



Placer County Systems of Care
 Network Provider Relations Committee Meeting
 Facilitator: Marie Osborne
 Location: 11716 Enterprise Dr. Auburn, CA 95603
 September 30, 2016

MINUTES

1 ATTENDANCE

Name	Title	Organization
Andy Reynolds	Admin Technician	Placer County ASOC QA
Avonlea Montague	Admin Manager	A.C.E.S
Cami Burke	Sr. Admin Clerk	Placer County CSOC
DeBora Miller	LMFT	Auburn Child & Family Counseling
Diane Murden	LMFT	
Erica Chun	Administrative Assistant	Charis Youth
Jennifer Ludford	Staff Services Analyst	Placer County ASOC QA
Judi Tichy	Sr. Admin Clerk	Placer County ASOC QA
Kathryn Taylor	Clinical Director	Sierra Mental Wellness Group, Roseville
Keith McCourtney	MFT	
Linda Shahin	MFT	
Lorene Noack	Program Supervisor	Placer County CSOC
Marie Osborne	Assistant Director HHS ASOC	Placer County ASOC QA
Mary Starr	MFT	M&F Therapy & Counseling, Auburn
Nancy Taylor	LMFT, Integrated MH Services Mgr.	Community Recovery Resources (CoRR)
Nathan Rude	CADC II ~ Program Manager	Community Recovery Resources (CoRR)
Roman Montague	MFT	A.C.E.S
Twylla Abrahamson	Acting Director HHS CSOC	Placer County CSOC

2 MEETING LOCATION

Building: [Placer County CSOC, 11716 Enterprise Dr., Auburn, CA 95603](#)
 Conference Room: [Large Conference Room](#)

3 MEETING START

Meeting Schedule Start: <8:30 AM>
 Meeting Actual Start: < 8:35 AM>
 Meeting Scribe: <Judi Tichy, Sr. Admin Clerk>

4 KEY DISCUSSION ITEMS:

- I. Introduction
- II. Acknowledgements
 1. Thanks for Provider survey responses and feedback to make meetings purposeful.
 2. Request for agenda suggestions from Providers at any time during the year.
- III. ASSESSMENT UPDATES
 1. All assessments now authorized for 240 minutes. An additional 60 minutes added to assessments for adults and children/youth
 2. Complete or updated children/youth assessments are due on an annual basis.
 3. Placer County MH is currently reworking the assessment in our electronic record. Streamlining this tool to take less time to fill out by taking out redundancies. Once the streamlined version of the electronic assessment is developed and approved, we will send out to the new assessment for providers to use. Lorene Noack is part of this group.

4. Reminder to Providers: When you receive an authorization to do an assessment, you must complete the assessment and treatment plan before moving on to other services.

IV. WHAT IS ODS?

1. California has received permission by the Center for Medicaid Services (CMS) to implement a five-year demonstration project related to the delivery of substance use services, including an III5 Waiver. Counties can decide to opt into the demonstration/pilot program or not. This demonstration/pilot program is referred to as the Organized Delivery Services (ODS) for Drug Medi-Cal beneficiaries. Placer County is planning on submitting our proposal for opting into the ODS by the end of the calendar year.

1. ODS is the "Drug Medi-Cal Organized Delivery System (DMC-ODS)"
 - i. ODS is a state-wide initiative and a pilot program to provide a continuum of care and requires counties that Opt in to adopt the American Society of Addiction Medicine (ASAM) as a Level of Care Tool. In addition the ODS will :
 - a. Enable more local control and accountability,
 - b. Provide greater administrative oversight,
 - c. Create utilization controls to improve care and efficient use of resources,
 - d. Implement evidenced based practices in substance abuse treatment, and
 - e. Coordinate with other systems of care.
 - ii. Currently, Medi-Cal beneficiaries are able to go to any county to receive substance use treatment services, resulting in the county of service to be responsible for the array and cost of services. DMC-ODS will change this and require that the counties of residence rather than the county of service be responsible for the cost and delivery of services.
 - iii. ODS expands the array of services available to beneficiaries of the counties that opt in. The required services are:
 - a. Withdrawal Management (minimum one level)
 - b. Residential Services (minimum one level)
 - c. Intensive Outpatient
 - d. Outpatient
 - e. Opioid (Narcotic) Treatment Programs
 - f. Recovery Services
 - g. Case Management
 - a. Physician Consultation
 - iv. For those services that a county cannot offer, they may contract with other counties for these services.

