



WHO IS THE BEHAVIORAL HEALTH COMPLIANCE OFFICE? WHAT DO THEY DO?

Top Row (standing): Lourdes Holt, Maria Anne Viray, Diana Yee, Felicia Davis, Cynthia Chinn, Carla Love, Rita Wu, Josette Leiva.

Bottom Row (sitting): Joseph Gorndt, Elaine Young, Chona Peralta, Matt Flores, Araceli Vitug, Andre Pelote, Teresita Francisco.



The Behavioral Health Compliance Office will monitor, audit and perform risk assessments on all activities and services performed by civil service and contracted providers that are subject to applicable behavioral healthcare regulations.

Behavioral Health Compliance Office (BHCO) monitoring include, but is not limited to, regular documentation and billing coding spot checks, chart reviews, compliance monitoring reviews, tracking provider compliance performance and other concurrent monitoring activities. Findings are routinely reported to applicable DPH upper management, BHS

administration, and appropriate contractor agency CEO/ Executive Director and designee.

It is the goal of BHCO to begin evaluating providers' internal controls. These evaluations will include inspecting internal control processes and procedures, ensuring providers have a designated compliance specialist, and analyzing quality and effectiveness of controls. The purpose of evaluating internal controls is to ensure providers have a mechanism established to inspect internal compliance activities and performance.

BHCO provider audits include but are not limited to, on-site formal announced audits of patient documentation; coding and billing; medical and necessity and diagnosis substantiation; various exclusion list verifications; quality of care practices; and other areas. (cont. on page 2)

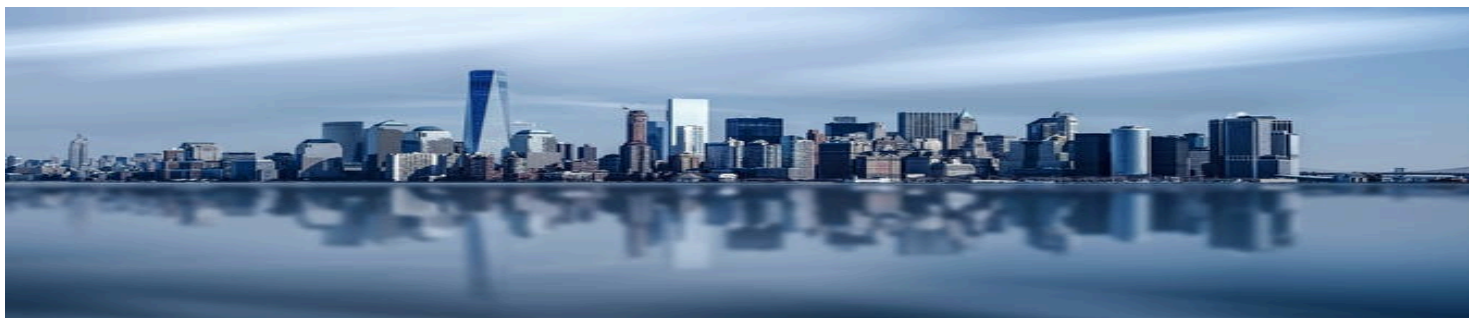
**Photo Credit to: Nick Hancock, DPH BOCC Database & Reports Manager. July 2018.*

OIG EXPECTS TO RECOVER \$1.46 BILLION FROM FRAUD INVESTIGATIONS AND \$187 MILLION FROM AUDITS

The Office of the Inspector General (OIG) recently released its Semiannual Report to Congress, which covers the period of October 1, 2017 through March 31, 2018. The report provides an overview of the OIG's work during the period, including its expected recovery of \$1.46 billion from fraud investigations, \$187 million from audit activities, 424 criminal actions and 349 civil actions against individuals or entities, and the exclusion of 1,588 individuals and entities from federal healthcare programs.

The report also highlights the OIG's recent reviews and enforcement activities related to human services agencies (including HRSA) and reviews and investigations related to grants and contracts. The report also includes a list of final audit reports by the OIG's Office of Audit Services, including the audit title/organization name and the amount of the costs questioned.

Source: Health Center Compliance.Com; US Dept. Health & Human Services Office of Inspector General Semiannual Report for Oct 1, 2017 to March 3, 2018 (<https://oig.hhs.gov>)



WHO IS THE COMPLIANCE? continue from page 1

Findings and disallowances are routinely reported to applicable DPH upper management, BHS administration, and appropriate contractor agency Executive Director and designee. The Behavioral Health Compliance Officer conducts mental health and/or substance use disorder audits on various modalities. In order to successfully implement the compliance program, risk areas must be identified, addressed and promptly resolved.

The OCPA, BHSCU annually perform risk assessments that include, but are not limited to, compliance reviews using limited patient charts and billings to measure a broad baseline of various areas of compliance risk. Findings are routinely reported to applicable DPH upper management, BHS administration, and appropriate contractor agency CEO/ Executive Director and designee.

Collectively, these evaluations conducted, with the support of management, help ensure compliance with applicable laws, policies, mental health plan and DMC-ODS Waiver contractual agreements; and prevent fraud, waste, and abuse.



