

# **Behavioral Health Documentation Redesign Updates CalAIM Behavioral Health Technical Assistance**

**December 13, 2023**

# Welcome and Introductions

- » **Paula Wilhelm**, Assistant Deputy Director, Behavioral Health
- » **Tori House**, Health Program Specialist I, Program Implementation Section, Legislation and Regulations Branch, Medi-Cal Behavioral Health–Policy Division

# Meeting Overview

- » Welcome, Housekeeping, Introductions
- » Overview of Updated Guidance
- » Expectations for Compliance
- » Implementation Considerations
- » Questions and Answers

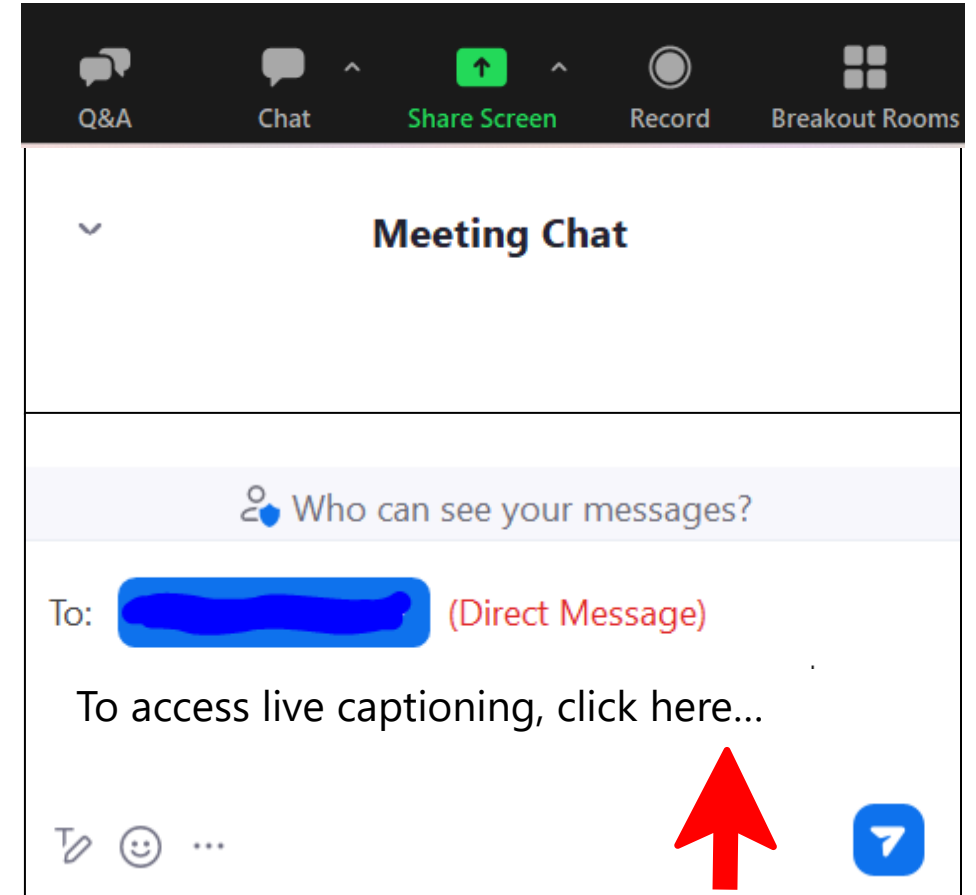


# Housekeeping

- » The webinar is being recorded. A recording and an ADA accessible copy of the slides will be posted to the [DHCS CalAIM Behavioral Health webpage](#) following today's webinar.

