Welcome to CalAIM:

Assessment

October 27th, 2022
BHRS Quaility Management

BHRS Quality Management Clinical Team

Scott Gruendl, MPA
WOC QM Manager

Betty Ortiz-Gallardo, LMFT
QM Manager

Claudia Tinoco, LMFT
QM Unit Chief

Tracey Chan, LMFT
QM Program Specialist

Eri Tsujii, LCSW
QM Program Specialist

Annina Altomari, LMFT
QM Program Specialist

Purpose of Today's Training

Today's training will focus on the following topics and how changes to these topics under CalAIM will impact your workflow.

- Standardized Assessment
- The 7 Domains of the Standardized Assessment
- Assessment Timeline
- Providing Treatment before Completing the Assessment
- Use of Temporary Diagnostic Codes

Training Schedule

For the full schedule*, visit the QM website: https://www.smchealth.org/sites/main/files/file-attachments/qm_calaim_live_webinar_schedule.pdf?1659577563

Schedule will be updated over the next few months.

Part 1 Access Criteria to SMHS & DMC ODS No Wrong Door Co-Occurring Treatment			
	Training Topic	**CalMHSA LMS Training and Survey Due Date**	**Live Webinar Date**
1	**CalAIM Overview** *General overview of the key changes under CalAIM and how these changes directly impact provider workflow.*	Thursday, August 18, 2022 https://www.surveymonkey.com/r/1_pre-survey	Thursday, August 25, 2022 10:30 am – 11:30 am
2	**Access to Services** *Key changes in the eligibility criteria for Specialty Mental Health Services for adults and youths. *** DMC-ODS Access to Services webinar will be held separately. Date TBD ******	Thursday, September 15, 2022 https://www.surveymonkey.com/r/2_pre-survey	Thursday, September 22, 2022 10:30 am – 11:30 am
New Policies *22-01: Criteria for Beneficiary Access to SMHS, Medical Necessity & Other Coverage Requirements* *22-02: DMC-ODS Requirements for period of 2022- 2026* *22-03: No Wrong Door for Mental Health Services*			

Training Schedule

We are here

Part 2			
Documentation Redesign			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
3	**Assessment** *Review the standardized 7 domain assessment areas, the timelines for assessment due dates, and services that can be provided during the assessment process.*	Thursday, October 20, 2022 https://www.surveymonkey.com/r/3_pre-survey	Thursday, October 27, 2022 10:30 am – 11:30 am
4	**Diagnosis & Problem List**	Tuesday, November 22, 2022	Thursday, December 1, 2022 10:30 am – 11:30 am
5	**Progress Notes**	TBD	TBD
New Policies *22-04: Documentation Requirements for all SMHS and DMC-ODS*			

Training Schedule

Part 3			
Standardization Screening & Transition Tools			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
6	**Care Coordination**	TBD	TBD
7	**Screening**	TBD	TBD
8	**Transition of Care Tool**	TBD	TBD
9	**Discharge Planning**	TBD	TBD
New Polices TBD			

Part 4			
Payment Reform & Coding			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
10	**CPT Codes (All Clinical Staff)**	TBD	TBD
11	**IGT Protocol (Finance/Billing Staff Only)**	TBD	N/A
New Polices TBD			

Standardized Assessment

Why are Assessments being standardized across counties?

Interoperability

Assessment information can be easily shared across counties.

Assessments all contain the 7 domains of information.

Lean Documentation

Eliminates repetitive questions clients often experience throughout the assessment process.

While the expectation is that all counties include these 7 domains in their assessment form, DHCS has not provided a specific template to be used by counties. Therefore, assessment forms will still look different based on county and organization.

What does this mean for our actual Practice?

Improves client experience and provides client-centered approach to care

Easier to gather information based on main domains.

Emphasis on getting to know the client and building rapport.

Assessments from other counties and organizations will all contain the same general domain information.

Reduces time spent on assessment documentation and shift focus to client care.

Frequently Asked Questions about the Standardized Assessment

I received a client from another county, but the assessment was not the standardized version. What should I do?

- While the 7 Domains is the new way that Assessments are being conceptualized under CalAIM, there is no "standardized" template given by DHCS, and there is no requirement for counties change their assessments as long as the information in the 7 domains are reflected somewhere in the assessment. Therefore, you can expect to see variation in the format of assessments -- some counties might opt to reformat their assessments to reflect the 7 domains, while others might just modify their current assessment forms to ensure all required information is covered.

