Substance Use Prevention and Treatment Services

Frequently **A**sked **Q**uestions

These FAQs are intended to provide clarification for contracted service providers on various components of treatment service provisions. If you have questions that are not covered here, please contact your designated Contract Monitor or call 916-875-2050.

Revised May 3, 2021

SUBSTANCE USE DISORDER (SUD) ASSESSMENTS

Q. Are service providers required to conduct Sacramento County SUD Assessments, based on the American Society of Addiction Medicine (ASAM), for Sacramento County clients who are not DMC beneficiaries?

A. Yes. Service providers are required to conduct Sacramento County SUD Assessments for **ALL** Sacramento County clients, regardless of funding source, effective July 1, 2019.

Q. Can service providers complete assessments on paper?

A. Yes. However, all Sacramento County SUD Assessments must be entered into Avatar within 30 days of the admission date. Assessments cannot be scanned into Avatar; they must be entered manually.

Q. Can service providers develop their own assessment based on ASAM?

A. No. All providers must use the Sacramento County SUD Assessment for all Sacramento County clients, regardless of funding source, but can also use additional assessments (Addiction Severity Index, Quality of Life) if they choose.

Q. What should service providers do if more than 12 clients are in a group?

A. All groups for any treatment modality must be between 2 and 12 participants per group regardless of the client funding source. Any group with more than 12 participants regardless of the number of facilitators will be disallowed.

Q. Can one staff complete the Sacramento County SUD Assessment and have a different staff enter the information into Avatar?

A. No. The clinical staff who completes the Sacramento County SUD Assessment must be the staff who enters it into Avatar.

Q. Does the Sacramento County SUD Assessment need to be completed during the first face-to-face with the client?

A. No. However, the County's expectation is that the assessment be completed within 30 days of admission to support the level of care and medical necessity billing requirements.

Q. Do SUD Assessments, conducted every 30 days, have to be signed by a licensed staff member?

A. If a diagnosis has already been established, an additional signature from a Licensed Practitioner of the Health Arts (LPHA) is not needed.

OUTPATIENT & INTENSIVE OUTPATIENT SERVICES

Q. How many times per year can a client receive outpatient treatment if they previously left without completing treatment?

A. There is no limit to the number of episodes allowed for outpatient treatment.

Q. Can outpatient service providers bill for peer-to-peer services at their site for aftercare or recovery services?

A. No. The County does not reimburse service providers for peer-to-peer services at this time.

Q. Can service providers combine outpatient and intensive outpatient clients into one group?

A. Yes, this is allowable. However, the group size cannot exceed 12 participants.

Q. Are group counseling services allowed as a multiple same-day billing?

A. Beneficiaries receiving multiple outpatient services on the same day are allowable and if in accordance with their Client/Treatment Plan. Outpatient services are not subject to multiple billing restrictions for the same service.

Q. Are individual sessions restricted to 50 minutes and group sessions to 90 minutes?

A. No. DMC-ODS services are now billed by the minute. Treatment should be prescribed based on what is medically necessary for the beneficiary.

RESIDENTIAL & DETOXIFICATION SERVICES

Q. How many times can a client be admitted to residential treatment?

A. Two times per calendar year. The stays cannot be consecutive.

Q. What is the minimum residential treatment hours?

A. Regulations continue to be a minimum of 20 hours per week with a minimum of one treatment service per day.

Q. What is the minimum documentation for residential treatment services?

A. Considering the 20 hours per week is spread out over seven days, Sacramento County's expectation is a Progress Note be written for all treatment provided for every service. Please refer to P&P #03-07 Residential Treatment Services for Option 1 or Option 2 for Progress Notes that your agency has determined they will be using.

Q. If a client receives detoxification treatment and then residential treatment services, is that one or two treatment episodes?

A. Two. Detoxification (ASAM 3.2) and residential (ASAM 3.1 and 3.5) are separate modalities and meet different ASAM criteria.

Q. How many times may a client be admitted into detoxification treatment?

A. At this time, there are no limits to the number of times a client may be admitted into detoxification treatment.

Q. What timeframe does a physical exam need to be completed for residential clients?

A. If a client has not had a physical exam within the past 12 months, a goal to obtain a physical examination should be included in the Client/Treatment Plan and be monitored by the clinician until the examination has been completed. A client must take a tuberculosis test and must be cleared of a tuberculosis diagnosis prior before the client can live in a residential treatment facility.

AVATAR

Q. What should a service provider do if their staff is not trained in Avatar?

A. Complete and submit a signed Avatar Account/Training Registration form. Once submitted, register staff for Avatar Training. Instructions, forms and upcoming trainings are included on this webpage:
https://dhs.saccounty.net/BHS/Avatar/Pages/GI_Avatar_Training.aspx

To register for Avatar training or questions regarding trainings:
avatartrainingregistration@saccounty.net

Q. Who can I contact for Avatar technical assistance?

A. Email the Behavioral Health Avatar Team at: Avatar@saccounty.net
Or call: 916-876-5806

AVATAR PRACTICE AVATAR PRACTICE MANAGEMENT

Q. What is Avatar Practice Management?

A. Practice Management was the first module of Avatar to be implemented by SUPT, which includes client billing/claiming information, data reporting, and Perceptive Document Management.