DIAGNOSIS UNDER THE DMC-ODS WAIVER

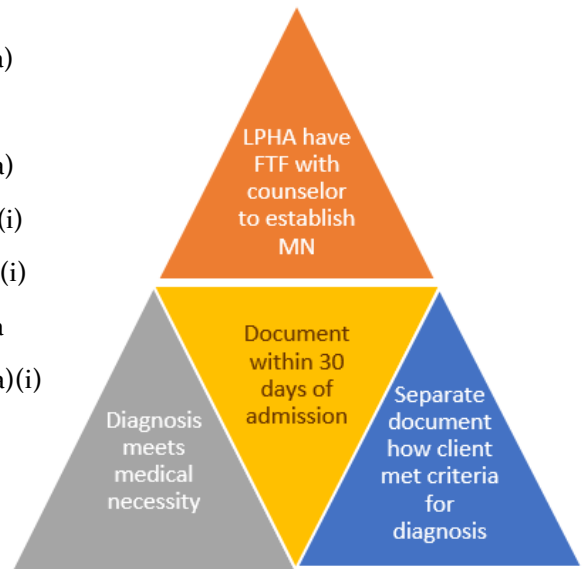
Diagnosis is one of two requirements for establishing medical necessity of treatment for a client under the ODS waiver¹. Without a correctly completed diagnosis, you will not be able to prove medical necessity for the entire episode, and are opening the entire episode up to recoupment. Therefore, you should make sure that your diagnoses meet all these requirements:

First, only LPHAs who are working within their scope of practice are permitted to make the diagnosis for a client². Therefore, if a counselor has conducted the assessment, the LPHA and counselor must have a face-to-face review of the client’s case to establish medical necessity³. After that review, the “LPHA shall document separately from the treatment plan the basis for the diagnosis⁴.” This means that you will need a separate document stating how the client has met the criteria for the diagnosis. In order for the client to be eligible for DMC-ODS services, this diagnosis must be a DSM Substance-Related and Addictive Disorders diagnosis, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders (for adults)⁵, or at-risk of developing a Substance Use Disorder (for clients under the age of 21)⁶.

This diagnosis must be made within 30 calendar days of admission⁷, and the documentation must have the LPHA’s typed or written name, signature, and the date of the signature on it⁸. Please note, the treatment plan for clients at an Opioid Treatment Program must still be determined by a licensed physician or licensed prescriber⁹.

- ¹ – Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(B)(2)(ii)
- ² - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)(a)
- ³ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)
- ⁴ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)(a)
- ⁵ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(B)(2)(ii)(a)(i)
- ⁶ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(B)(2)(ii)(b)(i)
- ⁷ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)(a)
- ⁸ - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)(a)(i)

"IA" is the contract to waive many Drug Medi-Cal requirements in Title 22



WHAT IS "IA"?

IA stands for the “Intergovernmental Agreement.” It is a contract between San Francisco and California that authorizes and implements the Drug Medi-Cal Organized Delivery System in San Francisco. This contract waives many of the Drug Medi-Cal requirements present in Title 22 of the Code of California Regulations. The Intergovernmental Agreement for San Francisco is available on DHCS’s website at:

http://www.dhcs.ca.gov/provgovpart/Documents/DMC_ODS_San_Francisco_Executed_Contract_Redacted.pdf



Department of Public Health
Office of Compliance & Privacy Affairs (OCPA)

ASAM TRAINING

As a requirement of the ODS waiver, all providers and staff who will conduct assessments must be trained in the ASAM criteria.¹ The required trainings are “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care.”² It is also recommended that providers take a third training, called “Introduction to the ASAM Criteria,” but this is not required.³ These e-trainings that are available through The Change Companies, and can be found at www.changecompanies.net/etraining.

¹ – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(GG)(ii)

² – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(GG)(ii)(a)

³ – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(GG)(ii)(a)

CONTINUING EDUCATION REQUIREMENTS

Under the ODS waiver, all LPHAs are required to receive a minimum of five hours of continuing education related to addiction medicine.¹ For the purposes of this requirement, the year begins on July 1 and ends on June 30. There is no distinction between billing and non-billing LPHAs; if a LPHA is employed at a DMC-ODS site, that person must comply with this requirement. It is the responsibility of the Medical Director to ensure that this requirement is met,² and the training must be documented in the employee’s personnel file.³ This training may be obtained privately, or appropriate continuing education courses will be scheduled by the Department of Health.

¹ – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(A)(iv)

² – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(PP)(5)(i)(f)

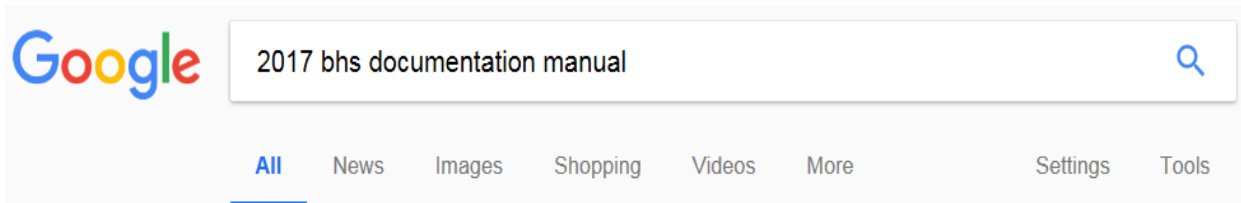
³ – Intergovernmental Agreement Exhibit A, Attachment I 1A(III)(PP)(6)(i)(g)



How do I access the 2017 Documentation Manual?

