



Table with 2 columns: Field (To, From, Date, Title) and Value (Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Providers, Behavioral Health Services, December 28, 2023, Documentation Reform Implementation (follow-up to the 'Documentation Reform Implementation Update' memo dated August 15, 2022))

The Department of Health Care Services (DHCS) released a new Behavioral Health Information Notice (BHIN) regarding documentation reform, BHIN 23-068 effective January 1, 2024. The purpose of this notice is to update and clarify behavioral health documentation requirements as part of the continuing reforms aiming to improve the beneficiary experience by streamlining and standardizing clinical documentation requirements across Medi-Cal Specialty Mental Health Services (SMHS), DMC, and DMC-ODS services.

While not as significant of an update as provided in BHIN 22-019, BHIN 23-068 does contain some notable changes that providers should be aware of. Narcotic Treatment Program (NTP) providers are not affected by this BHIN. Unless indicated below, all other previous documentation requirements remain in effect.

Providers should continue to review the California Mental Health Services Authority (CalMHSA) Documentation Guides and Documentation Trainings, and can refer to the relevant Substance Use Disorder Uniform Record Manual (SUDURM) instructions sheets on the Optum website for guidance on specific forms. Additionally, programs should engage with their assigned BHS Quality Assurance (QA) Specialist.

Updated Documentation Requirements (effective January 1, 2024 unless otherwise noted)

Assessments

- Outpatient providers are no longer required to complete their assessments within 30 days (60 days for those under 18 or experiencing homelessness). Assessments should now be completed 'as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice.'
- It is recommended that providers develop their own policy and procedure to ensure this standard is met and define how they will internally monitor.
Residential providers are no longer required to complete their assessments within ten (10) days and should follow the same standard for completion of a full assessment as outpatient providers; however, a 'Multidimensional Level of Care (LOC) assessment' must be completed within 72 hours of admission.
- Providers will use Optum's SUD Residential Authorization Request as the 'Multidimensional LOC assessment' and will now be required to send the request to Optum within 72 hours of client admission. All other authorization timelines and requirements will remain in effect.
Residential Withdrawal Management (WM) providers are exempt from the 72-hour timeline to complete a 'multidimensional LOC assessment' if a 'pre-assessment within 72 hours' occurs and there are 'contingency plans to transfer the resident to a subsequent level of care where a full assessment would be conducted.'

For More Information:
- Contact QIMatters.HHSA@sdcounty.ca.gov

To:	Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Providers
From:	Behavioral Health Services
Date:	December 28, 2023
Title	Documentation Reform Implementation (follow-up to the “Documentation Reform Implementation Update” memo dated August 15, 2022)

- Effective January 1, 2025, all providers must use the American Society of Addiction Medicine (ASAM) Criteria Interview Guide or ASAM Continuum software, **or** a validated tool can be used if approved by DHCS.
 - Currently the County of San Diego plans to seek approval for the Adult ASAM Criteria Assessment once DHCS provides information on how to gain approval.
 - While providers have the option of using the ASAM Continuum software, they will also need to identify any required items or data elements (i.e., tobacco assessment) that may be missing, and how they will be addressed.
- An evidence-based assessment of client’s needs for medications for addiction treatment (MAT) must be completed. The identification of this assessment is part of the requirements described in [BHIN 23-054](#).

SUD Treatment Progress Note

- In alignment with the [CalAIM Documentation Redesign FAQs](#), the day of service is considered “day zero”.
- While there are no additional items required for progress notes, nor any taken away, some language has been modified. The SUD Treatment Progress Note and Instructions will be updated to align with the new language.

Care Planning Requirements

- Separate Plans of Care (i.e. Peer Support Specialist Services, Perinatal Plan of Care) are no longer required as of January 1, 2024.
- The intent of this change to affirm that care planning is an ongoing, interactive component of service delivery, rather than a one-time event.
- Providers must adhere to all relevant care planning requirements in state or federal law. Required elements shall be documented within the client’s record.
- Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template.
 - Previously DHCS had exempted the requirement to have a goal for a physical examination as required in [22 CCR § 51341.1, subd. \(h\)\(1\)\(A\)\(iv\)\(a-c\)](#). While this no longer needs to be a goal and a Treatment Plan is still not required, this requirement can be met using this guideline.

Medical Record Review Tool

- Due to the work involved in updating the Medical Record Review (MRR) tool, Quality Assurance (QA) will not be updating it prior to the start of the new Fiscal Year, July 1, 2024. Documentation that is reviewed as part of MRRs for the rest of the fiscal year that is completed on or after January 1, 2024, will be reviewed using the updated standards.
 - Documentation completed prior to January 1, 2024, will be reviewed to the standards set in [BHIN 22-019](#).

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Reminder to Programs using Welligent as their Electronic Health Record (EHR)

- All SUDURM forms created in Welligent as a new form, update, revision, correction, or customization specific to one program need to be submitted to QA via Stephen Faille (sfaille@continuumcloud.com)
 - This will ensure all forms are correct and meet requirements for data transfers when interoperability is implemented.
 - This will eliminate redundancies and ensure faster approval of forms.
- All forms submitted directly from programs will be sent back with Stephen included to provide support and direction.
- QA maintains direct communication with Stephen for anticipated development of future forms.
- For questions, please reach out to Stephen at sfaille@continuumcloud.com.

Other providers using their own EHR

- Programs shall follow the already established process of submitting drafts of developed SUDURM forms for their system to QA for review and approval before use.

BHS will continue to inform providers on any changes related to documentation reform and other Medi-Cal Transformation (formerly CalAIM) initiatives as additional information is provided by DHCS.

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