

## Behavioral Health Services (BHS) – Information Notice

<b>To:</b>	<b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services</b>
<b>Date:</b>	<b>August 15, 2022</b>
<b>Title</b>	<b>Documentation Reform Implementation Update</b> <i>follow-up to the “CalAIM Documentation Reform BHS Plan” memo dated 6/14/22</i>

The Department of Health Care Services (DHCS) released the final Behavioral Health Information Notice (BHIN) regarding documentation reform, [BHIN 22-019](#) effective July 1, 2022. The aim of this notice is to reform behavioral health documentation requirements to improve beneficiary experience by streamlining and standardizing clinical documentation requirements across Medi-Cal SMHS, DMC, and DMC-ODS Services.

The next step towards implementation is the launching of new documentation in alignment with BHIN 22-019. Providers are expected to begin using the new documentation effective September 1, 2022. Medical Record Reviews (MRR) will begin in October 2022 and will review to the new documentation standards. The following is a summary of the new documentation and changes made. The new documents have been attached to this memo and will be uploaded to the SUDURM tab on the [Optum website](#).

Unless indicated below, all other previous documentation requirements remain.

Providers should also continue to view the California Mental Health Services Authority (CalMHSA) [Documentation Guides and Trainings](#), and can refer to the attached instruction sheets for guidance on the specific forms. We will also be communicating out any additional training and educational opportunities to the system in the near future. Additionally, programs should engage with their assigned Quality Assurance (QA) Specialist.

### Documentation Updates Effective September 1, 2022

#### **Brief Initial Level of Care Screening Tool:**

- Providers may use this tool or their own tool for screening/triaging potential clients.
- If providers are using their own tool, the fields marked with “\*” on the instruction sheet must be included.

#### **Adolescent Initial Level of Care:**

- Fields have been added for smoking cessation questions and a diagnosis narrative.
- Updated Level of Care Assessments will use this same form as the Level of Care (LOC) Recommendation Form will be sunsetted.

#### **Adult ASAM Criteria Assessment:**

- Replaces the Adult Initial LOC Assessment, LOC Recommendation Form, and Addiction Severity Index (ASI).
- Update Level of Care Assessment will use this same form.

#### **Problem List:**

- Replaces the Treatment Plan and Diagnosis Determination Note.
- Must be updated on an ongoing basis to reflect the current presentation of the beneficiary.
- There is no longer a requirement for obtaining a physical examination to be part of the Problem List.
- A problem list should be created prior to the expiration of the current Treatment Plan.

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### SUD Treatment Progress Note:

- Replaces the Residential Weekly Progress Note, Residential WM Daily Progress Note, and Outpatient Group Progress Note.
- This Template is designed for documentation of all services, with the exception of the Peer Plan of Care.
- Must be completed within 3 business days (day of service + 2) for all services, and 24 hours for crisis services.

### Peer Plan of Care Note:

- Is the same as the SUD Treatment Progress Note, but with an additional prompt for the Peer Support Services Plan of Care.
- When documenting the Plan of Care, must be co-signed by any treating provider who can render reimbursable Medi-Cal Services

### Additional Information

#### Upcoming Changes:

- The Diagnosis Determination Note and Residential Weekly Progress Note – Services are being revised and added to the Toolbox tab on Optum since they will no longer be required.
- The Physician Direction Form is being updated to meet the required elements related to physical exam requirements.
- We are currently expecting to have these revised forms available by 9/1/22.

#### SanWITS:

- These forms are being added to SanWITS, and we will communicate to our system when they are available.
- Providers using SanWITS as their Electronic Health Record will need to resume using paper versions of the forms until they are implemented.
- All providers must continue to enter data in to SanWITS as they currently do, including CalOMS, billing, ASAM, access data, and any other EQR data.

#### Programs Using Welligent as their Electronic Health Record (EHR):

- All SUDURM forms created in Welligent as a new form, update, revision, correction, or customization specific to one program needs to be submitted to QM via Stephen Faille.
  - This will ensure everyone's forms are correct and meets requirements for data transfers when interoperability is implemented.
  - This will eliminate redundancies and ensure faster approval of forms.
- All forms submitted directly from programs will be sent back with Stephen included to provide support and direction.
- QM maintains direct communication with Stephen for anticipated development of future forms.
- For questions, please reach out to Stephen at [sfaille@continuumcloud.com](mailto:sfaille@continuumcloud.com).

#### Other providers using their own EHR:

- Programs shall follow the already established process of submitting drafts of developed SUDURM forms for their system to QA for review and approval before use.

BHS will continue to inform our providers on any changes related to documentation reform and other CalAIM initiatives as we receive information from DHCS.

#### For More Information:

- Contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)