SCC BHSD Practice Guidelines Manual – Update History

Version Date	Overview of Revisions
09/18/20	• Revision published
09/17/20	• Reference to Sept 17, 2020 Memo "2020 ICD-10 Included Diagnosis"
09/15/20	• Updated link for Medi-Cal Manual for ICC, IHBS, and TFC services • Changed Katie A section to Integrated Core Practice Model Services and restructured • Updated included Dxs
09/27/19	• Updated "Santa Clara County" to "County of Santa Clara" • Included Diagnoses – reflected language and citations from DHCS (MHSUDS IN Nos., 16-051 and 17-004E and CCR, title 9, chapter 11, section 1830.205) • Sec VI: Developing the Care Plan: Plan Development Service Activity – added "Including any referrals made or needed" to the Discharge Summary list.
1/24/19	• Group calculations: Included name of both providers in calculation statement examples, where applicable. • Link for diagnoses updated to reflect IN-18-053 • Scope of Practice grid updated • Credential update: Removed "LPNP" and replaced with "PMHNP"
03/22/18	• Revision published
03/22/18	• Edit to Group Calculation #3 (removed statement "Provider 1 would bill 170 minutes per beneficiary and provider 2 would bill 116 minutes per beneficiary" as it is erroneous.)
03/20/18	• Added "Chart/Record Review" to Section XIII: Progress Notes
03/15/18	• Table of Contents updated with links to assessment & care plan topics • Overall formatting & structural updates • Section I "End Users" title updated to "Adoption & Application of Practice Guidelines for End Users" and added more language from Final Rule specific to 42 CFR 438.236 • "Primary diagnosis" throughout manual changed to "included (qualifying) diagnosis" in order to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol • Section IV Care Plan – changed "primary diagnosis" to "mental health diagnosis being treated." • Section IV Care Plan - Presenting Problems/Obstacles, 3rd paragraph – Changed "Secondary and co-occurring diagnoses" to "Co-occurring or other mental health and substance diagnoses" • Section VI Care Plan - obstacles section to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol

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	• Section VI Care Plan - short-term goal section to be consistent with State regs and protocols; provided clarifying sentence re: STGs being the outcome of the action steps & interventions, as well as being an improvement of functioning & cleaned up formatting (added table for goal components, as well as "tips" box
	• Section VI Care Plan - interventions section to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol; cleaned up components table
	• Section VI Care Plan - Frequency, Timing, and Documentation section to be consistent with State regs and protocols as outlined in IN 17-040, State Annual Review Protocol, and State Contract; add in QA statement re: initial care plans & audit requirements, and crisis residential plans
	• Section XIII, Progress Notes section, to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol
	• Section X, Case Management Service, to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol
	• Section IV, Assessment-frequency, timing, documentation section, to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol
	• Section IX, Group Services, to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol
	• Section X, Crisis Intervention – added statement that medical emergencies are not to be billed as crisis intervention (this is reserved for specialty MH services only)
	• Section XIII, Progress Notes - Group Calculations, to be consistent with State regs and protocols as outlined in IN 17-040 and State Annual Review Protocol; added bullet points to "all entries must include" to reference needed documentation for interventions; Medication Management for MDs updated (removed "E&Ms" reference; updated med management vs consultation)
	• Section IX and XIII, Group services and progress notes: created separate items for documentation time and travel time in group progress note requirements list
	• Section XI: Non-Reimbursable Services, Activities, & Lock-outs - "scheduling appointments" specified as an example on non-reimbursable activities, as well as adding "youth residential treatment"
	• Discharge Summary references updated in Sec VI Developing the Care Plan & Sec VIII Transition Planning to clarify best practice and reimbursement details
	• Qualifying Diagnoses: updated Info Notice reference 17-004 to 17-004E, including respective attachments links
	• MFTi and PCCi updated in scope & credentials to reflect associates change (AMFT and APCC)
	• Removed references to chart review being a one-time only activity billed as plan development. Updated various billing descriptions to reflect record review being permitted. Glossary includes definition for chart/record review as related to IN 17-040 with link back to IN for further details. Additionally, added the following definitions to Glossary:
	  ○ Long Term Client/Beneficiary (DHCS triennial rec)
	  ○ Long term services & supports (DHCS triennial rec)
	  ○ Practice Guidelines (MegaRegs/Final Rule)

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	○ Medical necessity & Medical necessity criteria (as related to utilization management) ○ Quality Assurance ○ Quality Improvement
08/24/17	• While not yet incorporated into the Manual, standards set in DHCS Information Notice 17-040 dated 08/24/2017 are effective immediately.
08/01/17	• Revision published
08/01/17	• mental health services - updated references for assessment to reflect change of annual to every two (2) years • added LMFT to credentials • hyperlink updates now include reference to section or appendix title • added "cloning" to non-reimbursable with link back to definition • minor typos & structural/formatting updates • short term goal verbiage re: updates
06/08/17	• updated/clarified clinical supervision recommendations
06/07/17	• scope of practice (added checks to PCCI, LPCC, and RN for co-signing) • credential identifiers updated (including removing "Paraprofessional with BA in MH")
06/05/17	**Practice Guidelines Released – Supersedes "Documentation Manual March 2010 (revised Dec 2012)"** • Integration of documentation requirements and recovery-oriented practice guidelines – how these areas work together and support each other. • Guides for plan goals and interventions to focus more on improving functioning in important life areas. This is more consistent with medical necessity, the DHCS audit protocol, and recovery. • Update of some service items, e.g.; case management includes consideration of what role the client may have in those services, day rehabilitation service clarification, travel reimbursements, and cloning risks. • A section devoted to medical necessity and how the impairment criteria can be utilized to support a recovery process.

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	• Chapters on other important practices, such as Care Plan Implementation and Evaluation (progress monitoring) and Transition Planning (discharge planning and supporting transitions)