QM CORNER
Marin County Behavioral Health and Recovery Services

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Updated Documentation Standards Take Effect July 2022

Documentation trainings and updated Documentation Guides will be available in the near future to help explain the upcoming CalAIM documentation changes identified in this new DHCS information notice: BHIN 22-019: Documentation for SMHS and DMC-ODS

These changes will allow staff to focus more time on client centered care and less time on treating to the charting requirements. Stay tuned!

CalAIM POLICY UPDATES

Criteria for Access to SMHS (Medical Necessity)

Policy Then	Policy Now	Benefit
Unclear, outdated and restrictive medical necessity criteria: • Creates challenges for individuals attempting to access care • A burden to providers/creates risk of disallowance	Updated and clarified medical necessity criteria for SMHS for both adults and children Bringing definition of "Medical Necessity" into alignment with Welfare and Institutions Code 14184.402(a) for those 21 and over and with Section 1396(r)(5) of Title 42 of the US Code for individuals under 21	• Easier for individuals to access needed treatment (for those under 21, criteria takes trauma into account: trauma screening, CWS involvement, justice involvement, homelessness) • Less burden on providers • Decreased risk of disallowance during audits

No Wrong Door

Policy Then	Policy Now	Benefit
Individuals navigate a confusing system to find the correct care: • Some individuals never get the treatment they need due to being "bounced" between the MHP and MCP • Providers feeling rushed to determine if the individual is or is not a "fit" for services	A "no wrong door" policy ensures individuals receive treatment regardless of the delivery system where they seek care: • Allows individuals who directly access a treatment provider to receive an assessment and mental health services • Ensures provider reimbursement even if the individual is ultimately transferred	• Individuals will no longer be turned away due to the MHP or MCP being concerned about the appropriate level of care • Increased flexibility for providers • Supports individuals with continuing therapeutic relationships when appropriate

Treatment Prior to Establishing Diagnosis

Policy Then	Policy Now	Benefit
• Services not reimbursable prior to diagnosis • Providers not reimbursed for extensive time spent conducting assessments • Confusing rules about what services can be provided prior to diagnosis	Services are reimbursable prior an official diagnosis • Flexibility regarding timeline for diagnosis • Not rushed into diagnosing before getting to know an individual and their needs. • Can utilize Z codes when appropriate	• Providers can be reimbursed for services provided • Supports more accurate diagnosing • Less provider confusion regarding what is and is not billable prior to a diagnosis determination

Co-Occurring Treatment

Policy Then	Policy Now	Benefit
• Services would be disallowed if a co-occurring condition was as part of the individual's treatment • Confusing experience for individuals seeking services • Fiscal implications	• Co-Occurring Treatment allows for treatment to begin "through any door" regardless of co-occurring diagnoses that may be present • Treatment in the presence of a co-occurring disorder is reimbursable	• Individuals experience streamlined process for obtaining services • Providers can take time to assess the needs of the individual • Fewer services disallowed

Documentation Reform

Policy Then	Policy Now	Benefit
Lengthy documentation requirements: • Stringent requirements for clinical documents • "Treating chart instead of the individual" to avoid disallowances • Provider spending more time on documentation than on treating individuals	Lean documentation: • Streamlined standards • Improved efficiency	• Less time documenting • More time to focus on direct services • Decreased provider burnout

Documentation Reform (continued)

Policy Then	Policy Now	Benefit

Static treatment plans:
 	
• Complex content requirements
 	
• Strict signature requirements
 	
• Firm due dates/renewal dates
 	
• Recoupments for services provided under an incomplete/expired treatment plan
	No treatment plan (replaced by dynamic problem list):
	
	• "Treatment plan" required via a progress note
	  • Targeted Case Management
	  • Peer Support Services
	  • Intensive Care Coordination (ICC)
		• Less time spent on unnecessary documents
		
		• Simplified internal auditing processes
		
		• Decrease in unnecessary recoupments

Documentation Reform (continued)

Policy Then	Policy Now	Benefit
Disallowances for quality problems: • Excessive processes to avoid recoupments • "Treating chart instead of the patient" to avoid disallowances • Provider spending more time on documentation than treating	Disallowances focused on fraud, waste, abuse Corrective action plans for quality	• Decrease in unnecessary recoupments • Decreased provider burnout

Introducing New Staff with the Access Team!

