

# CaAIM Documentation Refresher

May 31, 2023



COUNTY OF SANTA CLARA  
**Behavioral Health Services**



# Agenda

1. Standardized Assessment
2. Treatment Plans
3. Problem List
4. Progress Notes
5. Payment Reform: Overview
6. Summary
7. Problem List: DEMO
8. Q&A



# CaAIM



Although CaAIM is a foundational shift for the State Medi-Cal system, *how services are provided to clients will stay the same*. For example:

- Recovery-focused
- Strength-based
- TCP philosophy

Clinic staff will still function within their scope of practice.

Changes for providers are mainly in the “backend”, such as documentation and CPT code billing.

**All documentation changes effective July 1, 2023**



# **Standardized Assessment**

# Standardized Assessment for SMHS

## PRE-CalAIM

- Integrated Behavioral Health Assessment (IBHA)
- CANS (Ages 0-25) & PSC-35 (Ages 3-18)
- Birth to 5: Specialty Assessment (Tool)
- Timeline of 60 days

## POST-CalAIM

- No change to current assessment tools (e.g., IBHA, CANS, PSC-35, & Birth to 5)
- Keep current practice (Assessment must be completed by a provider, operating in his/her scope of practice under California State law, who is licensed, registered, waived, and/or under the direction of a licensed mental health professional).
- The time period for providers to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion; however, providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.
- While assessment itself hasn't change, billing opportunities will change under payment reform (e.g., no billing for documentation)



# Standardized Assessment for DMC-ODS

## PRE-CaAIM

- Integrated Behavioral Health Assessment (IBHA)
- Proof of Physical Exam (PE) within the last 12 months or on Tx Plan to complete within 12 months
- Timeline of 30 days for outpatient

## POST-CaAIM

- Keep Integrated Behavioral Health Assessment (IBHA)
- Physical Exam (PE) status will be documented in assessment for outpatient.
- NTP and perinatal programs have different PE, timeline & signature requirements. Those are not changing.
- Keep current practice for outpatient
  - Assessment must be completed by LPHA or registered or certified counselor.
  - If the assessment of the beneficiary is completed by a registered or certified counselor, then the LPHA shall evaluate that assessment with the counselor and the LPHA shall make the initial diagnosis).
- Timeline: 30 days for adults, 60 days for youth and homeless population for outpatient.





# Treatment Plans

# Treatment Plan and Problem List for SMHS

## PRE-CalAIM

- Treatment plans for all programs.
- TCP format for all treatment plans.
- Complete before billing for treatment services.

## POST-CalAIM

- Billing can start before the assessment is completed, however, at least one problem on the problem list in myAvatar is required (and Tx plan for those programs who need them - see the Companion Guide)
- The philosophy of TCP in service delivery still exists.
- Targeted case management (TCM) must have care plan elements in the progress notes (See companion guide page 10).



# Treatment Plan and Problem List for DMC-ODS

## PRE-CalAIM

- Treatment plans for all programs.
- Complete before billing for treatment services.

## POST-CalAIM

- Billing can start before the assessment is completed, however, at least one problem on the problem list in myAvatar is required (and Tx plan for those programs who need them)
- Problem List replaces Treatment Plans for all programs, EXCEPT:
  - *Narcotic Treatment Program (NTP)*
  - *Perinatal outpatient (SABG funded)*
- Treatment plans still exist for the listed programs.
- Plan of care for Peer Support Services shall be documented within the progress notes in the beneficiary's clinical record.



# Problem List



# Main Purpose of Problem List

To help facilitate continuity of care by providing a comprehensive and accessible list of problems to quickly identify the person's care needs, including current diagnoses and key health and social issues.