Here are **3** Different Ways to Access to Documentation Manual (Tip- Bookmark the link for easy reference!)

1. Here is the full hyperlink: <https://www.sfdph.org/dph/files/CBHSdocs/610357-3788-2017-Documentation-Manual-Outpatient-SFDPH-BHS-vPublishedPdf-11-01-2017X.pdf>
2. Here is the shortcut link: goo.gl/FS9VJW .
3. Go to Google, and type in **2017 BHS Documentation Manual**. Click on the first search result with the [PDF].



About 50,100 results (0.33 seconds)

Did you mean: **2017 bhrs** documentation manual

[PDF] **2017 Documentation Manual-Outpatient SMHS**

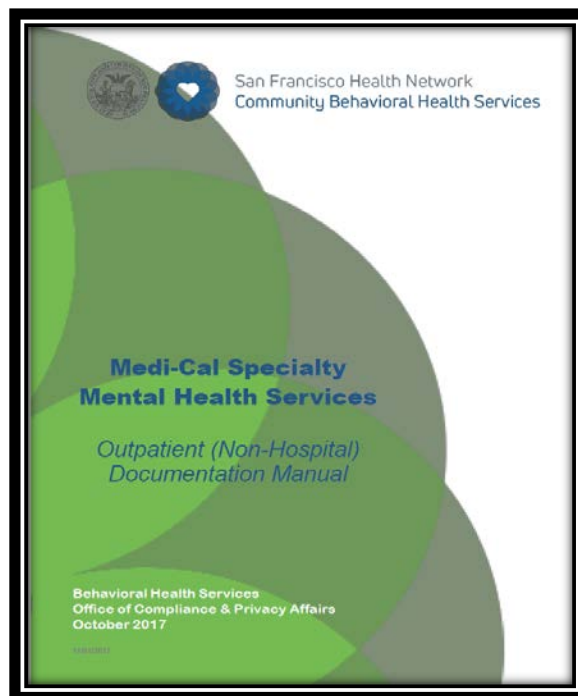
<https://www.sfdph.org/.../CBHSdocs/2017-Documentation-Manual-Outpatient-SFDPH-B...>

Nov 1, 2017 - Specialty Mental Health Services **Documentation Manual** for Outpatient ... and updates you will notice in the **2017** Edition of the **BHS Medi-**

Where do I find the list of services eligible for MHP reimbursement of Specialty Mental Health Services? Pg. 20

What are the NM codes (Non-Medi-Cal Billing Codes) for both A/OA and CYF? Pg. 128-131

What are the non-reimbursable services? Pg. 134



Where do I find the P-I-R-P format for progress notes? Pg. 168

What are the rules for Medi-Cal billing? What services can I claim? Maximum time that I can claim for each service? Pg. 119-121



Department of Public Health
Office of Compliance & Privacy Affairs (OCPA)

Invitation to BHS Contracted Programs (CBO): Training for Your Staff (Documentation Standards & Audit Tool)

Subject: Request for an invitation to provide training for your staff on Documentation Standards and Audit Tool.

Dear BHS Contracted (CBO) Program Directors,

We are writing to offer a training to your organization by BHS Compliance (Chona Peralta, LCSW) and BHS Quality Management (Joseph Turner, PhD). During the first quarter of this year, we provided on-site trainings to Civil Service Programs. We would like to extend an invitation to CBO Programs. Please **e-mail Teresita Francisco** (BHS Office of Compliance, Administrative Assistant to Chona Peralta) at teresita.francisco@sfdph.org to host a training at your site.

How to prepare for the next Triennial Audit in 2020?

Training for CBO Mental Health Staff on Documentation Standards & Chart Audit Protocol

What: *Three-hour training session* to mental health staff on clinical documentation standards (by Dr. Joe Turner, BHS QM) and chart audit protocol (by Chona Peralta, BHS Office of Compliance). The training is designed to support providers as they implement clinical documentation improvements (e.g., knowledge of regulations; chart auditing skills).

Who: The trainings are designed for staff who provide Specialty Mental Health Services (SMHS) Outpatient (Non-Hospital) which include adult residential providers.

When: Training dates to be determined and announced. Your staff can choose to **attend either a 9am-12pm or a 1pm-4pm** session.

Why: The DHCS Triennial Audit in April 2017 revealed the need for training to staff on documentation standards and the chart audit tool. Additionally, BHS anticipates that the next Triennial audit (in 2020), DHCS will likely review services provided between 2018-2019.

How: The training is a mix of lecture, question/answer, and hands-on practice (about one hour per each). Again the goal is to support programs to implement their own documentation improvements.

Contact: teresita.francisco@sfdph.org (BHS Office of Compliance, Administrative Assistant to Chona Peralta)