QUESTION TRACKING LOG

Cal AIM QAPI SUD QUESTIONS

QAPI SUD STAFF

Tracking #	Current Status	SUD Provider Type	Regulations/ Standards Involved	Modality	Subject	Question Date	Submitted By	Agency Question	QAPI Response	Response Date
1	Closed	County Sub-Contracted Provider	BHIN 22-019	Multiple	Documentation: Tx plans	5/1/2022	Question asked by County Provider Question during CalAIM CBO Listening Session in May 2022	No more treatment plans; staff may be hung up on tx plans vs. problem list. Will there be a grace plan for adjustment while people are getting used to tx plans	Yes there will be grace period. While the effective date of the problem list requirement is 07/01/2022 per BHIN 22-019 Sonoma County DHS will begin auditing with problem list included effective 09/30/22 as presented during the SUD Providers' Meeting on 09/14/22.	9/27/2022
2	Closed	County Sub-Contracted Provider	BHIN 21-071	Perinatal	LOC Assessment, ASAM	5/1/2022	Question asked by County Provider Question during CalAIM CBO Listening Session in May 2022	Concerning LOC assessment, it states in the Perinatal State regulations, “ongoing LOC assessment while in treatment.” What is the requirement here. We are working on a monthly assessment document that will show we are doing for this. Any suggestions or input?	The requirement is that the initial ASAM LOC determination is done within the appropriate 30 or 60 day assessment window. If the monthly assessment document suggests a change in level of care is appropriate a full ASAM must be completed as the ASAM determines the LOC. We recommend the full ASAM should be completed minimally one time per year to verify the appropriate LOC even if unchanged.	2/22/2023*
3	Closed	County Sub-Contracted Provider	BHIN 21-071	O(N)TP/Naltrexone	ASAM	5/1/2022	Question asked by County Provider Question during CalAIM CBO Listening Session in May 2022	How will the ASAM work; will there be a modified one for NTPs; where it happens; timing, etc.? Need a lot more information on these specifics about ASAM requirements and implementation	Doing an ASAM at intake during the appropriate 30 or 60 day assessment window is required. When there is reason to believe an LOC change is needed an ASAM must be completed to determine LOC. It is recommended to complete an ASAM at a minimum annually to validate ongoing care at present LOC should there be no changes.	2/22/2023*
4	Closed	County Sub-Contracted Provider	BHIN 22-019	Multiple	Progress Notes	5/1/2022	Question asked by County Provider Question during CalAIM CBO Listening Session in May 2022	Reduced time of progress notes from 7 to 3 days. Is it three business days? Impacts workload. Why this change?	Yes 3 business days for non-crisis service and 1 business day for crisis services. Weekends are business days in residential settings that are 24/7. Weekly summaries are no longer required for day treatment	Unknown
5	Closed	County Provider	CCR title 22 § 51490.1 CCR title 22 § 51516.1 Cal MHSA AOD Counselors Clinical Documentation Guide	Multiple	Rounding Service Hours	5/30/2022	County Provider	Will all services be rounded to the hour? Or only some services?	Once payment reform goes into effect on 07/01/23 there are reimbursement, financing, and billing changes. More information on CalAIM Payment Reform Fact Sheet issued December 2022. Staff rendering services would document precisely in accordance with exact service minutes rounding is not permitted.	2/22/2023*
6	Closed	County Sub-Contracted Provider	CCR title 22 § 51341.1	Multiple	LPCC providing counseling SUD	9/15/2022	Susan Hertel - Center Point DAAC	I wanted to follow on the family piece for ATP. We have an LPCC who is willing to do this service and being within scope of practice feel they should be qualifed.	No LPCC services would be reimbursable by Medi-Cal, unless the individual is also a registered/certified counselor, and can bill under that scope.	9/30/2022
7	Closed	County Sub-Contracted Provider	BHIN 21-071	O(N)TP/Naltrexone	MN and ASAM	9/27/2022	Anita Storms - Santa Rosa Treatment Program	As a narcotic treatment program (NTP) we have been waiting for clarification on how or if to conduct the ASAM assessment. Someone we consult with, Javier Moreno from Pinnacle Treatment (NTP) gave us the following guidance. As of January 1, 2022, determining medical necessity was uncoupled from an ASAM assessment, creating two	As noted in question we would require an ASAM completed within the appropriate 30 or 60 day assessment window. With continued enrollment in the NTP we recommend annual completion of the ASAM thereafter AND when there is a change in LOC. Example: NTP staff suspects individual who completed their original ASAM 120 days ago needs residential	2/22/2023*
8	Closed	County Sub-Contracted Provider			Medical Form	9/29/2022	Susan Hertel- Center Point DAAC	1. Do we still have to have the Medical Director or LPHA sign off that they saw this form? 2. Do we still have to screen with those 4 questions for TB? 3. Can we alter this form and add a signature for the Medical Director and the 4 questions Dr. Sandberg would like added for TB screening? 4. Do we even have to show the medical director this form?	This goal closed as needed additional information which had not been received and the individual asking retired from agency.	2/22/2023*
