

## **CYS APT County Programs Table of Content**

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# Children & Youth Services - CCPU

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - CCPU'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 12



### You will be able to:

- ✓ Document medical necessity for CCPU Medi-Cal cases under CalAIM guidelines by completing a 7-Domain Assessment, and either developing a Targeted Case Management or an ICC Care Plan Progress Note, if clinically indicated, to continue those services
- ✓ Utilize Z-codes for situational and Social Drivers of Health (SDOH) to document medical necessity in CCPU Medi-Cal cases

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?

Document medical necessity for CCPU Medi-Cal cases under CalAIM guidelines by completing a 7-Domain Assessment, and either developing a Targeted Case Management or an ICC Care Plan Progress Note, if clinically indicated, to continue those services and utilize Z-codes for situational and Social Drivers of Health (SDOH) to document medical necessity in CCPU Medi-Cal cases.

## 1.3 Continuing Care Placement Unit (CCPU) Practice Examples

Continuing Care Placement Unit (CCPU) Practice Examples

00:00 | 03 of 12

CCPU Medi-Cal cases present unique challenges in documenting medical necessity for your role in treatment.

*Click each number to learn more.*

1

2

3

[Click > to continue.](#)

### Notes:

CCPU Medi-Cal cases present unique challenges in documenting medical necessity for your role in treatment.

Under the CalAIM initiative, many clients automatically have access to CCPU Specialty Mental Health Services (SMHS) because of their involvement with the child welfare system, which is one of the four criteria for access. Some clients may also have access through experiencing trauma. As of this date, the State has not yet approved a trauma tool to determine the level of significance for SMHS access.

The State has indicated that providers will need to complete a 7-Domain Assessment and If clinically indicated, a Targeted Case Management (TCM) or ICC Care Plan Progress Note for continued access to TCM or ICC services and establish ongoing medical necessity for those services.

CalAIM has attempted to reduce the demand for paperwork by requiring fewer care plans and increasing the use of the Problem List and addressing those problems in progress notes to justify ongoing medical necessity.




## T1 (Slide Layer)

**Continuing Care Placement Unit (CCPU) Practice Examples**

00:00 | 03 of 12

CCPU Medi-Cal cases present unique challenges in documenting medical necessity for your role in treatment.  
*Click each number to learn more.*



**CalAIM Initiative**  
Under the CalAIM initiative:

- Many clients automatically have access to CCPU Specialty Mental Health Services (SMHS) due to involvement with the child welfare system (one of four criteria for access).
- Some clients may also have access through experiencing trauma. As of this date, the State has not yet approved a trauma tool to determine the level of significance for SMHS access.


Click > to continue.

## T2 (Slide Layer)

**Continuing Care Placement Unit (CCPU) Practice Examples**

00:00 | 03 of 12

CCPU Medi-Cal cases present unique challenges in documenting medical necessity for your role in treatment.  
*Click each number to learn more.*



**Provider Requirements**  
The State requires providers to:


- Complete a 7-Domain Assessment
- If clinically indicated, complete a Targeted Case Management (TCM) or ICC Care Plan Progress Note for continued access to TCM or ICC services and establish ongoing medical necessity for those services

Click > to continue.

### T3 (Slide Layer)

**Continuing Care Placement Unit (CCPU) Practice Examples**00:0003 of 12

CCPU Medi-Cal cases present unique challenges in documenting medical necessity for your role in treatment.  
*Click each number to learn more.*



**CalAIM and Paperwork**  
CalAIM aims to reduce paperwork demands by:


- Requiring fewer care plans
- Increasing the use of the Problem List and addressing those problems in progress notes to justify ongoing medical necessity

*Click > to continue.*

### 1.4 Establishing Medical Necessity for SMHS Under CalAIM

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.  
*Click each step to learn more.*



*Click > to continue.*

#### Notes:

To clear up questions regarding changes to medical necessity and access criteria for

Specialty Mental Health Services (SMHS) under CalAIM, let's address how medical necessity can be established in each phase of treatment listed on this slide.

First, treatment under the No Wrong Door Policy becomes medically necessary by addressing situational and Social Drivers of Health (SDOH) conditions that many CCPU clients deal with, having gone through the child welfare system and/or possible trauma. Even though the client may not have an established mental health diagnosis, the Z-codes of SDOH allow the provider to treat the condition causing significant distress, pain, and a higher risk of developing a mental disorder.

The assessment process allows the provider to gather information to determine the client's needs and identify areas of impairment from various domains to choose the right doors to help the client return to a higher level of functioning.

Finally, after completing the assessment, updating the Problem List and addressing those problems in the progress notes justifies the types of services documented. As problems are addressed and resolved, the ongoing problem list helps justify continued treatment, moving the client toward their treatment goals. In many CCPU cases, these goals may include reunification with families, stabilization in foster families, or completed adoption and stabilization in the new home.

Domain 7 allows the provider to determine how mental health treatment will help:

- Maintain the client's current level of functioning and prevent further deterioration,
- Restore the client's functioning to a premorbid level, and
- Link the client to other necessary services identified in the assessment.

## Circle1 (Slide Layer)

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.

*Click each step to learn more.*

```
graph LR; S1((Step 1)) --> S2((Step 2)); S2 --> S3((Step 3));
```

Treatment under the No Wrong Door Policy is medically necessary by addressing situational and Social Drivers of Health (SDOH) conditions faced by many CCPU clients.

These clients often deal with challenges due to child welfare system involvement and/or trauma.

Even without an established mental health diagnosis, SDOH Z-codes enable providers to treat conditions causing:

- Significant distress
- Pain
- A higher risk of developing mental disorders

*Click > to continue.*

## Circle2 (Slide Layer)

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.

*Click each step to learn more.*

```
graph LR; S1((Step 1)) --> S2((Step 2)); S2 --> S3((Step 3));
```

The assessment process allows the provider to gather information to:

- Determine the client's needs
- Identify areas of impairment from various domains

This will allow us to choose the right doors to help the client return to a higher level of functioning.

*Click > to continue.*



## Circle3 (Slide Layer)

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.

*Click each step to learn more.*

**Step 1**  
No Wrong Door Policy

**Step 2**  
Assessment Process

**Step 3**  
Justification and Documentation

After completing the assessment, update the Problem List and address these problems in the progress notes to justify the documented services.

As problems are resolved, the ongoing Problem List justifies continued treatment, moving the client toward their treatment goals.

In many CCPU cases, these goals may include:

- Reunification with families
- Stabilization in foster families
- Completed adoption and stabilization in the new home

*Click > to continue.*

## Icon (Slide Layer)

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.

*Click each step to learn more.*

**Step 1**  
No Wrong Door Policy

**Step 2**  
Assessment Process

**Step 3**  
Justification and Documentation

*Click the more info icon for details.*

*Click > to continue.*

## More Info (Slide Layer)

**Establishing Medical Necessity for SMHS Under CalAIM**00:0004 of 12

To clarify changes to medical necessity and access criteria for Specialty Mental Health Services (SMHS) under CalAIM, here's how medical necessity is established in each treatment phase.

*Click each step to learn more.*


**Step 1**  
No Wrong Door Policy

**Step 2**  
Assessment Process

**Step 3**

**Domain 7** allows the provider to determine how mental health treatment will help:

- Maintain the client's current level of functioning and prevent further deterioration
- Restore the client's functioning to a premorbid level
- Link the client to other necessary services identified in the assessment

*Click to close.* 

*Click > to continue.*

## 1.5 CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

**CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients**00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system. However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> 	<b>Applicable Care Plan for CCPU</b> 
<b>Managing Transfer Cases</b> 	<b>Managing New Clients</b> 
<b>Diagnosis and Problem List</b> 	<b>Importance of Keeping the Problem List Current</b> 

*Click > to continue.*

### Notes:

CalAIM changes have provided automatic access to CCPU clients through their

involvement with the child welfare system. However, the 7-Domain Assessment is needed to determine whether or not the client qualifies for continued access and continued medical necessity.

One of the purposes of the assessment is to document the original access criteria, which are the child welfare system and possible trauma situations, and also the medical necessity to continue treatment, which is documented in Domain 7 of the assessment. Please ensure that all Domains are completed and support the diagnoses and problems reported in the assessment.

The applicable care plan for CCPU is likely the ICC Care Plan, since most, if not all CCPU clients are PWB/IS eligible. The provider can fill out the PWB/IS eligibility form after they have completed the 7-Domain Assessment and established medical necessity. As mentioned in the PWB/IS slide, the provider will complete the ICC Care Plan and, if clinically indicated, completing the IHBS authorization section, register the client as PWB/IS cohort and start providing ICC and, if authorized, IHBS immediately.

If the client is a transfer case and has an open PWB/IS cohort registration already in IRIS, please coordinate care with the other provider to ensure that the status has not changed, before registering the cohort and starting ICC and, if applicable, IHBS.

If this is a new client, you may use Targeted Case Management (TCM) and Psychosocial Rehabilitation Services if clinically needed during the assessment phase until you can complete your assessment and PWB/IS status.

The Diagnosis and Problem List is a required CalAIM document and should be updated frequently, especially when a session addresses a new problem not on the list. After you have completed the assessment, the frequent updates of the problem list are what justifies on going medical necessity.

By keeping the problem list current, the provider ensures that the problem has been identified as needing treatment. The progress notes that reference the problem from the problem list ensure that treatment is addressing the mental health problem and justifies the treatment interventions.

Please click on the link for a copy of sample assessments using the 7-Domain Assessment form, Problem List, and TCM or ICC Care Plan Progress Notes.



## pop1 (Slide Layer)

**CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients**00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.

However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Purpose of the 7-Domain Assessment</b> The assessment documents: <ul style="list-style-type: none"><li>• The original access criteria, such as the child welfare system and possible trauma.</li><li>• The medical necessity to continue treatment, noted in Domain 7.</li></ul> Ensure all Domains are completed and support the reported diagnoses and problems.
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*

## pop2 (Slide Layer)

**CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients**00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.

However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Applicable Care Plan for CCPU</b> The applicable care plan for CCPU is likely the ICC (Intensive Care Coordination) Care Plan since most clients are PWB/IS (Pathway to Well-Being or Intensive Services) eligible. It includes: <ul style="list-style-type: none"><li>• Completing the 7-Domain Assessment and establishing medical necessity</li><li>• Filling out the PWB/IS eligibility form</li><li>• Completing the ICC Care Plan and, if clinically indicated, completing the IHBS authorization section, register the client as PWB/IS cohort and start providing ICC and, if authorized, IHBS immediately.</li></ul>
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*

### pop3 (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.  
*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Managing Transfer Cases</b>  If the client is a transfer case and has an open PWB/IS cohort registration already in IRIS, please coordinate care with the other provider to ensure that the status has not changed, before registering the cohort and starting ICC and, if applicable, IHBS.
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*

### pop4 (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.  
*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Managing New Clients</b>  If this is a new client, you may use Targeted Case Management (TCM) and Psychosocial Rehabilitation Services if clinically needed during the assessment phase until you can complete your assessment and PWB/IS status.
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*

## pop5 (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:00 | 05 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Diagnosis and Problem List</b>  The Diagnosis and Problem List is a required CalAIM document and must be updated frequently, especially when a session addresses a new problem not on the list.
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*

## pop6 (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:00 | 05 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each tab to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Applicable Care Plan for CCPU</b> +	<b>Importance of Keeping the Problem List Current</b>  By keeping the <b>problem list</b> current, the provider ensures that the problem has been identified as needing treatment.  The <b>progress notes</b> ensure that treatment is addressing the mental health problem and justifies the treatment interventions.
<b>Managing Transfer Cases</b> +	<b>Managing New Clients</b> +	
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click > to continue.*



## Icon (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.  
*Click each tab to learn more.*

<div>Purpose of the 7-Domain Assessment</div> <div></div>	<div>Applicable Care Plan for CCPU</div> <div></div>
<div>Managing Transfer Cases</div> <div></div>	<div>Managing New Clients</div> <div></div>
<div>Diagnosis and Problem List</div> <div></div>	<div>Importance of Keeping the Problem List Current</div> <div></div>

*Click the more info icon for details.* 

*Click > to continue.*

## More Info (Slide Layer)


CalAIM: 7-Domain Assessment and Care Coordination for CCPU Clients

00:0005 of 12

CalAIM changes grant automatic access to CCPU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.  
*Click each tab to learn more.*

<div>Purpose of the 7-Domain Assessment</div> <div></div>	<div>Applicable Care Plan for CCPU</div> <div></div>
<div>Managing Transfer Cases</div> <div></div>	<div>Managing New Clients</div> <div></div>
<div>Diagnosis and Problem List</div> <div></div>	<div>Importance of Keeping the Problem List Current</div> <div></div>

Please click on the link for a copy of [sample assessments](#) using the 7-Domain Assessment form, Problem List, and TCM or ICC Care Plan Progress Notes.

*Click to close.* 

*Click > to continue*

## 1.6 CCPU Progress Note Samples

**CCPU Progress Note Samples** 00:00 06 of 12

County EHR:

1

EHR Case Management

2

EHR Assessment

3

EHR Individual Therapy

4

EHR Family/Collateral Therapy

5

EHR Group Therapy

6

EHR Crisis Diversion

7

EHR Crisis Hospitalization

8

EHR Individual Rehab

9

EHR Family Rehab

10

EHR IHBS

11

EHR ICC

NEW

12

EHR Plan Development (Care Plan)

13

EHR Plan Development (Consultation)

 Please click on the library of [sample notes](#) which you can download from the website.

Click &gt; to continue.

### Notes:

Here are examples of different types of progress notes including the Diagnosis and Problem List in your progress note helps demonstrate that you are addressing the identified problem needing the service.

For the county EHR, the Diagnosis and Problem List will be in the diagnosis widget, allowing the provider to continue dragging and dropping it into the note or manually typing it in.


