DMC-ODS Utilization Review and Monitoring to the IA
HHSA Alcohol and Drug Services

► Purpose

To provide a welcoming and safe environment that offers hope, supports prevention, and inspires recovery.

► Vision

Create, promote, and sustain communities free from problems related to alcohol, tobacco, and drugs by empowering individuals and families.

► Mission

Provide integrated, evidence-based education, prevention and treatment services that are accessible, affordable, and culturally competent.

► Values

Compassion, Integrity, Professionalism, and Well-Being.
Introduction to Napa County

- Estimated Population 139,417 (2018)
- Small County
- Implemented the DMC-ODS Waiver in December 2017 (go live)

- Approximately 500 beneficiaries served by Napa County Alcohol and Drug Services annually

- 65 percent county-operated services
  - Adult Outpatient 1.0, 2.1, and Recovery Services
- 35 percent contractor-operated services
  - Adult 3.1, 3.5 and 3.2 Withdrawal Management;
  - Youth 1.0, 2.1 and Recovery Services; and
  - NTP services
Alcohol and Drug Services Concurrent Review Project

Processes Reviewed:
- County-Operated Outpatient Services, Intensive Outpatient Services, and Recovery Services
- County-Contracted Adult Residential Services, and Withdrawal Management
- County Contracted Youth Outpatient, Intensive Outpatient, and Recovery Services
Monitoring of County-Operated Services and County-Contracted Services

**County-Operated Services**
- Internally monitored by Utilization Review team
- Manually maintained
- EHR: Anasazi
- ADS annual audits conducted by HHSA Quality Management

**County-Contracted Providers**
- 100 percent review of services in the first three months of DMC-ODS services, conducted by ADS Utilization Review Coordinator
- Trainings as needed or upon request to support contractors, provided by ADS Division
- Quarterly ADS Division review of services, conducted by ADS Utilization Review Coordinator
Development of the Concurrent Review Process

Initiative goal:

- Design a program monitoring system that identifies:
  - The milestones relevant to billing for each client
  - Billing gaps in treatment caused by missed milestones or documentation delays

- In order to:
  - Deliver quality, comprehensive, and timely services
  - Monitor billing and maintain highest billing standards
  - Achieve and maintain a <5 percent billing error rate for all billable Medi-Cal claims
Structure of the Concurrent Review Process

Phase one:

- Five hours between two meetings weekly, from April 2019-July 2019
- Concurrent Review meeting attendees:
  - ADS Consultant
  - ADS Director
  - ADS Assistant Director
  - Utilization Review Coordinator
  - Three program Supervisors
  - ADS Program Analyst
Development of the Concurrent Review Process

▲ The reconciliation of:

➢ **External Regulations**
  ▪ DMC-ODS waiver
  ▪ Title 22, California Code of Regulations (CCR)
  ▪ Informational Notices and letters issued by DHCS
  ▪ Frequent Technical Assistance from DHCS

➢ **Internal Processes**
  ▪ ADS program checklists
  ▪ Current ADS billing rules
  ▪ HHSA ADS audit standards
  ▪ Other fiscal, IT and QM audit standards and requirements
Development of the Concurrent Review Process

Phase two:

- Reviewing the reconciliation with key stakeholders:
  - HHSA Quality Management
  - HHSA Fiscal
  - HHSA IT Support Team
  - ADS Program Staff
  - Contracted-Service Providers
"There is a way out of every box, a solution to every puzzle; it's just a matter of finding it."

~Captain Jean-Luc Picard
Outcomes of the Concurrent Review Process for County-Operate Services:

- **Utilization Review Monitoring Tools:**
  - DMC-ODS Milestones Flow Chart for program tracking
  - ADS Administrative Program Tracker
  - ADS Internal Staff/Primary Counselor Tracker
DMC-OCS Milestones Flow for Program Tracking

Alcohol and Drug Services Program Concurrent Review Flow

Outpatient, Intensive Outpatient and Recovery Services:

- Admission
- Initial Tx Plan/Health Clearance
- Tx Plan update
- Justification for Continued Treatment
- Tx Plan update
- Justification for Continued Treatment
- Discharge
- Step Down to Recovery Services

Recovery Services (RS):

- 6) Recovery Services Step Down
- 7) Client Plan
- 7) CtP Update
- 5) Discharge

Utilization Review Key:

