issues from providers related to ShareCare as follows:</p> <ul style="list-style-type: none"> • The system is indicating that some programs have not rendered any services over the past two to three months and that no data entry has been completed. • Some programs have a capacity of 30 people, but ShareCare is showing 150 active clients because clients have not been closed out. • The Behavioral Health IT team has been working diligently to put together reports to be analyzed, however the information is not accurate at this time. The information will need to be cleaned and updated in real time. • Providers stated that there is an issue with the closing as they have not been provided a CalOMS closing specific form instead they were instructed to use the Admission/ Discharge form. • Chris responded that there is requirement for a CalOMS at opening and at discharge. There is also a CalOMS requirement for anyone that is in SUD treatment beyond one year. Chris instructed Providers to use the CalOMS Opening Form. He 	<p>Chris explained that in ShareCare to be able to enter the closing CalOMS information, a new CalOMS assessment must be opened. The CalOMS opening form is being reviewed.</p>

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<p>ASI Update – Richard Thai</p>	<p>also asked that providers use the discharge portion of the Admission/Discharge Form. Those two items together should allow providers to do a full closure within the CalOMS portion of ShareCare.</p> <ul style="list-style-type: none"> • Providers want to know if this ask of using information from the two forms is going to require them to go back and correct previous information. Chris advised this has not yet been discussed with the ShareCare team. • Jorge advised that more ShareCare training will be provided. • Jorge reviewed the CalOMS error reports. These reports will show anything related to an admission or a discharge that is missing CalOMS information or if the CalOMS assessment is missing in ShareCare. The report is cumulative. In some cases, errors which have been corrected are still showing as errors within ShareCare. Jorge is working with the vendor to correct these issues. • Jorge stated that he is going to start distributing Medi-Cal denials data to providers as well. Information will be made available via a secured e-mail. Jorge will be using the same distribution list that is used for CalOMS error reports. • Fatima, Chris, and Jorge are reviewing the Medi-Cal denials. They are working with the State to understand some of the denials and will be doing mass replacements as needed. • A question was raised regarding what type of monetary impact providers absorb if other Health Care Insurance was not billed first. The answer is all money for that treatment episode would be lost. • Group data entry for AODS is now functional in ShareCare, <p>Richard Thai distributed the forms for ASI access.</p>	<p>Chris will send an email with instructions.</p> <p>The ShareCare team will be collaborating with AOD to identify the specific training needs. To that end, ShareCare staff would like feedback from Providers on the training topics they would like. Meanwhile, Providers can receive more training from LaTashia who is able to come directly to each program.</p> <p>Email Chris or Fatima if distribution list for Medi-Cal denial reports need to differ from CalOMS distribution list.</p> <p>Chris will put together all of the steps for this process. Once Jorge has reviewed the information, it will be sent to Providers. Contact Cal directly, if you would like to access group feature.</p> <p>Fatima recommended that there be a workgroup just for ShareCare issues.</p> <p>Contact Richard Thai at (925) 608-7055 for ASI Access</p>
<p>6. Quality Management Kimberly Nasrul and Melissa Kersten from Behavioral Health Quality Improvement/ Quality Assurance.</p>	<p>Fatima introduced Kimberly Nasrul and Melissa Kersten whose responsibilities include keeping a log of all Grievances, Appeals, Disallowances, and Notices of Adverse Benefit Determination (NOABD) for the State.</p> <ul style="list-style-type: none"> • Melissa provided information regarding the Grievance process and examples of the Mental Health form. Beneficiaries can complete the form themselves or call the QI phone line. The State stipulates that the QI/QA team has (ninety) 90 days to solve a Grievance and generally they are resolved much quicker. However, an extension can be obtained if needed. In some instances, the QI/QA team may come to the program to resolve a 	<p>An SUD-specific form is in development.</p> <p>Grievances are reported to the State on a quarterly basis. Appeals can be submitted by Beneficiaries for NOABD.</p>