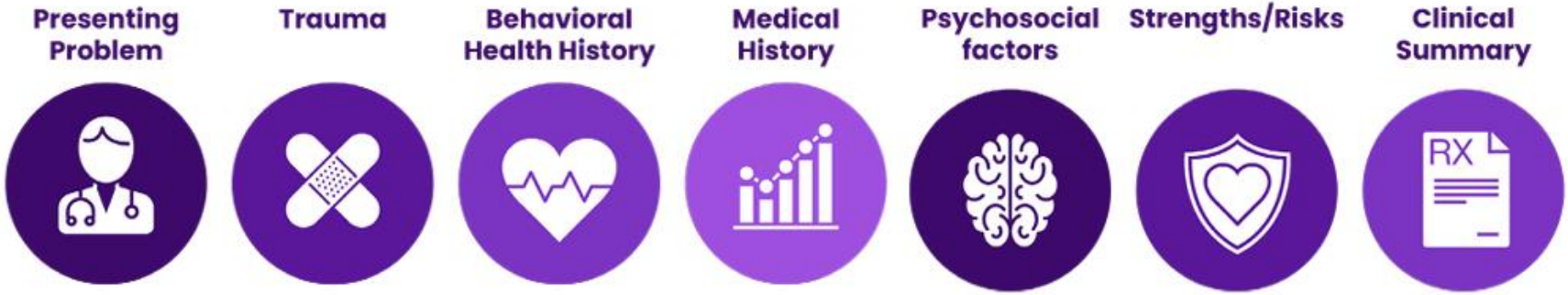
Are the CANS and/or PSC still required under CalAIM?

- Yes, the Child and Adolescent Needs and Strengths (CANS age 6-20) and/or PSC-35 (age 3-18) Assessment tool is still required. This information can be utilized to help inform the assessment domain requirements.

- See CANS and PSC-35 Implementation Memo 01-22 for more information and the current guidelines for completing the CANS and/or PSC-35.

The 7 Domain's of the Standardized Assessment

What is the 7 Domain Mental Health Assessment?



Each domain contains additional areas/topics to gather more detailed information in.

Last domain is the Clinical Formulation/Clinical Summary and diagnostic impressions.

The 7 Assessment Domains Explained

Current Adult Initial Assessment v2	Current Adult Initial Assessment v2
Identifying and CSI Information ▪ Assessment Information ▪ Language Information ▪ CSI Information	**Identifying and CSI Information** ▪ Assessment Information ▪ Language Information ▪ CSI Information
Clinical Information ▪ **Current Presenting Problems** ▪ **Behavioral / Mental Health History** ▪ **Developmental History** ▪ **Current and Past Living Situation / CPS History** ▪ **Cultural / Spiritual / Acculturation / Immigration / family Constellation, Dynamics and History** ▪ **Youth and Family Strengths and Assets** ▪ **Education History** ▪ **Medical History / Significant illness / Chronic Conditions / Surgeries / Allergies** ▪ **Psychiatric Hospitalization / Residential Placement / Day Treatment History** ▪ **Outpatient Treatment History** ▪ **Juvenile Justice History** ▪ **SOGI Information**	**Clinical Information** ▪ **Current Presenting Problems** ▪ **Mental Health History** ▪ **Client's Strengths / Assets, Ethnic or Cultural Identity / Spiritual Factors, Positive Coping Skills** ▪ **Significant Developmental Issues / Childhood Events / Family History / Immigration Hx** ▪ **Psychosocial History / Relationships / Education, Employment / Interests / Social Activities and Supports** ▪ **Psychiatric Hospitalization / Partial Hospitalization History / Residential** ▪ **Outpatient Treatment History** ▪ **Physical Medical History / Significant Illnesses / Chronic Conditions / Surgeries / Allergies** ▪ **Medication History** ▪ **Past / Present Criminal Justice History** ▪ **Sexual History / HIV Risk** ▪ **SOGI Information**
Risk and Co-Occurring Information ▪ Harm to self/others, DV, Substance Use ▪ Trauma History ▪ Risk Evaluation / Trauma Information (incl. PTSD Symptoms) / AOD Use (Drug Name, Frequency, Age of 1st Use, Date of Last Use)	**Risk and Co-Occurring Information** ▪ Harm to self/others, DV, Substance Use ▪ Trauma History ▪ Risk Evaluation / Trauma Information (incl. PTSD Symptoms) / AOD Use (Drug Name, Frequency, Age of 1st Use, Date of Last Use)
MSE and Behavioral Observation	**Mental Status Exam**
Infant Assessment Information	**Diagnosis**
Diagnosis	**Clinical Formulation / Medical Necessity**
Clinical Formulation / Medical Necessity	