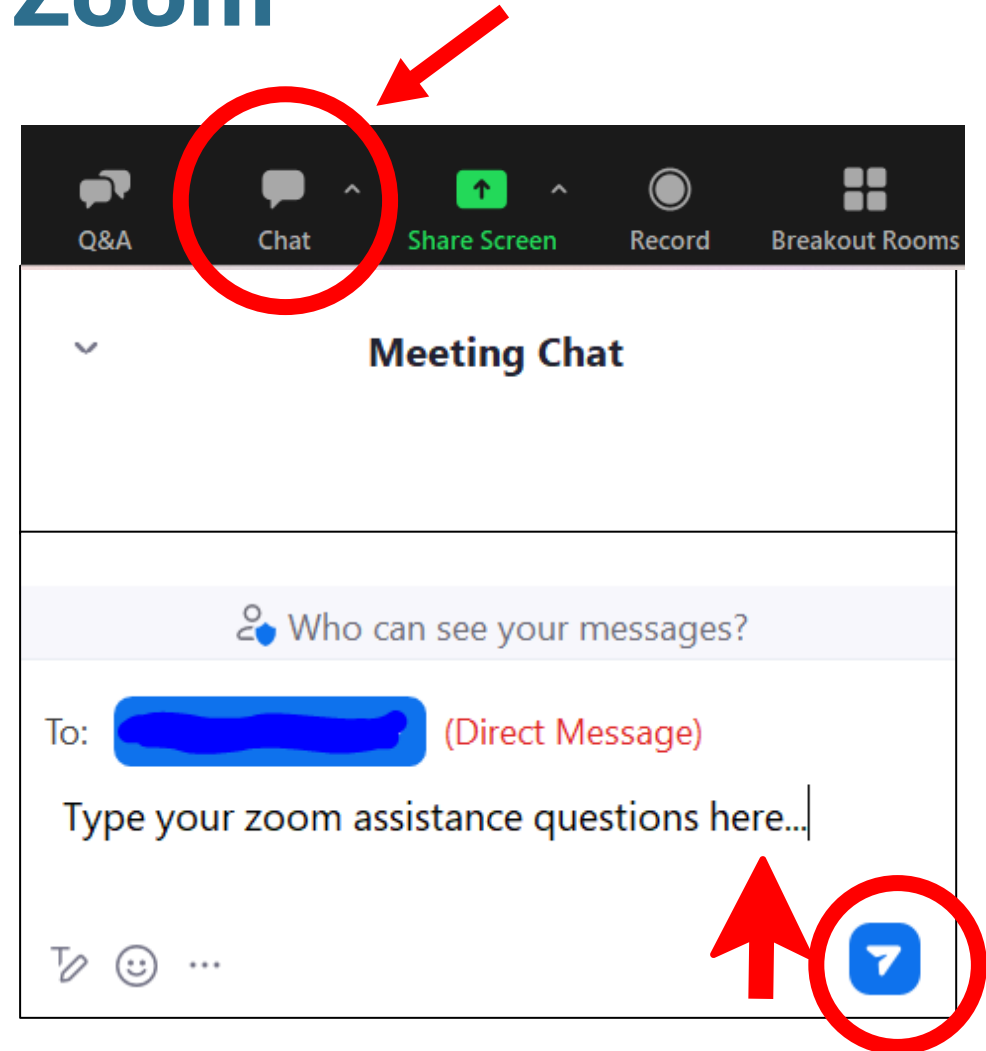
# Live Captioning

- » Live captioning is available for today's webinar in English and Spanish.
  - Habrá subtítulos para la discusión de hoy en inglés y español.
- » Please click on the link in the chat to access live captioning.
  - Por favor use el enlace en el chat para acceder a los subtítulos.
- » To view live captioning, we recommend using dual screens or having the captioning pulled into a separate window alongside the webinar to view both the presentation and captioning at the same time.
  - Recomendamos usar una doble pantalla, o abrir una ventana separada para los subtítulos y así acceder también a la presentación.



