COUNTY OF SANTA CRUZ
Behavioral Health Services
FOR CHILDREN & ADULTS

QUALITY IMPROVEMENT DEPARTMENT
INFORMATION NOTICE

DMC-ODS CalAIM Update!

TOPIC: CalAIM Changes for DMC-ODS /SUD Services

Date of Information Notice: July 2022

What Areas will have Changes in 2022?

- **Access to Services / No Wrong Door**
- **ASAM Assessment**
- **Progress Notes**
- **Treatment Plan**
- **Monitoring / Utilization Review**
- **Diagnosis**
- **Care Coordination**
- **Problem List**

Effective Dates: January 1, 2022 & July 1, 2022
Staff Affected: All DMC-ODS Network Staff
NOTE: NTP / OTP federal regulations supersede BHIN 22-019

Introduction and Summary

CalAIM is a path to increased flexibility for Behavioral Health providers & is designed to devote more time to clinical care and less time to documentation.

Once implemented, CalAIM will allow providers to:
***Spend more time with clients *Complete leaner documentation *Maximize billable services**

County Behavioral Health (BH) is excited to collaborate with BH staff and our Contract Partners to learn, make decisions, and implement the CalAIM initiative changes together.

CalAIM brings a shift in focus to:

- Services that are clinically indicated and person-centered
- Judgment of the clinician
- Decrease recoupment of funds
- Unification of service delivery & documentation across Counties in California

This Information Notice (IN) provides high level initial information regarding CalAIM changes that are being implemented and alerts you to available training resources.

- July 2022 brings collaborative workgroups facilitated by County BH QI that will include stakeholders from County BH and Contract Partners. Workgroups will design specific CalAIM implementation changes.
- BH QI is hosting weekly Office Hours for continuous staff support (see below).
- CalAIM is a multi-year state-wide roll-out. Therefore, additional guidance & updates are expected over time.
- Santa Cruz County BH partnered with CalMHSA for CalAIM training support; trainings are available NOW (see below).
- Specific Santa Cruz County trainings on our electronic health record, Avatar, and other guidance will be provided throughout CalAIM roll-out after workgroups come to county-specific decisions.

How do you get more information & Training? / What if you have questions?

Access CalMHSA (California Mental Health Service Authority) Resources

- Provider Trainings ***are now available*** via the CalMHSA Learning Management System (LMS) to Behavioral Health (MH & SUD) staff in Santa Cruz County *(Contract Partners Included)*

  - Your participation in these trainings is important because the trainings provide a good overview of how your work with clients will be impacted. In addition, the trainings support Santa Cruz County's adoption of CalAIM changes which are being implemented across all California counties.
    - **CalMHSA Training Topics**: (each is about 30 minutes long)
      - CalAIM Overview
      - Access to Services
      - Assessment
      - Diagnosis / Problem List
      - Progress Notes
      - Care Coordination

    ➢ **To *register*** / participate in CalMHSA Trainings, Click HERE

    ➢ *** County BH Leadership aims for all providers to complete all six (6) CalMHSA trainings by August 31, 2022.**

    ➢ **CalMHSA Documentation Guides are available** HERE
    CalMHSA has developed guides for specialized roles for MHP & SUD providers

Documentation Guides

MH	SUD
Clinical Staff: Click Here	Alcohol & Drug Counselors: Click Here
Medical Staff: Click Here	Clinical Staff: Click Here
Mental Health Rehabilitation Staff and Others: Click Here	Medical Staff: Click Here
Peer Support Specialists: Click Here	Peer Support Specialists: Click Here

- Attend County QI office hours to ask your CalAIM questions & share ideas to support change
  - Behavioral Health Management expects staff to attend office hours

  Office hours: (alternating Friday morning / Tuesday afternoon)
    - Every other **Friday** @ **9:00-10:00am** beginning Friday July 8th, 2022
      - ➢ Click Here for Friday TEAMS meeting link
    - Every other **Tuesday** @ **3:00-4:00pm** beginning Tuesday July 12th, 2022
      - ➢ Click HERE for Tuesday TEAMS meeting link

- Send County QI your questions
  - ➢ Click HERE to submit a question

- Join an implementation Workgroup
  - First workgroup (Avatar Changes) = every other Thursday, 9:00-10:00am; **Begins July 7th, 2022**
  - Other workgroups topics – TBD. We welcome your suggestions

CalAIM Changes –

Available CalMHSA trainings cover these changes in more detail!

