Sonoma County Behavioral Health

SUD CalAIM Presentation

May 24, 2022

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DHCS BH Info Notice 21-071

- DHCS effective 01/01/22
- County to submit training plan to DHCS per BHQIP by 09/30/22
- Need: list of all staff requiring training

Medical Necessity

- Initial assessment and services: 30 and 60 day windows
  - Resets when withdraws prior to DSM SUD Diagnosis
  - ASAM must drive level of care (abbreviated vs. full ASAM)
  - DSM Diagnosis must be done by a LPHA (No Tobacco, No Non-SUD related)
  - Telehealth and Telephone OK – but additional requirements (BHIN 22-019)
  - Clinically appropriate DMC services eligible for reimbursement
    - Even if ultimately assessed as NOT meeting DMC criteria!
    - BUT: need an ICD-10 code to claim (Z codes, other specified, unspecified ARE OK HERE)

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Medical Necessity (continued)

- DMC requirements to qualify for services AFTER assessment process
  - 21+ Beneficiaries: 1+ DSM SUD diagnosis by LPHA (No Tobacco, No Non-SUD related) *OR*
    - Same as above PLUS SUD history prior to or during incarceration
  - <21 Beneficiaries: MUST receive clinically appropriate and medically necessary services
    - Even if not covered in Medicaid State Plan
    - Services that sustain, support, improve, or make more tolerable OR a SUD area covered by EPSDT (BHIN 22-003)
  - Need an ICD-10 code to claim
  - Co-occurring mental health conditions are not cause for denial if other DMC conditions met (BHIN 22-011)

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Level of Care Determination (LOC)

- ASAM: Must drive LOC selection
  - During 30 or 60 day assessment window abbreviated ASAM is sufficient to begin services
  - FULL ASAM is required within 30 or 60 day of first visit with AOD counselor or LPHA
  - Shall include a typed or legibly printed name, signature of the service provider and date of signature
  - Shall include the provider's determination of medical necessity and recommendation for services
  - Problem list and progress note requirements shall support medical necessity (BHIN 22-019)
  - 21+ Beneficiary: 30 days
  - <21 Beneficiary or Homeless Beneficiary: 60 days
  - Withdraw from treatment before DSM SUD diagnosis resets window
  - LEAST restrictive clinically appropriate LOC required
  - Compliance with ASAM requirements will be required for the county's DMC contracted partners

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Documentation Requirements

- DHCS effective 07/01/22
- Requires updating policies and procedures to ensure compliance
- Monitoring, and compliance with documentation standards, will require corrective action plans

  NEW: recoupment shall be focused on fraud, waste, and abuse.
- Includes standardized assessment requirements for DMC (also addressed in BHIN 21-071; this BHIN succeeded 21-071)
- NEW: No treatment plan requirements retained
  - Except for NTPs (see BHIN 22-019, Attachment 1)
  - NTP requirements for documentation and program requirements are not changing under this BHIN
- NEW: Replaces treatment plans

  a) Problem list required

  b) Progress note requirements

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What is a Problem List?

- A list of symptoms, conditions, diagnoses, and/or risk factors
- Identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters

- The problem list shall include, but is not limited to, the following:
  - ❑ Diagnoses identified by a provider acting within their scope of practice, if any
  - ❑ Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable
  - ❑ Problems identified by a provider acting within their scope of practice, if any
  - ❑ Problems or illnesses identified by the beneficiary and/or significant support person, if any
  - ❑ The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed

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How often does the problem list get updated and by whom?

- The provider(s) responsible for the beneficiary's care shall create and maintain a problem list
- Updated on an ongoing basis to reflect the current presentation of the client
- Updated "when there is a relevant change to a client's condition" by adding or removing from the list
- A problem identified during a service encounter (e.g., relapse) may be addressed by the service provider (within their scope of practice) during that service encounter, and subsequently added to the problem list
  - The problem does not need to be listed *before* addressing it
  - Providers shall update the problem list "within a reasonable time and in accordance with generally accepted standards of practice"

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DMC Progress Note Requirements

- Each progress note shall include:
  - Sufficient detail to support the service code selected for the service type as indicated by the service code description
  - Type of service rendered
  - A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)
  - The date of service
  - Duration, including travel and documentation time
  - Location of the beneficiary at the time of receiving the service
  - A typed or legibly printed name, provider signature (or electronic equivalent) and date of signature
  - Next steps (e.g., Plan)
- All notes must be associated on the claim with:
  - ICD 10 code
  - Current Procedural Terminology (CPT) *OR*
  - Healthcare Common Procedure Coding System (HCPCS) code

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Group Progress Notes

- If more than one group facilitator, one facilitator may write and sign each note
- Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours
- Notes for service with multiple providers must clearly document specific involvement and specific amount of time of involvement of each provider of the group activity, including documentation time
- List of participants required to be documented and maintained by provider (maintain separate from clients' charts)
  - ❑ Clients no longer need to sign in on the roster

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Treatment and Care Planning Requirements

- DHCS removed treatment plan requirements from DMC, with the exception of continued requirements specifically noted in Attachment 1
  - ❑ Retained: CalOMS
  - ❑ Retained: DATAR
  - ❑ Retained: NTP treatment plan requirements
    - NTP Documentation and program requirements (42 CFR, 8.12) are not changing under this BHIN
  - ❑ Retained: Documentation of physical exam requirements, per Attachment 1 - 22 CCR 51341.1(h)(1)(A)(IV)(a-c)

- Review Attachment 2 for all Title 22, 51341.1 regulations superseded by BHIN 22-019, pages 15-18

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Telehealth & Telephone Services

- Providers must confirm consent for the telehealth or telephone service, in writing or verbally, at least once prior to initiating those services Retained: CalOMS
- The provider must document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received
- Consent must include:
  - ❑ An explanation that clients have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit
  - ❑ An explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time without affecting their ability to access covered services in the future
  - ❑ An explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted: https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education/Non-Emergency-Medical-Transport
  - ❑ The potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider

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County Listening Session

Questions for Discussion:

1. What challenges do you anticipate as we rollout CalAIM implementation?
2. What resources and/or support do you anticipate needing from the county?
3. Are there areas we missed?

We will document your questions, concerns and send out a response, in writing, addressing each question

- Rather than answering here – we want to be sure we consult with DHCS and DHS-BHD SUD Section staff, QA and Compliance, as needed

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