Additionally, including the type of service and a brief description of how the service will address the problem treated today further strengthens the medical necessity of the service. Finally, the narrative should include the intervention, the client's response, and the next step or follow-up plan based on their response.

## 1.7 Payment Reform Updates

**Payment Reform Updates**00:0007 of 12

Here are some reminders and updates on coding rules.

- Assessment Changes
- Targeted Case Management (TCM)/Intensive Care Coordination (ICC) Changes
- Plan Development Changes
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS) Changes
- Crisis Rule Changes
- Medication Service Changes
- Collateral Rule Changes
- Modifier Changes and Current Status



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

[Click > to continue.](#)

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.8 Summary

Summary

00:00


08 of 12

Click each tab for a quick recap.

Documenting Requirements for CCPU Medi-Cal Cases under CalAIM

Establishing Medical Necessity for SMHS under CalAIM

Ensuring Continued Medical Necessity for CCPU Clients under CalAIM



Click > to continue.

### Notes:

We have come to the end of this module, let's summarize.

Providers must accurately document medical necessity for CCPU Medi-Cal cases by completing a 7-Domain Assessment, and if clinically indicated, develop either a Targeted Case Management or ICC Care Plan Progress Note.

The 7-Domain Assessment is essential for continued access to Specialty Mental Health Services (SMHS), particularly for clients involved with the child welfare system and/or experiencing trauma.

CalAIM aims to reduce paperwork by utilizing the Problem List and progress notes for ongoing justification of medical necessity.

Medical necessity for CCPU Medi-Cal cases under CalAIM is established through the No Wrong Door Policy by addressing SDOH conditions using Z-codes, conducting comprehensive assessments to identify client needs and areas of impairment, and continually updating the Problem List and progress notes to justify ongoing treatment and support client goals such as family reunification, foster family stabilization, or successful adoption.


CalAIM requires a 7-Domain Assessment to establish and document the initial and continued medical necessity for CCPU clients, primarily based on their involvement with the child welfare system and possible trauma.



Providers must complete all domains of the assessment, support diagnoses and reported problems, and frequently update the Diagnosis and Problem List.

The ICC Care Plan is typically used for eligible clients, with services starting immediately upon registering the client as a PWB/IS cohort.

## Layer 1 (Slide Layer)

**Summary** 08 of 12

*Click each tab for a quick recap.*

**Documenting Requirements for CCPU Medi-Cal Cases under CalAIM**

**Establishing Medical Necessity for SMHS under CalAIM**

**Ensuring Continued Medical Necessity for CCPU Clients under CalAIM**


Providers must accurately document medical necessity for CCPU Medi-Cal cases by completing a 7-Domain Assessment, and if clinically indicated, develop either a Targeted Case Management or ICC Care Plan Progress Note

The 7-Domain Assessment is essential for continued access to Specialty Mental Health Services (SMHS), particularly for clients involved with the child welfare system and/or experiencing trauma.

CalAIM aims to reduce paperwork by utilizing the Problem List and progress notes for ongoing justification of medical necessity.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 08 of 12

*Click each tab for a quick recap.*

**Documenting Requirements for CCPU Medi-Cal Cases under CalAIM**


**Establishing Medical Necessity for SMHS under CalAIM**

**Ensuring Continued Medical Necessity for CCPU Clients under CalAIM**

Medical necessity for CCPU Medi-Cal cases under CalAIM is established through the No Wrong Door Policy by addressing SDOH conditions using Z-codes, conducting comprehensive assessments to identify client needs and areas of impairment, and continually updating the Problem List and progress notes to justify ongoing treatment and support client goals such as family reunification, foster family stabilization, or successful adoption.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 08 of 12

*Click each tab for a quick recap.*

**Documenting Requirements for CCPU Medi-Cal Cases under CalAIM**

**Establishing Medical Necessity for SMHS under CalAIM**

**Ensuring Continued Medical Necessity for CCPU Clients under CalAIM**

CalAIM requires a 7-Domain Assessment to establish and document the initial and continued medical necessity for CCPU clients, primarily based on their involvement with the child welfare system and possible trauma.

Providers must complete all domains of the assessment, support diagnoses and reported problems, and frequently update the Diagnosis and Problem List.

The ICC Care Plan is typically used for eligible clients, with services starting immediately upon registering the client as a PWB/IS cohort.


*Click > to continue.*

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 12



**1. What is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative?**  
*Select the correct answer and click CHECK.*

☒ A comprehensive 10-Domain Assessment and monthly care plans

☐ A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note

☒ An approved trauma tool assessment and quarterly care plans

☒ Weekly progress notes and bi-monthly care plans

CHECK

Correct	Choice
	A comprehensive 10-Domain Assessment and monthly care plans
X	A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note
	Weekly progress notes and bi-monthly care plans
	An approved trauma tool assessment and quarterly care plans

### Notes:


It's time for an activity.

What is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative?

## Correct (Slide Layer)

**Challenge**

00:0009 of 12

**1. What is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative?**

Select the correct answer and click CHECK.

☒ A comprehensive 10-Domain Assessment and monthly care plans

☐ A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note

☒ An approved trauma tool assessment and quarterly care plans

☒ Weekly progress notes and bi-monthly care plans

**Excellent!** A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 12

**1. What is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative?**

Select the correct answer and click CHECK.

☒ A comprehensive 10-Domain Assessment and monthly care plans

☐ A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note

☒ An approved trauma tool assessment and quarterly care plans

☒ Weekly progress notes and bi-monthly care plans

**Not quite.** A 7-Domain Assessment and, if clinically indicated, either a Targeted Case Management or ICC Care Plan Progress Note is required for providers to document medical necessity for CCPU Medi-Cal cases under the CalAIM initiative.

**CHECK**


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 12



**2. How can medical necessity be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis?**  
*Select the correct answer and click CHECK.*

☒ By conducting weekly therapy sessions and updating monthly care plans

☐ By using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes

☒ By requiring clients to have a formal mental health diagnosis before starting treatment

☒ By completing daily assessments and submitting detailed reports to the State

CHECK


Correct	Choice
	By conducting weekly therapy sessions and updating monthly care plans
X	By using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes
	By requiring clients to have a formal mental health diagnosis before starting treatment
	By completing daily assessments and submitting detailed reports to the State


### Notes:

How can medical necessity be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis?



## Correct (Slide Layer)

**Challenge**10 of 12

**2. How can medical necessity be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis?**  
*Select the correct answer and click CHECK.*

☒ By conducting weekly therapy sessions and updating monthly care plans

☐ By using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes

☒ By requiring clients to have a formal mental health diagnosis before starting treatment


☒ By completing daily assessments and submitting detailed reports to the State


**Excellent!** Medical necessity can be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis by using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes.

**CHECK**

[Click > to continue.](#)

## Incorrect (Slide Layer)

**Challenge**10 of 12

**2. How can medical necessity be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis?**  
*Select the correct answer and click CHECK.*

☒ By conducting weekly therapy sessions and updating monthly care plans

☐ By using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes

☒ By requiring clients to have a formal mental health diagnosis before starting treatment

☒ By completing daily assessments and submitting detailed reports to the State

**Not quite.** Medical necessity can be established for treatment under CalAIM for CCPU clients without an established mental health diagnosis by using Z-codes for SDOH conditions and addressing them in the Problem List and progress notes.

**CHECK**

[Click > to continue.](#)

## 1.11 Questions About This Training?

Questions About This Training?

00:00 | 11 of 12

If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).




## 1.12 Thank you



**Thank you** for completing the 'Children & Youth Services - CCPU' module.

Click the [link](#) to start with the next module 'Final Challenge'.

 **Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services - CCPU' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY / PAUSE:** Allows you to play / pause the screen

 **VOLUME:** Allows you to increase / decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV / NEXT:** Allows you to navigate to the previous / next screens within the module

 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

## 2.2 Untitled Slide



Notes:

# Children & Youth Services - CAST/CAT

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - CAST/CAT'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 12

A woman with curly hair, wearing a light blue button-down shirt, is looking towards a screen. The screen displays the module objectives. The background is slightly blurred, showing what appears to be a wall with some papers or a bulletin board.

### You will be able to:

- ✓ Demonstrate your understanding of the streamlined early treatment process under CalAIM by accurately identifying the key differences in documentation requirements for accessing Specialty Mental Health Services through CAST and CAT in emergency crises
- ✓ Identify the key billing and treatment flexibility changes introduced by CalAIM for CAT and CAST providers

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to demonstrate your understanding of the streamlined early treatment process under CalAIM by accurately identifying the key differences in documentation requirements for accessing Specialty Mental Health Services through CAST and CAT in emergency crises and identify the key billing and treatment flexibility changes introduced by CalAIM for CAT and CAST providers.


### 1.3 Challenges and Procedures for CAST and CAT Clinicians


**Challenges and Procedures for CAST and CAT Clinicians**00:0003 of 12

CAST and CAT clinicians face unique challenges. They have only one session to perform a mental health risk assessment and make a clinical decision.

*Click each button to learn more.*

**Challenges**  


**CalAIM Simplifications**  


**Immediate Treatment**  


*Click > to continue.*

#### Notes:

CAST and CAT clinicians face unique challenges. Typically, they have only one session to perform a mental health risk assessment and make a clinical decision.


For CAT, this involves emergency referrals where the client is a danger to themselves, others, or is gravely disabled. For CAST, clinicians assess clients following alleged abuse and conduct a team interview to determine if further behavioral health services are needed.

Under CalAIM, the early treatment process and required documentation have been simplified. Clients can access Specialty Mental Health Services through CAST due to trauma or child welfare involvement, and through CAT for emergency crises.

As of last year's training, CAST no longer needs an Interim Care Plan (ICP) before providing treatment or case management, allowing immediate counseling or service linkage from the first meeting.




## flip1 (Slide Layer)


**Challenges and Procedures for CAST and CAT Clinicians**03 of 12

CAST and CAT clinicians face unique challenges. They have only one session to perform a mental health risk assessment and make a clinical decision.

*Click each button to learn more.*


**Challenges:**  
For CAT, this involves emergency referrals where the client is a danger to themselves, or others, or is gravely disabled.  
  
For CAST, clinicians assess clients following alleged abuse and conduct a team interview to determine if further behavioral health services are needed.

**CalAIM Simplifications**  


**Immediate Treatment**  



*Click > to continue.*

## flip 2 (Slide Layer)


**Challenges and Procedures for CAST and CAT Clinicians**03 of 12

CAST and CAT clinicians face unique challenges. They have only one session to perform a mental health risk assessment and make a clinical decision.

*Click each button to learn more.*

**Challenges**  


**CalAIM Simplifications:**  
Clients can access Specialty Mental Health Services through CAST due to trauma or child welfare involvement.  
  
Clients can access Specialty Mental Health Services through CAT for emergency crises.

**Immediate Treatment**  


*Click > to continue.*





### flip 3 (Slide Layer)

**Challenges and Procedures for CAST and CAT Clinicians**00:0003 of 12

CAST and CAT clinicians face unique challenges. They have only one session to perform a mental health risk assessment and make a clinical decision.

*Click each button to learn more.*

**Challenges**  


**CalAIM Simplifications**  


**Immediate Treatment:**  
As of last year's training, CAST no longer needs an Interim Care Plan (ICP) before providing treatment or case management.  
  
This change allows for immediate counseling or service linkage from the first meeting.

*Click > to continue.*

## 1.4 Easier Documentation Under CalAIM

**Easier Documentation Under CalAIM**00:0004 of 12

The recent updates under CalAIM have provided CAT and CAST providers with greater flexibility and efficiency in delivering and billing for their services.


*Click each tab to learn more.*

✓ **Billing Flexibility**

✓ **Brief and Long-Term Treatment**

✓ **IHBS Authorization**

✓ **Justifying Ongoing Treatment**



*Click > to continue.*

#### Notes:

The recent updates under CalAIM have provided CAT and CAST providers with greater

flexibility and efficiency in delivering and billing for their services.

CAT and CAST providers have more flexibility in billing since there is no requirement for an Included Diagnosis. CAST providers can bill for suspected child abuse ICD-10 codes if supported by documentation, even without an established mental health diagnosis. CAT providers can bill for an SUD diagnosis if it results in crisis intervention or psychotherapy.

CAST providers can offer brief treatment without an ICP or care plan if appropriate. For longer-term treatment, they should complete the 7-Domain Assessment and the ICC Care Plan Progress Note. Only TCM or ICC needs a care plan for continued treatment post-assessment.

IHBS still requires authorization, though it no longer needs to be on a care plan. BHIN 23-068 has combined the ICC care plan with the IHBS authorization form to streamline workflows. Providers can use TCM and rehab services until the 7-Domain Assessment is complete and the client is established as a PWB/IS cohort.

CAST providers should update the Problem List and progress notes to justify ongoing treatment and medical necessity. There's no need for additional services or treatment goals beyond the TCM or ICC plans.

## Tab\_1 (Slide Layer)

**Easier Documentation Under CalAIM**

04 of 12

The recent updates under CalAIM have provided CAT and CAST providers with greater flexibility and efficiency in delivering and billing for their services.

*Click each tab to learn more.*

**Billing Flexibility**

**Brief and Long-Term Treatment**

**IHBS Authorization**

**Justifying Ongoing Treatment**

CAT and CAST providers have billing flexibility without the need for an Included Diagnosis.

CAST providers can bill for suspected child abuse ICD-10 codes, supported by documentation, even without an established mental health diagnosis.

CAT providers can bill for an SUD diagnosis if it results in crisis intervention or psychotherapy.

*Click > to continue.*

## Tab\_2 (Slide Layer)

Easier Documentation Under CalAIM

00:00 | 04 of 12

The recent updates under CalAIM have provided CAT and CAST providers with greater flexibility and efficiency in delivering and billing for their services.

