

COUNTY OF YOLO

Health and Human Services Agency

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Director

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Meeting Minutes



Date & Time: Thursday, November 15th, 2018 9:00 am-10:30 am

Location: HHSA Bauer Building #1600 Thomson Room, 137 N Cottonwood Street, Woodland

Subject: DMC Organized Delivery System – Substance Use Disorder Services

Organizer: Ian Evans, LMFT
Alcohol and Drug Administrator
Yolo County Health & Human Services Agency

Attendees: Jen Page, Rich Elmore, Ian Evans, Roderick Fields, Tierra Gutierrez, Donna Kay Franco, Dee Langley, Ann Margaret Armas, Sajana Budhathoki, Amy Leino, Marshall Stenson, Pam Sidhu, Shannon Garza, Igee Amadasum, Lori Thompson, Katherine Barrett, Amara Pickens

	
Good discussion	Daily transaction report
Great resources	Went over time

1) Welcome and Intros: All

2) Program Updates and Announcements: All

Provider's updates:

- Marshall from CORE provided updates on the renovation work for their West Sacramento location, which has a projected opening date of January 2019.
- Community Recovery Resources Auburn site is now Drug Medi-Cal (DMC) certified. CORR shared that the State backdated their DMC activation date to 28th of March, 2018.
- Rich Elmore from Heritage Oaks Hospital shared that they took over the 24 /7 access line. Since they went live with Access line, call volumes have tripled, with a large number of calls from Yolo County Jail. They have upgraded their phone system as of last Friday; and have 2 more lines. Rich wanted to find out what to do in the event that a contact wanted to have an in person screening and where they can be sent to for ASAM screenings. For contacts that would like in person screenings, details for our walk in access points should be provided. This information is available on the SUD Provider Location Directory. Providers requested this reissued to them.

Action item - HHSa follow-up: Ian to send out an updated provider location directory to all providers.

- Shannon Garza from CommuniCare Health Centers shared that they utilized DHCS- Provider Application and Validation for Enrollment (PAVE) portal for DMC-certification. They also shared that PAVE online portal was convenient over using the paper forms. However, they were concerned that this portal did not ask for other credentialing documents.

Action item - HHSa follow-up: Ian to provide PAVE information to providers and send along TA call emails when they occur.

HHSa updates:

- **SUD Administrator Ian Evans and HHSa QM analyst Pam Sidhu provided updates on upcoming trainings and Quality Management data reporting:**
 - **RBA training:** HHSa is hosting a RBA training on November 20th from 8: 30 am to 10 am. Email has been sent out to all the providers. This will be a follow-up training from the training provided in July 2018. This training will provided more clarity on performance measuring tools definition.
 - **January Provider Meeting:** SUD provider's meeting for the month of January has been extended for 4 hours. This meeting will be held on January 17th, 2019 from 8:30 am to 12:30 pm. During this meeting, each provider will have 20-30 minutes to present on their program information and share resources. Revised email invites will be sent out to all the SUD providers next week.

- **Davie-Lee Training:** There will be two more ASAM trainings provided by David-Mee Lee for 2018-2019 fiscal year. The upcoming David-Mee Lee training will be held in February. HHSA is also working on scheduling ASAM trainings, by David-Lee for next fiscal year (FY19-20). Katherine Barrett suggested the upcoming training in February to be a group breakout and work through a case. Ian asked for feedback from providers about what they would like to have included in these trainings.

Action item - HHSA follow-up: Ian to discuss possible breakout for next ASAM training.

- **Fiscal Training:** Connie from fiscal department and her staff will be meeting with providers to provide technical assistance. There will also be separate trainings for each providers by level of care. Shannon requested a training to be provided for SUD Cost Report training. A request was made to have access to Daily charges report in Avatar. Pam Sidhu informed providers, this is not possible at this time. In the interim to use the excel spreadsheet sent to them by fiscal for reconciliation. Shannon (Communicare) wanted to know where we were implementing electronic claiming. Pam Sidhu provided an update that fiscal is currently working on developing the tools.

Action item - HHSA follow-up: Ian will discuss with Rebecca Mellot and provide feedback at next training.