✓ **January 1, 2022**

In January, Santa Cruz County began to include these CalAIM additional flexibilities when assessing clients for DMC-ODS treatment services.

ACCESS TO SERVICES:

Services that can be provided prior to completion of assessment, completion of full diagnosis and creation of treatment plan / problem list:

- **Prior:**
  - Unplanned Services (assessment, treatment planning, crisis intervention, linkage to new services)
- **CalAIM Change:**
  - Any clinically appropriate services (including counseling, collateral, care coordination, etc.)

Under 21 years of age indicators which meet criteria for Access to Drug Medi-Cal services, following completion of the ASAM assessment:

- **Prior:**
  - Access based on DSM-5 included substance use disorder diagnosis
  - Access to services for under age 21 follows EPSDT regulations documenting this Medi-Cal benefit (Title 42 section 1396d(r)(5))
- **CalAIM Change:**
  - Increase in flexibility; allowable to use Z codes when determining diagnosis (see diagnosis section below)
  - No change; still required to follow (Early & Periodic Screening Diagnostic and Treatment (EPSDT) regulations for determining eligibility for access to services.

21 years of age & older indicators which meet criteria for Access to Drug Medi-Cal services, following completion of the ASAM assessment:

- **Prior:**
  - Access based on DSM-5 included substance use disorder diagnosis
  - Access to services for age 21 & older follow medical necessity definition below.
- **CalAIM Change:**
  - Increase in flexibility; allowable to use Z codes when determining diagnosis (see diagnosis section below). The Person has:
    1. At least one diagnosis from the DSM-5 for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders **OR**
    2. Has had at least one DSM-5 Diagnosis for Substance Related and Addiction Disorders, with the exception of Tobacco related Disorders and Non-Substance-Related disorders, prior to incarceration or during incarceration, determined by substance use history

NOTES: **For all billable services, Avatar diagnosis form is still required; also see Diagnosis section below. If, after the assessment is completed, the person does not meet criteria for DMC-ODS services,**

then the clinically appropriate covered DMC-ODS services provided during the assessment process are reimbursable.

- **Medical Necessity**
  - **People over 21 years :** Services are considered medically necessary when "reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain."
  - **People under 21 years:** Services are medically necessary when necessary to correct or ameliorate substance misuse and SUDs discovered by a screening service.
    Services can be delivered to sustain, support, improve or make more tolerable substance misuse or a SUD condition (Title 42 Section 1396d(r)(5)).

DIAGNOSIS:

Who can formulate diagnosis during the assessment phase if specific qualifying SUD related Diagnosis has not yet been determined:

- **Prior:**
  - LPHA only
- **CalAIM Change:**
  - LPHA
  - Paraprofessional / Counselor within their scope of practice / education

Who can formulate INITIAL DSM-5 SUD related diagnosis to conclude assessment phase:

- **Prior:**
  - LPHA only
- **CalAIM Change:**
  - LPHA only (No Change)

DSM V / ICD 10 Codes during assessment

- **Prior:**
  - LPHA required to formulate an Included mental health related DSM-5 / ICD 10 Diagnosis
  - Included DSM-5 / ICD 10 Diagnosis required to bill for services.
- **CalAIM Change:**
  - **LPHA:** Any clinically appropriate SUD related ICD-10 code;
    - Z codes from the CMS approved ICD-10 diagnosis list;
    - Z03.89 when diagnosis not yet established
  - **Paraprofessional:** Z codes **(Z55-Z65)** from the CMS approved ICD-10 diagnosis list appropriate to their scope and education; no LPHA supervision required (See below a suggested Z Code short list that captures key social determinants to health issues.)
  - Clinically appropriate services shall not be denied prior to the determination of a diagnosis