V. ODS CHANGES UPDATE

1. Placer County has opted-in to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver.
2. Amy Ellis, Placer County Project Manager for HHS ASOC, is in charge of implementing the ODS pilot program. She has been creating work groups to collect community input. Financial analyses are underway to determine the possible rate schedule.
3. We are aiming to submit the plan to the State by December.
4. The required services that Placer County does not offer, such as children's residential services, will be contracted out, if resources allow.
5. Under ODS, Placer County will be responsible for payment of Placer County Medi-Cal beneficiaries receiving treatment and services in outside counties. This will apply to all counties in the State that opt-in to ODS.
6. Something new in Drug Medical ODS – the federal Triennial audit and annual EQRO audit will henceforth apply to DMC-side as well. These audits will include the tracking of timeliness measures, such as the request for first authorization to the first dose of methadone. Placer County will be working with the Providers to report all required timeliness measures.

VI. UPDATES IN MENTAL HEALTH

1. The MHP continues to develop methods to accurately track timeliness to MH services. Some of the timeliness measures we are tracking include: the time from request for appointment, to first offered appointment and the first scheduled appointment, this is why it is critical that you complete this information on your authorization forms. The State and Federal oversight bodies are looking very closely at timeliness.

2. The annual online Mental Health Documentation, Billing, Compliance Training and Beneficiary Protection Training will be coming out next month in October and is required of all Placer County providers. Org providers, please ensure that your clinicians and Medi-Cal billing staff take it.
3. Each year we make changes to it based on regulatory changes or based on audit disallowances.
4. We try to incorporate into the trainings "tips" to reduce the number of chart disallowances.

VII. THE TOP DISALLOWANCES IN CHART AUDITS

1. Quick review of County's Triennial final report.
2. The State's Top Disallowances for Mental Health Services handout distributed and discussed.
3. Some major disallowances noted by the State that coincide with Placer County provider disallowances:
 - i. **Medical Necessity** continues to be a major disallowance due to poor documentation not supported by Specialty Mental Health Services criteria.
 - ii. **Treatment Plans** contain specific goals that are not measurable.
 - iii. **Interventions in Progress Notes** that fail to tie back to the treatment goal.
4. Recommendations to reduce the number of disallowances:
 - i. Refer back to the Treatment Plan (TP).
 - ii. Tie back any new crises that may come up during treatment back to the goals listed in the TP.
 - iii. If necessary, add new goals to address new crises so that the ensuring Progress Notes can be written up to tie back in to the new goals.
5. Placer County challenges that may be implemented in the Provider trainings: TP and listed Interventions
 - i. Currently, Providers list MH services to assist with X (i.e.: Case Mgt, Med Support, etc.). This listing may have to be broken into more specific categories of support services and delineated individually, such as: group therapy, individual therapy, etc.
 - ii. The State has not specifically required the numerated referencing of progress notes to the listed goals, but audits will continue to verify that delivered services tie back to the stated objectives/goals.
 - iii. The keeping of therapy notes or "unofficial" personal notes should be maintained outside client file, so that they can be subpoenaed for possible litigation, but kept separately from the client files that will be subjected to State audits to avoid possible discrepancies.
 - iv. Progress notes, and not any "unofficial" personal notes, are the notes that are audited because they are the notes that generate the billing.
 - v. Providers can take the content from County form and follow format.
 - a. Providers can find all audit elements/compliance checks on form.
 - b. Nevada County Mental Health puts the goals on top of the Progress Notes.

