




Department of Behavioral Health

Contracts Division
Substance Use Disorder Services
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SUD SERVICES BULLETIN

Title: Introduction of New County Policies and Interpretation of State Regulations		Issue Date: November 4, 2015	Issue No.: 15-04
Approval:  Joseph Rangel, Division Manager Contracts Division-Mental Health and Substance Use Disorder Services		Expiration Date: N/A	Supersedes Bulletin/SAS Letter No.: N/A
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PURPOSE:

The purpose of this Bulletin is to inform substance use disorder (SUD) treatment and prevention providers of new County policies and to provide interpretation of State regulations.

DISCUSSION:

The following are requirements which the County would like to introduce or clarify in order to help providers maintain compliance with State regulations and County policies.

National Provider Identification Number: Each counselor providing services must be registered or certified with an approved California state certifying agency and must have an individual National Provider Identification (NPI) number. Providers must bill for services under the NPI number of the actual counselor who provided the service. Providers must also ensure that the name that services are billed under corresponds with the name of the counselor on the group sign in sheet and on the progress note in the client's file.

Intake Assessment: An intake assessment must be completed for each client within 30 days of the admission to treatment date per California Code of Regulations, Title 22: Division 3, Subdivision 1, Chapter 3, Article 4, § 51341.1, Drug Medi-Cal Substance Use Disorder Services, Admission Criteria and Procedures, (h)(1)(A)(iii). The intake assessment must be completed by the treatment provider and cannot be obtained from an outside source. It is recommended that a summary for each section of the assessment be completed. Each assessment must be dated and include the printed name and signature of the individual who performed the assessment. The domains that are identified in the intake assessment must be addressed in the treatment plan.

Recoupment for Residential Services: The County of Fresno recoups for services when deficiencies have been identified relating to non-compliance with applicable regulations, standards, and/or contractual obligations. Fresno County will begin to recoup for services provided in a residential setting at the current published individual and group Drug Medi-Cal rates up to a maximum of 100% of the contracted bed day rate. Residential providers will soon be required to enter individual and group services into SAIS for each client for tracking purposes.

Access to provider records: Access to provider records is essential to the monitoring process. Providers using Electronic Health Records (EHR's) are required to provide SUD Services staff access within 24 hours of request. All other providers must provide access immediately upon request.

Discharge summary: SUD Services has encountered some cases recently in which providers are completing discharge summaries before the client has had his/her final treatment session. Per CCR, Title 22 the discharge summary must be completed within 30 calendar days of the date of the provider's last face-to-face treatment contact with the client. This must include the duration of treatment, the reason for discharge, a narrative summary of the treatment episode and the client's prognosis. To review the complete regulation, please refer to CCR, TITLE 22: Division 3, Subdivision 1, Chapter 3, Article 4, §51341.1, Drug Medi-Cal Substance Use Disorder Services, Discharge, (h) (6).

Updates to treatment plans: Per CCR, Title 22 and AOD Certification Standards, updates must be completed within 90 calendar days of signing the initial treatment plan and no later than 90 calendar days thereafter, unless there is a change in problem identification or focus of treatment. Effective immediately, the County will only allow treatment plan updates to be completed between 75-90 calendar days unless it meets the above criteria.

Monthly Invoices (non-DMC): Effective with October 2015 invoices, providers with cost reimbursement contracts are required to submit supporting documentation for all line items billed on invoices with the exception of salaries and benefits. Supporting documentation includes, but is not limited to, invoices, receipts, general ledgers, etc. As applicable, cost allocation methods should be clearly shown. Failure to submit the required documentation will result in the delay of invoice approval and reimbursement. This does not apply to providers with contracted rates for services.

REFERENCES:

CCR, TITLE 22, Division 3, Subdivision 1, Chapter 3, Article 4, §51341.1, Drug Medi-Cal Substance Use Disorder Services
AOD Certification Standards

CONTACT:

Please contact your assigned analyst with any questions or concerns.