9	Closed	County Sub-Contracted Provider	BHIN 22-019	Multiple	Problem Lists	10/7/2022	Susan Hertel-Center Point DAAC	I was reviewing the Problem List process and we are stopping doing treatment plans soon, but how do we get paid for Problem Lists? If we loose units from this change, how does it benefit the agency in terms of funding? We only do one intake session, when the new ASAM takes longer, the assessment takes longer and I want to know if we can do 2-3 sessions for the assessment sessions? We would do the ASAM, the ASI and we have other assessments documents we use, i.e., SUD Problem List, SNAP Assessment, PTSD Checklist and ACES questionnaire. We want to do a lot of this, and want to know if we can bill for it.	We are recommending that the ASI is dropped and replaced entirely by the ASAM which should offset significant demands on assessment time. This substitution is not expected to result in any units lost, but in the event that extra sessions are needed Cal MHSA did confirm this is permitted as noted in related question #17. Problem lists are incorporated into the appropriate session with the consumer. When done during an assessment session the time spent doing the problem list would get added to this service. When a problem list is updated as a result of an individual counseling sesion the time spent updating the problem list would get incorporated into that session.	2/22/2023*
10	Closed	County Sub-Contracted Provider	BHIN 21-071, CCR title 22 § 51341.1	Multiple	ASAM	10/7/2022	Susan Hertel- Center Point, DAAC	Can we get paid to do an ASAM if the person needs a higher level of care, for instance, after 30 days, they continue to use substances, we do an ASAM for residential or IOP, can we bill for that?	Yes we can and must do the ASAM if the consumer needs a higher LOC after 30 days. It would be done as an individual counseling session focused on treatment planning per title 22 categories. Yes we can bill for that.	2/22/2023*
11	Closed	County Sub-Contracted Provider	BHIN 21-071	O(N)TP/Naltrexone	ASAM for NTP	10/10/2022	Gabriella Anconetani- Center Point, DAAC	1. How often do we need to do ASAM updates for NTP clients? We are doing one at intake. Many people are in treatment for years. 2. And, do we have to print the ASAM out and put it in the chart?	Doing an ASAM at intake during the appropriate 30 or 60 day assessment window is required. When there is reason to believe an LOC change is needed and ASAM must be completed to determine LOC. It is recommended to complete an ASAM annually to validate ongoing care at present LOC. The completed ASAM is a part of the consumer record and should be included with any physical or electronic patient records	2/22/2023*
12	Closed	County Sub-Contracted Provider	BHIN 22-019	Residential Services	Problem Lists for Residential	10/13/2022	Susan Hertel- Center Point DAAC	What are we doing with residential and Problem Lists given they are not Medical? We implemented the ASAM but not sure about Problem Lists? Do we implement those too?	Our recommendation is to implement the Problem List in residential treatment as it will make an easier transition to the future state when we move to a DMC-ODS system. Where it is unlear whether or not treatment plans are still required such as with residential treatment attached to SABG we recommend retaining the treatment plan and adding the Problem List.	2/22/2023*
13	Closed	County Sub-Contracted Provider	BHIN 22-019	Outpatient Services	Problem Lists for Outpatient	10/13/2022	Susan Hertel- Center Point DAAC	I thought I asked how we bill meeting with clients to do Problem lists in outpatient. Do we bill like we do for treatment plans? We need to know given we are not in waiver and these are units and we can't afford to not bill for these services that are required. Currently we are doing both treatment plan and problem list.	Problem lists are incorporated into the appropriate session with the consumer. When done during an assessment session the time spent doing the problem list would get added to this service. When a problem list is updated as a result of an individual counseling sesion the time spent updating the problem list would get incorporated into that session. Treatment plans are no longer requirement for DMC outpatient services (except for NTP programs). We are	2/22/2023*
14	Closed	County Sub-Contracted Provider	BHIN 22-019	Multiple	Billing DMC for problem list	10/19/2022	Susan Hertel asked at the 10/19/22 Providers' Meeting	1. As we replace treatment plans with problem lists, how do providers bill for problem lists? 2. Can you still do treatment plans and problem lists? 3. And, bill for both? I was told by one of our analysts that providers can still do both and bill for both.	The time spent gathering the information for the problem list and completing it is attached to the consumer's individual session. We can still do both treatment plans and problem lists, but Sonoma County recommends dropping the treatment plan entirely for DMC outpatient programs (Except where required IE NTPs). This recommendation is consistent	10/20/2022 & 02/22/2023*
15	Closed	County Provider	BHIN 22-019	Multiple	Billing for Problem Lists vs. Billing for Tx Plans	10/19/2022	Cammie Noah	1.How do SUD providers bill for problem lists vs billing for treatment plans? A)Along with implementing required problem lists components, can providers choose to continue to develop treatment plans and claim time spent for developing treatment plans? B)When DMC providers (not NTPs) stop updating treatment plans and move only to problem lists, can they bill DMC every time they update the problem list, regardless of whom updates problem list?. Are there billing increments? Is there any instruction on billing for problem lists?	1.How do SUD providers bill for problem lists vs billing for treatment plans? A) Unless a treatment plan is required, it is not recommended to continue developing treatment plans eventhough this time can be claimed. This time would be better spent serving the consumer in other ways. B) The time spent for any update made to the problem list should be incorporated into the progress note for the service in which information arose that informed the need for the update to be made. There is no specific code to be utilized when adding or editing a problem list.	10/25/2022

