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Claiming for ACEs Screening

Effective immiediately, the ACEs Screening (Adverse Childhood Experiences) may not be billed as a stand alone assessment tool. Please direct all relevant clinical staff to discontinue using the Ace Screening procedure codes in Clinicians Gateway. If you are using the ACEs Screening to inform your assessment and describe the outcome of results within the Assessment, you may claim the time used (in minutes) to complete this assessment as part of your overall assessment time claimed. You may include this documentation in Diagnostic Summary and Case Formulation section. Please visit Acesaware.org to learn more.

Substance Use Services Tobacco Screening

Per AB 541, DHCS licensed and/or certified substance use treatment programs are required to assess each client for use of all tobacco products (e.g. cigarettes, vaping nicotine, chewing tobacco, cigars, etc.) at time of initial intake, and then offer treatment or referral if appropriate. The assessment shall include evaluation for the presence of diagnostic criteria consistent with tobacco use disorder as defined by the DSM-5, or similar evidence-based guidance. The current assessments tool to capture this information has been updated. The tool can be found here: Adult ASAM Assessment and Adolescent ASAM Assessment. Please visit this link for referrals to tobacco cessation resources.

CalAIM Update

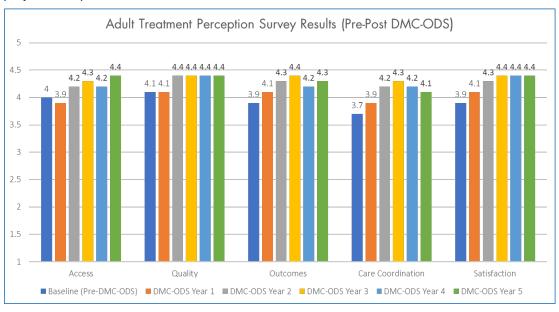
There is much work that continues under the CalAIM initiative. BHRS will provide Enhanced Care Management (ECM) Services to eligible BHRS clients. Eligibility for ECM is determined by PartnershipHealth Plan. Referral for ECM services may be sent to PartnershipHealth Plan for eligibility determination. A current recruitment for is underway for providing ECM services. There are also efforts underway to update Sharecare for the new ECM program and services codes that will be needed for tracking client admissions, discharges, services and reporting.

On the horizon for July 2022:

- Enhanced Care Management (ECM) ECM services become available for select Populations of Focus in counties with neither WPC Pilot nor HHPs, including for Individuals & Families Experiencing Homelessness; High Utilizer Adults; and Adults with SMI/SUD.
- Behavioral Health No Wrong Door Updated documentation requirement guidance for SMHS and SUD services published, no wrong door policy and cooccurring treatment policy go live.
- Behavioral Health Documentation Redesign Revised, simplified, and streamlined mental health documentation requirements implemented to align with medical provider requirements, improve efficiency and decrease provider burnout.
- Contingency Management Launch of contingency management pilot in select DMC-ODS counties that will run until March 2024

Fall Treatment Perceptions Survey

The results are in! Marin received its results from the Fall Treatment Perceptions Survey and beneficiaries continue to share positive feedback about their experiences in care. Program-specific reports will be distributed to DMC-ODS providers. Marin County and the DMC-ODS provider network use this information to assess beneficiary satisfaction, identify strengths and inform continuous quality improvement efforts. Providers also use this information to select an annual performance improvement project to implement.



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Download the BHRS Clinical Documentation Guide here