VIII. LIST OF INCLUDED DIAGNOSES (Title 9, Chapter 7)

1. Brief discussion related to Title 9 Included diagnosis
2. Discussion related to priority population for Adult System of Care
 - i. A. Please refer to the attached document of Included Diagnoses

IX. PAYMENT/BILLING ISSUES and PROVIDER QUESTIONS

- i. How to bill the County for 2 hours spent on a client who never returned? Is it easier to simply swallow the cost rather than request a new assessment? How to address future such scenarios?
 - a. The time-gap should be the deciding factor, so please submit bill to Placer County as soon as you know the individual will not be returning to complete the remaining sessions with a letter of explanation, i.e.: *Client showed up for two sessions, but did not show up for the rest of the sessions, so I am submitting my bill for the two sessions, but there is not a product.* Please complete a detailed progress note explaining what was and what was not accomplished to support the billing.
 - b. For shorter time gaps, please seek another authorization in order to try to finish the contracted service. Placer County can take the same authorization and extend the time.
 - c. Decision is up to the Provider to decide clinically whether client continued or not.
 - d. County reaffirms that Providers should be paid for their time.
- ii. I was at an FTM (Family Team Meeting) to do an assessment, but the client never showed up. I do not have a diagnosis, so how can I bill for that time?

- a. If the Provider worked with the client in later sessions, or it is a continuing client with Placer County, this assessment might be billable via a diagnosis in arrears because the Foster Family was present and Provider did work with them.
- b. However, to avoid such an issue, it is recommended that Providers first establish some kind of relation with the client before the FTM. Also determine if it is relevant for a provider to be at an FTM in person, rather than talking to the case worker.
- c. It is difficult to justify payment without a diagnosis, and each case situation is different, so please reach out to your Placer County case representative.

X. PLACER COUNTY MANAGED CARE PLANS

1. Placer County has three managed care plans: Anthem, California Health and Wellness and Kaiser (limited). Any Provider who would be interested in becoming a provider for California Health and Wellness, please contact Marie Osborne or Twylla Abrahamson.
2. Placer County can arrange to have a California Health and Wellness representative join the next Placer County quarterly Provider Meeting if this could be of interest to the providers. Please give us your feedback.
3. Placer County MH has had an MOU with Anthem for the past two years and will be meeting with them Sept. 30th to begin solidifying a working relationship with them. Most of the Placer County Medi-Cal beneficiaries are signed up with Anthem.
4. Both CA Health & Wellness and Anthem are seeking Providers to sit on their panels as per directives from the State to engage in network capacity building. Despite this, some providers shared their difficulties in working with CA H& W and Anthem to get on their panels. Providers have experienced phone lines that do not answer and links that do not work.
5. Background info on the Managed Care Plans:
 - i. Medi-Cal beneficiaries with severe mental illness obtain specialty mental health services, such as inpatient hospital services, outpatient mental health treatment, crisis intervention, and case management, through a separate county-based program operated by mental health departments and known as the Medi-Cal Specialty Mental Health Services (SMHS).
 - ii. Medi-Cal beneficiaries needing physical and behavioral health services in most counties must obtain each service type through a separate plan. Medi-Cal beneficiaries with mild to moderate mental illness can receive more limited services from primary care providers through their Medi-Cal managed care plan or fee-for-service.
 - iii. Each county has a different mix of managed care plan entities that operate in their respective counties.
 - iv. Placer County is the largest county in a 17-county region that has Anthem and California Health & Wellness.
6. CSOC has an intake team that screens Medi-Cal beneficiaries for clinical severity and if they fall in the mild – moderate range, they are referred to their managed health care plans.
7. ASOC will begin screening Medi-Cal beneficiaries and referring out the mild-moderate clients to their respective managed health care plans. ASOC will no longer automatically do adult assessments.
8. The managed care providers are required to provide psychiatric services, individual and group therapy and a gamut of physical health services.
9. Both counties and consumer groups have been very vocal in the challenges happening in the implementation of the managed care plans. Through these advocacy efforts new changes have been made and the managed care plans are being more closely monitored.
10. We have seen a rise in the acuity level of clients and more client visit to the ED, and this is partly due to lack of capacity in the managed care plans.