Message from Tamara:
My name is Tamara Hornsey and I am the new BHRS Access Unit Supervisor. I am a Licensed Clinical Social Worker and have spent most of my social work career in public child welfare. Several years ago, I made the decision to grow my clinical career and have spent the past several years as a therapist at SF General Hospital in a psychiatric unit and most recently as a Clinical Supervisor at a managed healthcare plan in San Francisco. I live in San Francisco and have two wonderful dogs, Beau and Gemma. I love to hike and watch scary movies. Fun fact: I ride the bus and an electric scooter to work from SF! I am delighted to be here and serve the community of Marin and supervise the incredible Access Team.

Message from Zuly:
My name is Zuly, and I have recently joined the Access team as a Support Service Worker II. Before joining this team, I worked for Aldea Children & Family Services, a non-profit that serves Napa, Solano, and Sonoma counties. I started at Aldea in 2018 after graduating from Sonoma State with a B.A. in sociology. With Aldea, I served as an Admin Assistant, Development Associate, and most recently as the Program Coordinator for their early detection and treatment of psychosis program. Since I could remember I have always been passionate about mental health and wanting to help others, while stressing the importance of taking care of our own mental health. A few of the things I like to do to take care of my mental health are reading inspiring self-help books, going on hikes with pretty views, and spending time with my friends and family. I also like to make time for short trips whenever I get the chance to!

DMC – ODS Updates

DHCS has posted the Information Notice on Documentation Requirements for DMC-ODS and Specialty Mental Health Services. BHRS will provide an updated documentation manual and training prior to the July 1, 2022, effective date.

Peer Support Specialists: As we prepare for implementation of SB 803 and welcome Peer Support Specialists into the DMC-ODS, please see a new DHCS Information Notice on Medi-Cal Peer Support Specialist Supervisor Training Requirements. Marin BHRS will soon be sending out budget development templates for contractors who are planning to add Peer Support Specialists.

Contingency Management: Marin DMC-ODS was selected to participate in the first phase of a Contingency Management Pilot program. Contingency Management is an evidence-based practice for stimulant use disorders. It will be implemented in outpatient programs at Marin Treatment Center, Ritter Center, Center Point and BHRS' Road to Recovery Program. Implementation is expected for July 2022.

CalMHSA Electronic Health Record (EHR) Update

There is a lot of activity and momentum building between CalMHSA and other counties (21 plus) as planning and implementation for a new multi-county EHR begin to take shape. BHRS had a recent meeting with CalMHSA to confirm that Marin BHRS will be an **official partner with CalMHSA** to implement a new EHR. This is an exciting opportunity for Marin BHRS to improve and streamline (which happens to be the name of the new EHR) our business and clinical practices to improve claiming, revenue, reporting, quality of care and better outcomes for our clients. **The planned go LIVE date for the new EHR is July 1, 2023.** BHRS will be partnering with our contractors and other stakeholders as this process moves forward. So, stay tuned for the next update.

Community Events

Bike 4 Buckelew – May 14, 2022

YPN BASH at Buckelew Programs

Join us at the YPN BASH: connect, unwind and meet new friends - engage and learn about different professional and personal opportunities while having fun.

More details coming soon.

Please register in advance due to potential capacity limitations. Registration will close the day before the event.

No-cost for YPN members; $20 for guests.

REGISTER HERE: YPN BASH

TRAINING

Stay Tuned for Updates on Next Scheduled "revised" Documentation Training!

HOW TO REACH US

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BHRS Admin Team: BHRSAdmin@marincounty.org

Download the BHRS Clinical Documentation Guide here

Don't forget to share with staff!