*Click each tab to learn more.*

✓ Billing Flexibility

Brief and Long-Term Treatment

✓ IHBS Authorization

✓ Justifying Ongoing Treatment

CAST providers can offer brief treatment without an ICP or care plan if clinically appropriate.

For longer-term treatment, they should complete the 7-Domain Assessment and the ICC Care Plan Progress Note.

Only TCM or ICC needs a care plan for continued treatment post-assessment.

*Click > to continue.*

## Tab\_3 (Slide Layer)

Easier Documentation Under CalAIM

00:00 | 04 of 12

The recent updates under CalAIM have provided CAT and CAST providers with greater flexibility and efficiency in delivering and billing for their services.

*Click each tab to learn more.*

✓ Billing Flexibility

Brief and Long-Term Treatment

IHBS Authorization

✓ Justifying Ongoing Treatment

IHBS still requires authorization, though it no longer needs to be on a care plan.

BHIN 23-068 has combined the ICC care plan with the IHBS authorization form to streamline workflows.

Providers can use TCM and rehab services until the 7-Domain Assessment is complete and the client is established as a PWB/IS cohort.

*Click > to continue.*

## Tab\_4 (Slide Layer)

**Easier Documentation Under CalAIM**00:0004 of 12

The recent updates under CalAIM have provided CAT and CAST providers with greater flexibility and efficiency in delivering and billing for their services.

*Click each tab to learn more.*

✓ **Billing Flexibility**

✓ **Brief and Long-Term Treatment**

✓ **IHBS Authorization**

**Justifying Ongoing Treatment**

CAST providers should update the Problem List and progress notes to justify ongoing treatment and medical necessity.

There's no need for additional services or treatment goals beyond the TCM or ICC plans.

*Click > to continue.*

## 1.5 CAST or CAT Progress Note Samples

**CAST or CAT Progress Note Samples**00:0005 of 12

1 Assessment Progress Note

2 Crisis Hospital Evaluation Progress Note

3 Crisis Psychotherapy Progress Note

4 7-Domain Assessment and Applicable ICC Care Plan Example

5 Individual Therapy Note

6 Family Therapy Note

7 Family/Collateral Rehab Note

8 ICC Note

9 *Plan Development (Care Plan)*

10 *Plan Development (Consultation)*

**Note:** Please click on the library of [sample notes](#), which you can download from the website.

*Click > to continue.*

### Notes:

Here is a list of sample notes filled out for CAST. Although CalAIM has simplified



ongoing treatment progress notes, the CAST Assessment note and CAT evaluation should retain most elements, as decisions to hospitalize or require mental health treatment are based on these notes.

The initial CAST note should be added to the Problem List or reflect the problem treated today. If CAST continues treatment during the assessment period or long-term, providers can use the simplified format since the 7-Domain Assessment contains most clinical information.

Narratives should include:

- The Problem List or today's problem
- The type of service and its intended outcome
- A description of the intervention
- The client's response, and
- Follow-up steps based on the response


When CAST completes a 7-Domain Assessment, they must elaborate on Domain 2's Trauma section and include the Trauma tool once DHCS approves it. The state has not yet determined which trauma tool to use.

## 1.6 CAST and CAT Information

**CAST and CAT Information**00:0006 of 12

**Payment Reform: Reminders**  
Here are some reminders and updates on coding rules.

- Assessment Changes
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC) Changes
- Plan Development Changes
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS) Changes
- Crisis Rule Changes
- Medication Service Changes
- Collateral Rule Changes
- Modifier Changes and Current Status

 Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

Click > to continue.



## Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.7 Summary

Summary


00:00

07 of 12

*Click each tab for a quick recap.*

CalAIM Simplifies Early Treatment Process for CAST and CAT Clinicians

CalAIM Enhances Flexibility for CAT and CAST Providers



*Click > to continue.*

## Notes:

We have come to the end of this module, let's summarize.

Under CalAIM, CAST and CAT clinicians benefit from streamlined processes.

CAST providers no longer require an Interim Care Plan (ICP) before providing treatment or case management, allowing immediate counselling or service linkage.

CAT clinicians focus on emergency referrals, assessing clients who pose a danger to themselves or others.

Both groups can access Specialty Mental Health Services based on trauma, child welfare involvement, or crises.

The recent CalAIM updates benefit CAT and CAST providers by allowing greater billing flexibility.

CAST providers can bill for suspected child abuse ICD-10 codes without an established mental health diagnosis.

CAT providers can bill for substance use disorder (SUD) diagnoses related to crisis intervention or psychotherapy.

CAST providers no longer require an Interim Care Plan (ICP) for brief treatment, while the 7-Domain Assessment and ICC care plan are essential for longer-term treatment.

IHBS still requires authorization, and CAST providers should update the Problem List and address the problems in progress notes to justify ongoing or continuing treatment.

## Layer 1 (Slide Layer)

**Summary**00:0007 of 12

*Click each tab for a quick recap.*

**CalAIM Simplifies Early Treatment Process for CAST and CAT Clinicians**

**CalAIM Enhances Flexibility for CAT and CAST Providers**

Under CalAIM, CAST and CAT clinicians benefit from streamlined processes.


CAST providers no longer require an Interim Care Plan (ICP) before providing treatment or case management, allowing immediate counselling or service linkage.

CAT clinicians focus on emergency referrals, assessing clients who pose a danger to themselves or others.

Both groups can access Specialty Mental Health Services based on trauma, child welfare involvement, or crises.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 07 of 12

*Click each tab for a quick recap.*

**CalAIM Simplifies Early Treatment Process for CAST and CAT Clinicians**

**CalAIM Enhances Flexibility for CAT and CAST Providers**

The recent CalAIM updates benefit CAT and CAST providers by allowing greater billing flexibility.

CAST providers can bill for suspected child abuse ICD-10 codes without an established mental health diagnosis.

CAT providers can bill for substance use disorder (SUD) diagnoses related to crisis intervention or psychotherapy.


CAST providers no longer require an Interim Care Plan (ICP) for brief treatment, while the 7-Domain Assessment and ICC care plan are essential for longer-term treatment.


IHBS still requires authorization, and CAST providers should update the Problem List and address the problems in progress notes to justify ongoing or continuing treatment.

*Click > to continue.*

## 1.8 Challenge

*(Pick One, 10 points, 1 attempt permitted)*

**Challenge** 08 of 12

**1. Which statement accurately reflects the change introduced by CalAIM for CAST providers?**  
*Select the correct answer and click CHECK.*

☒ CAST clinicians no longer need to assess clients following alleged abuse

☒ CAST providers must complete an Interim Care Plan (ICP) before providing treatment

☐ CAST can offer immediate counseling without an ICP

☒ CAST providers require additional services beyond the treatment plan

**CHECK**

Correct	Choice
	CAST clinicians no longer need to assess clients following alleged abuse
	CAST providers must complete an Interim Care Plan (ICP) before providing treatment
X	CAST can offer immediate counseling without an ICP
	CAST providers require additional services beyond the treatment plan

### Notes:

It's time for an activity.


Which statement accurately reflects the change introduced by CalAIM for CAST providers?

### Correct (Slide Layer)

Challenge

00:00

08 of 12



**1. Which statement accurately reflects the change introduced by CalAIM for CAST providers?**  
Select the correct answer and click **CHECK**.

☒ **X** CAST clinicians no longer need to assess clients following alleged abuse

☒ **X** CAST providers must complete an Interim Care Plan (ICP) before providing treatment

☒ **✓** CAST can offer immediate counseling without an ICP

☒ **X** CAST providers require additional services beyond the treatment plan

**Excellent!** The statement, 'CAST can offer immediate counseling without an ICP', reflects the change introduced by CalAIM for CAST providers.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 12

**1. Which statement accurately reflects the change introduced by CalAIM for CAST providers?**

Select the correct answer and click CHECK.

☒ CAST clinicians no longer need to assess clients following alleged abuse

☒ CAST providers must complete an Interim Care Plan (ICP) before providing treatment

☒ CAST can offer immediate counseling without an ICP

☒ CAST providers require additional services beyond the treatment plan

**Not quite.** The statement, 'CAST can offer immediate counseling without an ICP', reflects the change introduced by CalAIM for CAST providers.

**CHECK**


Click > to continue.

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

**Challenge**

00:0009 of 12

**2. What can CAST providers bill for even without an established mental health diagnosis?**

Select the correct answer and click CHECK.

☒ Crisis intervention

☒ Psychotherapy

☐ Suspected child abuse ICD-10 T codes, or SDOH codes

☒ SUD diagnosis

**CHECK**




Correct	Choice
	Crisis intervention
	Psychotherapy
X	Suspected child abuse ICD-10 T codes, or SDOH codes
	SUD diagnosis

**Notes:**

What can CAST providers bill for even without an established mental health diagnosis?

**Correct (Slide Layer)**

Challenge
00:00
09 of 12



**2. What can CAST providers bill for even without an established mental health diagnosis?**  
Select the correct answer and click **CHECK**.

☒ X Crisis intervention

☒ X Psychotherapy

☒ ✓ Suspected child abuse ICD-10 T codes, or SDOH codes

☒ X SUD diagnosis

**Excellent!** CAST providers can bill for Suspected child abuse ICD-10 T codes, or SDOH codes even without an established mental health diagnosis.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 12

**2. What can CAST providers bill for even without an established mental health diagnosis?**

Select the correct answer and click CHECK.

- ☒ Crisis intervention
- ☒ Psychotherapy
- ☒ Suspected child abuse ICD-10 T codes, or SDOH codes
- ☒ SUD diagnosis

**Not quite.** CAST providers can bill for Suspected child abuse ICD-10 T codes, or SDOH codes even without an established mental health diagnosis.

CHECK


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

**Challenge**

00:0010 of 12

**3. What should CAST providers update to justify ongoing treatment and medical necessity?**

Select the correct answer and click CHECK.

- ☒ Additional services
- ☒ Care plan
- ☐ Problem List and progress notes
- ☒ Treatment goals

CHECK

Correct	Choice
	Additional services
	Care plan
X	Problem List and progress notes
	Treatment goals

### Notes:


What should CAST providers update to justify ongoing treatment and medical necessity?

### Correct (Slide Layer)

Challenge

00:00

10 of 12



**3. What should CAST providers update to justify ongoing treatment and medical necessity?**  
Select the correct answer and click **CHECK**.

☒ Additional services

☒ Care plan

☒ Problem List and progress notes

☒ Treatment goals

**Excellent!** CAST providers should update the problem list and progress notes to justify ongoing treatment and medical necessity.

**CHECK**


Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:00

10 of 12

**3. What should CAST providers update to justify ongoing treatment and medical necessity?**

Select the correct answer and click **CHECK**.

- ☒ Additional services
- ☒ Care plan
- ☒ Problem List and progress notes
- ☒ Treatment goals

**Not quite.** CAST providers should update the problem list and progress notes to justify ongoing treatment and medical necessity.

**CHECK**


Click > to continue.

## 1.11 Questions About This Training?

**Questions About This Training?**

00:00

11 of 12



If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief

or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.12 Thank you



Thank you for completing the **'Children & Youth Services - CAST/CAT'** module.

Click the [link](#) to start with the next module **'Final Challenge'**.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services - CAST/CAT' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.

Click the link to start with the next module 'Final Challenge'.





## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
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 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight

# Children & Youth Services - Clinical Evaluation and Guidance Unit

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - CEGU'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 12



### You will be able to:

- ✓ Create an ongoing problem list and write concise treatment progress notes that effectively justify treatment and medical necessity for clients from the child welfare system.
- ✓ Differentiate between the initial access criteria and the ongoing medical necessity criteria documented in Domain 7 of the 7-Domain Assessment for clients from the child welfare system.

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?

By the end of this module, you will be able to create an ongoing problem list and write concise treatment progress notes that effectively justify treatment and medical necessity for clients from the child welfare system and differentiate between the initial access criteria and the ongoing medical necessity criteria documented in Domain 7 of the 7-Domain Assessment for clients from the child welfare system.

## 1.3 Streamlining Documentation in the Clinical Evaluation and Guidance Unit (CEGU) under CalAIM Guidelines

**Streamlining Documentation in the Clinical Evaluation and Guidance Unit (CEGU) under CalAIM Guidelines** 00:00 03 of 12


Here it illustrates how the Clinical Evaluation and Guidance Unit (CEGU) simplifies documentation practices to meet CalAIM guidelines.

*Click each tab to learn more.*

✓ Overview of Documentation at CEGU

✓ Simplified Treatment Guidelines

✓ Simplified Documentation Requirements



*Click > to continue.*

### Notes:

Here it illustrates how the Clinical Evaluation and Guidance Unit (CEGU) simplifies documentation practices to meet CalAIM guidelines.

The samples provided in the upcoming slides apply the discussed conceptual principles to paperwork at the Clinical Evaluation and Guidance Unit (CEGU). CEGU cases pose unique challenges to documenting medical necessity. Clients are referred by Social Services Agency (SSA) for a mental health screen, automatically meeting access criteria under CalAIM guidelines as part of the child welfare system.


DHCS has released documentation guidelines simplifying treatment for CEGU. The concept of a list of 'included diagnosis' no longer exists for the MHP, and therefore is not required to begin treatment with clients from the child welfare system. Social Drivers of Health (SDOH) diagnoses (Z55-Z65) allow early treatment addressing crises, even without established mental health diagnoses. The second change allows treatment without an established care plan, enabling quick treatment initiation for short-term stays.

Documentation is simplified using an ongoing problem list and treatment progress notes to justify treatment and medical necessity. For long-term treatment in CEGU, completing the 7-Domain Assessment is necessary within a clinically appropriate



timeframe, not based on specific timelines but on clinical need and appropriateness.