CalAIM 7 Domain Assessment (BHIN 22-019)
Domain 1: Presenting Problem/Chief Complaint • Presenting Problem (Current and History of) • Current Mental Status Exam • Impairments in Functioning
Domain 2: Trauma • Trauma Exposures; Trauma Reactions • Trauma Screening • Systems Involvement
Domain 3: Behavioral Health History • Mental Health History • Substance Use/Abuse • Previous Services
Domain 4: Medical History and Medications • Physical Health Conditions • Medications • Developmental History
Domain 5: Psychosocial Factors • Family • Social and Life Circumstances • Cultural Considerations
Domain 6: Strengths, Risk and Protective Factors • Strengths and Protective Factors • Risk Factors and Behaviors • Safety Planning
Domain 7: Clinical Summary, Treatment Recommendations and Level of Care Determination • Clinical Impression • Diagnostic Impression

What does this mean for our actual Practice?

More info will be coming soon. Stay tuned!

Staff will continue to use the current Initial Assessment and Reassessment forms for both adults and youth in Avatar.

BHRS QM and BHRS IT are collaborating to determine if updates to our existing assessment forms are needed to comply with CalAIM.

Frequently Asked Questions about the 7 Domain Assessment

What if a client provides more information during the assessment process than the domains listed on the standardized assessment?

The domains of the standardized assessment are the areas that at minimum should be collected in from the client.

If the client shares relevant information outside of these domains that appear to the clinician to be clinically appropriate to include, you may include this information in the assessment.

Try to place it in whichever domain seems most fitting. You might also find a place for it in the Clinical Summary/Formulation section.

What if I am unable to gather all of the information in each of the 7 domains?

There are 6 domains of information to gather, and the 7th domain is the clinical summary. Do the best you can. Each client is unique, and it isn't always easy to gather all of the information. Similar to how you would proceed now, gather all of the information that you can to make sound clinical judgement as to how to move forward with treatment for the client.

Remember, as you continue to work with the client, you can always update the assessment to reflect more information and update your clinical recommendations and diagnosis.

Assessment Timeline

What are the changes around Assessment and Reassessment due dates?

Assessments are due within the **generally accepted standards of time.**

The generally accepted standards of time are:

Initial Assessment due within **60 days**
Reassessment every **3 years**
Or sooner, if clinically appropriate.

***Under certain circumstances, such as complex cases or clients that are hard to engage, you may need more time to complete the assessment or reassessment. That's OK!

Document in a progress note your rational for needing more time and complete the Assessment as soon as you're able to. ***

Frequently Asked Questions about the Assessment Timeline

Now that the 60 day timeline is a bit more relaxed, does that mean that the rule to complete the assessment within 3 sessions is gone?

While the State has provided more flexibility in how long staff can take to complete the assessment, they also state that staff should **follow generally accepted timeframes.**

The 3 sessions rule is not a requirement, but staff should still use it as a general guideline to help them gauge what is an appropriate number of sessions to complete an assessment. However, this is NOT a hard and fast rule, and if it is not possible to gather all the required information in 3 sessions with the client, then don't worry. The key is to ensure that your documentation reflects any reasons why the assessment is taking a while.

If I don't complete the assessment within the specified timelines, will the services I provide to the client be disallowed if audited by the State?

The State has said that their focus for recoupment (taking back money from counties) will be focused on instances of fraud, waste, and abuse. Disallowances for documentation timelines will likely not occur, however, counties could be issued **Corrective Action Plans (CAPs)** if they see this is an issue. A CAP could mean more frequent audits for counties or plans that must be created to help resolve the issue, which means more work for everyone!