16	Closed	County Provider	N/A		Clarity on Care Coordination	10/19/2022	Cammie Noah	We need more clarity on "care coordination" and how this applies to SUD treatment programs in state plan counties.	Care Coordination only applies to ODS counties. This item can be resolved as a non requirement, but as it benefits consumers is encouraged whenver possible with a lens to future ODS implementation.	02/22/2023*
17	Closed	County Provider	BHIN 21-071 CCR title 22 § 51490.1 CCR title 22 § 51516.1	Multiple	Billing for ASAM	10/19/2022	Cammie Noah	Billing for ASAM – can providers use multiple intake appointments to complete the assessment and bill for multiple intake sessions? Can providers invoice DMC every time they reassess using ASAM?	Yes to both questions	10/25/2022
18	Open	County Sub-Contracted Provider	CCR title 9 Div. 4, Ch 4 CCR title 22 § 51341.1 BHIN 21-071 BHIN 23-001	O(N)TP/Naltrexone	Aspects of CalAIM to be used by Methadone Programs	10/19/2022	Cammie Noah	4.Specifically, "what aspects of CalAIM will be used in Methadone programs?" A) Can this be further detailed buy CalMHSA so it is very clear to NTPs? --We understand that NTPs have to continue with treatment plans and implement ASAM assessments. What else applies to NTPs? B) Our local NTP is also asking, under the new CalAIM initiative, whether Methadone programs are required to complete a physical exam? 1. Per page 11 of CalMHSA's Clinical documentation guide for LPHAs: NTPs conduct a history and PE by an LPHA pursuant to state and federal regulations. b) In past, a MD or physician extender has had to conduct the PE. Are you saying now, PE self-reported history or review of external physical exam records (which are NEVER obtained) can be signed off LPHA? 1. Title 9, 10120: The term "physician extender" refers to registered nurse practitioners and physicians' assistants only. C) A local NTP is still pushing back - considering themselves a Fee for Service program because they charge clients per dose, per counseling session. Is there any clarity on this? I'm not certain I understand why it makes a difference, except that 22-019 says the IN is not applicable to FSPs. Are there other reasons that are important to NTP's, that we should be considering as me move to implement CalAIM initiatives, that are contributing to their insistence they are a FSP?	**Response from CalMHSA (Audrey (Audie) Vera):** 4. A) NTP requirements have not changed under CalAIM. B) Yes, physical exams are required per title 22 § 51341.1. 1. b) Physical examinations, as with all things, must be completed within the scope of practice of the rendering provider. C) We are in the process of obtaining further clarification from DHCS regarding NTP requirements under CalAIM and will provide guidance once information becomes available. **Guidance from NTP CBHDA Meeting w/Paula (Director of Policy)** Information in email acrchives noted NTP's required to do ASAM **Will Gayowski: QAPI ASAM Response (02/08/23)** In BHIN 22-071 it states "DMC providers shall assure DMC State Plan Counties that The ASAM Criteria will be used to determine the appropriate level of care." in BHIN 23-001 while DMC ODS specific it notes that "The ASAM Criteria shall be used to determine placement into the appropriate level of care for all beneficiaries, and is separate and distinct from determining medical necessity a. For beneficiaries 21 and over, a full assessment using the ASAM Criteria shall be completed within 30 days of the beneficiary's first visit with an LPHA or registered/certified counselor. b. For beneficiaries under 21, or for adults experiencing homelessness, a full	02/22/23*