## Tab\_1 (Slide Layer)


**Streamlining Documentation in the Clinical Evaluation and Guidance Unit (CEGU) under CalAIM Guidelines**  03 of 12

Here it illustrates how the Clinical Evaluation and Guidance Unit (CEGU) simplifies documentation practices to meet CalAIM guidelines.

*Click each tab to learn more.*

**Overview of Documentation at CEGU**

 **Simplified Treatment Guidelines**

 **Simplified Documentation Requirements**


The provided samples apply conceptual principles to paperwork at the Clinical Evaluation and Guidance Unit (CEGU).

CEGU cases present unique challenges to documenting medical necessity.

Clients are referred by Social Services Agency (SSA) for a mental health screen, automatically meeting access criteria under CalAIM guidelines as part of the child welfare system.

*Click > to continue.*

## Tab\_2 (Slide Layer)

**Streamlining Documentation in the Clinical Evaluation and Guidance Unit (CEGU) under CalAIM Guidelines**  03 of 12

Here it illustrates how the Clinical Evaluation and Guidance Unit (CEGU) simplifies documentation practices to meet CalAIM guidelines.

*Click each tab to learn more.*

✓ Overview of Documentation at CEGU

Simplified Treatment Guidelines

✓ Simplified Documentation Requirements

DHCS has released documentation guidelines simplifying treatment for CEGU.


The concept of a list of 'included diagnosis' no longer exists for the MHP, and therefore is not required to begin treatment with clients from the child welfare system.

Social Drivers of Health (SDOH) Diagnoses (Z55-Z65) allow early treatment for crises, even without established mental health diagnoses.

The second change allows treatment without an established care plan, enabling quick treatment initiation for short-term stays.

*Click > to continue.*

## Tab\_3 (Slide Layer)

**Streamlining Documentation in the Clinical Evaluation and Guidance Unit (CEGU) under CalAIM Guidelines**  03 of 12

Here it illustrates how the Clinical Evaluation and Guidance Unit (CEGU) simplifies documentation practices to meet CalAIM guidelines.

*Click each tab to learn more.*

✓ Overview of Documentation at CEGU

✓ Simplified Treatment Guidelines

Simplified Documentation Requirements

Documentation is simplified using an ongoing problem list and treatment progress notes to justify treatment and medical necessity.

For long-term treatment in CEGU, completing the 7-Domain Assessment is necessary within a clinically appropriate timeframe.

The time for re-evaluation is based on clinical need and appropriateness, not specific timelines.

*Click > to continue.*

## 1.4 CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients

**CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients** 00:00 04 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system. However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> +
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +

*Click the more info icon to learn more.*  *Click > to continue.*

### Notes:

CalAIM changes have provided automatic access to CEGU clients through their involvement with the child welfare system. However, the 7-Domain Assessment is needed to determine whether or not the client qualifies for continued access and continued medical necessity.

One of the purposes of the assessment is to document the original access criteria, which are the child welfare system and possible trauma situations, and also the medical necessity to continue treatment, which is documented in Domain 7 of the assessment. Please ensure that all Domains are completed and support the diagnoses and problems reported in the assessment.

The applicable care plan for CEGU is likely the ICC (Intensive Care Coordination) care plan, since most, if not all, CEGU clients are PWB/IS (Pathway to Well-Being or Intensive Services) eligible.

For CEGU clients, a care plan is not required to start Targeted Case Management and Behavioral Health Services. However, providers must complete the following steps:

First, conduct the 7-Domain Assessment to establish medical necessity. This is essential for justifying service needs.

Second, if IHBS (Intensive Home-Based Services) is applicable, fill out the ICC

(Intensive Care Coordination) care plan and IHBS Authorization Form.

Third, complete the eligibility form to confirm the client's eligibility.

Finally, register the client as a PWB/IS (Pathways to Well-Being or Intensive Services) cohort before initiating ICC/IHBS.

The Diagnosis and Problem List should be updated frequently, particularly when addressing a new issue not previously listed.

Ongoing updates to the problem list establish medical necessity after the initial assessment is completed.

By keeping the problem list current, the provider ensures that the problem has been identified as needing treatment. The progress notes that reference the problem from the problem list ensure that treatment is addressing the mental health problem and justifies the treatment interventions.





Please click on the link for a copy of a sample CEGU Assessment using the 7-Domain form.

## pop1 (Slide Layer)

**CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients**00:0004 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system. However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.


*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> 	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> 
<b>Diagnosis and Problem List</b> 	<b>Importance of Keeping the Problem List Current</b> 

The assessment documents:

- The original access criteria, such as the child welfare system and possible trauma.
- The medical necessity to continue treatment, noted in Domain 7.

Ensure all Domains are completed and support the reported diagnoses and problems.

*Click the more info icon to learn more.* 

*Click > to continue.*





## pop2 (Slide Layer)

**CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients**00:00 04 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> +	<p>For CEGU clients, the ICC Care Plan is likely applicable since most are PWB/IS eligible.</p> <p>Although a care plan isn't required to start Targeted Case Management and Behavioral Health Services, providers must:</p> <ul style="list-style-type: none"><li>• Complete the 7-Domain Assessment to establish medical necessity</li><li>• Complete the ICC Care Plan/IHBS Authorization Form (if IHBS is applicable)</li><li>• Fill out the eligibility form</li><li>• Register the client as a PWB/IS cohort before starting ICC/IHBS</li></ul>
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click the more info icon to learn more.*  

*Click > to continue.*



## pop3 (Slide Layer)

**CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients**00:00 04 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> +	<p>The Diagnosis and Problem List should be updated frequently, particularly when addressing a new issue not previously listed.</p> <p>Ongoing updates to the problem list establish medical necessity after the initial assessment is completed.</p>
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +	

*Click the more info icon to learn more.*  

*Click > to continue.*



## pop4 (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients


00:00 | 04 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> +
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +

By keeping the **problem list** current, the provider ensures that the problem has been identified as needing treatment. The **progress notes** ensure that treatment is addressing the mental health problem and justifies the treatment interventions.

*Click the more info icon to learn more.* 

*Click > to continue.*

## More Info (Slide Layer)

CalAIM: 7-Domain Assessment and Care Coordination for CEGU Clients


00:00 | 04 of 12

CalAIM changes grant automatic access to CEGU clients via the child welfare system.  
However, the 7-Domain Assessment is required to confirm continued eligibility and medical necessity.

*Click each box to learn more.*

<b>Purpose of the 7-Domain Assessment</b> +	<b>Steps for Initiating ICC/IHBS for PWB/IS Eligible CEGU Clients</b> +
<b>Diagnosis and Problem List</b> +	<b>Importance of Keeping the Problem List Current</b> +

Please visit the CYS County and Contract Forms and [Resources Library](#) to download sample assessment and reassessment for CEGU by selecting County EHR Central Client 3 – 7 Domain Assessment and 7 Domain Reassessment links.

*Click to close.* 

*Click > to continue.*

## 1.5 CEGU Progress Note Samples

CEGU Progress Note Samples

00:0005 of 12

1	EHR Assessment	7	EHR Individual Rehab	<b>Timeline</b> Routine notes: 3 days Crisis notes: 24 hours
2	EHR Individual Therapy	8	EHR Family Rehab	
3	EHR Family/Collateral Therapy	9	EHR IHBS	
4	EHR Group Therapy	10	EHR ICC	
5	EHR Crisis Diversion			
6	EHR Crisis Hospitalization			
<div><div>NEW</div><div>11</div></div>		EHR Plan Development (Care Plan)		


Please click on the library of [sample notes](#), which you can download from the website.

Click &gt; to continue.

### Notes:


Sample progress notes follow the current EHR format but adhere to simplified CalAIM guidelines, reducing documentation. They focus on key elements: problem treated today, diagnosis, planned service type, brief intervention narrative, client's response, and next follow-up step. The timeline for routine progress notes is 3 days, but Crisis progress notes need to be completed within 24 hours, ensuring timely documentation. These guidelines aim to streamline documentation, maintain effective communication, and reduce administrative burden for providers.

## 1.6 Payment Reform Updates

**Payment Reform Updates** 06 of 12

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifier



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

*Click > to continue.*

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.


## 1.7 Summary

**Summary**00:0007 of 12

*Click each tab for a quick recap.*

**CalAIM Updates for CEGU Documentation**

**Navigating CalAIM Changes for CEGU Documentation**



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

The CalAIM updates simplify CEGU documentation by removing the need for an included diagnosis, allowing early treatment based on Social Drivers of Health Diagnoses, and enabling treatment initiation without an established care plan.

Ongoing problem lists and progress notes are used to justify medical necessity, while the 7-Domain Assessment guides long-term treatment decisions.

Recent CalAIM updates grant automatic access to Clinical Evaluation and Guidance Unit (CEGU) clients through their child welfare system involvement.


While no included diagnosis is required to start treatment, the 7-Domain Assessment remains crucial.

Providers must complete the assessment, document original access criteria, and justify medical necessity.

The Intensive Care Coordination (ICC) care plan is likely applicable.

Ongoing problem list updates help to ensure continued medical necessity.

## Layer 1 (Slide Layer)

**Summary** 07 of 12

*Click each tab for a quick recap.*

**CalAIM Updates for CEGU Documentation**

**Navigating CalAIM Changes for CEGU Documentation**


The CalAIM updates simplify CEGU documentation by:

- Removing the need for an included diagnosis
- Allowing early treatment based on Social Drivers of Health Diagnoses
- Enabling treatment initiation without an established care plan

Ongoing problem lists and progress notes are used to justify medical necessity, while the 7-Domain Assessment guides long-term treatment decisions.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 07 of 12

*Click each tab for a quick recap.*

**CalAIM Updates for CEGU Documentation**

**Navigating CalAIM Changes for CEGU Documentation**

Recent CalAIM updates grant automatic access to Clinical Evaluation and Guidance Unit (CEGU) clients through their child welfare system involvement. While no included diagnosis is required to start treatment, the 7-Domain Assessment remains crucial. Providers must complete the assessment, document original access criteria, and justify medical necessity. The Intensive Care Coordination (ICC) care plan is likely applicable. Ongoing problem list updates help to ensure continued medical necessity.

*Click > to continue.*




## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 12



**1. What types of cases pose unique challenges to documenting medical necessity at CEGU?**  
*Select the correct answer and click CHECK.*

X

☐

Cases referred from another county

☐

Cases involving child welfare system

X

☐

Cases with established mental health diagnoses

X

☐

Cases with ongoing problem lists

CHECK

Correct	Choice
	Cases referred from another county
X	Cases involving child welfare system
	Cases with established mental health diagnoses
	Cases with ongoing problem lists

### Notes:


It's time for an activity.

What types of cases pose unique challenges to documenting medical necessity at CEGU?

## Correct (Slide Layer)

**Challenge**

00:0008 of 12

**1. What types of cases pose unique challenges to documenting medical necessity at CEGU?**

Select the correct answer and click **CHECK**.

- ☒ Cases referred from another county
- ☐ Cases involving child welfare system
- ☐ Cases with established mental health diagnoses
- ☐ Cases with ongoing problem lists

**Excellent!** Cases involving the child welfare system pose unique challenges to documenting medical necessity at CEGU.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 12

**1. What types of cases pose unique challenges to documenting medical necessity at CEGU?**

Select the correct answer and click **CHECK**.

- ☒ Cases referred from another county
- ☐ Cases involving child welfare system
- ☐ Cases with established mental health diagnoses
- ☐ Cases with ongoing problem lists

**Not quite.** Cases involving the child welfare system pose unique challenges to documenting medical necessity at CEGU.

**CHECK**


*Click > to continue.*

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 12



**2. Which documentation change allows treatment initiation without an established care plan for short-term stays?**  
*Select the correct answer and click CHECK.*

X

☐

Completing the 7-Domain Assessment

☐

Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis

X

☐

IHBS (Intensive Home-Based Services)

X

☐

Simplified treatment guidelines

CHECK

Correct	Choice
	Completing the 7-Domain Assessment
X	Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis
	IHBS (Intensive Home-Based Services)
	Simplified treatment guidelines


### Notes:

Which documentation change allows treatment initiation without an established care plan for short-term stays?

## Correct (Slide Layer)

**Challenge**

00:0009 of 12

**2. Which documentation change allows treatment initiation without an established care plan for short-term stays?**

Select the correct answer and click CHECK.

☒ Completing the 7-Domain Assessment

☐ Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis

☒ IHBS (Intensive Home-Based Services)

☒ Simplified treatment guidelines

**Excellent!** Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis allows treatment initiation without an established care plan for short-term stays.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 12

**2. Which documentation change allows treatment initiation without an established care plan for short-term stays?**

Select the correct answer and click CHECK.

☒ Completing the 7-Domain Assessment

☐ Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis

☒ IHBS (Intensive Home-Based Services)

☒ Simplified treatment guidelines

**Not quite.** Removal of included diagnosis requirement and use of Social Drivers of Health Diagnosis allows treatment initiation without an established care plan for short-term stays.

**CHECK**


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 12



**3. Which care plan is likely applicable for CEGU clients?**  
*Select the correct answer and click CHECK.*

X

☐

CAT (Clinical Assessment and Treatment) care plan

☐

ICC (Intensive Care Coordination) care plan

X

☐

IHBS (Intensive Home-Based Services) care plan

X

☐

TCM (Targeted Case Management) care plan

CHECK

Correct	Choice
	CAT (Clinical Assessment and Treatment) care plan
X	ICC (Intensive Care Coordination) care plan
	IHBS (Intensive Home-Based Services) care plan
	TCM (Targeted Case Management) care plan

### Notes:


Which care plan is likely applicable for CEGU clients?



## Correct (Slide Layer)

**Challenge**

00:0010 of 12

**3. Which care plan is likely applicable for CEGU clients?**

Select the correct answer and click **CHECK**.

