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**Network Adequacy Certification Reporting**

Heads up! In the coming weeks program supervisors will be receiving a Network Adequacy Certification email asking for the most recent data on your programs and rendering providers. Please be on the lookout for the email so that you can complete the spreadsheet and return it to BHRS QM promptly. QM will be submitting the final Network Adequacy Certification Report to DHCS, along with supporting documentation, on July 1st, 2022. As always, thank you for helping BHRS comply with DHCS mandates!

**Please Review the DHCS CalAIM Information Page**

Here you can find more information about the CalAIM initiative and review the specific DHCS Information Notices that outline upcoming and already implemented policy changes.

[CalAIM Behavioral Health webpage](#)

**DMC-ODS Documentation Redesign**

DMC-ODS Documentation Redesign is going live in July!  
In preparation for documentation redesign, we wanted to feature one of the changes in this month’s QM Corner – Progress Notes. Most of the required elements are unchanged from current practice and we are pleased to hear that many providers are already adhering to these new timeframes. For any providers that would like assistance, please contact your contract manager.

**Required Progress Note Service Information**

- They type of service rendered
- A narrative describing the service, including how the service addressed the beneficiary’s behavioral health need (e.g., symptom, condition, diagnosis and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time.
- Location of the beneficiary at the time of receiving the service.
- A typed or legibly printed name, signature of the service provider and date of signature.
- ICD 10 code (required for the claim but not needed on the progress note itself).<sup>42</sup>
- Current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- Next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

- **When:** Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours. Providers shall complete a daily progress note for services that are billed on a daily basis, such as residential treatment services.

- **What about Group Notes?**

**Group Progress Notes**

The information above remains consistent for services provided in a group setting, with the following additional requirements:

- For groups facilitated by multiple practitioners, a single progress note signed by one of the practitioners shall be used to document the group service provided. Progress notes shall contain the information as noted above and modifications and additional information as noted below:
- Information about the specific involvement and specific amount of time of involvement of each practitioner in the group activity, including time spent traveling to/from the service and documenting the service.
- A list of group participant names shall be maintained. Please note, due to confidentiality standards, the full list of group participants must **not** be kept in any single participant's personal health records, instead the MHP or practitioner must maintain the full participant list outside of any participant's health records.

As a reminder, CalMHSA is developing an updated Documentation Manual, as well as will offer documentation trainings. We will share the information once received. DHCS also just hosted an overview of documentation redesign and the recording and slide deck will be available here: [DHCS CalAIM – Behavioral Health](#). The DHCS BHIN on Documentation Design can be accessed here: [DHCS BHIN – Documentation Redesign](#).

## **No Wrong Door & Co-Occurring Treatment**

DHCS will implement a “no wrong door” policy to ensure beneficiaries receive mental health services regardless of the delivery system where they seek care (via County Behavioral Health, Medi-Cal Managed Care Plan, or the Fee for Service delivery system). This policy would allow beneficiaries who directly access a treatment provider to receive an assessment and mental health services, and to have that provider reimbursed for those services by their contracted plan, even if the beneficiary is ultimately transferred to the other delivery system due to their level of impairment and mental health needs. In certain situations, beneficiaries may receive coordinated, non-duplicative services in multiple delivery systems, such as when a beneficiary has an ongoing therapeutic relationship with a therapist or psychiatrist in one delivery system while requiring medically necessary services in the other.

DHCS seeks to clarify that patients with co-occurring mental health and substance use disorder conditions may be treated by providers in each of the behavioral health delivery systems, as long as the covered services are not duplicative and meet specified requirements for contracting and claiming.

- [Presentation](#)
- [Recording](#)

## CalMHSA CalAIM Trainings

California Mental Health Service Authority (CalMHSA) has published the CalAIM documentation guide for LPHAs in the mental health and DMC-ODS systems and web-based documentation trainings. Please review the newly published material linked below and look out for more materials to come!

- Documentation trainings available here: [Learning Management System \(LMS\)](#)

### **Mental Health:**

Clinical Staff (LPHA, waived/registered): [Click here!](#)

Mental Health Rehabilitation Staff and Others: Coming Soon!

Medical Staff: Coming Soon!

Peer Support Specialists: Coming Soon!

### **Substance Use:**

Clinical Staff (LPHA, waived/registered): [Click here!](#)

Alcohol & Drug Counselors: [Click here!](#)

Medical Staff: Coming Soon!

Peer Support Specialists: Coming Soon!

## TRAININGS

Annual DMC-ODS Training: Marin BHRIS is convening a DMC-ODS Training, which is required for all DMC-ODS staff annually. We will hold the training via Zoom on **June 16<sup>th</sup>, from 11am – 12:30pm**. We will also record the training for folks that are unable to attend. Please share with applicable DMC-ODS staff. The link to the training is here: [Annual DMC-ODS Training](#).

## HOW TO REACH US

BHRIS ACCESS Team: [BHRISAccessPublic@marincounty.org](mailto:BHRISAccessPublic@marincounty.org)

BHRIS ACCESS Supervisor: [BHRISAccessSupervisor@marincounty.org](mailto:BHRISAccessSupervisor@marincounty.org)

BHRIS QM General: [BHRISQM@marincounty.org](mailto:BHRISQM@marincounty.org)

BHRIS SUS Residential Care Authorization: [BHRISAuthSUS@marincounty.org](mailto:BHRISAuthSUS@marincounty.org)

MHP Inpatient Care Authorization: [BHRISQMPublic@marincounty.org](mailto:BHRISQMPublic@marincounty.org)

BHRIS Electronic Health Record (EHR) Team: [BHRISEHR@marincounty.org](mailto:BHRISEHR@marincounty.org)

BHRIS Admin Team: [BHRISAdmin@marincounty.org](mailto:BHRISAdmin@marincounty.org)

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

Please don't forget to share with staff who may not have access to email!