

San Francisco County
Adult and Older Adult (AOA)
System of Care
CalAIM Updates At-A-Glance
& FAQs

(09-28-2022)



San Francisco Health Network
Behavioral Health Services

PURPOSE

This document outlines the San Francisco County specific protocols related to the California Advancing and Innovating Medi-Cal (CalAIM) Updates. SF BHS encourages providers to review the California Mental Health Services Authority (CalMHSA) materials to provide additional background information and context.

ABOUT CalAIM

California Advancing and Innovating Medi-Cal (CalAIM) is a Department of Health Care Services (DHCS) initiative that aims to provide broad delivery system, program, and payment reform across the Medi-Cal System. The goal of the initiative is to transform the Medi-Cal delivery system, moving it towards a population health approach that prioritizes prevention and whole person care. The vision is to “meet people where they are in life, address social drivers of health and break down the walls of health care.”

ABOUT CalMHSA

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority that provides administrative and fiscal services in support of Behavioral Health Departments. CalMHSA, on behalf of the counties, has assumed scopes of work to support the statewide implementation of CalAIM behavioral health initiatives. CalMHSA’s scope of work includes development of required Policies and Procedures, Communication Plans and Materials, Documentation Guides, and Web-based Training Videos. **SF County BHS has adopted and will continue to utilize the resources developed by CalMHSA to support the roll out of the CalAIM initiative.**

MEDICAL NECESSITY AND ACCESS CRITERIA FOR AOA

Definition of Medical Necessity

A service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain

Source: Welfare and Institutions Code Section 14059.5; [BHIN-21-073](#)

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Criteria for Beneficiaries 21 or Older to Access SMHS (Both Criteria 1 and 2 must be met)	
1. The beneficiary has one or both one of the following:	
I. A significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.	
II. A reasonable probability of significant deterioration in an important areas of life functioning.	
AND	
2. The condition is due to either of the following:	
I. A diagnosed mental health disorder, according to the DSM* and ICD	
II. A suspected mental health disorder not yet diagnose.	

* A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system. However, MHPs must cover SMHS for beneficiaries with any of these disorders if they also have a mental health disorder (or suspected mental health disorder not yet diagnosed) and meet criteria for SMHS as described above.

** While a mental health diagnosis is not a prerequisite to access SMHS, this does not eliminate the requirement that all Medi-Cal claims include a CMS valid ICD-10 diagnosis code. In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to significant trauma, options are available in the CMS approved ICD-10 diagnosis code list. These include codes for "Other specified" and "Unspecified" disorders, or "Factors influencing health status and contact with health services" (Z codes). These codes will meet ICD-10 claiming requirements and allow for needed mental health care to be provided even while the clinician is determining a diagnosis.

*See SF Policy Manual Number: 3.04-10
And [BHIN-21-073](#)

DOCUMENTATION REQUIREMENTS

Source: BHIN 22-019 [DHCS Documentation Requirements for SMHS](#)

Telehealth Consent

Source:

- Provider must confirm consent for telehealth treatment, verbally or in writing, at least once prior to delivering the service
- Provider must explain that service could also be delivered in person
- Telehealth consent is voluntary and can be withdrawn at any time without affecting access to future care/services
- Access to transportation services
- Any risks or limitations of Telehealth as determined by provider

Chart Documents

Avatar Tool	State Rules and Changes	Current Local Policy
Initial Assessment Form	<ul style="list-style-type: none"> • 7 Domains are required • The current assessment (Initial Assessment) already covers the new "7 domains" from DHCS 	<p>Effective 7/1/2022:</p> <ul style="list-style-type: none"> • Due within 60 Days of Episode Opening (maintains current policy)
Re-Assessment	<ul style="list-style-type: none"> • Must follow generally accepted standards of care 	<p>Effective 7/1/2022:</p> <ul style="list-style-type: none"> • 3-year time requirement for updating assessments
Treatment Plan of Care (TPOC) Form	<ul style="list-style-type: none"> • Problem List replaces TPOC <ul style="list-style-type: none"> ◦ Eliminates requirements to have a point-in-time treatment plan and the requirement that each chart note tie to the treatment plan. ◦ Eliminates client signatures for TPOC • Some services require a Care Plan in a progress note: Targeted Case Management (TCM) and Peer Support Services • Some services continue to require standalone Care Plans: ICC, IHBS, TFC, TBS, STRTPs 	<p>Effective 7/1/2022</p> <ul style="list-style-type: none"> • Discontinue use of TPOC Form as soon as the Problem List is available • Client signature not required for Care Plan • AOA will release a solution for the TCM Care Plan and other Care Plans as soon as possible