- ☒ CAT (Clinical Assessment and Treatment) care plan
- ☐ ICC (Intensive Care Coordination) care plan
- ☒ IHBS (Intensive Home-Based Services) care plan
- ☒ TCM (Targeted Case Management) care plan

**Excellent!** ICC (Intensive Care Coordination) care plan is likely applicable for CEGU clients.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 12

**3. Which care plan is likely applicable for CEGU clients?**

Select the correct answer and click **CHECK**.

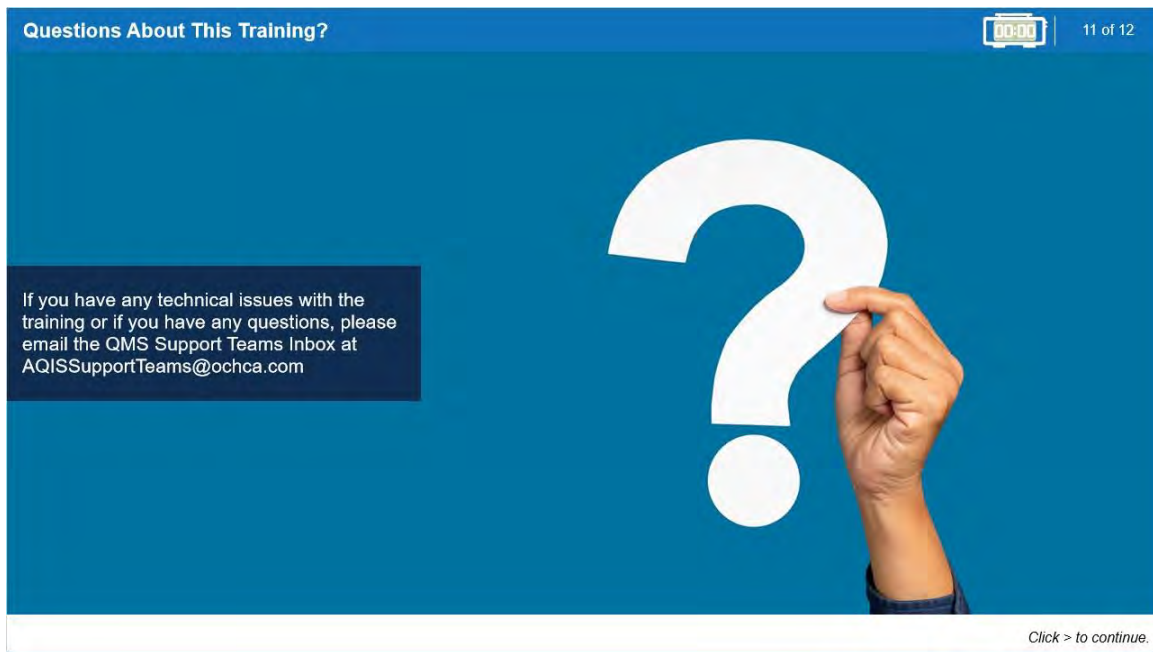
- ☒ CAT (Clinical Assessment and Treatment) care plan
- ☐ ICC (Intensive Care Coordination) care plan
- ☒ IHBS (Intensive Home-Based Services) care plan
- ☒ TCM (Targeted Case Management) care plan

**Not quite.** ICC (Intensive Care Coordination) care plan is likely applicable for CEGU clients.

**CHECK**

*Click > to continue.*

## 1.11 Questions About This Training?



Questions About This Training?

00:00 11 of 12

If you have any technical issues with the training or if you have any questions, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.12 Thank you



Thank you for completing the 'Children & Youth Services- CEGU' module.

Click the [link](#) to start with the next module 'Final Challenge'.

 **Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services- CEGU' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 Help


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

# Children & Youth Services - YRC

## 1. Welcome

### 1.1 Welcome



#### Notes:


Welcome to the module 'Children & Youth Services - YRC'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.



## 1.2 Module Objectives

**Module Objectives**00:0002 of 12



### You will be able to:

- ✓ Describe how YRC cases present challenges to the documentation of medical necessity and the criteria for access to SMHS
- ✓ Identify how YRC shows that the client has continued access to medical necessity for SMHS

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to describe how YRC cases present challenges to the documentation of medical necessity and the criteria for access to SMHS and identify how YRC shows that the client has continued access to medical necessity for SMHS.

## 1.3 YRC Practice Examples

**YRC Practice Examples**00:0003 of 12

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

*Click each number to learn more.*



1234

*Click > to continue.*

### Notes:

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

To begin with, all clients automatically have access to SMHS because of their involvement with the juvenile justice system.

DHCS has also expanded the areas providers can address, so they should not be afraid that their services will be recouped because they are addressing substance or legal problems.

With the removal of the included diagnosis list and the addition of Social Drivers of Health (SDOH) diagnoses, providers can comfortably treat and document substance or probation issues. Under the "No Wrong Door Policy," as long as the problem is listed on the clients diagnosis and problem list, they should be able to treat the condition with SMHS.

The desire of CalAIM is to encourage systems of care to collaborate with one another, which YRC have already been doing for years; however, DHCS has not provided support for this until the recent CalAIM changes.

If the client is to stay with YRC for continued treatment, the provider will need to complete the 7-Domain assessment, which is organized to highlight any problems in trauma, child welfare, or juvenile justice system involvement, or homelessness as


medically necessary reasons for treatment.

## Tab 01 (Slide Layer)

**YRC Practice Examples**00:0003 of 12

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

*Click each number to learn more.*



1

2

3

4

### SMHS Access

All clients have access to SMHS automatically because of their involvement with the juvenile justice system.

DHCS has expanded the areas providers can address, so they should not be afraid that their services will be recouped.


*Click > to continue.*

## Tab 02 (Slide Layer)

**YRC Practice Examples**00:0003 of 12

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

*Click each number to learn more.*



1

2

3

4

### Clients Diagnosis and Problem List

Providers can comfortably treat and document substance or probation issues with the removal of the included diagnosis list and the addition of Social Drivers of Health (SDOH) diagnoses.

Under the "No Wrong Door Policy", as long as the problem is listed on the clients diagnosis and problem list, they should be able to treat the condition with SMHS.


*Click > to continue.*

## Tab 03 (Slide Layer)

**YRC Practice Examples**00:0003 of 12

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

*Click each number to learn more.*



1234

### CalAIM's Desire

The CalAIM's desire is to encourage care systems to collaborate with one another, which YRC has been doing.

DHCS has not supported this until the CalAIM changes.


*Click > to continue.*

## Tab 04 (Slide Layer)

**YRC Practice Examples**00:0003 of 12

YRC cases present unique challenges to the documentation of medical necessity and the criteria for access to Specialty Mental Health Services (SMHS).

*Click each number to learn more.*



1234

### 7-Domain Assessment

The provider will need to complete the 7-Domain Assessment, if the client has to stay with YRC for continued treatment.

This treatment is organized to highlight any problems in trauma, child welfare, juvenile justice system involvement, or homelessness as medically necessary reasons.

*Click > to continue.*




## 1.4 YRC Assessment and Care Plan Samples

**YRC Assessment and Care Plan Samples**00:0004 of 12

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

*Click through the arrows to learn more.*



**YRC Treatment**

Under the “No Wrong Door Policy”, YRC providers could provide treatment without an established treatment plan.

DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.

DHCS has allowed providers, including mental health specialists and mental health workers to utilize Social Drivers of Health (SDOH) diagnoses (Z55-Z65) codes as billing diagnoses for providers to utilize treatment to alleviate the distress or pain from situations.

< ● ● ● ● >

*Click > to continue.*

### Notes:

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

Under the “No Wrong Door Policy”, YRC providers could provide treatment without an established treatment plan during the assessment period as long as it is clinically appropriate. To make it easier and quicker to provide treatment, DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder. Additionally, DHCS has allowed providers, including mental health specialists and mental health workers to utilize Social Drivers of Health (SDOH) diagnoses (Z55-Z65) codes as billing diagnoses for providers to utilize treatment to alleviate the distress or pain from situations.

The 7-Domain Assessment is used to gather information to determine the “right door” for treatment and assist the provider in formulating the diagnosis and problems that need to be addressed. The focus of the 7-Domain Assessment should include details on the legal history as well as substance use history since those are often the reasons that YRC clients are in the Juvenile Justice system.

For YRC programs, the applicable care plans are the TCM Care Plan Progress Note or the ICC Care Plan/IHBS Authorization Form Progress Note. The care plan cannot be



completed prior to the 7-Domain Assessment. Please note that medication services, individual, family, group therapy, collateral, and group rehab services are not listed in the care plan.


The state has decided to use the Problem List and progress notes in lieu of care plans. The TCM and ICC care plans are used only because of the federal requirement. If the client is PWB eligible, the provider will also need to complete the PWB/IS eligibility form once the 7-Domain Assessment is complete and medical necessity has been established.

## Dot 1 (Slide Layer)

**YRC Assessment and Care Plan Samples**00:0004 of 12

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

*Click through the arrows to learn more.*



**YRC Treatment**

Under the "No Wrong Door Policy", YRC providers could provide treatment without an established treatment plan.

DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.

DHCS has allowed providers, including mental health specialists and mental health workers to utilize Social Drivers of Health (SDOH) diagnoses (Z55-Z65) codes as billing diagnoses for providers to utilize treatment to alleviate the distress or pain from situations.

< ● ● ● ● >


*Click > to continue.*

## Dot 2 (Slide Layer)

**YRC Assessment and Care Plan Samples**00:0004 of 12

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

*Click through the arrows to learn more.*



**YRC Assessment**

The 7-Domain Assessment is used to gather information to determine the “right door” for treatment and assist the provider in formulating the diagnosis.

The focus of the 7-Domain Assessment should include details on the legal history as well as substance use history since those are often the reasons why YRC clients are in the juvenile justice system.


*Click > to continue.*

## Dot 3 (Slide Layer)

**YRC Assessment and Care Plan Samples**00:0004 of 12

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

*Click through the arrows to learn more.*



**Care Plan Samples**

For YRC programs, the applicable care plans are the TCM Care Plan Progress Note, ICC Care Plan/IHBS Authorization Form Progress Note.

The care plan cannot be completed prior to the 7-Domain Assessment.

The medication services, individual, family, group therapy, collateral, and group rehab services are not listed in the care plan.


*Click > to continue.*

## Dot 4 (Slide Layer)

**YRC Assessment and Care Plan Samples**00:0004 of 12

YRC show that the client has continued access to meet medical necessity for SMHS, as CalAIM has identified involvement in the juvenile justice system as one of four reasons for access to SMHS.

*Click through the arrows to learn more.*



**Problem List and Progress Notes**

The state use the Problem List and progress notes in lieu of care plans. The TCM and ICC care plans are used only because of the federal requirement.

The provider must complete the PWB/IS eligibility form once the 7-Domain Assessment is complete and medical necessity has been established.

< ● ● ● ● ● >


*Click > to continue.*

## 1.5 YRC Progress Note Samples

**YRC Progress Note Samples**00:0005 of 12

County EHR:

1	EHR Case Management	7	EHR Crisis Hospitalization
2	EHR Assessment	8	EHR Individual Rehab
3	EHR Individual Therapy	9	EHR Family Rehab
4	EHR Family/Collateral Therapy	10	EHR IHBS
5	EHR Group Therapy	11	EHR ICC
6	EHR Crisis Diversion		



12

EHR Plan Development (Care Plan Progress Note)

13

EHR Plan Development (Consultation)

 Please click on the resource link to download examples of different types of service progress **notes**.

*Click > to continue.*

### Notes:

The sample notes will reflect some of the content and billing code changes to meet

CalAIM guidelines and payment reform. First, the Diagnosis widget will add the free text field of the problem list that would allow the clinician to enter SNOMED codes if a specific problem needs to be addressed that doesn't meet the full criteria of an ICD-10 or DSM 5 diagnosis.

For example, clients from YRC might have this SNOMED code 105521006 Discord with probation officer in the note as a problem needing to be addressed today. Then, the note might list the type of intervention (i.e., therapy, rehab services, etc.) that you might use to address the problem.


The narrative describing the intervention and how it addressed the problem comes after the types of service, followed by a description of the clients response and what will happen next or what is the follow up plan. Those are the basic elements along with the encounter data, signature and date that needs to be in the progress note.

## 1.6 Payment Reform Updates

**Payment Reform Updates** 00:00 06 of 12

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM) and Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifiers

 Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

[Click > to continue.](#)

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.



## 1.7 Summary

Summary

00:00


07 of 12

Click each tab for a quick recap.

Clients Access to SMHS

YRC Assessments and Care Plan Samples

Payment Reforms Updates



Click > to continue.

### Notes:

All YRC clients automatically have access to SMHS because of their involvement with the juvenile justice system.

With the removal of the included diagnosis list and the addition of Social Drivers of Health diagnoses, providers can comfortably treat and document substance or probation issues.

As the problem is listed on the clients diagnosis and problem list, they should be able to treat the condition with SMHS under "No Wrong Door Policy".

YRC providers could provide treatment without an established treatment plan during the assessment period as long as it is clinically appropriate.

DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.

The 7-Domain Assessment is used to gather information to determine the "right door" for treatment and assist the provider in formulating the diagnosis and problems that need to be addressed.

For YRC programs, the applicable care plans are the TCM Care Plan Progress Note or the ICC Care Plan and, if applicable the IHBS Authorization Form Progress Note.

Assessment codes can now be used for write-ups without the client present.



TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and Medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**00:0007 of 12

*Click each tab for a quick recap.*

**Clients Access to SMHS**

**YRC Assessments and Care Plan Samples**

**Payment Reforms Updates**


All YRC clients automatically have access to SMHS because of their involvement with the juvenile justice system.

With the removal of the included diagnosis list and the addition of Social Drivers of Health diagnoses, providers can comfortably treat and document substance or probation issues.