1) Intake (30-days)
2) TxP and PE (90-days)
3) TxP Update (90-days)
4) JCT (150-180-days)
5) Discharge/Close (30days)
6) Recovery Services Step down Intake/(30-days)
7) Recovery Services CtP Update (180-days)
ADS Documentation Review

- Initial intake requirements – Consent to Treat/Assignment of Benefits
- ASAM Assessment
- Physical Exam
- Treatment Plan
- ASAM Reassessments
- Continued Treatment Justifications
- Changes in Level of Care (LOC)

- Group sign-in sheet and electronic documentation reconciliation
- Timeliness of all progress notes (7-day rule)

- From this process, all billing gaps are recorded and services are disallowed from billing. The Utilization Review Coordinator prepares monthly ADS service billing reports with disallowed services identified for the HHSA fiscal division.
Tracks every client to ensure medical necessity and compliance with treatment milestones

- Approximately 150 clients enrolled at any given time
- Manually updated by administrative assistant
- Prompt emails are sent to staff by administrative assistant to prevent overdue milestones
ADS Administrative Tracker Example

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<tbody>
<tr>
<td>Admit date</td>
<td>Admissio n Agreement Date</td>
<td>Assignment of Benefits Date</td>
<td>DD Intake and ASAM</td>
<td>ASAM Staff Signature</td>
<td>ASAM LPHA Signature</td>
<td>DR</td>
<td>Billing gap</td>
<td>DD Initial Tx Plan and PE</td>
<td>PE</td>
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<tbody>
<tr>
<td>Initial Tx Plan Staff Signature</td>
<td>LPHA signature</td>
<td>Billing gap</td>
<td>DD TzP Update 1</td>
<td>Tx Plan Update Staff Signature</td>
<td>LPHA signature</td>
<td>Billing gap</td>
<td>DD TzP Update 2</td>
<td>Tx Plan Update Staff Signature</td>
<td>LPHA signature</td>
<td>Billing gap</td>
<td>DD TzP Update 3</td>
<td>VCT 5-6 month from intake</td>
</tr>
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- Auto populates due dates for DMC-OCDS billing/compliance requirements
- Example:
  - DD (Due Date)- Formula to calculate 30, 90 or 151-180 days from first face-to-face
ADS Staff Tracker

Simplified version of the administrative tracker: Populates due dates of treatment based on the client’s admission date to support staff in meeting DMC-ODS milestones.

| Name Last, First | CT # | ENTER Admit Date | SELECT PE status | Initial TxP Due | TxP PE Revision Due Date | ENTER Date Completed | SELECT Sub Unit | TxP 2.4 Language SELECT WIN | ENTER TxP Plan Staff Signature | LPHA Signature Due Date | ENTER Txp Update Due Date | 1st JCT Due Date | ENTER JCT LPHA sig Date | JCT Update Due Date | ENTER DC CT sig date or N/A | ENTER Last Eff Date | ENTER DC CSR Date W/30 days of DC or N/A | ENTER Recovery Admit Date | ENTER RS CHP staff Signature Date | TaP Update Due |
|------------------|------|------------------|------------------|-----------------|---------------------------|----------------------|-----------------|-----------------------------|-----------------------------|---------------------|------------------------|-----------------|---------------------------|------------------------|-------------------------|----------------------|---------------------------------|------------------------|--------------------------|

**Example:**

- Auto populates the treatment plan update due date when the primary counselor enters the date of their signature from the current treatment plan in the ADS Staff Tracker
- Auto populates the next Continued Treatment Justification due date when the primary counselor enters the date of their signature on the current Continued Treatment Justification in the ADS Staff Tracker
Outcomes and findings post-development of the Concurrent Review Process:

Outcomes:
Pre-Concurrent Review Process, disallowances were up to 48 percent (services disallowed internally, not claimed to Medi-Cal)
Most recent monthly disallowances were down to 23 percent (services disallowed internally, not claimed to Medi-Cal)

Continued pain points:
7-day Progress Note Rule
Physical Exam Requirements
Continued Service Justifications
Next Steps in the Concurrent Review Process:

- Implement quarterly peer review process
- Complete monthly internal services clinical documentation review
- Implement a quality improvement project to reduce progress note failure rate due to 7-day rule
- Provide monitoring tools to contract providers
- “Live long and prosper”

~Spock
Contact Information/Questions

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