

Behavioral Health Documentation Requirements

California Advancing and Innovating Medi-Cal (CalAIM) documentation requirements for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services.

May 26, 2022

Housekeeping



Participants are in listen only mode.



Please submit questions via the Q&A function. The Chat feature is disabled.



Live closed captioning is available – you can find the link in the Chat.



The webinar slides and recording will be posted to the DHCS CalAIM webpage – please see the link in the Chat.



Welcome and Introductions

DHCS Presenter

- » Shaina Zurlin, Chief,
Medi-Cal Behavioral
Health

Agenda

Learning Objectives

Documentation Redesign Background

Overview of Documentation Requirements

Next Steps

Q&A

Brief PHE Update



Webinar Learning Objectives

Identify key elements of the updated documentation requirements.



Understand how the new policy maintains and differs from current policy.



Learn where to find additional resources.

How did DHCS Develop the Documentation Requirements?



CalAIM Proposal

[CalAIM proposal](#) released for public comment Jan 2021.

[CalAIM Section 1115 Amendment](#)

submitted June 2021.

[AB 133](#) chaptered July 2021.



Working Group

Over the past year, DHCS has convened stakeholders to help provide feedback and inform the development of the documentation requirements.



Public Comment

Draft policy released in January 2022.

DHCS reviewed and integrated stakeholder feedback.



Final Policy

Released in April 2022 via [BHIN 22-019](#).

Key Documentation Requirements



Three key elements:

1. Assessment
2. Problem List
3. Progress Notes

Strength-Based Approach

Each element of the documentation requirements have components to highlight strengths and capture the beneficiary's perspective.

DHCS is using the term "problem list" to align with physical health care system language, keeping in mind the goals of care coordination and integration.

Providers are encouraged to use strengths-based approaches that focus on a beneficiary's unique set of strengths. Services should be provided in the least restrictive setting and should prioritize recovery, resiliency, learning, development, and enhanced self-sufficiency.

Assessment

DMC & DMC-ODS

American Society
of Addiction
Medicine (ASAM)
Criteria

SMHS for Adults &
Youth (beneficiaries
under age 21)

Assessment
Domains

New!



ASAM & CANS

- » ASAM will continue to be required for DMC and DMC-ODS beneficiaries.
 - » Additional information on ASAM criteria requirements can be found in [BHIN 21-071](#) (DMC) and [BHIN 21-075](#) (DMC-ODS).
- » For SMHS beneficiaries under the age of 21, the Child and Adolescent Needs and Strengths (CANS) Assessment tool may be utilized to help inform the assessment domain requirements.

SMHS Assessment Domain Requirements

Domain 1	Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Beneficiary-Identified Impairments(s)
Domain 2	Trauma
Domain 3	Behavioral Health History, Comorbidity
Domain 4	Medical History, Current Medications, Comorbidity with Behavioral Health
Domain 5	Social and Life Circumstances, Culture/Religion/Spirituality
Domain 6	Strengths, Risk Behaviors, and Safety Factors
Domain 7	Clinical Summary and service recommendations, ICD Code, Medical Necessity Determination/Level of Care Access Criteria

Documenting Medical Necessity



The assessment will include the provider's determination of medical necessity and recommendation for services.



The details within the problem list and progress notes will also support medical necessity.

Problem List

- » Will include, but is not limited to:
 - » Diagnoses identified by a provider acting within their scope of practice, if any.
 - » Problems identified by a provider acting within their scope of practice, if any.
 - » Problems identified by other providers acting within their respective scopes of practice, if any.
 - » Problems identified by the beneficiary and/or significant support person, if any.
 - » The name and title of the provider that added or removed the problem, and the date the problem was added or removed.
- » The problem list will be updated on an ongoing basis.



Elements of a Progress Note

- » Includes:
 - » The type of service rendered.
 - » A narrative describing how the service addressed the beneficiary's behavioral health need.
 - » The date of the service.
 - » Duration of the service, including travel and documentation time.
 - » Location of the beneficiary at the time of receiving the service.
 - » A typed or legibly printed name, signature of the service provider and date of signature.
 - » ICD 10 code, and CPT, or HCPCS code.
 - » Next steps, including, but not limited to, planned action steps by the provider or by the beneficiary.