Q. What billing/claiming information is entered into Practice Management?

A. All SUPT county-operated and contracted providers are required to accurately enter billable and non-billable service codes into Avatar for all Drug Medi-Cal (DMC) service activities provided to clients. Accurate entry of service codes based on type of service provided is the basis for tracking, claiming, and paying for reimbursable service provisions. Please reference the "SUPT Service Code Definitions/Training Guide" for all SUPT billable and non-billable service codes, which will be available April 2021.

Q. Can service providers round up when completing billing notes?

A. No. Documentation times should be rounded down to the nearest whole minute.

Q. How does the billing get billed out? By the LPHA or the counselor?

A. Services are now generated through Progress Notes. Either clinical staff mentioned can generate a billing through writing a Progress Note. Clinical staff can bill for medically necessary DMC-ODS services that are within their individual scope of practice. This is specifically for providers using Avatar as their EHR. Other providers enter billing via client charge input.

Q. Are providers required to enter client data into Avatar?

A. Yes. Service providers should ensure accurate and timely entering of client data (e.g. CalOMS) into Avatar. Client data entered into Avatar is extracted and used for local, state, and federal data reporting requirements. Additionally, data entered into Avatar is used for monitoring and audit purposes.

Q. Can service providers print out CalOMS information?

A. Yes. CalOMS information can be printed from Avatar via CalOMS reports.

Q. When can a service provider admit an expectant mother into a program and Avatar CalOMS be opened (begin billing for perinatal services provided to clients)?

A. If a pregnancy verification form from a physician is received from client mid-month, the service provider can bill for the entire month under perinatal services. However, the provider must also ensure proof of end of pregnancy (live birth or termination) and the service provider must complete the Women's Health History Form, or services could be at risk of disallowance.

Q. What is Perceptive Document Management?

A. Perceptive Document Management (Document Capture) is used to scan non-Avatar generated documents into a client's electronic health record (EHR). To ensure a comprehensive electronic client chart, all paper clinical documents, non-Avatar generated paper records, and other key historical records (e.g. letters, hospital information, etc.) collected as part of ongoing care should be scanned into the client's Avatar EHR.

AVATAR CLINICAL WORKSTATION

Q. What is Avatar Clinical Workstation (CWS)?

A. The Clinical Workstation (CWS) module was implemented ("Go-Live") for SUPT service providers on March 1, 2021. The CWS contains electronic Avatar-generated clinical documents, which includes Service Requests, Substance Use Disorder Assessments, Health Questionnaires, Client/Treatment Plans, Progress Notes, and Order Connect.

Q. What is Order Connect?

A. Order Connect is part of CWS used to enter allergies or lack of known allergies, adverse reaction(s) to medications, and client reported medications into the client's EHR.

Q. Are providers required to enter Service Requests, Client/Treatment Plans, and Progress Notes for non-Drug Medi-Cal funded clients?

A. Service requests are required for all County clients regardless of funding source and whether or not a provider is using Avatar or their own EHR. Client/Treatment Plans and progress notes must be entered only for DMC eligible clients for those providers utilizing Avatar as their primary EHR.

Q. Will all service billing codes, across all programs, be visible to select from in CWS or will only those service billing codes specific to an agency be visible to select from? Is it possible for only service billing codes specific to an agency be visible?

A. All system service billing codes will be visible, across all programs. If the service billing code is not valid for a particular program, a zero dollar amount will be shown. Unfortunately, do to Avatar system limits, it is not feasible to only display valid service billing codes specific to each program/agency. Please consult your Contract Monitor to become familiar with billing services codes and to ensure your agency is using the appropriate codes for your program.

Q. Will SUD Assessments conducted by the System of Care be available in the Avatar client chart for provider staff to view?

A. Yes, System of Care staff will be include the SUD Assessment in the client's chart via the Service Request. The SUD Assessment is actually copied and pasted into the Service Request text box. The previous process of faxing SUD Assessments ended March 31, 2021.

Q. Why do providers have to complete the SUD Assessment and the Health Questionnaire when some of the questions are duplicative?

A. The SUD Assessment is based on the ASAM, which is the required assessment to be utilized by all modalities of service per a requirement of California Department of Health Care Services (DHCS). The Health Questionnaire is a separate

requirement that has more detailed questions related to a client's physical health history and identifies possible linkage and needs of the client. DHCS requires that physical health conditions reported by the client are prominently identified and updated. The completed Health Questionnaire and updates meet this requirement.

Q. **In the Health Questionnaire, what is the timeframe for emergency room visits? Within the past year or further back?**

A. Emergency room visits should be addressed if they have occurred at any time. Documenting any through the life continuum and identify any level of significance for the client.