XI. PLACER COUNTY MEDICAL CLINIC (A provider for Behavior Health and Primary Care for both CA H& W and Anthem)

1. The Placer County Medical Clinic is scheduled to close on November 10th.
2. The RFP to transition the closure of the Placer County Medical Clinic was awarded earlier this year to Western Sierra Medical, a Federally Qualified Health Clinic (FQHC) that has operated in Nevada County and is now co-located with CoRR in Auburn. .
3. Placer County will be working with its clients to ensure they are transitioned to a primary care doctor as well as BH provider(s).
4. Transitioning the Medicare clients

- i. Dr. Bynus's group, Beautiful Minds, is doing an open enrollment for Medicare clients. They will be taking almost all of the Placer County Medical Clinic's Medicare clients for BH.
- ii. Kaiser offers open enrollment to Medicare clients throughout the year for BH. Kaiser will take any Medicare only beneficiary who has Kaiser Medicare regardless of the level of severity of their mental illness.

XII. PLACER COUNTY CHILDREN'S SHELTER

- 1. As part of the Continuum of Care Reform legislation, the Placer County Children's Emergency Shelter will be closing at the end of the year based on the Reform's recommendation that all county-operated shelters be closed by the end of 2016.
- 2. Of the 13 county-operated children's shelters in the State, Placer County's will be one of the few, if not the only one, to close by the mandated timeline. This is largely due to the high success rate of Placer County being able to place children with families or group homes.
- 1. Last year the RFP to transition the Placer County Children's Emergency Shelter clients was awarded to Koinonia.
- 2. Placer County has been actively working with Koinonia Family Services on creating more foster homes in the community.
- 3. Koinonia does Foster Family services and runs both the Crisis Resolution Center and residential group homes for Substance Use children. Because it has been a challenge to find foster families for exiting group home kids and teenagers with acting out behaviors, Koinonia will be creating 6 dedicated beds to accommodate this group.

XIII. CONTINUUM OF CARE REFORM

- 1. More changes to the Child Welfare System impacting how counties certify and train Foster Families (RFA: Resource Family Approval), who will be henceforth referred to as Resource Families.
- 2. Group Home Level System is going away. It will be flattened to STRTP (Short Term Residential Therapy Program) model. The STRTP will be akin to the current Level 14. There will be increases in training requirements and the age of workers in STRTPs. All the programs will need to be accredited as well.
- 3. Levels below accreditation and certification will be converting to an STRTP, a Resource Family agency or go out of business. The timeline of January 1, 2017 has been extended for those organizations who will be converting to an STRTP or a Resource Family agency.

XIV. FINAL COMMENTS

- 1. Inviting CA H&W and Anthem representative to a quarterly Provider Meeting
- 2. Pre-audit, chart review training
- 3. Full service partnership population changes coming to the KETS (Key Event Tracking Forms) to include the STRTPs as a residential location.
- 4. Call for contribution to the Placer County Provider Newsletter and reports. Email us a success story.

5 MEETING END

Meeting Schedule End: <10:30 AM>

Meeting Actual End: <10:30 AM>

6 NEXT STEPS

POST MEETING ACTION ITEMS

Action	Assigned to
Send out CA H&W contact info to the Providers.	Marie Osborne
Communicate provider experiences and difficulties trying to get on Network panel with both CA H&W and Anthem	Marie Osborne and Twylla Abrahamson
Follow up w/ Derek Holley and IT re: drop down list on the online Authorization Forms which is missing "collateral".	Jennifer Ludford

7 NEXT MEETING Next Meeting: Friday, January 13, 2017 / 8:30 AM – 10:00 AM / Placer County CSOC, 11716 Enterprise Drive, Auburn, CA in the Large Conference Room