- **QIC- Meeting:** HHSA, Supervising Clinician Amy Leino provided brief information on Quality Improvement Committee (QIC) meeting. HHSA is hosting QIC meeting at least once a quarter, on second Friday of the month. Shannon (Communicare) suggested providing more notice and to have regular scheduled dates.
- **Action item - HHSA follow-up:** Amy to provide next QIC meeting date in December SUD provider meeting.
- **Cal-OMS updates:** Pam Sidhu provided an update regarding Cal-OMS reports for providers. Cal-OMS reports have been created for each provider and are available in Avatar. Each provider has five reports. Pam Sidhu updated providers around Cal-OMS submissions; the state has still not setup the ability to accept out of county providers data. Out of County providers were reminded that no entry should be made into Avatar. This does not affect the ability to open/close episodes and is particular to Cal-OMS.

3) Training Calendar:

- The 2018-2019 Substance Use Training calendar (attachment A.) was reviewed.
- Ian shared that HHSA was able to purchase 25 more licenses for online ASAM trainings. This license is good for one year and staff can utilize this tool as a refresher. An email has been sent out to all the providers with this information.
 - **Providers requested additional trainings for:** Cal-OMS, Cost Reports, and how to complete the rating from the ASAM tool, training on Avatar ASAM entry and effective Coordination of care.

4) Transitioning /coordinating between levels of Care

- Turning Point shared their concerns about client's transition to higher level of care and asked group to share best practices on how they are facilitating this. In particular, when a client is relapsing and is refusing to go to a residential facility..
 - Ian advised using motivational interview skills and performing a warm handover with communication between client and provider, to establish a relationship. Thus, utilizing the Crisis Team has also been helpful in transitioning clients to a higher level of Care.
- Fourth and Hope requested clarification in how to transition a client to a Mental Health facility. Is there a requirement to have the client go through an access point. Ian Evans informed providers, in the event a client needs to be referred to a Mental Health service, providers should use the Access Line. Rich from HOH also shared that ACCESS line calls will be directed to Crisis team during work hours and they collaborate with Law Enforcement when needed. For Detox management providers can contact CRR. In the event that providers are having difficulties facilitating a warm hand-off, providers can contact Ian Evans to facilitate meetings between the providers. Providers expressed interest in having a flowchart available for Mental Health similar to the SUD flowchart.

Action item - HHSa follow-up: Send out the MH Flowchart to providers.

5). MAT coordination with other Levels of Care

- CommuniCare shared that they have seen a reduction in the number of clients being stepped down to outpatient services from Residential services.
 - Jen from CORR shared that transferring a client to within Yolo County has been challenging as they are located in Auburn and transportation is difficult...
 - Ian shared, once providers are DMC-ODS certified they can bill for case management services.
 - Additionally, there is a transportation benefit through Partnership that allows clients to be transported up to 400 miles in a round trip which will be helpful to transfer client.
 - Turning Point shared that if a client is not emotionally ready for residential service, they can be referred to TPCP-Free to choose program.
 - CommuniCare also shared that they have started to redesign their program to align with waiver guidelines; providing more choices to clients within the continuum of care. Sharing this information to clients will be beneficial, as clients are more likely to complete the program.

6) Episode Management

- HHSA, QM analyst Pam Sidhu provided hand-outs on Yolo County ASAM criteria reporting from July 1st 2018 to September 30th, 2018 from Avatar (attachment B), showing how many ASAM's had been completed and how many remain in a draft status. When an ASAM is completed, there is a requirement to enter the information into Avatar. There should be an ASAM completed for each admission and discharge of a client.
- Providers expressed an interest to have greater access to Avatar. They were advised to submit the Avatar Account Request and System Administrator, Rita Samartino will review and determine if license is available. Currently, the cost of a license is approximately \$800. Providers stated they would be willing to pay for license

Action item HHSA follow-up: Pam to send out a list of clients with missing ASAM's in draft to CommuniCare for corrections.

7) Questions: Everyone

- Jen from CORR asked if they will be able to use CAL-OMS reports submission that their agency has set up for different counties.
 - Pam advised that providers should use separate systems for each County due to Protected Health Information (PHI).
- Marshall asked, if it is still a requirement for NTP providers to complete ASAM screenings.
 - The State has not issued any guidance and we are waiting on an Information Notice.
- Is Urgent care closed on New Year Eve and Christmas Eve?
- **Action item - HHSA follow-up:** Ian is not sure about the Urgent Care clinic and will check with Mila Green.
- Marshall from CORE wanted to know if reports on claims are available for providers.
 - Pam shared that she is working with Julieta from fiscal department to provide claims reports electronically. Fiscal should be providing claim reports upon request.