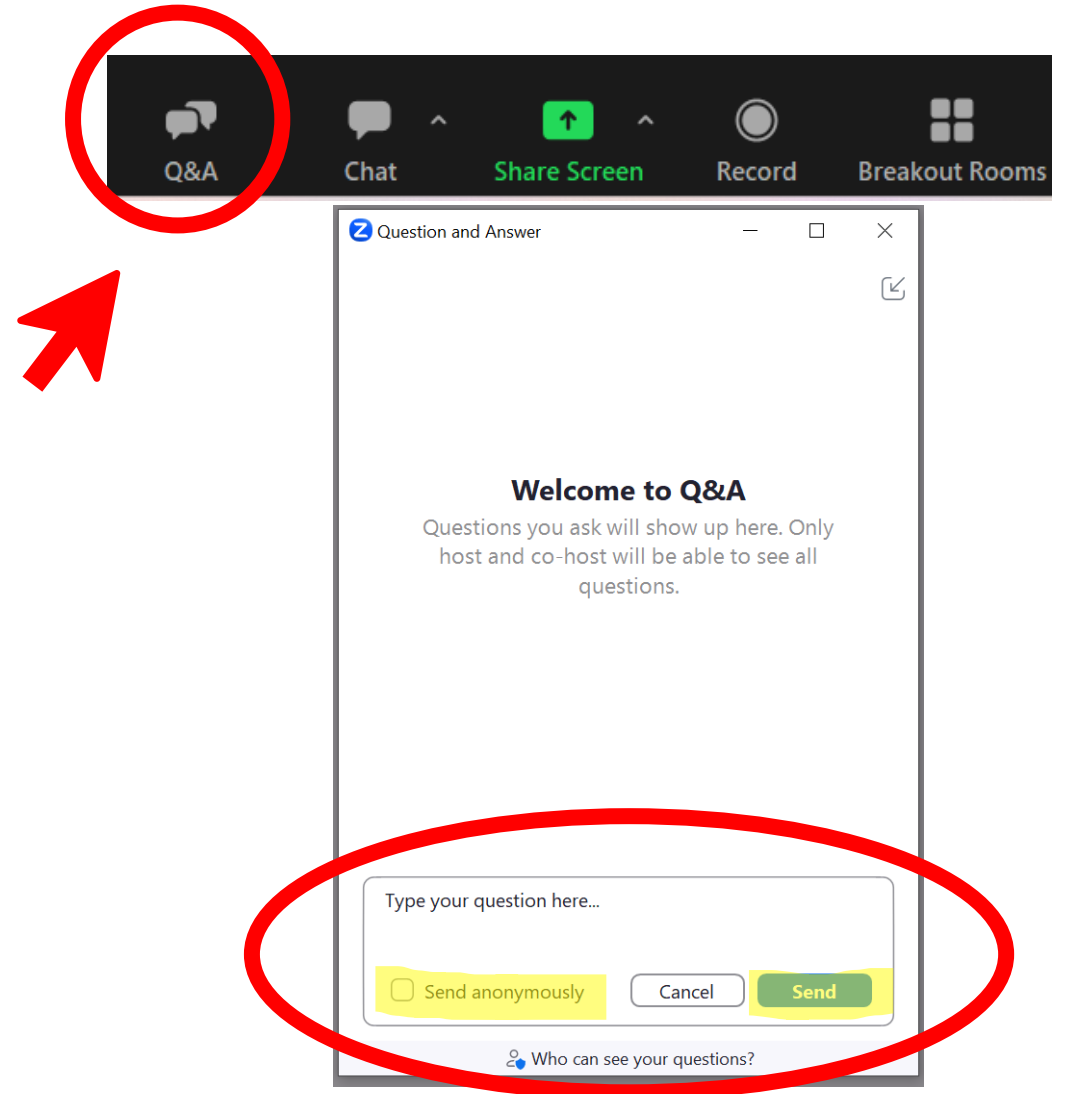
# Troubleshooting Zoom

- » If you need technical assistance with the Zoom platform, please submit your question into the chat box or email [anna.patterson@aurrerahealth.com](mailto:anna.patterson@aurrerahealth.com) during the webinar.
- Click on the chat button on the left side of your toolbar.
  - The chat box will open on the right side of your screen. Type your Zoom question there and click on the arrow on the lower right-hand side of the chat box.