As the problem is listed on the clients diagnosis and problem list, they should be able to treat the condition with SMHS under "No Wrong Door Policy".

*Click > to continue.*

## Layer 2 (Slide Layer)


**Summary** 07 of 12

*Click each tab for a quick recap.*

<b>Clients Access to SMHS</b>	YRC providers could provide treatment without an established treatment plan during the assessment period as long as it is clinically appropriate. DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.
<b>YRC Assessments and Care Plan Samples</b>	The 7-Domain Assessment is used to gather information to determine the "right door" for treatment and assist the provider in formulating the diagnosis and problems that need to be addressed. For YRC programs, the applicable care plans are the TCM Care Plan Progress Note or the ICC Care Plan/IHBS Authorization Form Progress Note.
<b>Payment Reforms Updates</b>	

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 07 of 12

*Click each tab for a quick recap.*

<b>Clients Access to SMHS</b>	Assessment codes can now be used for write-ups without the client present. TCM/ICC services assist with accessing services. Plan development includes treatment planning. Psychotherapy has specified time ranges.
<b>YRC Assessments and Care Plan Samples</b>	Psychosocial Rehabilitation/IHBS codes have been simplified. Crisis psychotherapy and Medication services have specific billing rules. Collateral is now billed differently.
<b>Payment Reforms Updates</b>	Modifiers are being updated in IRIS.


*Click > to continue.*

## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 12



**1. For which service do YRC cases present unique challenges to the documentation of medical necessity?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM because of no included/excluded diagnosis list

X

☐

DHCS because of a lack of BHIN Info Notices addressing the Juvenile Justice system

☐

SMHS because the focus most cases involve treating legal and often substance issues

X

☐

TCM because of all the legal reports required by courts.

CHECK

Correct	Choice
	CalAIM because of no included/excluded diagnosis list
	DHCS because of a lack of BHIN Info Notices addressing the Juvenile Justice system
X	SMHS because the focus most cases involve treating legal and often substance issues
	TCM because of all the legal reports required by courts.

### Notes:


It's time for an activity.

For which service do YRC cases present unique challenges to the documentation of medical necessity?

## Correct (Slide Layer)

**Challenge**

00:0008 of 12

**1. For which service do YRC cases present unique challenges to the documentation of medical necessity?**

Select the correct answer and click CHECK.

☒ CalAIM because of no included/excluded diagnosis list

☒ DHCS because of a lack of BHIN Info Notices addressing the Juvenile Justice system

☒ SMHS because the focus most cases involve treating legal and often substance issues

☒ TCM because of all the legal reports required by courts.

**Excellent!** YRC cases present unique challenges to the documentation of medical necessity for SMHS because the focus most cases involve treating legal and often substance issues.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 12

**1. For which service do YRC cases present unique challenges to the documentation of medical necessity?**

Select the correct answer and click CHECK.

☒ CalAIM because of no included/excluded diagnosis list

☒ DHCS because of a lack of BHIN Info Notices addressing the Juvenile Justice system

☒ SMHS because the focus most cases involve treating legal and often substance issues

☒ TCM because of all the legal reports required by courts.

**Not quite.** YRC cases present unique challenges to the documentation of medical necessity for SMHS because the focus most cases involve treating legal and often substance issues.

**CHECK**


Click > to continue.

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 12



**2. Whose goal is it to encourage systems of care to collaborate with one another?**  
*Select the correct answer and click CHECK.*

☐ CalAIM

☒ DHCS

☒ SDOH

☒ SMHS

CHECK

Correct	Choice
X	CalAIM
	DHCS
	SDOH
	SMHS

### Notes:


Whose goal is it to encourage systems of care to collaborate with one another?



## Correct (Slide Layer)

**Challenge**

00:0009 of 12



**2. Whose goal is it to encourage systems of care to collaborate with one another?**  
*Select the correct answer and click CHECK.*

✓ ☒ CalAIM

✗ ☐ DHCS

✗ ☐ SDOH

✗ ☐ SMHS

**Excellent!** It is CalAIM's desire to encourage systems of care to collaborate with one another.


**CHECK**

[Click > to continue.](#)

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 12



**2. Whose goal is it to encourage systems of care to collaborate with one another?**  
*Select the correct answer and click CHECK.*

✓ ☐ CalAIM

✗ ☐ DHCS

✗ ☐ SDOH

✗ ☐ SMHS

**Not quite.** It is CalAIM's desire to encourage systems of care to collaborate with one another.

**CHECK**


[Click > to continue.](#)

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 12



3. Who has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder?

Select the correct answer and click CHECK.

X

☐

CalAIM

☐

DHCS

X

☐

SDOH

X

☐

SMHS

CHECK

Correct	Choice
	CalAIM
X	DHCS
	SDOH
	SMHS


### Notes:

Who has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder?

## Correct (Slide Layer)

**Challenge**

00:0010 of 12



**3. Who has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder?**  
Select the correct answer and click **CHECK**.

☒ CalAIM

☒ DHCS

☒ SDOH

☒ SMHS

**Excellent!** DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 12



**3. Who has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder?**  
Select the correct answer and click **CHECK**.

☒ CalAIM

☒ DHCS

☒ SDOH

☒ SMHS

**Not quite.** DHCS has stated that an established mental health diagnosis is not needed if treatment could alleviate some pain and lessen the risk of developing a mental disorder.

**CHECK**

Click > to continue.

## 1.11 Questions About This Training?

Questions About This Training?

00:00 11 of 12

If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.12 Thank you



Thank you for completing the **'Children & Youth Services - YRC'** module.

Click the [link](#) to start with the next module **'Final Challenge'**.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services - YRC' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.

Click the link to start with the next module 'Final Challenge'.





## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

# Children & Youth Services - County Psychiatrist

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module Children & Youth Services - County Psychiatrist'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 13



### You will be able to:

- ✓ Describe the revised documentation requirements under CalAIM
- ✓ Complete the Application Regarding Psychotropic Medication (JV-220) accurately for dependents or wards of the court

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to describe the revised documentation requirements under CalAIM and complete the application regarding Psychotropic Medication (JV-220) accurately for dependents or wards of the court.

## 1.3 County Psychiatrist Practice Examples

**County Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

An Interim Care Plan or a regular Care Plan is no longer required to be in place prior to providing medication services, unless the client has Medicare or Medi/Medi. DHCS was able to do away with care plans authorizing medication services for Medi-Cal clients.

Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

This documentation will work in place of the care plan authorizing medication, unless the client has Medicare or Medi/Medi.

Regarding the Diagnosis and Problem List, psychiatrists will need to update the Problem List as the client's clinical presentation changes to justify the medication service interventions they choose to use in treatment.

Regarding the biopsychosocial, no change has occurred regarding that form, except that at this time, we cannot bill for completing the biopsychosocial unless it is completed with the client present. If the form is completed without the client present, the MD will use the non-billable medication code (70899-409) for the

biopsychosocial.


Regarding medication consents, CalAIM has suggested verbal medication consents; however, the BHS Medical Director and Associate Directors have not made a final decision on this at this time. So, for now, there are no changes to the requirement.

## Tab 01 (Slide Layer)

**County Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



1

2

3

4

5

**Care Plan Requirement**

An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.

DHCS has eliminated the need for care plans authorizing medication services for Medi-Cal clients.

*Click > to continue.*




## Tab 02 (Slide Layer)

**County Psychiatrist Practice Examples**

00:00 | 03 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Justification for Medication Services

Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

This documentation will work in place of the care plan authorizing medication, unless the client has Medicare or Medi/Medi.

*Click > to continue.*


## Tab 03 (Slide Layer)

**County Psychiatrist Practice Examples**

00:00 | 03 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Updating the Problem List

Psychiatrists will need to update the Problem List as the client's clinical presentation changes.

This is necessary to justify the medication service interventions chosen for treatment.


*Click > to continue.*

## Tab 04 (Slide Layer)

**County Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4**
- 5

### Biopsychosocial Form

There have been no changes regarding the biopsychosocial form.

However, at this time, completing the form without the client present cannot be billed.

If the form is completed without the client present, the MD will use the non-billable medication code (70899-409) for the biopsychosocial.


*Click > to continue.*

## Tab 05 (Slide Layer)

**County Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5**

### Medication Consents

CalAIM has suggested verbal medication consents, but the BHS Medical Director and Associate Directors have not made a final decision on this at this time.

Therefore, for now, there are no changes to the requirement for medication consents.

*Click > to continue.*


## 1.4 Medication Prescription and Consent Guidelines

Medication Prescription and Consent Guidelines

00:00 | 04 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



### Consent for Dependents or Wards of the Court

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.*

*Click > to continue.*

### Notes:

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

To prescribe and start medications immediately, the psychiatrist should check box number three on the JV-220, which indicates that the medication will be started due to an emergency. Without this box checked, the psychiatrist would need to wait until the authorization is approved by the presiding judge. Our internal HCA policy regarding filing this form is that it must be filed within two days of writing the prescription. Once the authorization is approved, the consent is good for six months from the date of the judge's signature.

Application Regarding Psychotropic Medication (JV220) for dependents or wards of the court MUST INCLUDE potential long-term side effects (those occurring after three or more months of treatment) on question #17 for JV220A or question #13 for JV220B. The printout of side effects is attached by our County's Psychotropic Med



Consent unit once the application is sent to them. Also, the route of administration MUST BE INCLUDED on the consent for question #19 for JV220A or question #16 for JV220B.


Finally, all signatures on the medical consent must include your Medical License number. This is a ruling from the Final Rule. Although the consent may not have a line for your medical license number, please write it on the consent or JV220A or B. If older medication consents are missing any of the elements just discussed, please update the med consent to include these elements.

## Dot 01 (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.*

*Click > to continue.*


## Dot 02 (Slide Layer)

Medication Prescription and Consent Guidelines

00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



### Immediate Medication Start

To prescribe and start medications immediately, the psychiatrist should check box number 3 on the JV-220, indicating that the medication will be started due to an emergency.

If this box is not checked, the psychiatrist must wait for authorization from the presiding judge before starting the medication.

**Our internal policy requires the JV-220 form to be filed within 2 days of writing the prescription.**

Once approved, the consent is valid for 6 months from the date of the judge's signature.

*Click the more info button for details.*

*Click > to continue.*


## Dot 03 (Slide Layer)

Medication Prescription and Consent Guidelines

00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



### Information Required on Consent Form

The application for Psychotropic Medication (JV220) for dependents or wards of the court **must include potential long-term side effects** (those occurring after 3 or more months of treatment) on question #17 for JV220A or question #13 for JV220B.

The printout of side effects is attached by our County's Psychotropic Med Consent unit once the application is sent to them.

Additionally, the **route of administration must be included** on the consent for question #19 for JV220A or question #16 for JV220B.

*Click the more info button for details.*

*Click > to continue.*




## Dot 04 (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Medical License Number Requirement**

All signatures on the medical consent must include your Medical License number, as per the ruling from the Final Rule. Even if the consent form does not have a specific line for your medical license number, it should be written on the consent or JV220A or B.

If older medication consents are missing any of the elements discussed, they should be updated to include them.

*Click the more info button for details.*


*Click > to continue.*

## More Info (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent

For all regular medication consents (non JV-220), please remember to complete all elements of the medication consent, including the reason for taking the medication, documentation discussing reasonable alternatives, frequency range, duration, and possible side effects if taking the medication(s) longer than 3 months.

Our medical director has decided that any end date or statement "up to 3 years" is acceptable for the duration since this could still be calculated as 3 years from the date the consent is signed.

However, medication consents will no longer have durations past 3 years.

*Click to close.*


*Click > to continue.*

## Clickable (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.*


*Click > to continue.*

## 1.5 Payment Reform: Reminders

**Payment Reform: Reminders**00:0005 of 13

Here are some reminders and updates on coding rules.

- Assessment Changes
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC) Changes
- Plan Development Changes
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS) Changes
- Crisis Rule Changes
- Medication Service Changes
- Collateral Rule Changes
- Modifier Changes and Current Status



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

*Click > to continue.*

### Notes:

Updated information in these documentation areas can be found in the CYS County and

Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.6 Summary

Summary

00:00


06 of 13

*Click each tab for a quick recap.*

Simplified Medication Service Documentation for Psychiatrists under CalAIM

Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM

Payment Reforms Reminders



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

CalAIM has simplified medication service documentation for psychiatrists, eliminating the need for an Interim or regular Care Plan before providing medication services for most clients.

Instead, psychiatrists will justify medical necessity through the Problem List and progress notes.

However, completing the biopsychosocial form without the client present cannot be billed.

Psychiatrists prescribing medication must list medication names and dosage ranges, obtaining a second consent if doses are outside the range.

For dependents/wards of the court, consent is included in the JV-220 form, requiring review and signature by the appointed judge.

The form must be filed within 2 days, and once approved, the consent is valid for 6 months.

Billable assessment codes can be used when documenting: Clinical formulation, Diagnosis, Treatment recommendations even when the client NOT present.

TCM/ICC services assist client to access services, Plan Development includes treatment planning, Psychotherapy codes have specified time ranges, Simplified Psychosocial Rehabilitation and IHBS codes, Simplified billing rules for Crisis Psychotherapy and Medication Services, Collateral services are now documented differently and Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**00:0006 of 13

*Click each tab for a quick recap.*

**Simplified Medication Service Documentation for Psychiatrists under CalAIM**

**Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM**

**Payment Reforms Reminders**

CalAIM has simplified medication service documentation for psychiatrists, eliminating the need for an Interim or regular Care Plan before providing medication services for most clients.

Instead, psychiatrists will justify medical necessity through the Problem List and progress notes.

However, completing the biopsychosocial form without the client present cannot be billed.

