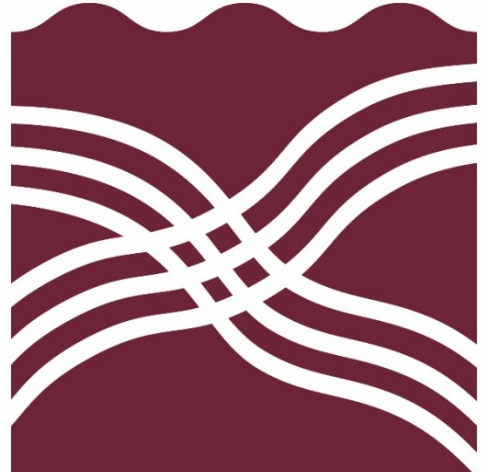


PARTNERSHIP



HEALTHPLAN
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PHC Wellness
& Recovery™
HOPE IS HERE

Wellness and Recovery

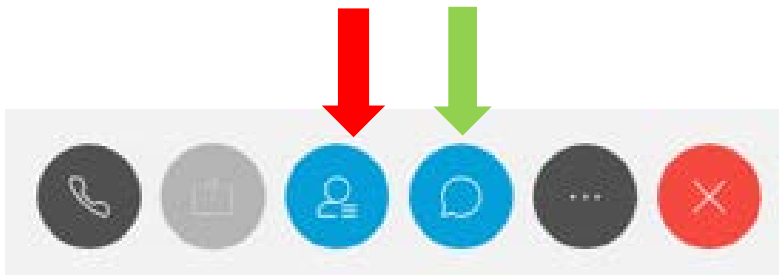
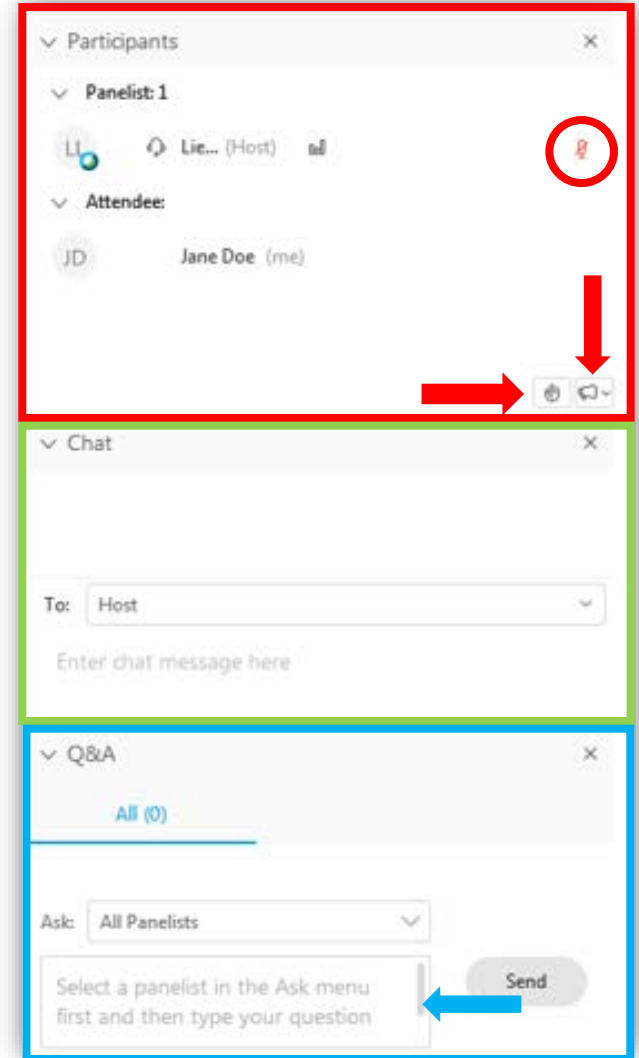
Provider Roundtable

July 27, 2020

We will be starting momentarily.

Housekeeping

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Q&A” box or click on the “raised hand” icon located in the Participants box.**





Agenda

- Program Updates
- Provider Guidance
- Recovery Services
- Provider Questions



Program Updates

- Beacon Call Center
 - Stats
 - Issues
- Residential TARs
 - Stats
 - Issues
- CalOMS
 - Stats
 - Issues
- Other
 - Stats
 - Issues



Beacon Call Center

- Beacon staff unclear on workflow
- Long wait times/unanswered calls
- Warm hand-offs
- 3rd Party Callers
- Not screening if an assessment is reported
- Endless loop
- Screened to the wrong LOC
- Incarcerated



Provider Guidance Review

- Employee separation
- Grievance and Appeal form
- Serving Non-Medi-Cal Beneficiaries and billing for them
- Direct Referral List



TARs

- If a reauthorization is requested, the authorizing documentation is due five business days prior to the end of current authorization.
- *Please include the TAR control number when submitting reauthorizing documents (e.g., updated assessment and updated treatment plan) or discharge documents.*
- **Fax to (707)863-4118**



Pending a TAR

- PENDING TAR: a letter is sent from the reviewer and should be forwarded to the counselor who completed the assessment. This way they know what areas need to be addressed. Michelle will reach out to the counselor and provide documentation support and education.
- Counselors can contact Michelle for support with clinical documentation

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(530)351-9026



Recovery Services

“Recovery services are available after the beneficiary has completed a course of treatment. Recovery services emphasize the patient’s central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients.”

Components

- **Counseling:** In the form of individual or group counseling to stabilize the beneficiary, then reassess if further care is needed.
- **Recovery Monitoring:** Including recovery coaching and monitoring via telephone/telehealth.
- **Support for Education and Job Skills:** Including linkages to life skills, employment services, job training, and education services.
- **Family Support:** Including linkages to childcare, parent education, child development support services, and family/marriage education.
- **Support Groups:** Including linkages to self-help and faith-based support..
- **Ancillary Services:** Including linkages to housing assistance, transportation, case management, and individual services coordination.



Access

Post-Treatment: Recovery services are made available to eligible beneficiaries after they complete their course of treatment.

Relapse Prevention and/or Early Intervention: Services are available to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.

Client Plan. Individualized client/treatment plan that includes specific goals.

Treatment Settings

Service Delivery

- Face-to-face
- By telephone
- By telehealth
- In the community

Can be provided by:

- Licensed Practitioner of the Healing Arts (LPHA)
- Certified/Registered Counselor

DMC Certification: Providers offering recovery services must be certified.

- This does not mean that services must be provided at the certified site. Services may be provided in the community.
- Services provided in the community must be linked to the physical site/facility that is DMC certified.



Recovery Services

- Recovery Services must be available in every county.
- Not every provider has to offer Recovery Services – You will refer clients to the provider offering Recovery Services when the client completes treatment.
- Peer Support Services
 - Coming Year 2
 - PHC will develop training plan which has to be approved by DHCS
- No CalOMS entry is required



Eligibility

- The client must have a prior diagnosis with a substance-related and/or addictive disorder and must currently have a diagnosis of “in remission.” See IN 17-034 for more information.
- The services request are needed to provide assistance to and address beneficiaries who are triggered, have relapsed, or as a measure to prevent relapse.
- Services are consistent with the prior diagnosis and treatment of the condition.
- Available for one year after completion of treatment.



Assessment and Client Plan

- Assessment and periodic reassessment will be completed by an LPHA or a registered/certified counselor.
- Planning for recovery services needs will be conducted by an LPHA or a registered/certified counselor.
 - Client plans must have specific, measurable, time limited goals that include a plan for ongoing recovery and relapse prevention.
 - Plan development will include the beneficiary

Provider Questions