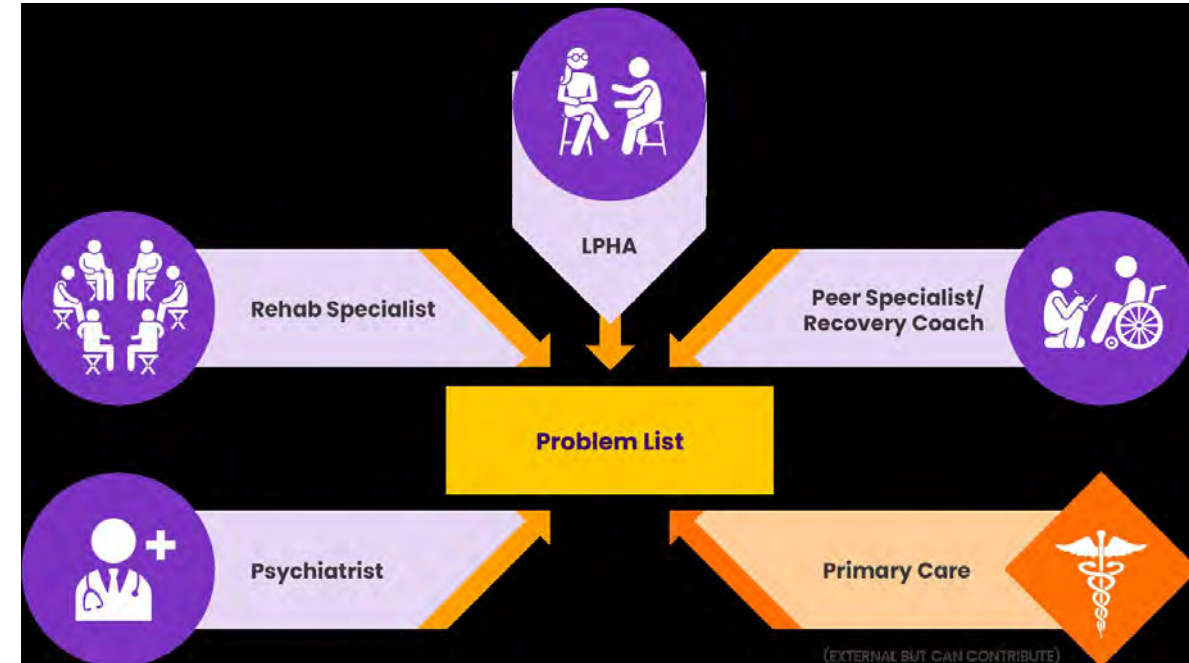
When used as intended, treatment teams can use the problem list to quickly gain necessary information about a person's concerns, how long the issue has been present, the name of the practitioner who recorded the concern, and track the issue over time, including its resolution.

# Main Purpose of Problem List

The problem list includes clinician-identified diagnoses, identified concerns of the person in care, and issues identified by other service providers, including those by *Mental Health Rehabilitation Specialists, Peer Support Specialists, and other treatment team members.*

The problem list and progress note should reflect the CPT/diagnosis codes, including Z codes, submitted on the claims for services rendered.

Once a problem is identified or resolved, it should be added or removed in a timely manner reflecting progress of treatment and the beneficiary's current presentation. *As a reminder, the beneficiary should have at least one problem on the problem list at all times.*





# Progress Notes

# Progress Notes for SMHS & DMC-ODS

## PRE-CalAIM

- Complete within 5 business days for SMHS.
- Complete within 7 business days for DMC-ODS.
- DMC-ODS PN must have one EBP documented.

## POST-CalAIM

- Complete within 3 business days with the exception of notes for *crisis services*, which shall be completed *within 24 hours*
- No change in the way you enter data onto the myAvatar progress note form.
- Should more than one provider render a group service, one progress note may be completed for a group session and signed by one provider (see companion guide page 35).
- DMC-ODS PN must have one EBP documented.



# **Payment Reform: Overview**



# Payment Reform: Overview

## PRE-CalAIM

- Paid based on service type.
- HCPC I and II codes for billing.
- Handful of codes.
- Documentation and travel time billable.

## POST-CalAIM

- Paid based on discipline (e.g., clinician).
- CPT Code and some HCPC I.
  - Large variety of codes and modifiers\*\*.
- Services are billable even when they are
  1. provided prior to determination of a diagnosis, during the assessment process, or prior to determination of whether SMHS access criteria are met.
  2. The person in care has a co-occurring mental health condition and substance use disorder (SUD); or
  3. Non-specialty mental health services (NSMHS) and specialty mental health services (SMHS) are provided concurrently, if those services are coordinated and not duplicative.
- Only direct service (client-contact) is billable.\*\*
- \*\*More information will be provided during CPT code training.



# Summary



## ↔ What are changing?

- Services are billable prior to determinations of a diagnosis, during the assessment process, or prior to determination of whether SMHS access criteria are met.
- Timeline for progress notes (from 5 to 3 business days).
- Move from Treatment Plan to Problem List for most programs.
- Billing codes
- Documentation and Travel Time no longer billable, however, it will still be captured in Progress Notes

## ⊘ What are not changing?

- Assessment Tools and Methods of completing assessment tool (LPHA or someone under the purview of LPHA)
- Scope of practice
- TCP philosophy
- Clinical Supervision
- Progress note development (content)
- Most services still billable
- Sound clinical practice and judgement

# Problem List: DEMO

