Substance Use Disorder (SUD) System of Care Adult DMC-ODS Services 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 INDIVIDUALS 21 YEARS OF AGE OR OLDER

Definition of Medical Necessity
DMC-ODS services must be medically necessary. Pursuant to Welfare and Institutions Code (W&I) Section 14059.5(a) for individuals 21 years of age or older, 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

Criteria for Beneficiaries 21 years and older to Access DMC-ODS (Criteria 1)
Criteria 1:
1. The beneficiary meets requirement **a or b** below: a. Has one covered diagnosis from the DSM for Substance Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders
OR
b. Have had at least one diagnosis from the DSM for Substance Related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance-Related Disorders, before being incarcerated or during incarceration, determined by substance use history.

- *While a substance use disorder diagnosis is not a prerequisite to access DMC-ODS services, 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 substance use disorder that has not yet been diagnosed, 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 substance use services to be provided even while the LPHA or Medical Director is determining a diagnosis within the 60-day window from opening a case.*

BHIN 22-013: https://www.dhcs.ca.gov/Documents/BHIN-22-013-Code-Selection-During-Assessment-Period-for-Outpatient-Behavioral-Health.pdf

BHIN 21-075: https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf

DOCUMENTATION REQUIREMENTS

Source: BHIN 22-019 DHCS Documentation Requirements for DMC-ODS

*Opiate Treatment Programs (OTP) are exempt from all documentation requirements in BHIN 22-019. OTP are required by Federal law to create treatment plans for their beneficiaries and should refer to the Federal opioid treatment standards 42 CFR § 8.12

Telehealth Consent Stipulations

- 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
- Provider must explain availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
- Provider must explain risks or limitations of Telehealth as determined by provider
- Provider must document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.

Chart Documents

Document	State Rules and Changes	Local Policy and Changes
SUD LOC Assessment (ASAM)	• ASAM Criteria assessment required • ASAM required prior to entering SUD residential treatment • 30 days to complete an initial assessment for beneficiaries over 21 • 60 days to complete an initial assessment for an adult beneficiary experiencing homelessness	**Effective 9/1/2022**: • Due date remains 30 days to complete an adult assessment • Assessments for youth or those experiencing homelessness have an extended timeframe of 60 days to complete the initial assessment • SUD LOC form will now be used to document the comprehensive assessment • Discontinue use of the ASI

DMC-ODS CalAIM Updates At-A-Glance

Document	State Rules and Changes	Local Policy and Changes
Re-Assessment	• ASAM Criteria reassessment required when the beneficiary's condition changes • ASAM reassessment is due every 30 days for beneficiaries accessing DMC-ODS residential services	**Effective 7/1/2022**: • ASAM is no longer due every 6 months • Due when the condition of the beneficiary changes
Continuing Service Justification (CSJ)	• CSJ required no longer required	• No longer required retroactively as of 07/01/22
Treatment Plan of Care (TPOC) Form	• Problem List replaces TPOC • Some services require a Care Plan in a progress note: Peer Support Services • 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 • Until further notice, programs dually funded by SABG and DMC-ODS will be required to have a Care Plan documented in addition to the Problem List	**Effective 1/1/2022**: • Until Problem List is built on AVATAR during phase 3, providers will need to continue utilizing TPOCs • For agencies with their own EHR, problem list may be built as soon as feasible. Please consult with BHS regarding confidentiality and privacy parameters required from CFR 42, Part 2. • Problem List is expected to be updated as the condition of the client changes • Client signature not required for care planning or the Problem List
Progress Note	• 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	**Effective 7/1/2022**: • Progress notes are to be completed per the updated DHCS timelines • No weekly summary required for residential services • Group notes align with DHCS regulation

Document	State Rules and Changes	Local Policy and Changes
	• Eliminates weekly summary requirement for residential • One progress note with one provider signature is acceptable for a group activity where multiple providers are involved, the progress note shall clearly document the specific involvement and the specific amount of time of involvement of each provider of the group activity, including documentation time	
CalOMS	• DHCS has not yet changed CalOMS requirements • Admission, Annual Update, and Discharge CalOMS still required	• Local policy continues to align with DHCS current policy until further notice • Best practice continues to be within 30 days of admission

Problem List

Due to strict 42 CFR, Part 2 regulations, viewing of Problem List by other providers should be restricted to only the description of the problem. The diagnosis should not be viewable by other entities who are not part of the agency's DMC-ODS program. 42 CFR will continue to require that *all* exchange of information, even with other external providers in the treatment team, be permitted only through a signed Release of Information (ROI) by the 12+ year old beneficiary with mental capacity to understand or a legal guardian. More clarification forthcoming.

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.	https://www.calmhsa.org/transformation-webinars/

DMC-ODS CalAIM Updates At-A-Glance

Source	Details	Link
	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
Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026	Outlines revised DMC-ODS program requirements pursuant to CalAIM, effective January 2022 through December 2026. This comprehensive document includes program updates, medical necessity, access criteria, ASAM levels, standards of practice, financing, qualification of practitioners, etc.	DMC-ODS Requirements for 2022-2026
DHCS Documentation Requirements for SMHS, DMC, and DMC-ODS Services (BHIN 022-019)	Outlines revised documentation requirements	DHCS Documentation Requirements for DMC-ODS
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
CMS Approved ICD-10 Diagnosis Code List	Approved ICD-10 Codes for DMC-ODS	DMC-ODS Approved ICD-10 Codes

DMC-ODS CalAIM Updates At-A-Glance

Source	Details	Link
Code Selection During Assessment Period for Outpatient Behavioral Health (BHIN 22-013)	Outlines the available codes during the assessment period for DMC-ODS	BHIN 22-013