Progress Note Timing



- » Progress notes must be completed within **3 business days** of the service, except for crisis services, which must be completed within 24 hours.
- » Providers must complete a daily progress note for services that are billed daily.
 - » Additional weekly summaries are no longer required for day rehabilitation and day treatment intensive.

Progress Notes for Group Services



- » For group services, a list of participants is required to be documented and maintained by the provider.
 - » If more than one provider renders a group service, one progress note may be completed and signed by one provider, but it must clearly document the specific involvement and time of involvement of each provider.

Client Plan

Client plan requirements have been removed for most SMHS & DMC-ODS services.

Services for which a client plan is still required are noted in Attachment 1 of BHIN 22-019.

Peer Support Services must be based on an approved plan of care. The plan of care shall be documented within progress notes.¹

DHCS is working to update AOD Certification standards to align more closely with the new documentation requirements.

1. State Medicaid Director Letter #07-011; California State Plan, Supp. 3 to Att. 3.1-A, pp. 4, 5, 6h, 6i (substance use disorder); p. 2m.1 (SMHS).

<https://www.dhcs.ca.gov/formsandpubs/laws/Documents/Att-3-1-A-Supp-3.pdf>

Targeted Case Management

- » Targeted case management services within SMHS require the development and periodic revision of a care plan that is based on the assessment.²
- » The following required elements must be provided in a narrative format in the beneficiary's progress notes for targeted case management services:
 - » Goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational and other services needed by the beneficiary;
 - » Activities such as ensuring the active participation of the beneficiary, and working with the beneficiary and others to develop those goals;
 - » A course of action to respond to the assessed needs of the beneficiary; and
 - » Development of a transition plan when a beneficiary has achieved the goals of the care plan.

2. See California State Plan, Sec. 3, Att. 3.1-A, Supp. 1, pp. 8-17; 42 C.F.R. § 440.169(d)(2) and 42 C.F.R. § 441.18 for guidance.

Compliance

The new documentation requirements are effective July 1, 2022.

Counties will need to update their policies and procedures and supporting materials for triennial (SMHS) and annual (DMC/DMC-ODS) reviews.

Technical Assistance Opportunities

- » DHCS will be providing TA throughout the year in the form of webinars and FAQs to assist with the implementation of the CalAIM behavioral health policies. Information will be posted on the [BH CalAIM webpage](#) and announced via the [DHCS Stakeholder Communication Listserv](#).
- » CalMHSA will also be providing trainings on the updated documentation requirements available [here](#).

What's Next?



FY 2022-2023 Reasons for Recoupment for DMC, DMC-ODS, and SMHS will be developed and updated to align with documentation requirements.



Standard Screening & Transition Tools go live January 2023.



Payment Reform goes live July 2023.

Q&A

Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Questions?

- » If you have additional questions that we didn't get to in today's webinar, please e-mail DHCS at: BHCalAIM@dhcs.ca.gov
- » Subject Line "Documentation Requirements"

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left. The line graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text "Thank You" is centered in the middle of the image in a white, bold, sans-serif font.

Thank You

Reference

The slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, spanning the width of the page below the main title.

CalAIM Behavioral Health Initiatives Timeline

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	Jan. 2022
Drug Medi-Cal Organized Delivery System 2022-2026	Jan. 2022
Drug Medi-Cal ASAM Level of Care Determination	Jan. 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	Jan. 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	Jul. 2022
No Wrong Door & Co-Occurring Treatment	Jul. 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	Oct. 2022
Standardized Screening & Transition Tools	Jan. 2023
Behavioral Health CPT Coding Transition	Jul. 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	Jul. 2023
Administrative Behavioral Health Integration	Jan. 2027

Additional References

- » Medical Necessity Determination and Level of Care Determination Requirements for DMC Treatment Program Services [BHIN 21-071](#).
- » DMC-ODS for the Period of 2022 - 2026 [BHIN 21-075](#).
- » Criteria for beneficiary access to SMHS [BHIN 21-073](#).
- » Concurrent Review [BHIN 22-017](#)
- » Authorization of Outpatient SMHS [BHIN 22-016](#)