*Click > to continue.*



## Layer 2 (Slide Layer)

Summary

00:00

06 of 13

*Click each tab for a quick recap.*

Simplified Medication Service Documentation for Psychiatrists under CalAIM

Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM

Payment Reforms Reminders

Psychiatrists prescribing medication must list medication names and dosage ranges, obtaining a second consent if doses are outside the range.

For dependents/wards of the court, consent is included in the JV-220 form, requiring review and signature by the appointed judge.

The form must be filed within 2 days, and once approved, the consent is valid for 6 months.

*Click > to continue.*

## Layer 3 (Slide Layer)

Summary

00:00

06 of 13

*Click each tab for a quick recap.*

Simplified Medication Service Documentation for Psychiatrists under CalAIM

Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM

Payment Reforms Reminders

Billable assessment codes can be used when documenting:

- Clinical formulation
- Diagnosis
- Treatment recommendations

*even when the client NOT present*

- TCM/ICC services assist client to access services
- Plan Development includes treatment planning
- Psychotherapy codes have specified time ranges
- Simplified Psychosocial Rehabilitation and IHBS codes
- Simplified billing rules for Crisis Psychotherapy and Medication Services
- Collateral services are now documented differently
- Modifiers are being updated in IRIS

*Click > to continue.*




## 1.7 Challenge

(Pick Many, 10 points, 1 attempt permitted)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK.*

☐ Interim Care Plan

☒ Problem List

☒ Progress Notes

☐ Regular Care Plan

CHECK

Correct	Choice
X	Rectangle 1
	Rectangle 2
	Rectangle 3
X	Rectangle 4

### Notes:


It's time for an activity.

What is no longer required before providing medication services under CalAIM?

## Correct (Slide Layer)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK.*

✓

☐

Interim Care Plan

✗

☐

Problem List

✗

☐

Progress Notes

✓

☐

Regular Care Plan

**Excellent!** An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK.*

✓

☐

Interim Care Plan

✗

☐

Problem List

✗

☐

Progress Notes

✓

☐

Regular Care Plan

**Not quite.** An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.

CHECK


Click > to continue.

## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 13



**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**  
*Select the correct answer and click CHECK.*

X

☐

Complete the biopsychosocial form

X

☐

Conduct regular care plan meetings

X

☐

Obtain verbal medication consent

☐

Update the Problem List and progress notes

CHECK

Correct	Choice
	Complete the biopsychosocial form
	Conduct regular care plan meetings
	Obtain verbal medication consent
X	Update the Problem List and progress notes


### Notes:

How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?

## Correct (Slide Layer)

**Challenge**

00:0008 of 13

**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**

Select the correct answer and click CHECK.

☒ Complete the biopsychosocial form

☒ Conduct regular care plan meetings

☒ Obtain verbal medication consent

☒ Update the Problem List and progress notes

**Excellent!** Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 13

**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**

Select the correct answer and click CHECK.

☒ Complete the biopsychosocial form

☒ Conduct regular care plan meetings

☒ Obtain verbal medication consent

☒ Update the Problem List and progress notes

**Not quite.** Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

**CHECK**


Click > to continue.

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 13



**3. What should be done if the prescribed dosage is outside the range specified in the consent?**  
*Select the correct answer and click CHECK.*

X

☐

Adjust the dosage without consent

X

☐

Discontinue the medication

X

☐

Notify the patient's primary care physician

☐

Obtain a second consent

CHECK

Correct	Choice
	Adjust the dosage without consent
	Discontinue the medication
	Notify the patient's primary care physician
X	Obtain a second consent

### Notes:


What should be done if the prescribed dosage is outside the range specified in the consent?



## Correct (Slide Layer)

**Challenge**

00:0009 of 13

**3. What should be done if the prescribed dosage is outside the range specified in the consent?**

Select the correct answer and click CHECK.

☒ Adjust the dosage without consent

☒ Discontinue the medication

☒ Notify the patient's primary care physician

☒ Obtain a second consent

**Excellent!** If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 13

**3. What should be done if the prescribed dosage is outside the range specified in the consent?**

Select the correct answer and click CHECK.

☒ Adjust the dosage without consent

☒ Discontinue the medication

☒ Notify the patient's primary care physician

☒ Obtain a second consent

**Not quite.** If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

CHECK


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 13



4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?

Select the correct answer and click CHECK.

X

☐

3 months

☐

6 months

X

☐

9 months

X

☐

12 months

CHECK

Correct	Choice
	3 months
X	6 months
	9 months
	12 months


### Notes:

How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?

## Correct (Slide Layer)

Challenge

00:0010 of 13



**4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?**  
*Select the correct answer and click CHECK.*

X

☐

3 months

✓

☐

6 months

X

☐

9 months

X

☐

12 months

**Excellent!** Once approved, the consent is valid for 6 months from the date of the judge's signature.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0010 of 13



**4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?**  
*Select the correct answer and click CHECK.*

X

☐

3 months

✓

☐

6 months

X

☐

9 months

X

☐

12 months

**Not quite.** Once approved, the consent is valid for 6 months from the date of the judge's signature.

CHECK


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 13



**5. What service activities are included in TCM/ICC?**  
*Select the correct answer and click CHECK.*

☐ Communication, coordination, and referral

☒ Psychoeducation workshops

☒ Physical rehabilitation

☒ Therapy sessions

CHECK

Correct	Choice
X	Communication, coordination, and referral
	Psychoeducation workshops
	Physical rehabilitation
	Therapy sessions


### Notes:

What service activities are included in TCM/ICC?

## Correct (Slide Layer)

**Challenge**

00:0011 of 13

**5. What service activities are included in TCM/ICC?**

Select the correct answer and click **CHECK**.

- ☒ Communication, coordination, and referral
- ☐ Psychoeducation workshops
- ☐ Physical rehabilitation
- ☐ Therapy sessions

**Excellent!** TCM/ICC services assist clients in accessing needed services and include activities like communication, coordination, and referral. ICC facilitates the assessment of new needs or problems; care planning and coordination of services to PWB/IS clients under 21.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0011 of 13

**5. What service activities are included in TCM/ICC?**

Select the correct answer and click **CHECK**.

- ☒ Communication, coordination, and referral
- ☐ Psychoeducation workshops
- ☐ Physical rehabilitation
- ☐ Therapy sessions

**Not quite.** TCM/ICC services assist clients in accessing needed services and include activities like communication, coordination, and referral. ICC facilitates the assessment of new needs or problems; care planning and coordination of services to PWB/IS clients under 21.

**CHECK**

*Click > to continue.*



## 1.12 Questions About This Training?

Questions About This Training?

00:00 12 of 13

If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

### 1.13 Thank you



Thank you for completing the “**Children & Youth Services - County Psychiatrist**” module.

Click the [link](#) to start with the next module '**Final Challenge**'.

**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

#### Notes:

Thank you for completing the 'Children & Youth Services - County Psychiatrist' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module


 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight

# Children & Youth Services - County Regional

## 1. Welcome

### 1.1 Welcome



#### Notes:

Welcome to the module 'Children & Youth Services - County Regional'.


Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.



## 1.2 Module Objectives

Module Objectives

00:0002 of 16



### You will be able to:

- ✓ Describe the various challenges to documenting the access criteria and the medical necessity as presented by the regional cases
- ✓ Explain the requirement of a 7-Domain Assessment for continued access criteria and medical necessity

Click > to continue.

### Notes:

So...what can you expect out of this module?


By the end of this module, you will be able to describe the various challenges to documenting the access criteria and the medical necessity as presented by the regional cases and explain the requirement of a 7-Domain Assessment for continued access criteria and medical necessity.

## 1.3 Regional Practice Examples

**Regional Practice Examples** 00:00 03 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



For years it was required to tie family, education, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

< ● ● ● ● >

*Click > to continue.*

### Notes:

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

For years, you were required to tie family, educational, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

Under CalAIM, the access criteria for Specialty Mental Health Services have changed. Although the definition of medical necessity remains the same, the documentation for medical necessity has changed.

Clients can now access CYS SMHS automatically if they meet one of the four conditions namely:

1. Significant exposure to trauma as determined by a state-approved trauma tool
2. Involvement in the child welfare system,
3. Involvement in the juvenile justice system, and
4. Homelessness.

Medical necessity remains the same; having a significant impairment without treatment, having the risk of not developing appropriately as expected, and having


an established or suspected ICD-10 mental disorder that results in significant impairments.

## Dot 01 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



For years it was required to tie family, education, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

< ● ● ● ● >


*Click > to continue.*

## Dot 02 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Under CalAIM, the access criteria for Specialty Mental Health Services have changed. Although the definition of medical necessity remains the same, the documentation for medical necessity has changed.

< ● ● ● ● >


*Click > to continue.*

## Dot 03 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Clients can now access CYS SMHS automatically if they meet one of the four conditions listed below:

1. Significant exposure to trauma as determined by a state-approved trauma tool
2. Involvement in the child welfare system
3. Involvement in the juvenile justice system
4. Homelessness

< ● ● ● ● >

*Click > to continue.*




## Dot 04 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Medical necessity remains the same:

- Having a significant impairment without treatment
- Having the risk of not developing appropriately as expected
- Having an established or suspected ICD-10 mental disorder that results in significant impairments

*Click > to continue.*

### 1.4 How Does the Regional Case Affect the Regional Providers

**How Does the Regional Case Affect the Regional Providers**00:0004 of 16

Regional providers have expanded our clients to include Social Drivers of Health (SDOH) issues, such that a client may not have an established mental health diagnosis or problem, but may be distressed because of certain social drivers or situations/circumstances.



- Regional county clinics will be able to treat clients as DHCS has indicated that an established mental health diagnosis is not required to begin treating.
- If clinically appropriate, they encourage early treatment for social drivers situations (Z55-Z65) under the "No Wrong Door Policy".
- DHCS has removed the requirement for an ICP or regular care plan to be in place prior to providing any treatment, unless the client has Medicare or both Medicare and Medi-Cal.
- The CalAIM changes have lightened the documentation load to make it easier and quicker to provide treatment.

*Click > to continue.*

#### Notes:

How does this affect our Regional providers? First, it has expanded our clients to




include Social Drivers of Health (SDOH) issues, such that a client may not have an established mental health diagnosis or problem, but may be distressed because of certain social drivers or situations/circumstances. We will be able to treat them as DHCS has indicated that an established mental health diagnosis is not required to begin treating, especially during the assessment period. If clinically appropriate, they encourage early treatment for social drivers situations (Z55-Z65) under the “No Wrong Door Policy”. DHCS has removed the requirement for an ICP or regular care plan to be in place prior to providing any treatment, during the assessment period, unless the client has Medicare or both Medicare and Medi-Cal. The CalAIM changes have lightened the documentation load to make it easier and quicker to provide treatment. Also, the removal of the included diagnosis list has expanded problems and areas that we can address.

## 1.5 Assessment and Reassessment Timeliness

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.  
*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

Although the county MHP policy is no later than 60 days, the spirit of CalAIM says, “As clinically appropriate” which can be interpreted as soon as possible to start treatment. Reevaluations are also based on clinical appropriateness and need, not

on a mandated timeline. The county MHP has decided “As clinically appropriate”, but no later than 3 years after previous evaluations.

DHCS would like to move away from Care Plans that are written once a year and not revisited. In lieu of care plans, DHCS wants providers to use the Problem List that is updated often “as clinically appropriate” and when the clinical presentation of the client changes. However, when case management services are needed, a TCM Care Plan is required.

In conjunction with the Problem List, the state wants providers to identify what Problem you will address in your progress notes. This is similar to what providers were documenting before, when referencing which care plan goals/objectives the provider was addressing in their progress notes. The only difference is the Problem List is a fluid list that is updated more often than the care plan, to reflect the client’s current presentation.

The state, unfortunately, could not do away with care plans completely, since federal regulations require care plans for TCM, ICC and Certified Peer Support Services. Other program regulations, such as TBS, STRTPs, and TFC still require the legacy care plans for their respective service type activities.


Under CalAIM, these types of services - medication, individual/family/group therapy, individual/family/collateral/group rehabilitation - no longer require authorization through care plans, unless the client is Medicare or Medi/Medi or is placed in an STRTP or TFC.

## Tab 01 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**County MHP Policy**

Although the county MHP policy is no later than 60 days, the spirit of CalAIM says, "as clinically appropriate" which can be interpreted as soon as possible to start treatment.

Reevaluations are also based on clinical appropriateness and need, not on a mandated timeline. The county MHP has decided "as clinically appropriate", but no later than 3 years after previous evaluations.


*Click > to continue.*

## Tab 02 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**Care Plans**

DHCS would like to move away from care plans that are written once a year and not revisited. In lieu of care plans, DHCS wants providers to use the Problem List that is updated often "as clinically appropriate" and when the clinical presentation of the client changes.

However, when case management services are needed, a TCM Care Plan is required.


*Click > to continue.*

## Tab 03 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



- 1
- 2
- 3**
- 4
- 5

### Updating the Problem List

In conjunction with the Problem List, the state wants providers to identify what problem you will address in your progress notes. This is similar to what providers were documenting before, when referencing which care plan goals/objectives the provider was addressing in their progress notes. The only difference is the Problem List is a fluid list that is updated more often than the care plan, to reflect the client's current presentation.


*Click > to continue.*

## Tab 04 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



- 1
- 2
- 3
- 4**
- 5

### Federal Regulations

The State, unfortunately, could not do away with care plans completely, since federal regulations require care plans for TCM, ICC and Certified Peer Support Services. Other program regulations, such as TBS, STRTPs, and TFC still require the legacy care plans for their respective service type activities.

*Click > to continue.*




## Tab 05 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM**


Under CalAIM, medication, individual/family/group therapy, individual/family/collateral/group rehabilitation - no longer require authorization through care plans, unless the client is Medicare or Medi/Medi or is placed in an STRTP or TFC.

