

CalAIM Documentation Reform FAQ

| | Questions | Answers |
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| Problem List Questions | | |
| 1. | Is there a bulletin describing all the treatment plan changes? | A SAPC Information Notice (SAPC-IN) summarizing these changes is forthcoming. In the interim, a job aid has been posted at: http://publichealth.lacounty.gov/sapc/Sage/Training/OperationalizingProblemListInSage.pdf |
| 2. | Our agency still needs to complete a Treatment Plan for each patient due to other accreditation requirements. Can we combine the treatment plan requirement (non-SAPC requirement) with the Problem List (SAPC requirement) in a Treatment Plan Form? | Primary Providers must continue using the treatment plan form to document the Problem List components. It is up to the Agency to fill in all the appropriate fields to meet requirements of treatment planning per their accreditation. Secondary Providers must continue using their approved treatment plan form and add the Problem List components to meet DHCS requirements. Other elements of the treatment plan may be completed in alignment with accreditation requirements. |
| 3. | What are the required components of the Problem List? | The Problem List should include <ul style="list-style-type: none"> (1) Problem identified as either a Diagnosis, Illnesses, Social Determinant of Health, Z Codes, or description of an issue (2) The date of the problem added, (3) The name, credential, and title of the practitioner adding the problem (4) The problem removal date (if applicable) (5) The name, credential, and title of the practitioner who removed the problem Practitioners should ensure that they are practicing within their scope when adding or removing problems. |
| 4. | When do we start using Problem Lists? | BHIN 22-019 is effective 7/1/2022. All patient admitted as of 7/1/2022 require a Problem List. Existing patients with finalized treatment plans prior to 7/1/2022 require a Problem List when requesting a re-authorization. |
| 5. | Is it required to include ICD-10 codes in the Problem List? | Currently including an ICD-10 code on the Problem List is not required but optional. |

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| | | <p>For example, all the following are acceptable problems for the Problem List:</p> <ul style="list-style-type: none"> • Alcohol use • Alcohol Use Disorder, Mild • F10.10 Alcohol Use Disorder, Mild |
| 6. | <p>Can SUD counselors add a diagnosis to the problem list, or does it have to be an LPHA?</p> | <p>For Sage Primary Providers, counselors can include the diagnosis from the Provider Diagnosis FORM on the drop-down Diagnosis section of the Treatment Plan FORM. However, only an (LE) LPHA can add a diagnosis as a Problem on the Problem list.</p> <p>For Sage Secondary Providers who have an approved treatment plan form, diagnosis listed as problems must be added by (LE) LPHAs working within their scope of practice.</p> |
| 7. | <p>For Sage Primary Users, who can add diagnosis(es) under “Provider Diagnosis” on the Treatment Plan Form?</p> | <p>All practitioners on the treatment team can add diagnosis(es) that have been added under “Provider Diagnosis” Form to the “Diagnosis” section of the Treatment Plan Form.</p> <p>However, only (LE)LPHAs can add diagnosis(es) as a problem on the actual Problem List.</p> |
| 8. | <p>Can SUD Counselors add problems to the Problem List, if they are under supervision of a LPHA?</p> | <p>Yes, an SUD counselor can document problems on the problem list. If a counselor is adding a problem, it needs to be within their scope of practice. For example, a counselor can add the problem: “Alcohol use”, but not “Alcohol Use Disorder, mild” as the latter is a diagnosis and outside the scope of practice of a counselor.</p> |
| 9. | <p>How do non-medical practitioners document medical conditions reported by the patient?</p> | <p>Language such as “Patient identified: [medical condition]” can be used for non-medical practitioners to add medical conditions that were reported by patients.</p> |
| 10. | <p>Who can “remove” a diagnosis problem from the Problem List?</p> | <p>Only (LE)LPHA can only “remove” a diagnosis problem on the Problem List within their scope of practice.</p> |
| 11. | <p>Why do I have to add when a problem is “removed,” shouldn’t it just be deleted?</p> | <p>The Problem List reflects a history of the patient’s care. Problems are flagged for removal but are not deleted. Seeing the history of the problems may aid in care coordination with other disciplines.</p> |
| 12. | <p>Who can add Z-Codes?</p> | <p>BHIN 22-013 outlines the approved z codes related to social determinants of health both (LE) LPHAs and NON-LPHAs can use.</p> |
| 13. | <p>Once the treatment plan is finalized, you’re not able to make changes.</p> | <p>Similar to how providers would update a treatment plan by creating a new form, updates to the Problem List require creating a new treatment plan. However, new functionality allows users to pull</p> |

