



Table with 2 columns: Field (To, From, Date, Title) and Content (BHS Specialty Mental Health Service (SMHS) Contracted Providers, Behavioral Health Services, December 28, 2023, Documentation Reform Implementation (follow-up to the 'BHS Plan: CalAIM Documentation Reform Compliance' 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 SMHS, Drug Medi-Cal (DMC), and DMC-Organized Delivery System (ODS) services.

While not as significant of an update as BHIN 22-019, BHIN 23-068 does contain some notable changes that providers should be aware of. Unless otherwise indicated below, all previous documentation requirements remain. Psychiatric inpatient services provided in hospitals, Psychiatric Health Facilities, and/or Psychiatric Residential Treatment Facilities are not affected by BHIN 23-068. For authorization policy and documentation standards for psychiatric inpatient services, see BHIN 22-017.

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

Due to the work involved in updating the Medical Record Review (MRR) tool, BHS 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 to the updated standards. Documentation completed prior to January 1, 2024, will be reviewed to the standards set in BHIN 22-019.

Updated Documentation Requirements (effective January 1, 2024)

Client Plans and Care Planning

DHCS no longer requires prospectively completed, stand-alone client plans for Medi-Cal SMHS. The intent of this change is to affirm that DHCS considers care planning to be 'an ongoing, interactive component of service delivery rather than a one-time event'.

- Programs, services, and facility types for which Federal or State regulations continue to require care plans, providers must adhere to all relevant care planning requirements. BHIN 23-068 states that care plan required elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template. QA will be providing updated explanation sheets to align with the new language and requirements for client plans and care planning documentation.
- While DHCS does not require a specific format or location for care plan information, to support delivery of coordinated care, the provider shall be able to produce and communicate the content of the care plan to other providers, the client, and Medi-Cal behavioral health delivery systems.

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



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Targeted Case Management (TCM) and Intensive Care Coordination (ICC) services will continue to require client plans and care planning per 42 CFR § 440.169(d)(2). TCM and ICC care planning may be documented in the manner described in BHIN 23-068 as noted below:

- The Centers for Medicare and Medicaid Services (CMS) has approved the following: “DHCS’ new documentation standards outlined in BHIN 22-019, or any subsequent guidance require providers to incorporate the TCM care plan elements outlined in 42 CFR § 440.169(d)(2) into the clinical record. Under the new standards for SMHS, care planning is documented through a treatment plan or a combination of the assessment record, a problem list, progress notes, or another section of the clinical record for each encounter.” (Section 1915(b) Waiver Proposal for California Advancing and Innovating Medi-Cal (CalAIM), Amendment Submitted November 4, 2022, Updated June 23, 2023).
 - Intensive Care Coordination (ICC) is considered a Targeted Case Management (TCM) service and is subject to the TCM regulations for care plans.
- Federal requirements applicable to ICC care planning remain in effect and must be observed. DHCS will not enforce the use of a care plan, or specific care planning requirements, as part of compliance monitoring specific to Intensive Home-based Services (IHBS) or Therapeutic Foster Care (TFC), however children receiving these services are likely to have a care plan developed as part of ICC.
- A separate Peer Support Services Plan of Care is no longer required as of January 1, 2024. Providers are no longer required to utilize the CM/PSS/MHSA Plan Note for separate client plans for targeted case management or peer support services. Peer Support Services continue to require an approved plan of care which may be documented in the manner described in BHIN 23-068 as noted above.

Assessments

- Outpatient providers should continue to complete and final approve assessments “as expeditiously as possible, in accordance with each member’s clinical needs and generally accepted standards of practice” per BHIN 23-068.
 - The Mental Health Plan (MHP) quality standard timeline to complete assessments remains no later than 60 days from date of admission with reassessments to be completed as clinically indicated but no later than three years from date of admission or date of last assessment unless this does not permit adequate time.
 - DHCS requires that Medi-Cal Behavioral Health delivery systems shall monitor timely completion of assessment to ensure appropriate access to, and utilization of, services, however, these standards shall not enforce standards for timely initial assessments or reassessments, “in a manner that fails to permit adequate time to complete assessments when such time is necessary due to a member’s individual clinical needs”.
 - Programs shall document clinical rationale when unable to complete timely assessment within MHP quality standards due to the member’s individual clinical needs and/or presentation.

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- There has been no change to assessment requirements or standards for Short-Term Residential Therapeutic Programs (STRTPs), crisis residential/START programs, or programs providing crisis services.

Problem List

There are no changes to Problem List requirements. All members receiving SMHS after July 1, 2022, require a current, up-to-date problem list.

SMHS Progress Notes

- In alignment with [CalAIM Documentation Redesign FAQ](#), BHIN 23-068 maintains the day of service is considered day zero, and providers shall complete progress notes within three (3) business days of providing a service, except for notes for crisis services which shall be completed within one (1) calendar day.
- While there are no additional items required on progress notes, nor none taken away, some language has been modified. The SMHS Progress Note instruction sheet will be updated to align with the new language which further clarifies progress note narratives to support the service code selected for the type of service provided.
 - The contents of the progress note shall support the service code(s) selected and support effective clinical care and coordination among providers. Notes shall include the minimum elements described in the BHIN but the nature and extent of the information included may vary based on the service type and member’s clinical needs.
 - Some notes may appropriately contain less descriptive detail than others.
- If information is located elsewhere in the clinical record (for example, a treatment plan template), it does not need to be duplicated in the progress note.

BHS will continue to inform providers of any changes related to documentation reform and other CalAIM initiatives as additional information is received from DHCS.

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