As always, your documentation should reflect what's going on with the client and their care. If for some reason your assessment is not completed within the timelines, your progress notes should reflect the reason why.

A client's reassessment was missed. It's been 4 years since their last assessment. What should I do?

A formal reassessment should still happen every 3 years, or very close to it. If you have a client that has not been reassessed in 4 years, or even a little over 3 years, then this should happen as soon as possible.

The clinical team is responsible for ensuring that the client always has a current assessment on file. This is important for the client (so that they have a current medical record) and for other providers (so that they are aware of what is currently going on with the client should they encounter them).

It is your responsibility to make sure everyone on your caseload has a current assessment on file. If there is some reason why this is not possible, you should be documenting it in a progress note.

Do I need to code services as 55 non-billable if I have not completed the assessment within 60 days (for initial assessment), or within 3 years (for reassessment)?

No. Please use the service code that most accurately represents the service you are providing to or on behalf of the client. You do not need to self-disallow by coding 55, even if the assessment has not been completed within 60 days or 3 years. Get the assessment done as soon as possible to ensure the client's medical record is up-to-date and to avoid a Corrective Action Plan (CAP) from DHCS, and continue to use the most accurate service code.

Does this new Assessment Timeline and ability to provide treatment before the completion of the assessment change things with the CSI Timely Access tracking process?

As you know, prior to CalAIM, the Timely Access tracking process was seen as generally linear from assessment to treatment. However, CalAIM allows for the process to be non-linear, with the ability for treatment to start before the completion of the assessment.

This is a question that counties have posed to DHCS and we are still awaiting guidance from DHCS regarding this question.

For now, you may input a treatment date that occurs prior to the end of the assessment, **as long as it occurred on or after the Assessment Start Date**. **HOWEVER, please remember to then also fill out the assessment end date once that has been completed before finalizing the form.**

Providing Treatment before Completing the Assessment

Providing Treatment before Completing the Assessment

Client-Centered Care

Treatment can happen when the client needs it, regardless if the assessment is completed or not.

No more Planned and Unplanned Services

Most services can be provided to the client, as soon as they need it, without a treatment plan.

Service are Reimbursable before completion of the Assessment.

Services provided in good-faith, prior to completing the assessment, are reimbursable. Even if the client ends up not meeting criteria for services, has an SUD only diagnosis, co-occurring diagnosis, or ultimately is referred to a lower level of care.

Do NOT Require Treatment Plan	Requires Treatment Plan PROGRESS NOTE*	Still Requires a FORMAL TREATMENT PLAN
➢ **Crisis Intervention** (2) ➢ **Assessment** (5) ➢ **Plan Development** (6) ➢ **Individual Therapy** (9) ➢ **Family Therapy** (41) ➢ **Group Therapy** (10) ➢ **Rehabilitation** (7, 70) ➢ **Collateral** (12, 120) ➢ **Medication Support Services** (14, 15, 15U, 17, 150) ➢ **Non-Billable Services** (55, 550) ➢ **DMC-ODS Care Coordination**	➢ **Case Management** for SMHS (also referred to as Targeted Case Management, or TCM)** (51) ➢ **Peer Support Services** *Please use the appropriate Treatment Plan Progress Note Template to ensure compliance with the DHCS CalAIM requirements for this type of Treatment Plan. **This does NOT include DMC-ODS Care Coordination	➢ **Intensive Home Based Services** (IHBS) ➢ **Intensive Care Coordination** (ICC) ➢ **Therapeutic Behavioral Services** (TBS) ➢ **Therapeutic Foster Care** (TFC) ➢ Services provided in ▪ **Short-Term Residential Therapeutic Programs** (STRTPs) ▪ Psychiatric Health Facilities (PHF) ▪ Special Treatment Programs within Skilled Nursing Facilities (STPSNF) ▪ Mental Health Rehabilitation Centers (MHRCs) ▪ Social Rehabilitation Programs. ➢ **Narcotic Treatment Programs (NTP)**

Frequently Asked Questions about Providing Treatment before Completing the Assessment

What if my client needs case management services? Can I provide this before the assessment is complete or do I need to do a treatment plan.

If your client needs case management services and you are still in the assessment process, that's fine! You may provide most services, including case management, prior to the completion of the assessment.