19	Closed	County Sub-Contracted Provider	BHIN 22-019	Multiple	Diagnosis in SWITS	12/21/2022	Cameron Feagin - Center Point DAAC	I wanted to ask you if a Clinician needs to put their name in "Secondary Staff" if there is a F code in "Diagnoses for this Service" area in any encounter note? I wanted to make sure so I can let Program Managers staff need to implement. In the Diagnosing List I know there needs to be a Diagnosing Clinician. Is it, if the Clinician is on the Diagnosis List then it covers when it is in an Encounter note?	Yes - if the Clinician (LPHA) is on the diagnosis list there is no need to attach them as a second person on the encounter note. This situation is true as long as the counselor is acting within their scope of practice. If say, during the session a diagnostic change is made, THAT would require an LPHA sign off, but normally this is not the case.	2/22/23*
20	Closed	County Sub-Contracted Provider	BHIN 22-019 CCR title 22 § 51490.1 CCR title 22 § 51516.1	Outpatient Services	Problem Lists for Outpatient	12/21/2022	Cameron Feagin - Center Point DAAC	Problem List (for Outpatient*) – Present practice = do a regular encounter note for the service, add treatment plan in SWITS, and do problem list including problem list MISC note. Is it possible to do a regular encounter note for the service, and do a problem list including a problem list MISC note, and claim off of this?	For all non NTP outpatient programs the treatment plan completion can be removed. The problem list MISC note should be completed as instructed at the provider meeting. The problem list information gathered during a discussion during intake or a regular counseling session would get added to the regular encounter note as well as the time there for claiming purposes. Essentially yes to what you are asking but claim off the encounter note and not the MISC note. The Problem List MISC note is more for tracking and data reporting needs which is why it is such a simple and brief note.	2/22/23*
21	Open	County Sub-Contracted Provider		Outpatient Services	Outpatient Program Switches in Same Facility During Assessment Window (30 or 60 days)	12/22/2022	Center Point DAAC Group Meeting	Outpatient program switches during 30 or 60 days windows in SAME treatment location – Example: Client in OP program A for 7 days, once assessment is completed determined to be more appropriate for OP Program B on day 8. Can we use same episode and option to transfer to a new program in the same facility? Redoing exact same intake paperwork and subjecting client to redoing this is (potentially re-traumatizing) and also very inefficient. [even if we cannot do proposed solutions, any options to streamline, make more efficient, and better for client we can consider here?]	Internal review and follow up as of 2-1-23 by WG.	2/22/23*
22	Closed	County Sub-Contracted Provider	BHIN 22-019	Residential Services	ASAM and ASI	1/25/2023	Center Point DAAC Group Meeting	I had a question regarding our Turning Point Residential Program. For Outpatient we only do the ASAM and no longer do the ASI. When I went to Turning Point the other day, they were doing both the ASI and ASAM. I'm new so I just wanted clarification from you if they should just be doing the ASAM and get rid of the ASI?	We are in agreement with your determination that there is no reason to complete multiple assessments of SUD clients. ASAM is the requirement, with the option to do a brief screen at intake if needed. The LOC determination that may be identified in the ASI is included in the full ASAM. The screening tool we recommend implementing is the BQuIP. BQuIP is a quick screening tool that anyone can use regardless of licensure provided they do the brief BQuIP training online. https://www.uclaisap.org/bquiptool/ It's mainly to do a quick LOC screen, and then validate during the appropriate assessment window with the full ASAM. If an organization has time to do the full ASAM straight away, they should just skip the BQuIP and fulfill the ASAM requirement in those instances. BQuIP is just quick routing to what we would be confident will ultimately be the LOC and has a good level of mapping (I believe the researchers say 80% plus) for mapping to full ASAM LOC.	2/1/2023