Q. **Does the Health Questionnaire replace the DHCS 5103?**

A. Yes. The Health Questionnaire includes DHCS requirements for SUPT providers.

Q. **Does the Health Questionnaire in Avatar replace paper versions?**

A. Yes, effective March 1, 2021, the Health Questionnaire should be completed electronically through Avatar.

Q. **Is the "Treatment Plan" now called the "Client Plan" and does it include and align with American Society of Addiction Medicine (ASAM) Dimensions?**

A. Yes, in Avatar, the "Treatment Plan" is referred to as the "Client Plan." The Client Plan in Avatar does align with and include ASAM Dimensions.

Q. **When completing the Client Plan, and if deletions to Goal Statements and/or Interventions are made, will other information entered also be deleted?**

A. To edit Goals, Objectives, or Interventions, you are able to click on the specific section(s) and edit. However if you wish to delete it altogether, then you must do that from the last added item and up.

Q. **When a supervisor needs to approve a Client Plan and the Licensed Practitioner of the Health Arts (LPHA) also needs to review the Client Plan, does AVATAR allow for forwarding for approved to more than one individual?**

A. Avatar functionality does allow for more than one co-signers. However, the document would not be finalized until all co-signers have approved, which could affect timeliness. Delaying the finalization of any Avatar documents could affect the timeliness of those items.

Q. **Can the Client Plan be carried forward in Avatar for updates if chosen to do so, and the areas that need to be completed that don't get carried forward?**

A. Yes. The Client Plan can be carried forward in Avatar to be updated. The provider needs to be sure to complete the areas that do not get carried over and update the frequency and duration that are marked in red, as well as gather all necessary signatures. Please be sure to delete/update any information that is no longer accurate in the Client Plan.

Q. **Are start and end times required for each service type?**

A. Yes, the Department of Health Care Services requires that start and end times for each service be documented. A template within the Progress Note field should be used to document start and end times. For example:
Travel: 12:45 pm - 1 pm
Direct Service: 1 pm – 2 pm
Documentation Time: 2 pm – 2:15 pm
Travel Time: 2:15 pm – 2:30 pm

Q. Is LOCUS to be used by SUPT providers?

A. No. LOCUS is used only by Mental Health Providers. SUPT providers can skip this section in the Additional Episode Information.

Q. Progress Notes: Do you have to push "Accept and Route" every time for a co-signature or is this set up automatically or pushing "Accept-no sign?

A. If you have a co-signature requirement per your professional classification or by the request of your program, you will be required to select Accept and Route to electronically forward to the appropriate approvers.

Q. In the Additional Episode Information, does "Service Coordination" need to be completed when discharging a client?

A. "Service Coordination" is not used for discharging a client. This should be used only when service coordination is being added or changed within the same provider agency.

Q. Progress Notes: If you choose, "Accept and Route" can this be reviewed by supervisors and then denied or accepted and can it be corrected if supervisor denies it?

A. Yes, but keep in mind that Progress Notes must be completed within 7 days with all necessary signatures, etc., which is the longest period that DHCS allows. If a supervisor denies the Progress Note, it will place the Progress Note back in draft status so the note can be edited.

Q. Are Progress Notes for residential treatment different than other service modalities?

A. Yes. Residential providers should chose Option 1 or Option 2 as defined in P&P #03-07 Residential Treatment Services prior to entering Progress Notes into Avatar.

Q. Is there a way to populate the group topic, and interventions across all group participates and then individually add how the client response, etc. or do we need to go into each client AVATAR file and put in a complete (duplicate) group topic, group time, interventions?

A. No, unfortunately, Avatar functionality does not populate group topics and interventions. An individual Progress Note is required for each group member.

Q. Is there a timeline for how soon a diagnosis needs to be entered into Avatar?

A. Within the amount of time your clinical bundle (SUD Assessment, Medical Necessity, Health Questionnaire, and Client/Treatment Plan) is due depending on the modality of service. The diagnosis should begin the first day of service within Avatar. Any updates should be done upon changes to diagnosis or treatment occurs and at discharge immediately following client's exit from treatment.

Q. Recovery Services: Since the calculations are done outside of Avatar, do they round up or down if the total is not a whole number?

A. If Recovery Service calculations result in a fraction of a minute, providers will need to round down to the nearest whole minute.

Q. When entering Residential Services, are the Residential Group Notes always documented as an Independent Note?

A. No, if the first service of the day is entered under a clinical group for the day rate, then it would be under New Service.

Q. When entering Residential Services, should the Progress Note for the bundled rate be entered prior to the Independent Notes?

A. It does not matter which order you enter the notes into Avatar.

Q.	**Do providers need to have a goal for each Dimension in the Client/Treatment Plan?**
A.	No, it is based on client need and what is determined as areas of concern within the SUD Assessment. Depending on the need as well, there could be a goal that applies to more than one Dimension.