# Q&A Process

- » Questions submitted to DHCS prior to 12/1/23 will be answered after each section of the webinar.
- » If you have additional questions throughout the webinar, please submit them in the Q&A box, and they will be answered during the live Q&A session at the end of the webinar.
  - Click the Q&A button on the left side of the toolbar.
  - A chat box will pop up where you can type in your question(s). To submit, press the “send” button in the lower right-hand corner. If you wish to remain anonymous check the “send anonymously” box in the lower left-hand corner.



# Overview of Updated Documentation Guidance BHIN 23-068



# Background: Documentation Redesign

Assembly Bill 133 (2021)

2019

2022

Present

## Stakeholder Engagement & Policy Drafting

- » CalAIM BH Workgroup ['19 – present]
- » Draft BHIN [August '21]
- » Targeted Stakeholder Engagement [January '22]
- » Informational and TA Webinars ['21 – '22]

**April 22, 2022:**  
BHIN 22-019  
Published

## Stakeholder Feedback & Policy Revision

- » Targeted (small group) Meetings
- » 1:1 Stakeholder Meetings
- » CalAIM BH Workgroup
- » BH-SAC
- » BHIN for Public Comment
- » Ongoing DHCS analysis and review

**November 20, 2023:**  
BHIN 23-068  
Superseding 22-019

# BHIN 23-068 (Effective January 1, 2024)

## Updates to Documentation Requirements for Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

- » **BHIN 23-068** was published on November 20, 2023, and posted to the [DHCS BHIN webpage](#).
- » This BHIN **will supersede** the previous CalAIM documentation guidance in BHIN 22-019 **as of January 1, 2024**.
- » **Many thanks** to Medi-Cal stakeholders for engaging with DHCS over the past year to inform this guidance!

# BHIN 23-068: At A Glance

» Final guidance in [BHIN 23-068](#) updates or clarifies requirements for:

- **Assessments**

- Distinguishes between comprehensive assessment requirements for SMH, DMC, and DMC-ODS, and other types of assessments that may be used;
- Aligns DMC/DMC-ODS timely assessment standards with SMH standards; and
- Requires DMC/DMC-ODS programs to adopt a validated and DHCS approved ASAM assessment tool by January 1, 2025.

- **Progress Notes**

- Clarifies expectations for narrative (notes are not “one-size-fits-all”); and
- Distinguishes between requirements for individual and group progress notes.

- **Care Planning<sup>1</sup>**

- Updates Enclosure 1a to describe remaining state/federal care plan requirements; and
- Where care plans are required, plan information may be documented flexibly within member record; providers must be able to produce and communicate the contents of member care plans.

<sup>1</sup> In BHIN 23-068, DHCS refers to treatment, care, and/or client plans collectively as “care plans.”

# SMH, DMC, and DMC-ODS Assessments

1. Clarifications: Other Behavioral Health Assessments.
2. DMC/DMC-ODS Assessment Timeframes & Timely Assessments.
3. ASAM Assessment Tools.

# Assessment Requirements

## *Clarifications*

- » SMH, DMC, and DMC-ODS providers may perform targeted assessments that are distinct from the comprehensive mental health (MH) or substance use disorder (SUD) assessments described in BHIN 23-068.
- » The following types of assessments are distinct from, and do not replace, a comprehensive SMH assessment or ASAM assessment:
  - Assessments performed during delivery of SMH crisis intervention or crisis stabilization;
  - Assessments performed during delivery of SMH, DMC, or DMC-ODS Mobile Crisis Services ([BHIN 23-025](#));
  - Medications for Addiction Treatment (MAT) assessments ([BHIN 23-054](#)); and
  - Multidimensional level of care assessment required in residential treatment programs with DHCS level of care designations ([BHIN 21-001 Exhibit A](#)).

# Assessment Requirements: Facilities with DHCS Level of Care Designations

- » The BHIN does not change or supersede existing requirements for DHCS [Level of Care \(LOC\) designation](#) for providers of SUD Residential Treatment Services or Withdrawal Management (WM) services:<sup>1</sup>
  - Multidimensional LOC assessment must be completed within 72 hours following admission to Residential Treatment Services<sup>2</sup>; and
  - Members receiving WM are exempt from the 72-hour requirement.<sup>3</sup>

<sup>1</sup> More information on DHCS Level of Care Designations and Certifications can be found in [BHIN 21-001](#).