QUESTION TRACKING LOG

Cal AIM QAPI BH QUESTIONS

QAPI BH STAFF

Tracking #	Current Status	SUD Provider Type	Regulations/ Standards Involved	Modality	Subject	Question Date	Submitted By	Agency Question	QAPI Response	Response Date	Notes
1	Closed	County Provider			Payment Reform	May 2022	County Provider	The changes in billing per minute (payment reform). When does this go live?	7/1/2023	Unk	
2	Open	County Provider			Spreadsheet for Invoicing	May 2022	County Provider	Excel spreadsheet for invoicing: Is that changing?	RA	Unk	
3	Open	County Provider			Rounding Service Hours	May 2022	County Provider	Will all services be rounded to the hour? Or only some services?	SMHS: While we are still being reimbursed by the minute, we must continue to bill for the exact number of minutes a service took, including reimbursable travel and documentation time. Services should not be rounded up or down. Once payment goes into effect in 2023, per-minute billing will change for certain services. More info to come!		
4	Closed	County Provider			Payment Reform Effective Date	May 2022	County Provider	When does the payment reform go into effect?	July-23	Unk	
5	Closed	County Provider			Document Reform	May 2022	County Provider	When does document reform go into effect?	Jul-22	Unk	
6	Closed	County Provider			Training on writing notes (minute-by-minute and group)	May 2022	County Provider	Request for teaching on how to write a minute-by-minute note for group notes. Will more support be provided for documentation and group notes?	SMHS: CalMHSA will be providing web-based documentation trainings that will be required for all providers. Our Utilization Review team (Lisa Nosal, Marcia Williams) is also happy to provide agency-specific trainings or technical assistance. Please reach out to BHQA@sonoma-county.org .	Unk	
7	Closed	County Provider			CalAIM Manual	May 2022	County Provider	Could providers have a CalAIM Manual to ensure standardization and consistency of requirements – provide timely updates (especially for new staff)	Yes. CalMHSA is creating documentation manuals by job class that will be available to all providers.	Unk	12/12/22 Updated answer per Lisa Nosal: Updated documentation manuals can be found at the CalMHSA website: https://www.calmhsa.org/calaim-2/ (top of the page)
8	Closed	County Provider			Assessment Domains	May 2022	County Provider	Assessment Domains – Is SCBH adding non-required fields? Concerns for providers working in multiple counties, if each county starts customizing	Sonoma County has no plans to make any major changes to the assessment at this time. We may need to implement minor changes to make sure we cover the new required domains. We hope to work toward standardizing among counties over times.	Unk	
9	Closed	County Provider			Peer Support Provider	May 2022	County Provider	What is that going to look like, in terms of scope of practice and documentation?	DHCS is in the process of finalizing requirements, and we are working with DHCS and CalMHSA on implementation. For billing Medi-Cal, Peer Support Specialists will need to pass a certification exam, and they will be able to claim for three broad categories of services (Engagement, Therapeutic Activity, and Educational Skill Building Groups). The documentation requirements will be the same as for other Medi-Cal reimbursable services. Similar to TCM, Peer Support Services will require a treatment plan written in the narrative of the progress note.	Unk	
10	Closed	County Provider			Crisis Residential- use of Z codes	May 2022	County Provider	Crisis Residential – Use of Z codes seems like it would be inappropriate for crisis services, at least for entire stay. Would be helpful to have	Remember that Z codes are formal diagnoses – they're part of the DSM-5. Services can be rendered before a formal diagnosis is made, so a client may well have one or more Z codes as well as a suspected mental health condition, rather than having to be diagnosed definitively with a mental health condition.	Unk	

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1	Closed	County Provider	22 CCR § 51341.1. (h)(7)	Outpatient Services	DMC court reports	10/10/2022	Will Gayowski, Sonoma County QAPI SUD	Can an “Administrative fee” be charged to DMC beneficiaries? For example: Beneficiaries are responsible to submit timely requests for treatment status reports. On occasion, a beneficiary might demand for a report 1-hour before court. To help beneficiary stay responsible, can a small “fee” be charged? A fee can be $1 or $5?	No, per DHCS FAQ page: Providers must accept eligibility for DMC services as payment in full. No fees of any kind can be charged to the beneficiary.	10/19/2022	This is a sample generated on 10-19-22 to provide an example of how to use the FAQ excel tracking sheet.