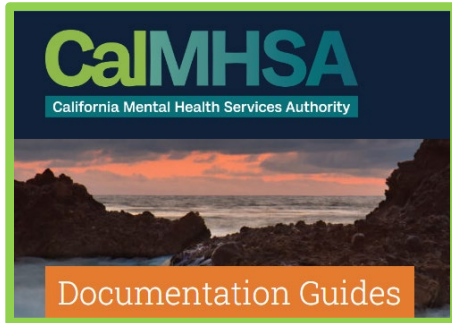




### Behavioral Health Program News

Applicable to both SMHS and DMC-ODS Programs



#### **Updated CalMHS A Documentation Guides**

- CalMHS A has revised all eight of their Documentation Guides to incorporate changes resulting from payment reform implementation.
    - Four of the guides are specific to Mental Health service providers and four are specific to DMC-ODS service providers
  - Each version includes a “Change Log” in the back of the guide where topics for additions/revisions are tracked, for easy reference.
- These revised guides can be found here: [Documentation Guides - California Mental Health Services Authority \(calmhsa.org\)](https://calmhsa.org)

#### **Annual Network Adequacy Certification Tools**

- The Department of Health Care Services is monitoring Yolo County Behavioral Health to ensure adequate access to appropriate services. In the coming weeks, Yolo County Behavioral Health Quality Management will be issuing Network Adequacy Tools for completion. This is an important state reporting requirement and we appreciate your time and collaboration.

#### **Quality Improvement Committee (QIC) Quarterly Meeting**

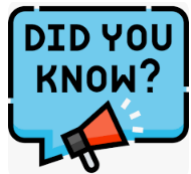
- The QIC It is open to the entire Yolo County Behavioral Health system, including SUD and Mental Health service providers
  - This facilitates efforts to address quality improvement from an integrated behavioral health approach
- Additionally, beneficiaries and family members are welcomed to become a part of the QIC to provide valuable stakeholder feedback
- The next QIC meeting is scheduled for Thursday, September 28<sup>th</sup>, from 9-10:30 a.m.
  - If you are a supervisor/manager and would like to participate (or if you know beneficiaries/family members who would be interested in participating), please contact the BH-QM team at [HHSQualityManagement@yolocounty.org](mailto:HHSQualityManagement@yolocounty.org) for more information

#### **Multiple Contacts for the Same Service (by the Same Provider) in a Day**

- Per the payment reform initiative that took effect July 1, 2023, claims for services of the same billing code, rendered by the same provider, and occurring within the same day, must be rolled up into one claim for submission to DHCS. As such, Yolo County issued guidance for providers

documenting in Avatar stating that when the above conditions are met, services should be combined and documented within one progress note for that day. When documenting:

- Be precise in documenting the type and number of contacts being outlined in the narrative of the progress note
- The service location should be documented as the last location the service was provided on that day
- For providers who do not enter their progress notes in Avatar:
  - You may do separate notes for the same client, same service code, same service provider on the same date; however, you will need to total the direct times from those service into one claim that is submitted to Yolo County for the date of service.
  - Please make sure there's an internal process in place to verify the direct times for these services match the time on the single claim that is submitted.



**Will the Department of Health Care Services (DHCS) be adjusting the progress note timeframes outlined in Behavioral Health Information Notice (BHIN) 22-019? How does this timeframe apply when notes are completed by providers practicing under supervision?**

- No. DHCS does not plan to update the progress note timeframes that appear in [BHIN 22-019](#). Providers shall complete progress notes within three business days of providing a service, except for notes for crisis services, which must be completed within 24 hours. The day of the service shall be considered day zero. Timely completion of progress notes supports quality clinical care.
- Some provider types work under direct supervision of a licensed professional. In these instances, the treating provider shall complete progress notes in accordance with the timeframes outlined in [BHIN 22-019](#). Any required review of the progress notes by a supervising professional should then be completed in accordance with clinical best practices, but need not occur within the progress note timeframes specified in the [BHIN 22-019](#).
- For other CalAIM Frequently Asked Questions, check out the DHCS webpage: [CalAIM-Behavioral-Health-Initiative-Frequently-Asked-Questions](#)