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| | How are we going to update the problem list daily? | information from the latest treatment plan which will significantly reduce documentation time. The Problem List should be updated on an ongoing basis to reflect the patient’s current needs/presentation and at minimum in alignment with Provider Manual 6.0 pg. 176-177. |
| 14. | Can Sage Secondary Providers use the Sage Treatment Plan form to record Problem List during the process of getting agency-specific Problem List form approved? | <p>No. Secondary Providers with an approved treatment plan form should continue using this form and add the Problem List components to meet DHCS requirements. Once the Secondary Provider’s Problem List form is approved by SAPC, they may start using the new form for documentation.</p> <p>If Secondary Providers are having difficulty configuring their EHR with the needed Problem List components, they may use the newly published “paper” Problem List used by SAPC during Sage downtime procedures as an interim solution.</p> |
| 15. | If a patient was transferred to another practitioner within the same program, does the new practitioner need to edit information, such as “Added By”, on the Problem List? | If there is no change to the status of the problem and no new problem(s) is added, the Problem List does not need to be updated simply because there was a transition of practitioner. If a problem is added/modified, the name/credential/title of the practitioner should be added, and the form should be finalized by an (LE)LPHA. Changes related to transfer of practitioner should be documented in the progress notes or miscellaneous notes of the patient’s chart. |
| 16. | Is a new Problem List required when a patient transitions to a new level of care (LOC), for example from LOC 3.2WM to LOC 3.1? | Yes. If the patient is transitioning <i>within</i> the agency, the Problem List from previous LOC can be pulled forward and updated according to patient’s clinical presentation and situation. If the patient transitioned to <i>a new</i> LOC from a different agency, accepting agency can update patient’s Problem List from previous agency if a copy is obtained. |
| 17. | Can I bill for creating/updating a Problem List? | Yes. As this is considered part of treatment planning, Problem List development and updates should be billed under the treatment planning code. |
| 18. | DHCS doesn’t require credentials, why is SAPC requiring it? | To ensure problems are added/removed by practitioners working within their scope of practice, credentials and job titles are required by SAPC. For example, someone may have the credentials of LCSW, but their job title is Care Coordinator. Just noting Care Coordinator does not provide sufficient information to ensure problems associated with their name are within their scope of practice. |
| 19. | Who is required to sign the Problem List? | The Problem List is considered finalized when an (LE)LPHA has signed it. It may also include signatures by other treatment team |

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| | | <p>members who added problems as well as the patient, however it is optional.</p> <p>For Primary Sage Users, if only the (LE)LPHA finalizes the treatment plan form there is no need to print, get a wet signature, and upload to Sage as an electronic signature is captured.</p> |
| 20. | Do I still need to complete a discharge plan? | <p>Historically a discharge plan was documented in a treatment plan. Effective 7/1/2022 a discharge plan is no longer required; however, discharge planning should be conducted and documented throughout the patient’s treatment. Providers should continue to complete Discharge and Transfer Form on the date of discharge.</p> |
| 21. | I have started treatment plans for patients in July before I heard of the updates, will the new treatment goals count as the Problem List? | <p>Treatment plan forms started after 7/1/2022 should incorporate Problem List components prior to finalization. Components include the problem, practitioner who added the problem along with their credentials and title, and the date the problem was added. If a problem is flagged for removal, the name of the practitioner removing the problem should be added with their credentials and title along with the date of removal.</p> |
| 22. | I thought treatment plans were still needed for care coordination, is that not the case? | <p>Case management is now care coordination and does not require a treatment plan. It can however be part of the treatment planning process as an identified service from which the patient would benefit.</p> <p>Specialty Mental Health Services offers Targeted Case Management (TCM) that does require a Care Plan, however that service is not offered as part of SAPC’s DMC-ODS services.</p> |
| 23. | Peer Support Services (PSS) are supposed to have treatment plans, how do I document those? | <p>Per BHIN 22-019 Peer Support services require documentation of a Care Plan in a progress note. There are still outstanding questions to the State regarding PSS. Once SAPC has more information, SAPC will provide clarification and training as appropriate.</p> |
| Progress Note Questions | | |
| 24. | When are notes due? | <p>Notes are to be finalized within three (3) business days, including co-signatures when appropriate. This includes Progress Notes, Miscellaneous Notes, Group Notes, and Daily Residential Notes.</p> <p>All Crisis Service notes must be completed within 24 hours.</p> |

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| 25. | If notes are not completed within the specified timelines, will payment be denied? | Untimely documentation will count as a compliance issue in SAPC's documentation audits; we won't hold claim payment on a claim-by-claim basis but will address untimely documentation as a non-compliance issue with our Contract Program Auditors (CPAs). Resolution steps will include technical assistance, training, CAP, and up to disallowances. |
| 26. | Can providers use bullet points to document in progress notes. | Progress notes should reflect the interventions, actions, and plans conducted during the session and may take the form of bullet points so long as it accurately captures the encounter. |
| 27. | Other accreditation bodies require traditional progress note formats (e.g. SOAP, GIRP, SIRP, and BIRP), can we continue to submit progress notes in those formats? | Yes. |
| 28. | What type of note do I use to document the updating the Problem List? | When a Problem List is created, reviewed, or updated a Miscellaneous Note: Treatment Plan Review/Development should be completed reflecting the work done with the Problem List |
| 29. | Is the Problem List note the same as the Justification note? | No. Level of Care justification is still documented on a Miscellaneous Note: Medical Necessity Justification and finalized by an (LE) LPHA. This is needed for initial and re-authorization requests. |
| 30. | Can day rate service providers, like residential sites, continue using weekly summaries? | BHIN 22-019 updated the requirements for facilities providing day rate services, like residential. Effective 7/1/2022 daily notes are required. These are to be finalized within three (3) business days. Weekly notes are no longer required. |
| 31. | Did documentation requirements change for telehealth services? | BHIN 22-019 specified required documentation for telehealth services including confirming consent and conditions of use. For specific language please refer to BHIN 22-019. |
| Assessment Questions | | |
| 32. | What changed with assessments with BHIN 22-019? | There are no changes in assessments as SAPC has been using the ASAM Continuum and ASAM CO-Triage we are already in compliance with State requirements. |