San Francisco Children, Youth and Families System of Care

DMC-ODS SUD Services

CalAIM Updates At-A-Glance & FAQs

(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 substance misuse and substance use disorders. Services do not need to be curative or restorative per CMS. The service may sustain, support, improve or make more tolerable substance misuse or an SUD condition. (Federal EPSDT Law – Title 42 USC 1396d(r)(5))

Criteria for Beneficiaries Under 21 to Access DMC-ODS (Criteria 1 AND Criteria 2)
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. Is assessed to be at risk for developing a substance use disorder
AND
Criteria 2:
2. Beneficiary meets the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria

- *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

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)	• 6 ASAM Dimensions still required • No change to the current assessment requirements	• Due dated extended to 60 Days of Episode Opening • SUD LOC form will now be a comprehensive assessment including the 6 dimensions • ASI no longer required
Justification for Services	• Justification for continuation of services no longer required	• No longer required retroactively as of 07/01/22
Annual Re-Assessment	• DHCS has not yet announced annual re-assessment requirement for DMC-ODS • SABG continues to require annual re-assessment	• Annual Assessment is due within 30 days of Anniversary Date (current policy) • Current policy of updating assessment when there are significant events/changes continue

Document	State Rules and Changes	Local Policy and Changes
Treatment Plan of Care (TPOC) Form	• Until further notice, Adolescent Drug Medi-Cal Program will be required to have standalone Care Plan (TPOC) in addition to the Problem List. Programs dually funded programs by SABG and DMC-ODS will need to ensure that the standalone Care Plan and the Problem List align with each other. • Problem List to exist along with Treatment Plan • Treatment Plans are now being referred as Care Plans	• Until Problem List is built on AVATAR during phase 3, providers will need to continue utilizing Care Plans alone • 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. • Treatment Plans are due within 60 days of case opening but Problem List does not have a due date. However, best practice for Problem List would be to align it with assessment completion and updates • Treatment Plans and Problem Lists are expected to be maintained as condition of the youth changes • Client signature not required for TPOC or Problem Lists
Progress Note	• Requires sufficient detail to support the service code description in narrative of the note • Due within 3 business days of service provision for routine outpatient services • Due within 24 hours for crisis services • Due daily for Residential and Day Treatment. Eliminates weekly summary requirements.	• Progress notes are to be completed per the updated DHCS timelines
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

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. These documents serve as simple reference guides for the changes resulting from CalAIM.	https://www.calmhsa.org/transformation-webinars/
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	DMC-ODS Requirements for 2022-2026

Source	Details	Link
	comprehensive document includes program updates, medical necessity, access criteria, ASAM levels, standards of practice, financing, qualification of practitioners, etc.	
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
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