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#### **SIR – Serious Incident Reporting**

SIR, Yes SIR. New Serious Incident Reporting policy and procedure. BHRS has revised the former Unusual Occurrence Reporting (UOR) policy and procedure into the new Serious Incident Reporting (SIR) policy and procedure.

**Serious Incident (formerly known as Unusual Occurrence)**- any event that jeopardizes the health and/or safety of clients, staff and/or members of the community, including but not limited to physical injury and death and/or could result in a claim or litigation against the County, its officials, agents, employees, or volunteers.

BHRS has an obligation to track and review Serious Incidents that occur to our beneficiaries and staff to help identify any trends or issues that need to be addressed by remediation or policy change. Please review the attached SIR policy and SIR form. For questions or to send a completed SIR form, please email [BHRSM@marincounty.org](mailto:BHRSM@marincounty.org) (contracted providers must encrypt email containing PHI prior to sending).

[BHRS-06 Serious Incident Reporting Policy](#)

[BHRS-06 Serious Incident Reporting Form](#)

#### **Updated Specialty Mental Health Documentation Guide**

The Clinical Documentation Guide for specialty mental health services has been updated to reflect the CalAIM medical necessity changes that took effect on Jan. 1, 2022. Please review the updated January 2022 version.

More documentation reform will be coming in July 2022. The Documentation Guide will be updated again in July to reflect the upcoming changes once they have been established. Until then, please use this January 2022 edition as your guide for all clinical documentation issues.

For any questions, please email [BHRSM@marincounty.org](mailto:BHRSM@marincounty.org)

[January 2022 Clinical Documentation Guide](#)

## Changes in the January 2022 Documentation Guide

Below are the specific changes that are reflected in the January 2022 Documentation Guide:

- Added CalAIM as a source of information in the Introduction section
- Updated General Principles of Documentation and Compliance sections
- Removed or revised references to diagnosis related medical necessity throughout guide
- Added CalAIM language throughout guide
- Amended assessment requirements re: “not yet diagnosed” status and use of Z codes
- Revised Medical Necessity section in keeping with CalAIM criteria changes, i.e., replaced Diagnostic, Impairment, and Intervention Title 9 language with CalAIM language
- Revised Components of Medical Necessity section
- Removed “included diagnosis” references in Client Plan section
- Revised Progress Notes section to included expanded medical necessity description and to remove “covered diagnosis” language.
- Removed “Planned vs Unplanned” reference from Lockouts and Limitations section
- Removed Appendix listing “Covered Diagnoses”
- Removed Appendix including BHR 25 Documentation Standards Policy pending revisions
- Reordered revision history

## CalAIM Changes to Medical Necessity Criteria

In case you missed the December 2021 QM Corner, please review the updated criteria for establishing Medical Necessity.

The California Advancing and Innovating Medi-Cal (CalAIM) initiative seeks to change many aspects of the manner in which services are provided to vulnerable populations. Among these changes are revisions to medical necessity criteria for Specialty Mental health services for children and adults. These changes supersede the medical necessity criteria described in Title 9 that are based on ameliorating symptoms and functional impairments brought about by an included diagnosis.

Under the CalAIM revision, Medical Necessity criteria will now be more closely aligned with W&I Code definitions for adults<sup>1</sup>, and Title 42 for children<sup>2</sup>.

- For individuals 21 years of age or older, a service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- For individuals under 21 years of age, a service is “medically necessary” if needed to correct and ameliorate a mental illness or condition. This would include services that sustain, support, improve, or make more tolerable a mental health condition.

<sup>1</sup> Welfare and Institutions Code section 14184.402(a) <sup>2</sup>Section 1396d(r)(5) of Title 42 of the United States Code

**This deemphasis on diagnosis to establish medical necessity is meant to allow more flexibility in the provision of services but is not meant to eliminate diagnoses in clinical practice as a focus for treatment.**

\*Per WIC Section 14184.402(f)(1)(A), a mental health diagnosis is not a prerequisite for access to covered SMHS.

### Criteria for Beneficiaries 21+

Beneficiary has one or both:

- Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. **AND/OR**
- A reasonable probability of significant deterioration in an important area of life functioning.

**AND** the condition is due to either:

- A diagnosed mental health disorder, according to the criteria of the DSM and the ICD. **OR**
- A suspected mental disorder not yet diagnosed.

### Access Assurances for Beneficiaries under 21

For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria:

- 1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:
  - a. scoring in the high-risk range under a trauma screening tool approved by the department
  - b. involvement in the child welfare system
  - c. juvenile justice involvement
  - d. experiencing homelessness.

**OR**

- 2) The beneficiary meets **both** of the following requirements:
  - A. The beneficiary has **at least one** of the following:
    - a. A significant impairment **AND/OR**
    - b. A reasonable probability of significant deterioration in an important area of life functioning **AND/OR**
    - c. A reasonable probability of not progressing developmentally as appropriate **AND/OR**
    - d. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

**AND**

- B. The beneficiary's condition as described above is due to **one of the following**:
  - a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems **OR**
  - b. A suspected mental health disorder that has not yet been diagnosed **AND/OR**
  - c. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

## Specialty Mental Health Documentation Training

The next documentation training for Specialty Mental Health is scheduled for **Thursday, Feb. 3, 1-3:30pm via zoom**. This training will review information about the new medical necessity criteria. Please email [BHRMQM@marincounty.org](mailto:BHRMQM@marincounty.org) to register.

### How to Reach Us:

BHRS ACCESS Team: [BHRSAccessPublic@marincounty.org](mailto:BHRSAccessPublic@marincounty.org)

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BHRS SUS Residential Care Authorization: [BHRSAuthSUS@marincounty.org](mailto:BHRSAuthSUS@marincounty.org)

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[Download the BHRS Clinical Documentation Guide here](#)