**Since Our Last Edition: Updated Behavioral Health Policies, Procedures and Forms**

- HHS 5-1-006, Telehealth Services, was updated to reflect the most current guidance from the Department of Health Care Services (DHCS) on providing Medi-Cal Telehealth Services.
  - In addition to the updated policy, HHS's Telehealth Consent form (mandatory for HHS, contracted providers may develop their own consent form that meets regulatory requirements) was updated.
  - Both are posted on the Behavioral Health Quality Management webpage:
    - [5.1.006 – Telehealth Services](#)
    - [Telehealth Consent Form](#)
- For additional information, see DHCS [BHIN 23-018](#)



- Updated SMHS and SUD Documentation Trainings
  - The BH-QM team has been diligently working on updating the documentation trainings for SMHS and SUD programs to include all CalAIM relevant information, including payment reform.
  - Trainings will be live sessions via Zoom or Teams meetings and are planned for October/November of 2023.
  - Be on the lookout for upcoming email announcements with more information

## Specialty Mental Health Services



**Have the requirements for medication consents changed? This section was removed from the SMHS Triennial Protocol and the MHP Contract and BHIN 22-019 doesn't touch on medication consent requirements.** Reference [WIC § 5325.3](#)

- [California Senate Bill \(SB\) 184](#) was approved on 6/30/22. This bill updated and superseded state regulations (Cal. Code Regs. Tit. 9, § 852) that required mental health facilities to obtain patient signatures to demonstrate informed consent for antipsychotic medications delivered in specified community mental health settings.
- SB 184 eliminated the requirement to obtain patient signatures, and instead requires that facilities maintain written consent records that contain both of the following:
  - A notation that information about informed consent to antipsychotic medications has been discussed with the patient; and
  - A notation that the patient understands the nature and effect of antipsychotic medications, and consents to the administration of those medications.
- Please refer to WIC § 5325.3 for complete statutory language.



### **Since Our Last Edition: Updated Specialty Mental Health Policies, Procedures and Forms**

- Avatar Desk Guide for Progress Notes
  - To incorporate information regarding payment reform and update place of service and provider classification information, the Avatar Desk Guide for Progress Notes was updated and disseminated to programs using Avatar in July and August 2023.
  - The updated guide was also posted on the website and is available here: [638282911602530000 \(yolocounty.org\)](https://www.yolocounty.org/638282911602530000)
- Documenting Group Services in Avatar
  - An email was sent to providers documenting in Avatar with the following guidance for group service documentation, effective 7/1/2023:
    - Direct time is based on the amount of time the service was provided and should not be adjusted based on the number of participants
    - Service Duration is the same value as the Direct Time

- The “group formula” should not be added in the narrative of the progress note at it is no longer applicable
  - If programs previously finalized progress notes for group services after July 1<sup>st</sup> and the times were not calculated per the above directives, please submit a Cherwell ticket and the Enterprise Applications (EA) team will contact you for additional information. Reminder: do not submit PHI in Cherwell.
- HHS Programs only: Updated Change of Provider Policy
  - Policy was updated to align with current practices on both the Adult and Children, Youth, and Family sides of HHS SMHS.
  - A direct link to the policy can be found here: <https://www.yolocounty.org/home/showpublisheddocument/53911/638270126724584616>