<sup>2</sup> This initial Level of Care assessment for residential treatment should be used to ensure the member has been admitted into the right level of care but need not meet the comprehensive ASAM assessment requirements described in BHIN 23-068. Following the initial Level of Care assessment, a comprehensive assessment should be completed as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice.

<sup>3</sup> As described in [Exhibit A of BHIN 21-001](#).

# DMC/DMC-ODS Assessments & Timely Assessment Requirements

## *Updated Policy*

- » **BHIN 23-068 eliminates the 30/60-day timeframes** for completion of DMC and DMC-ODS assessments and **aligns DMC and DMC-ODS timely assessment standards with those for SMH.**
- To ensure that members receive the right service, at the right time, and in the right place, providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice.
  - Assessments shall be updated as clinically appropriate, such as when the member's condition changes.
  - As part of a Medi-Cal behavioral health delivery system's Quality Assessment and Performance Improvement Program (SMH and DMC-ODS), or programmatic and utilization review of providers (DMC), Medi-Cal behavioral health delivery systems shall monitor timely completion of assessments to ensure appropriate access to, and utilization of, services. Medi-Cal behavioral health delivery systems shall not enforce standards for timely initial assessments, or subsequent assessments, in a manner that fails to permit adequate time to complete assessments when such time is necessary due to a member's individual clinical needs.

# DMC and DMC-ODS Assessment Updates: ASAM Tool

## BHIN 23-068 Language

- » DMC and DMC-ODS programs shall accept either ASAM assessment tool – ASAM Criteria® Assessment Interview Guide<sup>1</sup> or ASAM CONTINUUM Software.

- » Effective **January 1, 2024**, DMC and DMC-ODS counties must accept assessments completed using either of the ASAM tools (listed at left).
- » Effective **January 1, 2025**, DMC and DMC-ODS counties and providers must use one of the ASAM assessment tools at left, or another DHCS-approved tool.

<sup>1</sup> The ASAM Criteria® Assessment Interview Guide does not need to be paper-based; it may be integrated into an Electronic Health Records (EHR) system at the discretion of the provider organization and/or Medi-Cal behavioral health delivery system (DMC/DMC-ODS program).



# Assessments Q&A

» **Question: For SUD facilities with DHCS Level of Care Designations, how do assessment requirements differ for Residential Treatment and Withdrawal Management (WM)? For WM clients, is a full ASAM assessment required within 72 hours? Does BHIN 23-068 contradict [BHIN 21-001 Exhibit A](#)?**

» **Answer:**

- **BHIN 23-068 references existing guidance in BHIN 21-001 Exhibit A and does not contradict it.** Neither BHIN 23-068 nor BHIN 21-001 require a full ASAM assessment within 72 hours for either Residential Treatment or WM clients.
- **For Residential Treatment:** each member shall receive a multidimensional level of care assessment within 72 hours of admission to ensure that they have been admitted to the right level of care. This assessment does not need to meet the comprehensive ASAM assessment requirements outlined in BHIN 23-068.
- **For WM: BHIN 21-001 Exhibit A** states “A resident receiving detoxification services upon admission is exempt from the multidimensional assessment, if completion of a pre-assessment within 72 hours following admission for detoxification services occurs and there are contingency plans to transfer the resident to a subsequent level of care where a full assessment would be conducted.”

## Assessments Q&A

» **Question: Does the following language in BHIN 23-068 add new documentation requirements, contrary to the goals of CalAIM?**

- *"Licensed or certified SUD recovery or treatment programs are required to conduct evidence-based assessments of clients' needs for Medications for Addiction Treatment (MAT). MAT assessments, as described in [BHIN 23-054](#) or subsequent guidance, need not meet the comprehensive ASAM assessment requirements described in this BHIN."*

» **Answer:** BHIN 23-054 requires licensed or certified SUD programs to use evidence-based assessments to identify clients' MAT needs. BHIN 23-068 does not add new assessment requirements for MAT other than what is outlined in BHIN 23-054. BHIN 23-068 clarifies that MAT assessments do not need to meet the multidimensional ASAM assessment requirements that are detailed in BHIN 23-068.