NOTES: **Criteria to access substance use disorder services may still be met when the person has co-occurring mental health & substance use disorders. The substance use disorder diagnosis would still be listed as the primary diagnosis, even if it is a Z code or an unspecified diagnosis.**

ASAM ASSESSMENT:

DMC-ODS continues to require the use of the ASAM placement criteria for all service types.
If a beneficiary withdraws from treatment prior to completion of the ASAM criteria assessment and later returns, the time period for the assessment starts over.

Withdrawal Management ASAM Assessment Timeframe

- **Prior:**
  - ASAM assessment & prior authorization completed prior to admission
- **CalAIM Change:**
  - WM services are urgent / provided on short-term basis. Full ASAM criteria assessment shall not be required as a condition of admission to a facility providing WM; full ASAM criteria assessment shall be completed prior to transition to additional services.

Residential ASAM Assessment Timeframe

- **Prior:**
  - ASAM assessment & prior authorization completed prior to admission
- **CalAIM Change:**
  - No change identified at this time.

Outpatient ASAM Assessment Timeframe

- **Prior:**
  - NTP: 28 days
  - OP / IOP: 30 days
- **CalAIM Change:**
  - NTP: 28 days (NTP/OTP regulations supersede BHIN 22-019)
    Clinically appropriate services shall not be denied prior to the completion of assessment for outpatient SUD services.
    - Up to 30 days from date of first contact with LPHA or registered/certified counselor for people 21 years and older
    - Up to 60 days for people under 21 years old, or for any aged person who is experiencing homelessness which results in a need for additional time to complete assessment

ASAM Reassessment

- **Prior:**
  - ASAM Reassessment completed at pre-defined time intervals.
  - Providers utilized different billing codes when completing the ASAM reassessment.
- **CalAIM Change:**
  - An ASAM reassessment does not need to be repeated unless the beneficiary's condition changes, when determining continued service justification (CSJ) and/or as clinically indicated.
  - ASAM reassessment is an assessment service and only an assessment code should be used when billing ASAM reassessment

NOTES: **The initial assessment may be performed face-to-face, by telehealth or by telephone for all levels of care except narcotic treatment programs (NTPs) for which federal regulations apply.**
If initial assessment is completed by registered / certified counselor, the LPHA shall evaluate the assessment with the counselor & complete the initial diagnosis.

All required historical elements still need to be obtained and documented in a progress note, using progress note template. These historical elements include history regarding: drug/alcohol use, medical, family, psychiatric/psychological, social/recreational, financial status, educational, employment, criminal history/legal status and previous SUD TX history.

CARE COORDINATION:

Name Change

- **Prior:**
  - Previously referred to as Case Management
- **CalAIM Change:**
  - Redescribed as Care Coordination

Definition / Components

- **Prior:**
  Components of Case Management:
  - Comprehensive assessment, treatment monitoring (including between levels of care), client advocacy, client linkage to services, monitoring service delivery
- **CalAIM Change:**
  Components of Care Coordination:
  - Activities to provide coordination of SUD care, mental health care, and medical care; coordinating with medical and mental health care providers to monitor and support comorbid health conditions; referrals to mental health providers and primary / specialty medical providers.
  - Discharge planning, including coordination between levels of care and to recovery services.
  - Support the beneficiary with linkage to services and supports designed to restore the beneficiary to their best possible functional level. Includes individualized connection, referral and linkage to community-based services and supports (educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, child care, child development, family/marriage education, cultural sources and mutual aid support groups.