Please note that under CalAIM, after the assessment is complete, Case Management services will only require a Treatment Plan Progress Note. However, until QM and IT are able to upload these new treatment plan progress note templates into Avatar, please continue to include Case Management in the formal Treatment Plan form in Avatar.

Has there been any changes to the documentation requirements for TBS services?

TBS along with TFC, ICC, IHBS and the others listed on slide 30 are services that are still required to be on a formal treatment plan.

Continue using the current treatment plan that you have always used to reflect your prescribing/recommendation of these services.

Temporary Diagnostic Codes

Billable Diagnosis List

No more billable diagnosis list!

That's right! Diagnose your client with whatever diagnosis is clinically appropriate from the DSM/ICD-10. Don't worry if it's "billable."

Diagnosis codes for use by LPHAs	Diagnosis Codes for Use by All Providers*
• Any clinically appropriate code • Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out) • "Other specified" and "Unspecified" disorders," or "Factors influencing health status and contact with health services"	• Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances) **May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)*

Temporary Diagnostic Codes

While DHCS is allowing the use of any clinically appropriate diagnostic code, some codes should only be used temporarily, while the clinician continues to investigate if there is a formal mental health diagnosis.

You can utilize **"Unspecified"** and **"Other Specified"** diagnoses while you continue to investigate when you have a **complex client, or client that is difficult to engage and you need more time to assess.**

You can utilize **Z Codes (V codes in the DSM = ICD-10 Z codes).**

For adults, ongoing medical necessity may be hard to justify with just Z codes. For youth, this might be OK.

Frequently Asked Questions about Temporary Diagnostic Codes

So, just to make sure…..Can I leave the temporary "Unspecified," "Other Specified", or "Z code" forever? Or do I need to ultimately give the client a formal diagnosis? (PART 1)

- **These codes can be utilized while a clinician takes time to gather information** about the individual's presenting needs and determine the most appropriate diagnosis and next steps.
- **These codes should not be utilized indefinitely** (given the access to SMHS criteria for individuals 21 and up) as it may be challenging to justify ongoing medical necessity without a formal diagnosis of a "mental health disorder" (also known as an "F-Code" diagnosis, such as Depressive Disorder or Schizophrenia).

So, just to make sure…..Can I leave the temporary "Unspecified," "Other Specified", or "Z code" forever? Or do I need to ultimately give the client a formal diagnosis? (PART 2)

Please note that, in some limited settings or for some limited service types, particularly with children and youth, services can more easily be justified based only on Z codes. However…

- Remember, Z codes can always be used in addition to a MH or SUD diagnosis.
- Individuals who need the level of care provided through BHRS in the long term would rarely only have a Z code without any MH or SUD diagnosis.
- Before exclusively using a Z code without a MH or SUD diagnosis, consider if the social determinants of health you have identified with a Z code may have resulted in the client developing symptoms consistent with, for example, an adjustment disorder.
- If you have diagnosed the client with an unspecified diagnosis or a time-limited diagnosis such as adjustment disorder, please continuously assess the client to see if they have now met the full criteria for another MH or SUD diagnosis.
- An accurate diagnosis can help current and future treatment providers identify appropriate treatments and supports.

What if I have given my client a temporary diagnosis, it's been a few months and I still am not finding that they are meeting criteria for a formal diagnosis. What should I do?

Consult with your supervisor. Perhaps there is something that you are missing in their presentation that would meet criteria for a formal diagnosis. If not, you may want to consider referring the client to a lower level of care, or community supports, if applicable.

If your client is a child, sometimes leaving these diagnoses is enough to justify ongoing care. Each situation and client is unique. You can always consult with your supervisor or QM if you have a unique case you would like feedback on.

Resources

Resources

QM Resources

QM DOCUMENTATION RESOURCES | PDF VERSIONS OF FORMS

WEBINAR RECORDINGS & POWERPOINTS | QM UPDATES | CALAIM INFORMATION

NON-BHRS PROVIDER 5150 TRAINING | ABOUT QUALITY MANAGEMENT

QUALITY MANAGEMENT WORKPLANS | QM CONTACT INFORMATION

Cal MHSA Resources

Got Questions?

Email: HS_BHRS_ASK_QM@smcgov.org

Post-Survey

Link to Post-Survey:

https://www.surveymonkey.com/r/3_post-survey

Please complete survey by Friday, November 4th.

Questions