# SMH, DMC, and DMC-ODS Progress Notes

1. Progress note narratives need not be “one-size-fits-all.”
2. Distinguishes between requirements for individual and group notes.

# Progress Note Requirements

## *Clarifications*

- » BHIN 23-068 clarifies expectations for progress notes, particularly for progress note narratives.
  - DHCS does not require a “one-size-fits-all” approach to narrative notes
    - Notes must include minimum required elements (e.g., type of service, date, location).
    - The nature and extent of the narrative note may vary based on the service type and the member’s clinical needs. Some notes may appropriately be less detailed than others.
  - If information is located elsewhere in the record (e.g., care plan template), it does not need to be duplicated in the progress note.
  - Notes shall support the procedure code(s) selected and effective clinical care and coordination among providers.

# Progress Note Requirements

## *Clarifications*

### Requirements that apply to all progress notes (individual and group)

Progress notes shall include:

- » The type of service rendered;
- » The date that the service was provided to the member;
- » Duration of direct patient care for the service;
- » Location/place of service;
- » A typed or legibly printed name, signature of the service provider, and date of signature;
- » Progress note shall provide sufficient detail to support the service code(s) selected for the service type(s); and
- » Progress notes shall be completed within three (3) days, except for crisis services, which shall be completed within one day.<sup>1</sup> The day of the service shall be considered day zero.

<sup>1</sup> DHCS updated the timeline requirement for progress notes for crisis services from 24 hours to one (1) day following stakeholder feedback.

# Progress Note Requirements: Individual and Group Services

## *Updated Policy*

- » BHIN 23-068 differentiates between progress note requirements for individual and group services. All notes must include the minimum elements and meet the requirements on the previous slide. The content of the clinical narrative may differ.
  - **Notes for individual services must include:**
    - A brief description of how the service addressed the member's behavioral health needs; and
    - A brief summary of next steps.
  - **Notes for group services must include:**
    - A brief description of the member's response to the service.
    - All members attending a group service must have a progress note in their clinical record, and providers must also maintain lists of group participants.

# Progress Notes Q&A

- » **Question:** How do we appropriately document progress notes in 24-hour residential programs? Does DHCS require multiple notes per day?
- » **Answer:** Progress notes shall provide sufficient detail to support the service code(s) selected for the service type(s) as indicated by the service code description(s). Providers shall complete at minimum one progress note for services that are billed on a daily basis.
  - Example: If a provider/plan claims payment for two residential days in a 24-hour facility, that member's record must include at minimum two progress notes.
  - If a member participates in multiple service activities during a residential day, DHCS does not require separate progress notes for each activity (though a provider could choose to do this). The daily summary note required by DHCS should capture all service activities and relevant clinical information. The level of descriptive detail in each daily note may vary based on the activities completed, and the member's response and experience.
  - If a member participates in a single service activity during the residential day, and there is a progress note that describes the service and meets all requirements to support the claim for a residential day, an additional daily summary note is not needed.

# Progress Note Requirements

## *Clarifications*

### **Guidance for Progress Notes**

#### *Bundled and Daily Services*

- » Providers shall complete at minimum a daily progress note for services that are billed on a daily basis (i.e., bundled services), such as Crisis Residential Treatment, Adult Residential Treatment, DMC/DMC-ODS Residential Treatment, and day treatment services (including Therapeutic Foster Care, Day Treatment Intensive, and Day Rehabilitation).
- » If a bundled service is delivered on the same day as a second service not included in the bundled rate, there must be a second progress note to support the unbundled service.
- » Weekly summaries are no longer required for Day Rehabilitation and Day Treatment Intensive, residential care, or other bundled services.



# SMH, DMC, and DMC-ODS Care Planning

1. Enclosure 1a of BHIN 23-068 lists state and federal care planning requirements that remain in effect.
2. For services, programs, and facilities with care planning requirements, BHIN 23-068 describes one standard for care planning documentation.