Medication Assisted Treatment (MAT) and Care Coordination

- **Prior:**
  - Case Management as a component of MAT was less clearly defined.
- **CalAIM Change:**
  - Emphasis added that care coordination is a required component of provision of MAT services; providers shall support the beneficiary with linkage to services and coordinate care with medical primary care providers as well as mental health providers and specialty medical providers as indicated.

CalAIM Changes continued
CalMHSA Trainings cover below areas

✓ **July 1, 2022**

ACCESS TO SERVICES:NO WRONG DOOR

No Wrong Door – Co-Occurring MH Services

- **Prior:**
  - Services for a person are restricted to SUD diagnosis only.
- **CalAIM Change:**
  - Clinically appropriate mental health services may be provided while determining diagnosis and/or linking to correct location for on-going services (MHP or DMC-ODS). Medi-Cal can be billed for these services.

PROGRESS NOTES

Trainings to come regarding progress note completion!

Timeline for completion

- **Prior:**
  - 7 calendar days
  - Weekly progress note: residential treatment
- **CalAIM Change:**
  - 3 business days for all LOC, except a crisis service
    "Business Day" is the program's hours of operation, such as outpatient settings being Monday through Friday, excluding weekends and 14 approved County holidays
  - Residential programs have 7-day operational hours, and staff schedule's vary
    - **The 3-business day count starts on the next business day after the date of service.**
  - 24 hours from date/time of service for all crisis services
  - Daily progress note: residential treatment

➢ *County BH conducted a readiness data analysis on completed progress notes completed within 3 business days from Date of Service. As of 6/15/2022, results show that* ***72% of all BH (MHP and DMC-ODS) progress notes already meet the 3-business day timeliness standard****.*

PROBLEM LIST: Person-centered list of concerns and goals

The Problem List is required for all services, and replaces the treatment plan for most DMC-ODS Services. The Problem List is a list of symptoms, conditions, diagnoses (including Z codes) and/or risk factors for the person served*.*

How Documented

- **Prior (when treatment plan):**
  - Separate Treatment Plan form in Avatar

- **CalAIM Change:**
  - The Avatar committee is researching the ability to use the problem list form.
  - Problem outlined in narrative of progress note.

How Often Updated

- **Prior:**
  - Based on requirements for each level of care
- **CalAIM Change:**
  - Problem list updated on an on-going basis as new problems arise and current problems are solved
  - Updated when there is a relevant change to a person's condition.

Who Documents in the Problem List

- **Prior:**
  - LPHA must finalize / sign the Avatar Treatment Plan
- **CalAIM Change:**
  - All providers responsible for the person's care create and maintain the problem list.
  - Signatures are not required.

Components

- **Prior:**
  - Begin Date / End Date
  - Person's Strengths / Challenges / Language
  - Problem / Status of Problem
  - Goal / Objectives / Interventions
  - Provider who identified the problem
  - Client & Provider Role & Signatures
- **CalAIM Change:**
  - Begin Date / End Date (same)
  - Provider who identified the problem (same)
  - ICD 10 Code by provider within their scope of practice/SNOMED Codes
  - Description of ICD 10 Code/SNOMED code
  - Problems identified by the person served & significant support people
  - Provider role (MHRS, peer support staff, psychiatrist, clinical social worker, primary care physician, etc.)

TREATMENT PLAN

Treatment Plan requirements removed for most DMC-ODS services.
The treatment plan is still required for NTP services per federal requirements.

