

San Francisco Children, Youth and
Families System of Care SMHS
Providers
CalAIM Updates At-A-Glance

(10-28-2022)



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 CHILDREN & YOUTH (0 TO 21)

| Definition of Medical Necessity |
|---|
| Medi-Cal services provided to persons in care need to meet the standard of being “Medically necessary”. For individuals under age 21, a service is medically necessary when needed to correct or ameliorate a mental health condition. Services do not need to be curative or restorative to ameliorate a mental health condition per CMS. The service may sustain, support, improve or make more tolerable the client’s condition. (Federal EPSDT Law – Title 42 USC 1396d(r)(5)) |

| Criteria for Beneficiaries Under 21 to Access SMHS (Either Criteria 1 OR Criteria 2) | |
|--|--|
| Criteria 1: | |
| 1. The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by <u>any</u> of the following: <ul style="list-style-type: none"> • Scoring in the high-risk range on a trauma screening tool approved by DHCS • Involvement in the Child Welfare System • Juvenile Justice involvement • Experiencing homelessness | |
| OR | |
| Criteria 2: | |
| 1. The beneficiary meets both of the following requirements in a and b below: <ol style="list-style-type: none"> a. The beneficiary has at least one of the following: <ul style="list-style-type: none"> • A significant impairment • A reasonable probability of significant deterioration in an important area of life functioning • A reasonable probability of not progressing as developmentally appropriate • A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide | |
| AND | |
| b. The beneficiary's condition as described above is due to one of the following: <ul style="list-style-type: none"> • A diagnosed mental health disorder, according to criteria of the current editions of the DSM and ICD • A suspected mental health disorder that has not yet been diagnosed • Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional | |

***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 <https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf>

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 *(Updated 10/27/2022)*

| Avatar Tool | State Rules and Changes | Current Local Policy as of 9-28-2022 |
|---------------------------------------|---|---|
| Initial CANS Assessment PSC-35 | <ul style="list-style-type: none"> • 7 Domains are required • The current assessment (Initial CANS Assessment) already covers the new "7 domains" from DHCS | <ul style="list-style-type: none"> • Due within 60 Days of Episode Opening • If a provider cannot complete the assessment within 60 days, the clinical justification should be documented in a weekly progress note |
| Mid-Year CANS | <ul style="list-style-type: none"> • Mid-Year CANS Ratings will still be required | <ul style="list-style-type: none"> • CANS Ratings, PSC, and relevant Assessment Updates & Treatment Progress in the summary textbox • <u>First Mid-Year:</u> If initial CANS is submitted within 60 days, complete the Mid-Year |

| Avatar Tool | State Rules and Changes | Current Local Policy as of 9-28-2022 |
|--------------------------------------|---|---|
| | | <p>no earlier than 6 months and no later than 7 months. If initial CANS takes longer than 60 days, consult with Clinical Operations on Mid-Year CANS.</p> <ul style="list-style-type: none"> • <u>Subsequent Mid-Years</u>: The Mid-Year CANS (e.g., 18 months, 30 months, etc.) is due 6 months from the Annual Anniversary |
| Annual CANS Assessment | <ul style="list-style-type: none"> • CANS and PSC due every 6-months • Assessment updates as clinically reasonable | <ul style="list-style-type: none"> • CANS Ratings, PSC, and relevant Assessment Updates & Treatment Progress in summary textbox • Due within 30 days of the Anniversary of Episode Opening |
| Problem List & Care Plans | <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 | <ul style="list-style-type: none"> • The Problem List is required for all clients. For new clients, the Problem List should be completed. For open clients, the Problem List may be completed when the current TPOC expires or when an update is needed. • May be started from the initial encounter • The initial Problem List is due by day 60 and updated on an ongoing basis as needed • If a provider cannot complete the Problem List within 60 days, the clinical justification should be documented in a weekly progress note |

| Avatar Tool | State Rules and Changes | Current Local Policy as of 9-28-2022 |
|----------------------|--|--|
| Care Plans | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Care Plans are required for ICC, IHBS, TFC, TCM and are completed in a Care Plan progress note template • Care Plans for STRTPs and TBS are completed outside of Avatar and stored in the client record |
| Progress Note | <ul style="list-style-type: none"> • Requires sufficient detail to support the service code description in narrative of the note • Due within 3 business days of service provision, except for crisis services (24 hours) residential (daily) • Eliminates weekly summary requirement for residential | <ul style="list-style-type: none"> • Progress notes are to be completed per the updated timelines |
| CANS/PSC-35 | <ul style="list-style-type: none"> • DHCS & CDSS still require CANS every six months • DHCS still requires PSC-35 every six months | <ul style="list-style-type: none"> • There are no changes to the CANS and PSC-35 Timelines |

COMPLETING A PROBLEM LIST IN AVATAR (Updated 10/27/22)

The Problem List is now available in Avatar. Please see the Avatar Guide for details in how to complete and view:

<https://drive.google.com/drive/folders/1hKXFdsRjk6LaQpwqXppY4pysjLdMw7oa>

PURQC REQUIREMENTS for SMHS Providers

| Case Opening (Within 60 days) | Six Month | Annual (30 Days from Anniversary Date) | Ongoing (15 months, 18 months, etc.) |
|---|---|---|---|
| <p><u>Mandatory Requirements:</u></p> <ul style="list-style-type: none"> Initial CANS Assessment/PSC-35 Problem List/Care Plan/TPOC* Documentation Compliance portion of form (Completed in Supervision or Optional PURQC Committee) ** | <p>No Mid-Year PURQC Requirements</p> <ul style="list-style-type: none"> CANS Ratings and PSC 35 are still required | <p><u>Mandatory Requirements:</u></p> <ul style="list-style-type: none"> CANS Ratings and PSC-35 Relevant Assessment Updates Documentation Compliance & Quality Checklist** | <p>No Mid-Year PURQC Requirements</p> <ul style="list-style-type: none"> CANS Ratings and PSC 35 are still required |

**Note: Providers may use their own tool if it cross walks to all items in the SF DCQC form

Link to Memo regarding PURQC Changes: [Memo on PURQC Changes 8-11-2022](#)

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 | https://www.calmhhsa.org/transformation-webinars/ |

| Source | Details | Link |
|--|---|---|
| | Communication Materials for providers and people in care. These documents serve as simple 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 |

| 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 | | |
| 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) |