# Care Planning Requirements

## *Updated Policy*

- » **Prospectively completed, standalone client plans (SMHS) or treatment plans (DMC, DMC-ODS) are no longer required.**
  - Care planning is meant to be an ongoing and interactive component of care delivery, rather than a one-time event.
- » **There are some programs, services, and facility types for which federal or state law continues to require the use of care plans and/or specific care planning activities.**
  - These requirements are noted in Enclosure 1a of BHIN 23-068 (may not be an exhaustive list).
- » For programs, services, and facility types that still require care plans and/or specific care planning activities, **BHIN 23-068 establishes one standard for documentation of care planning.**

# Care Plan Requirements

## *Updated Policy*

### BHIN 23-068 Guidance

Where a care plan or care planning activities are required:

- » Providers must adhere to requirements in state/federal law;
- » Required care plan elements must be documented within the member record (location is flexible); and
- » The provider must be able to produce and communicate the content of the care plan.

- » Medi-Cal behavioral health delivery systems shall not enforce requirements for the location, format, or other specifications for documentation of the care plan that differ from those described within this BHIN and referenced in its Enclosures.

# Care Planning Compliance Flow Chart

1

**ASK:** Does this program, service, or facility type have state or federal care planning requirements that remain in effect?

- » If **yes**, continue to next box.
- » If **no**, there are no care planning requirements to follow. DHCS will not monitor or enforce the use of a formal care plan, or documentation of specific care planning activities.

2

**REVIEW:** Providers should review the relevant state or federal guidance to identify specific requirements, e.g., required care planning activities.

- » [BHIN 23-068, Enclosure 1a](#) outlines care planning requirements that are still in effect.

3

**DOCUMENT:** Providers shall document the care plan/care planning activities within the member record.

- » DHCS allows providers to choose *where* within the member record to document care planning information required by state or federal law (e.g., within a care plan template, in progress notes, or in a combination of locations or formats).

4

**SHARE:** Providers shall be able to produce and communicate the content of the care plan to other providers, the member, and Medi-Cal behavioral health delivery systems.

- » The contents of the care plan should be able to be shared as needed to facilitate coordinated, high quality care for Medi-Cal members.

# Care Planning Q&A

- » **Question:** Federal regulations continue to require care planning for SUBG-funded SUD services, and for SMH TCM/ICC. How does DHCS expect providers to comply with these requirements? Will federal regulators agree?
- » **Answer:** DHCS consulted both CMS and SAMHSA to confirm that care planning for SUBG and TCM/ICC may be documented as described in BHIN 23-068.
  - **TCM/ICC:** Federal regulations ([42 CFR § 440.169\(d\)\(2\)](#)) describe specific care plan elements and activities. A TCM/ICC provider needs to ensure that federally required activities occur and are documented in the care plan. As described in BHIN 23-068, TCM care planning may be documented anywhere within the clinical record, and the contents of the care plan must be produced and communicated as needed to coordinate care.
  - **SUBG:** Federal regulations ([45 CFR § 96.136\(d\)](#)) require peer review of SUBG-funded programs to determine quality of treatment services. Peer reviewers will look for evidence of “treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services” and “discharge and continuing care planning.” SUBG regulations do not include additional specificity on care planning requirements or documentation. Consequently, SUBG providers should expect that a peer reviewer, DHCS reviewer, or another provider may ask them to demonstrate that care planning has occurred, as referenced in the regulations above. As described in BHIN 23-068, SUBG care planning may be documented anywhere within the clinical record, and the contents of the care plan must be produced and communicated as needed to coordinate care.

## Care Planning Q&A

- » **Question: Are care plans required for IHBS services?**
- » **Answer:** See notes in Enclosure 1a and Enclosure 1b of BHIN 23-068. DHCS will not require a care plan, or specific care planning activities, as part of compliance monitoring specific to IHBS or TFC. However, children receiving IHBS and/or TFC are likely to have a care plan developed as part of ICC. ICC is a TCM service and documentation of ICC services must reflect that services were delivered in compliance with federal TCM regulations, as cited in Enclosure 1a of BHIN 23-068.