When Required

- **Prior:**
  - For **all** planned services
- **CalAIM Change:**
  - *For specific services:*

- Narcotic Treatment Programs (NTP) treatment services
- Peer support services

Components

- **Prior:**
  - Begin Date / End Date
  - Person's Strengths / Challenges / Language
  - Problem / Status of Problem
  - Goal / Objectives / Interventions
  - Provider who identified the problem
  - Individual & Provider Role & Signatures

- **CalAIM Change:**
  - Peer Support Services
    - Approved by appropriate treating provider
  - **NTP Treatment**
    - See 42 CFR Section 8.12

➢ *DHCS clarity pending re. signature requirements for services that continue to require a treatment plan*

How This is Documented

- **Prior:**
  - Separate form in Avatar

- **CalAIM Change:**
  - Outlined in narrative format in a progress note

➢ *DHCS clarity pending re. signature requirements for services that continue to require a treatment plan*

MONITORING / UTILIZATION REVIEW

The quality of care and clinical indications for care will continue to be evaluated. Service monitoring will focus on reasonable service delivery and "clinical indication" documented in chart.

Disallowances

- **Prior:**
  - Disallowances occurred for many "out of compliance" items such as:
    - Late Treatment Plan (TP) / TP without signatures
    - Services provided not listed on treatment plan
    - "Planned" services provided prior to completion of treatment plan
    - Late Progress Notes

- **CalAIM Change:**
  - Disallowances will occur when there is evidence of fraud, waste and abuse.
    - **Fraud:** Knowingly & willfully executing, or attempting to execute, a scheme to defraud any health care benefit program or to obtain any of the money or property owned by, or under the custody or control of, any health care benefit program.

- **Waste:** overutilization of services which result in unnecessary costs to the Medicare / Medi-Cal program; misuse of resources.
- **Abuse:** Actions that may, directly or indirectly, result in: unnecessary costs to Medicare/Medi-Cal, improper payment, payment for services that fail to meet standards of care, services that are medically unnecessary.

Key Take-Aways

1. **The feeling of overwhelm is normal with change. Supporting each other helps.**
2. **Given time, these changes allow you more flexibility treating the people who need our services.**
3. **The shift allows you to drive clinically indicated care.**

Resources

- **BHIN 21-071:** Medical Necessity Determination and Level of Care Determination Requirements for DMC Treatment Program Services: **BHIN 21-071 (ca.gov)**
- **BHIN 21-075:** DMC-ODS Requirements for the period 2022-2026:https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf
- **BHIN 22-003:** Medi-Cal SUD treatment services for beneficiaries under age 21:https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf
- **BHIN 22-013:** Code selection during assessment period for outpatient behavioral health services: **BHIN 22-013 (ca.gov)**
- **BHIN 22-019:** Documentation Requirements for SMHS & DMC-ODS services: **BHIN 22-019 (ca.gov)**

DHCS Social Determinants of Health Priority Z codes

Code-----Description

- Z55.0____Illiteracy and low-level literacy
- Z58.6____Inadequate drinking-water supply
- Z59.00___Homelessness unspecified
- Z59.01___Sheltered homelessness
- Z59.02___Unsheltered homelessness
- Z59.1____Inadequate housing (lack of heating/space, unsatisfactory surroundings)
- Z59.3____Problems related to living in residential institution
- Z59.41___Food insecurity
- Z59.48___Other specified lack of adequate food
- Z59.7____Insufficient social insurance and welfare support
- Z59.811__Housing instability, housed, with risk of homelessness

- Z59.812__Housing instability, housed, homelessness in past 12 months
- Z59.819__Housing instability, housed unspecified
- Z59.89___Other problems related to housing and economic circumstances
- Z60.2____Problems related to living alone
- Z60.4____Social exclusion and rejection (physical appearance, illness or behavior)
- Z62.819__Personal history of unspecified abuse in childhood
- Z63.0____Problems in relationship with spouse or partner
- Z63.4____Disappearance & death of family member (assumed death, bereavement)
- Z63.5____Disruption of family by separation and divorce (marital estrangement)
- Z63.6____Dependent relative needing care at home
- Z63.72___Alcoholism and drug addiction in family
- Z65.1____Imprisonment and other incarceration
- Z65.2____Problems related to release from prison
- Z65.8____Other specified problems related to psychosocial circumstances (religious or spiritual _____problem)