



# COUNTY OF YOLO

Health and Human Services Agency

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## Yolo County Behavioral Health QM Outpatient & Intensive Outpatient SUD Documentation Training

### Questions and Answers (Q&A)

**Q. Is writing a Progress Report (e.g. a report to CWS or probation) a billable services?**

**A.** No, if a practitioner is typing up a routine progress report that service is considered documentation and not a billable service as there is no direct service being provided.

**Q. When providing a group service, the topic is the same for all clients that attended. Can this portion of the progress note be the same for each client that attended or is that considered "cookie cutter" language?**

**A.** The topic of the group would be the same for each client that attended, so the portion of the progress note that describes the service can be identical. However, the portion of the narrative that describes how the service addressed the member's specific behavioral health needs should be individualized and vary across different member's progress notes.

**Q. Can peer support staff run groups?**

**A.** Yes, peers can run groups focused on behavioral health prevention education. Peer run groups provide a supportive environment in which people in care and their families learn coping mechanisms and problem-solving skills in order to help the person in care achieve desired outcomes. Medi-Cal Peer Support Specialist group services are covered under "Educational Skill Building Groups" and should be claimed under the "Behavioral Health Prevention Education Service" codes as follows- Outpatient: H0025SODFN (non-perinatal) or H0025SODFP (perinatal); Intensive Outpatient: H0025SIOTN (non-perinatal) or H0025SIOTP (perinatal). DHCS recommends that group size be limited to no less than two and no more than twelve members at the same time.

**Q. Can you provide guidance around documentation of approved plan of care for peer services?**

**A.** Currently, the peer support services with the client must be based on an approved plan of care which is documented within a distinct progress note and approved by the treating provider. DHCS is currently reviewing

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Every effort is made to update this information in a timely fashion, however, as regulations frequently are revised, it is strongly recommended to consult the [DHCS BHIN page](#) for the current year, the [DHCS CaAIM FAQ](#) website, review current P&Ps, and/or contact HHSa BH-QM at [HHSQualityManagement@yolocounty.org](mailto:HHSQualityManagement@yolocounty.org) with questions to assure accuracy.



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this requirement and may be making changes soon. As soon as this guidance is updated, Yolo County will reach out to provide updates.

## Additional clarifications

- DHCS released BHIN 23-058 on 10/16/23 which provides guidance around interim certification requirements for SUD treatment programs. BHIN 23-058 Attachment 1: Certification of Alcohol and Other Drug Programs 1.0 contains language which requires treatment plans, discharge plans/summaries.
  - a. DHCS is working on updating the AOD certification requirements in order to better align them with CalAIM. Yolo County will share the updated AOD certification requirements as soon as they become available.
- Evidence Based Practice (slide 44) should contain 5 Evidenced Based Practices: Motivational Interviewing, Cognitive Behavioral therapy, Relapse Prevention, Trauma Informed Treatment, and Psychoeducation
- Per CCR, tit. 22, §51341.1 the following physical exam requirements are still in place for members receiving SUD services, except (c) requirements related to updated treatment plans.
  - a. If a beneficiary had a physical examination within the twelve (12) month period prior to the beneficiary's admission to treatment date, the physician shall review documentation of the beneficiary's most recent physical examination within thirty (30) calendar days of the beneficiary's admission to treatment date. If a provider is unable to obtain documentation of a beneficiary's most recent physical examination, the provider shall describe the efforts made to obtain this documentation in the beneficiary's individual patient record.
  - b. As an alternative to complying with Paragraph (a) or in addition to complying with Paragraph (a) above, the physician, a registered nurse practitioner or a physician's assistant, may perform a physical examination of the beneficiary within thirty (30) calendar days of the beneficiary's admission to treatment date.
  - c. If the physician has not reviewed the documentation of the beneficiary's physical examination as provided for in Paragraph (a) or the provider does not perform a physical examination of the beneficiary as provided for in Paragraph (b), then the provider shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination, until this goal has been met.

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