# Care Planning Q&A

## » **Do SUD Residential and Intensive Outpatient programs still need care plans?**

- See Enclosure 1a of BHIN 23-068. DMC and DMC-ODS Residential programs that hold DHCS Level of Care Designations (ASAM Levels 3.1, 3.3, and 3.3) require “treatment and recovery plans” (i.e., care plans) within ten (10) days of admission per [BHIN 21-001 Exhibit A](#). Care planning may be documented in the manner described in BHIN 23-068.
- DMC and DMC-ODS Intensive Outpatient Treatment Services (ASAM Level 2.1) do not require care plans.

# Expectations for Compliance



# Compliance Monitoring Clarifications

- » DHCS expects Medi-Cal behavioral health delivery systems to comply with BHIN 23-068 as of January 1, 2024.
- » **This should be feasible because much of the policy in BHIN 23-068 is carried over from BHIN 22-019. Nearly all policy updates in BHIN 23-068 clarify existing policy or create additional flexibility.** Generally speaking, if providers and plans are in compliance with BHIN 22-019, they are already in compliance with most of the policies in BHIN 23-068.
- » DHCS is committed to ensuring that Medi-Cal behavioral health documentation requirements are implemented and monitored uniformly across the Department in a manner that is true to the spirit of CalAIM.
- » **BHIN language:** "DHCS will monitor Medi-Cal behavioral health delivery systems for compliance with documentation standards outlined above, and deviations from the standards may require corrective action plans. *Recoupment shall be focused on identified overpayments and fraud, waste, and abuse.*"

# Compliance Monitoring Clarifications

- » The good news: If you are compliant with BHIN 22-019, you are likely also compliant with BHIN 23-068!
- » For example:
  - If you previously documented care plans in either progress notes *or* in standalone templates (or perhaps in both formats for various services), BHIN 23-068 permits more flexibility on where and how to document these activities and allows plans and providers to adopt a single standard for documenting care planning where it is required.
  - If you previously completed DMC/DMC-ODS assessments within 30 days, you are already on track to comply with the timely assessment requirements in BHIN 23-068. Timely completion of initial and subsequent assessments are based upon clinician expertise, the members' clinical needs, and accepted standards of practice.
  - If you were compliant with the progress note requirements in BHIN 22-019, you are likely already compliant with BHIN 23-068. The new BHIN clarifies expectations for progress note narratives, including an acknowledgment that group notes are unlikely to include the same level of narrative detail as individual notes.

# Implementation Considerations

# Policy Implementation Considerations

- » Medi-Cal behavioral health delivery systems (MHPs and DMC/DMC-ODS programs) shall update their internal policies and procedures, provider contracts, and internal auditing procedures to comply with BHIN 23-068.
- » DHCS will support Medi-Cal behavioral health delivery systems in implementing BHIN 23-068 through technical assistance, including [FAQs](#).
  - Round 1 FAQs were published in August 2023.
  - Round 2 FAQs will be published in early 2024 – stay tuned!

# Policy Implementation: ASAM

- » Beginning **January 2025**, Medi-Cal behavioral health delivery systems shall only accept ASAM assessments completed using either the ASAM Criteria Interview Guide, ASAM CONTINUUM software, or another validated tool subsequently approved by DHCS.
  - The free ASAM Criteria Interview Guide will be updated to incorporate the newly published fourth edition of the ASAM Criteria.
- » Limiting the ASAM tools to those validated by ASAM and/or approved by DHCS helps ensure the quality of member assessments.
- » DHCS will provide further technical assistance as needed to help address questions about this policy change (e.g., questions about copyright and integration of assessment tools into EHRs).

# Questions & Answers

Please submit additional questions following the webinar to:  
[BHCalAIM@dhcs.ca.gov](mailto:BHCalAIM@dhcs.ca.gov)

Subject line: "Documentation Redesign TA Webinar – December 2023"

**Thank you!**