COUNTY OF SANTA CRUZ
Behavioral Health Services
FOR CHILDREN & ADULTS

QUALITY IMPROVEMENT DEPARTMENT
INFORMATION NOTICE (IN)

Specialty Mental Health CalAIM Update!

TOPIC: CalAIM Changes for Specialty Mental Health Service (SMHS)

Date of Information Notice: **July 2022**

What Areas will have Changes in 2022?

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

Effective Dates: **January 1, 2022 & July 1, 2022**

Staff Affected: **All Specialty Mental Health Plan Staff**

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 Access and Gates began to include these CalAIM additional flexibilities when assessing clients for SMHS enrollment.

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, plan development, crisis intervention, linkage to new services)
- **CalAIM Change:**
  - Any clinically appropriate services (including therapy, rehab counseling, etc.)

Under 21 years of age: Indicators which meet criteria for Access to Specialty Mental Health Services

- **Prior:**
  - Access based on mental health symptoms & DSM-5 included mental health diagnosis
  - Early & Periodic Screening Diagnostic and Treatment (EPSDT) appropriate services
- **CalAIM Change:**
  - Access determination now **INCLUDES**:
    - Significant **Trauma** placing the beneficiary at risk of a future mental health condition
    - Trauma / Homelessness / Child Welfare / Juvenile Justice System involvement
    - A **suspected** mental health disorder that has not yet been diagnosed (if moderate to severe)

21 years of age & older: Indicators which meet criteria for Access to Specialty Mental Health Services

- **Prior:**
  - Access based on mental health symptoms & DSM-5 mental health diagnosis
- **CalAIM Change:**
  - Now may provide services with a **suspected** mental health disorder that has not yet been diagnosed (if moderate to severe)

***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 specialty mental health services, then the clinically appropriate covered mental health services provided during the assessment process are reimbursable.**

- **There has been a shift in paradigm from "establishing Medical Necessity" before providing services to providing medically necessary services while "assessing Criteria for Access to Specialty Mental Health Services."** If it is determined that a client does not meet criteria for specialty mental health services, services rendered during initial assessment phase can still be reimbursed

- **Medical Necessity** = See Welfare & Institutions Code 14184.402 & Title 42 Section 1396d(r)(5)
  - **People 21 years old +**: Reasonable and necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain
  - **People under 21 years**: Services necessary to correct or ameliorate a mental illness or condition; curative or restorative; can be delivered to sustain, support, improve or make more tolerable a mental health condition

DIAGNOSIS:

Who can formulate a diagnosis during the assessment phase:

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

Who can formulate INITIAL 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 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 Specialty Mental Health Services may still be met when the person has co-occurring mental health & substance use disorders. The mental health diagnosis would still be listed as the primary diagnosis, even if Z code or an unspecified diagnosis.**

PSYCHOSOCIAL ASSESSMENT: [Person-centered treatment thread begins.]

Clinically appropriate services shall not be denied prior to the completion of an assessment.

Assessment Timeframe

- **Prior:**
  - Within 30 days of admission to the LE

  - Updated at least annually or as clinically indicated
- **CalAIM Change:**
  - As clinically indicated; within a reasonable timeframe in accordance with generally accepted standards of practice.
  - As clinically indicated

Components of Psychosocial Assessment
(For more details, please reference the CalMHSA Documentation Guides, link above)

- **Prior:**
  - 11 Elements
- **CalAIM Change:**
  - 7 Domains

***NOTES*: There is limited change to the *content* of the Avatar Psychosocial; the content of the 7 domains is similar to the content of the previously required 11 elements.**
An MSE must still be completed by an LPHA in the MSE form.
For Youth: CANS / PSC 35 continue to be required during initial assessment and every 6-months

CalAIM Changes continued
CalMHSA Trainings cover below areas

✓ **July 1, 2022**

ACCESS TO SERVICES: NO WRONG DOOR

- **Prior:**
  - Restricted to services at “appropriate” level of care
  - Services for a person are restricted to ***one*** level of care
  - Services for a person are restricted to SMHS
- **CalAIM Change:**
  - Clinically appropriate mental health services may be provided while determining diagnosis, during the assessment, or prior to determination of whether meeting criteria for SMHS or Non-SMHS and linking to correct location for on-going services. Medi-Cal can be billed for these services even when person is determined mild-moderate level/Non-SMHS.
  - Non-duplicative services may be provided from different levels of care (example: therapy through Beacon and medication support at County Behavioral Health)
  - Clinically appropriate services are covered and reimbursable by a SMHS provider for a person who has a co-occurring substance use disorder (SUD) when all other service requirements are met, including care coordination linkage services to on-going SUD treatment 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 services, 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 settings

➢ *On 6/15/2022, County BH conducted a readiness data analysis on completed progress notes within 3 business days from Date of Service and 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 Specialty MH 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:**
  - Treatment Plan updated annually at a minimum
- **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: (We expect minimal change to Avatar Problem List form)**
  - 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
  - Problems identified by the person served & significant support people
  - Provider role (case manager, peer support staff, psychiatrist, therapist, primary care physician, etc.)

TREATMENT PLAN

Treatment Plan requirements removed for most specialty mental health services. When a treatment plan is required for certain outpatient services, this is because of federal requirements.

When Required

- **Prior:**
  - For **all** planned services
- **CalAIM Change:**
  - *For specific planned services:*
    - Peer Support Services
    - Targeted Case Management services (TCM)
    - Case Management services (CM)
    - Therapeutic Behavioral Services (TBS)
    - Intensive Care Coordination (ICC)
    - Intensive Home-Based Services (IHBS)
    - Therapeutic Foster Care (TFC) services
    - Services provided in a Short-Term Residential Therapeutic Programs (STRTPs)

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
- **TCM / CM** *See 42 CFR section 440.169 & 441.18*

- Goals & Actions to address the medical, social, educational and other service needs of the individual
- Describes* treatment / service activities
- Ensures active participation of the individual or their representative, including if individual declined any services
- Defines individual & provider roles

- For TBS, ICC, IHBS, TFC & STRTP see Attachment 1 of BHIN 22-019 for details & federal authority references. See link to BHIN 22-019 below in Reference section.

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

How the treatment plan is documented

- **Prior:**
  - Specific Treatment Plan form in Avatar
- **CalAIM Change:**
  - TCM/CM & Peer Support Services treatment plan must be included in a progress note.
  - *DHCS clarity pending re. other treatment plan details.*

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 21-073:** Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements: **DHCS Letterhead (ca.gov)**
- **BHIN 22-011:** No Wrong Door for Mental Health Services: **BHIN 22-011 No Wrong Door for Mental Health Services Policy (ca.gov)**
- **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)