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DHCS Documentation Visit Report – Feedback	<p>Grievance.</p> <ul style="list-style-type: none"> • QI/QA team is in the process of building a training regarding the NOABD and their process. • Mark provided information on a training that AODS Administration had with the State last month. Managers from Compliance and from Post Service Post Payment Unit (PSPP) of DHCS conducted the training. • The State managers reviewed forms and provided information on rules and regulations pertaining to DMC-ODS Waiver. There were recommendations made on what improvements can be made to forms, especially regarding diagnoses and signatures. • Fatima added that one of the changes regarding Corrective Action Plans (CAPs) issued from the State is that AODS now has the responsibility of following up on the completion of the CAP. • Based on the feedback from the State, Fatima anticipated specific changes to specific forms. The forms will be submitted to the Forms Committee first for approval. Michelle advised that the number one priority form will be the ASAM followed by the Intake/Admission and there will also be changes to the Treatment Plan, Discharge Plan, and Discharge Summary forms. • There was a question from a provider regarding who is responsible for writing in the diagnosis in the justification for treatment on the ASAM form. Previously the counselors were able to do so. Susan Cinelli asked if AODS Administration will reinsert the eleven (11) DSM-5 SUD Criteria as part of the changes. Michelle replied that this question came up during the training with the State and the answer is no, the criteria will not be reinserted. 	<p>Introduction Grievances and Appeals training will be posted on AODS home page. The QA/QI team will come to individual sites and provide a presentation on how to complete forms, etc.</p> <p>The State indicated that only the LPHA or the Medical Director should write the diagnosis.</p>
Performance Improvement Projects (PIPs) Mark Messerer	<ul style="list-style-type: none"> • Mark provided an update on the Performance Improvement Project (PIP). There is a Clinical PIP that involves a particular group at Discovery House. The other PIP involves Marsha calling clients conducting Motivational Interviewing and providing positive support to encourage clients to go to their intake appointments. • Mark advised that Provider concerns or complaints regarding referrals should be addressed to AOD Administration rather than the Access Line. • Mark reminded Providers to utilize the Bed App which is intended to help expedite referrals. It is beneficial to update it in real time to prevent scheduling clients too far out as there are timeliness requirements and there should not be a wait list. 	<p>Providers were instructed to call Fatima and Mark to resolve wait list issue.</p>
Utilization Management/Utilization	There were no issues to discuss from providers which	Fatima stated that this issue

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Review	indicated that the process has significantly improved. Cole House added that they are awaiting resolution to the eSignatures request of the medical director.	is undergoing review by Dr. White.
<p>Fiscal Updates FY19-20 Contract Renewal Timeframes – Chris Pedraza</p> <p>Outpatient ASAM Level 1 & 2 Rates Revision</p> <p>FY 16/17 Cost Report Extended Deadline</p>	<p>The following timeframes were provided by Chris Pedraza:</p> <ul style="list-style-type: none"> • The revised Budget Template will be emailed January 17, 2019 • AODS Budget will be reviewed between January 22 and 25, 2019. • The utilization of services at each facility will be reviewed between January 28 and February 1, 2019. This will be accomplished through the review of various ShareCare reports. Providers need to ensure that information is as accurate as possible and updated. The numbers in ShareCare along with utilization will determine the allocations for Fiscal Year 2019/2020. • Fee Schedules will be created between February 4 to February 8, 2019 and will be sent to Providers on February 11, 2019. • Providers will have between February 11 and March 8, 2019 to review Fee Schedules and budgets. Providers can submit their fee schedules for review and this will allow for time adjustments should there be any issues. • Fatima reminded providers that SAPT or SABG funds can no longer be used for Medi-Cal billable services. • Chris provided an update on adjusting rates for Outpatient ASAM Levels 1 & 2. AODS is in the process of finalizing the rates that will be proposed to the State. The proposed rates will be utilized in the Fee Schedule that will be disseminated in February. • Fatima emphasized that it may take time to receive a response for the State on the proposed rates in which case the existing rates will be used so as not to delay contracts. The allocation will not be affected if the rates are adjusted. • Pepe said that at this time, Finance has not received the 2017/2018 template from the State. • Alicia advised that she has an interim settlement of the 2014/2015 cost report. Finance will be issuing the settlement report to Providers. It is possible that Providers owe the County or the County owes Providers. • Alicia provided additional information pertaining to the issue of Groups in ShareCare. She stated that Providers have been paid based on the Demand. If everything is fixed by February, an adjustment will be made based on the real number. 	<p>There was concern from Providers regarding the information on ShareCare, Chris stated that manual data will be considered as well.</p> <p>Finalized Budget and Fee Schedules due by March 15, 2019. Adjustment period to the fee schedules between March 15 and March 22, 2019.</p> <p>AODS’s goal is to submit all contracts to Contracts and Grants by <u>March 29, 2019.</u></p> <p>Fatima added that providers will be notified via email upon receiving a e State responds</p>
8. Announcements and Other Updates Adjourn	<p>Fatima asked for feedback from Providers regarding progress and support from AODS.</p> <ul style="list-style-type: none"> • Susan appreciates the Newsflash with the notices of 	

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	<p>upcoming trainings and information.</p> <ul style="list-style-type: none"> • Damon had a question regarding time frame issue with UM/UR regarding seven (7) calendar days vs. ten (10) calendar days for documentation. Mark said that while the discussion is not yet reflected in the policy, he is currently working on amending the timeframe. • Ron would like mandatory trainings to be posted on the Newsflash, as well as have emails sent including information on how often the training needs to be done and what staff should be attending the training. He would also like clarification if certain trainings are on an annual basis and related to required continuing education for LPHAs and Medical Directors. • Greg appreciates the various meetings in order to gain further education on how the System of Care works and also likes the Newsflash. The website has been very helpful in regards to being able to access the most recently updated forms. • Fatima thanked everyone for their participation. The meeting was adjourned. 	