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Avatar Tool	State Rules and Changes	Current Local Policy
Progress Note	<ul style="list-style-type: none"> • Due within 3 business days of service provision, except for crisis services (24 hours) residential (daily) • Requires sufficient detail to support the service code description in narrative of the note • Eliminates weekly summary requirement for residential • Allows one clinician to document a group progress note for 2 facilitators 	<p>Effective 7/1/2022:</p> <ul style="list-style-type: none"> • Due within 3 business days of service provision.
ANSA	<ul style="list-style-type: none"> • Performance monitoring activities must include beneficiary and system outcomes • No specific state requirement to use ANSA 	<p>Effective 7/1/2022:</p> <ul style="list-style-type: none"> • 3-year time requirement for updating ANSA @ minimum • Next Steps: Simplify ANSA

COMPLETING A PROBLEM LIST IN AVATAR

- Anticipated timeline for the Problem List is mid-October 2022. Providers will be required to complete a Problem List for all clients as soon as clinically appropriate or when the next TPOC is due, whichever comes first.
- Additional training materials and information will be sent to all SMHS providers in the next few weeks.

ADDITIONAL RESOURCES

Source	Details	Link
CalMHSA Transformational Webinars	The CalMHSA webpage includes several helpful resources, including links to webinars and trainings. CalMHSA has created useful Communication Materials for providers and people in care. These documents serve as simple	https://www.calmhsa.org/transformational-webinars/

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Source	Details	Link
	reference guides for the changes resulting from CalAIM.	
CalMHSA Documentation Guides	CalMHSA has published several documentation manuals to assist providers	https://www.calmhsa.org/calaim-2/
CalMHSA: Instructions for the Learning Management System (LMS)	CalMHSA has developed additional training for providers related to each aspect of documentation reform. The link provides information on how to	https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf
DHCS CalAIM Website	The DHCS website has up to date information on the statewide initiative The DHCS summary also provides a detailed overview.	https://www.dhcs.ca.gov/calaim DHCS High Level Summary
DHCS No Wrong Door Policy (BHIN 22-011)	Policy on the no wrong door access for SMHS	DHCS No Wrong Door for Mental Health Services Policy
DHCS Documentation Requirements for SMHS, DMC, and DMC-ODS Services (BHIN 022-019)	Outlines revised documentation requirements	DHCS Documentation Requirements for SMHS
DHCS Criteria for Beneficiary Access to SMHS, medical necessity and other coverage requirements (BHIN 21-073)	Outlines the updated Access and Medical Necessity criteria for SMHS	DHCS Criteria for Beneficiary Access & Medical Necessity
SF County BHS Medical Necessity Policy	SF County BHS's policy outlining updates to Medical Necessity and Access for SMHS	SF BHS Medical Necessity and Access Criteria Policy SF BHS Medical Necessity and Access Criteria FAQ
SF County BHS No Wrong Door Policy	SF County BHS's policy outlining the No Wrong Door Policy	SF BHS No Wrong Door Policy SF BHS CalAIM No Wrong Door FAQ
SF County BHS CYF PURQC Memo	SF County CYF's memo outlining changes to the CYF PURQC process	Memo on PURQC Changes 8-11-2022

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Source	Details	Link
SF County BHS CYF Documentation & Quality Checklist	SF County CYF Documentation & Quality Checklist for PURQC Level 1 chart reviews	SF Documentation Compliance Quality Checklist (fillable)
CMS Approved ICD-10 Diagnosis Code List		Enclosure 1-ICD-10 Inpatient/Outpatient Diagnosis Codes and Descriptions
Code Selection During Assessment Period for Outpatient Behavioral Health (BHIN 22-013)	Outlines the available codes during the assessment period for SMHS	BHIN 22-013 (ca.gov)