## DMC-ODS Program News

### Clinical Documentation Tips for SUD Outpatient and Residential Providers

- The BH-QM team sent an email on August 4, 2023, to Outpatient and Residential SUD providers offering tips for improved clinical documentation
  - Assessments: Should be an accurate documentation of a person’s current and historical needs, and therefore individualized. “Cookie cutter” language across assessments is not a best clinical practice.
  - “Continuing Services Justification:” It is not necessary to copy/paste the definition of “continuing services justification” into the assessment or other documents. Instead, best practice is to briefly state specific examples from the client’s situation **at the time of the assessment/reassessment**. For example, “the client is making some progress on his goal of increasing relapse prevention skills but has not been able to fully meet this goal because of additional issues with housing that have come up since his last assessment.”
  - For SUD residential providers, “Imminent Danger Criteria” definition language is a guide for helping assess need for residential services. It is **not** language that is meant to be copied/pasted into assessments completed by providers. Best practice is to briefly give client specific examples to illustrate these criteria. For example, “Client says he’s only been able to remain sober for brief periods of time in the past (longest about a week) and is likely to continue drinking without more structured treatment. Client states he’s at risk of losing housing within the next week if he doesn’t address his alcohol use.”
- A handout with the definitions referred to above was provided and posted to the website. It can be found here: [Microsoft PowerPoint - SUD Documentation Reminders Handout - OP & Res - 8.3.23 \(yolocounty.org\)](#)





### **Documenting Proof of Pregnancy/Birth for Perinatal Services**

- Perinatal programs are required to provide proof of pregnancy when authorizing services for clients who are pregnant
  - Proof would include medical documentation that substantiates the beneficiary's pregnancy, such as a medical note from the doctor, or lab test results from the doctor that indicate pregnancy.
- For the 60-day postpartum period, proof of birth must be submitted.

Check  
this  
out →

### **Do providers of substance use disorder services funded through the Substance Abuse and Mental Health Services' (SAMHSA) Substance Abuse Prevention & Treatment of Block Grant (SABG) need to complete standalone treatment plans?**

Reference [45 CFR § 96.136](#) & [BHIN 22-019](#)

- [Behavioral Health Information Notice \(BHIN\) 22-019](#) describes updated problem list and progress notes requirements and eliminates certain historical requirements for SMHS client plans and DMC/DMC-ODS treatment plans. DHCS is also in the process of updating the Department's Alcohol and/or Other Drug (AOD) Program Certification Standards to align with Medi-Cal documentation guidance.
- Consistent with these updates, a standalone treatment plan is no longer required for SABG-funded services. SABG performance contracts require SABG-funded programs to observe federal regulations in 45 CFR 96.136, but do not require treatment planning to be documented in a specified format, e.g., a standalone treatment plan template. As long as SABG-funded programs observe the federal requirements in [45 CFR 96.136](#), they may document consistent with Medi-Cal guidance in BHIN 22-019 or subsequent DHCS documentation guidance.

### **Are providers still expected to follow the documentation requirements within the SUD Youth Treatment Guidelines?**

Reference [DHCS Adolescent SUD Best Practices Guide October 2020](#)

- No. The [Adolescent Substance Use Disorder \(SUD\) Best Practices Guide](#) replaces the previously published Youth Treatment Guidelines (dated August 2002). The Adolescent SUD Best Practices Guide was not intended to conflict with, or duplicate, other applicable laws, regulations or standards that govern programs serving adolescents. Where there are conflicts between [BHIN 22-019](#) and the Adolescent SUD Best Practices Guide, providers should follow the requirements outlined in [BHIN 22-019](#).

### **Are providers still expected to follow the documentation requirements within the Perinatal Practice Guidelines (PPG) that conflict with BHIN 22-019?**

Reference [BHIN 22-019](#)

- No. Where there are conflicts between [BHIN 22-019](#) and the PPG, such as the example of assessment and treatment plan requirements, providers should follow the requirements outlined in [BHIN 22-019](#).



### A “BOLO” for Yolo! Attention SUD Providers!

- The period for the annual DMC-ODS Treatment Perception Survey (TPS) is fast approaching.
  - Adult (ages 18 and older) and youth (ages 12-17) versions are included in the threshold languages as part of the survey process
- This year, the survey period will be the week of October 16 through October 20.
- Not only does the administration of this survey address the data collection needs required by the Centers for Medicare and Medicaid Services (CMS), but the information collected also supports our county and state quality improvement efforts.
- Be on the lookout for upcoming emails with additional information.

**Is this information filtering down to your counselors, case managers, and administrative staff?  
Please share the Quality News with your staff and keep them in the loop!**

**quality  
news**