*Click > to continue.*


## 1.6 Regional Assessment and Care Plan Samples

**Regional Assessment and Care Plan Samples**00:0006 of 16

Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.



Elaborate the original access (trauma, child welfare system, juvenile justice system involvement, or homelessness) criteria and provide details in order to formulate continued access and treatment with SMHS.



We have recently released two samples of Plan of Care progress notes for CPSS. The final version of the paper form and the County EHR version have not been released yet, because we are not ready to bill for CPSS in our system.

The information gathered in all 7 domains helps to formulate the mental health diagnosis and identify the "right door" for treating the problem and condition.

- Domain 7 is where you will tie all the information together and discuss if the client should continue treatment.
- The provider need to complete a TCM/ICC Care Plan Progress Note, depending on if the client meets the criteria on the PWB/IS eligibility form.

The Diagnosis and Problem List is a new tool that the state wants to use more often than the care plan.

- DHCS has encouraged the MHP to update the Problem List often.
- Address the new problems in your progress notes to justify ongoing treatment and medical necessity.

*Click > to continue.*

### Notes:

Documentation for continued access criteria and continued medical necessity for



treatment requires completion of the 7-Domain Assessment.

Please elaborate on the original access (trauma, child welfare system, juvenile justice system involvement, or homelessness) criteria and provide enough details in order to formulate if continued access and treatment with SMHS is clinically appropriate.

The information gathered in all 7 domains helps to formulate the mental health diagnosis and identify the “right door” for treating the problem and condition. Domain 7 is where you will tie all the information together and discuss if the client should continue treatment. Once the assessment is complete, the provider may need to complete a TCM care plan progress note, or an ICC Care Plan Progress Note depending on if the client meets the criteria on the PWB/IS eligibility form.

As we have recently began implementing Certified Peer Support Specialists (CPSS) into our mental health delivery system, we have released two samples of CPSS Plan of Care progress notes in the CYS County and Contract Forms and Resource Library for your review. The final versions of downtime CPSS Plan of Care form and County EHR version will be released as soon as we are ready to provide and bill for those services.

The Diagnosis and Problem List is a new tool that we mentioned the state wants to use more often than the care plan except for those that are federally required (TCM, ICC, CPSS) or separately regulated and funded state programs (i.e., TBS and STRTPs). DHCS has encouraged the MHP to update the Problem List often and address the new problems in your progress notes to justify ongoing treatment and medical necessity.

## 1.7 County Regional Progress Note Samples

County Regional Progress Note Samples

00:0007 of 16

County EHR:

1

EHR Case Management

2

EHR Assessment

3

EHR Individual Therapy

4

EHR Family/Collateral Therapy

5

EHR Group Therapy

6

EHR Crisis Diversion

7

EHR Crisis Hospitalization

8

EHR Individual Rehab

9

EHR Family Rehab

10

EHR IHBS

11

EHR ICC

12

EHR Plan Development (Care Plan)

13

EHR Plan Development (Consultation)

Timeline

Routine notes: 3 days

Crisis notes: 24 hours

NEW

Please click on the library of [notes](#) which you can download from the website.

Click &gt; to continue.


### Notes:

Sample progress notes follow the current EHR format but adhere to simplified CalAIM guidelines, reducing documentation. They focus on key elements: problem treated today, diagnosis, planned service type, brief intervention narrative, client's response, and next follow-up step(s).

The timelines for documentation of progress notes are 3 days for routine notes, and 24 hours for crisis notes.


These guidelines aim to streamline documentation, maintain effective communication, and reduce administrative burden for providers.

## 1.8 Payment Reform Updates

**Payment Reform Updates** 08 of 16

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifier



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

*Click > to continue.*

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.9 Summary

Summary


00:00 | 09 of 16

*Click each tab for a quick recap.*

Regional Cases Challenges to Access Documentation

7-Domain Assessment and the Diagnosis and Problem List

Payment Reforms Updates



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

Regional cases present various challenges to documentation of access to SMHS and meeting medical necessity for EPSDT Medi-Cal clients. The access criteria for SMHS has changed under CalAIM.

As a result of these changes, timeliness for the assessment and reassessment has changed.

The state wants providers to identify and address the problems in your progress notes.

Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.

Domain 7 is where you will tie all the information together and discuss if the client should continue treatment.

The Problem List is a new tool that state wants to use more often than the care plan.

Assessment codes can now be used for write-up of Domain 7 (Clinical formulation to establish continued medical necessity; Diagnosis; and Treatment Recommendation) only. Domains 1-6 write up can only be billed when performed during sessions with the client or caregiver present.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.


Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and Medication services have specific billing rules.

Collateral is now billed differently; Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary** 09 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain Assessment and the Diagnosis and Problem List**

**Payment Reforms Updates**

Regional cases present various challenges to documentation of access to SMHS and meeting medical necessity for EPSDT Medi-Cal clients. The access criteria for SMHS has changed under CalAIM.


As a result of these changes, timeliness for the assessment and reassessment has changed.

The state wants providers to identify and address the problems in your progress notes.

*Click > to continue.*



## Layer 2 (Slide Layer)

**Summary** 09 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain Assessment and the Diagnosis and Problem List**

**Payment Reforms Updates**


Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.

Domain 7 is where you will tie all the information together and discuss if the client should continue treatment.

The Problem List is a new tool that state wants to use more often than the care plan.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 09 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain Assessment and the Diagnosis and Problem List**

**Payment Reforms Updates**

Assessment codes can now be used for write-up of Domain 7 (Clinical formulation to establish continued medical necessity; Diagnosis; and Treatment Recommendation) only. Domains 1-6 write up can only be billed when performed during sessions with the client or caregiver present.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.


*Click > to continue.*

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 16



1. Which assessment needs to be completed for documentation of continued access and medical necessity?

Select the correct answer and click CHECK.

☐ 7-Domain Assessment

☒ Problem List

☒ Progress Notes

☒ Medi-Cal

CHECK

Correct	Choice
X	7-Domain Assessment
	Problem List
	Progress Notes
	Medi-Cal

### Notes:


It's time for an activity.

Which assessment needs to be completed for documentation of continued access and medical necessity?

## Correct (Slide Layer)

**Challenge**

00:0010 of 16

**1. Which assessment needs to be completed for documentation of continued access and medical necessity?**

Select the correct answer and click **CHECK**.

✓ ☒ 7-Domain Assessment

✗ ☐ Problem List

✗ ☐ Progress Notes

✗ ☐ Medi-Cal

**Excellent!** 7-Domain Assessment needs to be completed for documentation of continued access and medical necessity.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 16

**1. Which assessment needs to be completed for documentation of continued access and medical necessity?**

Select the correct answer and click **CHECK**.

✓ ☒ 7-Domain Assessment

✗ ☐ Problem List

✗ ☐ Progress Notes

✗ ☐ Medi-Cal

**Not quite.** 7-Domain Assessment needs to be completed for documentation of continued access and medical necessity.

**CHECK**


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 16



**2. Who has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM

X

☐

ICD

X

☐

EPSDT

☐

DHCS

CHECK

Correct	Choice
	CalAIM
	ICD
	EPSDT
X	DHCS


### Notes:

Who has indicated that an established mental health diagnosis is not required to begin treating?

## Correct (Slide Layer)

Challenge

00:0011 of 16



**2. Who has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM

X

☐

ICD

X

☐

EPSDT

✓

☐

DHCS

**Excellent!** DHCS has indicated that an established mental health diagnosis is not required to begin treating.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0011 of 16



**2. Who has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM

X

☐

ICD

X

☐

EPSDT

✓

☐

DHCS

**Not quite.** DHCS has indicated that an established mental health diagnosis is not required to begin treating.

CHECK

Click > to continue.




## 1.12 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0012 of 16



**3. Specialty Mental Health Services access criteria has changed under which initiative?**  
*Select the correct answer and click CHECK.*

X

☐

DHCS

X

☐

ICD

X

☐

7-Domain

☐

CalAIM

CHECK

Correct	Choice
	DHCS
	ICD
	7-Domain
X	CalAIM


### Notes:

Specialty Mental Health Services access criteria has changed under which initiative?

## Correct (Slide Layer)

**Challenge**

00:0012 of 16

**3. Specialty Mental Health Services access criteria has changed under which initiative?**

Select the correct answer and click CHECK.

- ☒ DHCS
- ☒ ICD
- ☒ 7-Domain
- ☒ CalAIM

**Excellent!** The access criteria for Specialty Mental Health Services has changed under CalAIM.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0012 of 16

**3. Specialty Mental Health Services access criteria has changed under which initiative?**

Select the correct answer and click CHECK.

- ☒ DHCS
- ☒ ICD
- ☒ 7-Domain
- ☒ CalAIM

**Not quite.** The access criteria for Specialty Mental Health Services has changed under CalAIM.

**CHECK**


*Click > to continue.*

## 1.13 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

X

☐

EHR

☐

Domain 7

X

☐

TCM

X

☐

CPSS

CHECK

Correct	Choice
	EHR
X	Domain 7
	TCM
	CPSS


### Notes:

In which tool is all the information gathered and discussed if the client should continue treatment?

## Correct (Slide Layer)

**Challenge**

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

☒ EHR

☒ Domain 7

☒ TCM

☒ CPSS

**Excellent!** In Domain 7, all the information is gathered and discussed if the client should continue treatment.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

☒ EHR

☒ Domain 7

☒ TCM

☒ CPSS

**Not quite.** In Domain 7, all the information is gathered and discussed if the client should continue treatment.

**CHECK**


*Click > to continue.*

## 1.14 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0014 of 16



5. Who has encouraged the MHP to update the Problem List and address the new problems in the progress notes?

Select the correct answer and click CHECK.

☐ DHCS

☒ ICC

☒ TCM

☒ CPSS

CHECK

Correct	Choice
X	DHCS
	ICC
	TCM
	CPSS

### Notes:

Who has encouraged the MHP to update the Problem List and address the new problems in the progress notes?




## Correct (Slide Layer)

**Challenge**

00:00

14 of 16



**5. Who has encouraged the MHP to update the Problem List and address the new problems in the progress notes?**  
*Select the correct answer and click CHECK.*

☒ DHCS  
☐ ICC  
☐ TCM  
☐ CPSS

**Excellent!** DHCS has encouraged the MHP to update the Problem List and address the new problems in the progress notes.

**CHECK**


*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:00

14 of 16



**5. Who has encouraged the MHP to update the Problem List and address the new problems in the progress notes?**  
*Select the correct answer and click CHECK.*

☒ DHCS  
☐ ICC  
☐ TCM  
☐ CPSS

**Not quite.** DHCS has encouraged the MHP to update the Problem List and address the new problems in the progress notes.

**CHECK**

*Click > to continue.*

## 1.15 Questions About This Training?

Questions About This Training?

00:00 15 of 16


If you have any technical issues with the training or if you have any questions, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

Click > to continue.

### Notes:


If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.16 Thank you



Thank you for completing the **'Children & Youth Services - County Regional'** module.

Click the [link](#) to start with the next module **'Final Challenge'**.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services - County Regional' module. With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight



# Children & Youth Services - Rehab

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - Rehab'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 14

A photograph showing two men in a professional setting. An older man with a beard, wearing a light blue button-down shirt, is seated and gesturing with his hands while speaking. A younger man with dark hair, wearing a green long-sleeved shirt, is seated across from him, listening attentively with his hands clasped. They appear to be in a meeting or consultation.

**You will be able to:**

- ✓ Describe the scope of practice obstacles for Mental Health Specialists (MHS), Mental Health Workers (MHW), and Other Qualified Providers (OQP)
- ✓ Explain how Mental Health Specialists (MHS), Mental Health Workers (MHW), and Other Qualified Providers (OQP) contribute to the rehab assessment

*Click > to continue.*

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to describe the scope of practice obstacles for Mental Health Specialists (MHS), Mental Health Workers (MHW), and Other Qualified Providers (OQP) and explain how MHS, MHW, and OQP contribute to the rehab assessment.

## 1.3 Rehab Practice Examples

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

DHCS has informed the county almost two years ago of CalAIM changes that impact MHS, MHW, and OQPs. We began implementing these changes as early as July 1st, 2022. The first change was an expanded criteria for access to Specialty Mental Health Services (SMHS). Basically, any client who has experienced significant trauma or exposure to trauma as determined by a state-approved trauma tool (which has not yet been determined by DHCS), any involvement with the child welfare system, any involvement with the juvenile justice system or homelessness, are considered automatically eligible for SMHS. CalAIM has indicated that we can provide treatment for these clients under the "No Wrong Door" policy to alleviate distress or pain as a result of one of these four situations.

CalAIM has also made two changes to facilitate treating these individuals quickly including rehab services by 1) not requiring an ICP or CP to be established prior to providing treatment, and 2) removing the included/excluded diagnoses list and adding the Social Drivers of Health (SDOH) diagnoses (Z55-Z65).

For MHS, MHW, or OQPs, there is no scope of practice limitation with the SDOH diagnoses. Unlicensed, non-waivered, unregistered providers including the MHS, MHW, and OQP can give these diagnoses as they do not require clinical oversight to

use these codes. The same can be said for contributing to the 7-Domain Assessment. MHS, MHW, and OQP can contribute to the assessment and problem list within their scope of practice.

Clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled, are still required to be completed by a licensed or waived/registered clinician. The MHS, MHW, or OQP could contribute to gathering history such as substance, education, employment, medical, family. They can also add to the Problem List within their scope of practice such as SDOH diagnoses (Z55-Z65) and SNOMED codes corresponding to the SDOH diagnoses.


Please note care plans are not required for most SMHS except for TCM and ICC service types. TBS and STRTP programs still require full care plans according to their regulations and all types of services they provide need to be authorized on a care plan. Please note that IHBS requires authorization, but not a care plan.

## Tab 01 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM Changes that Impacted MHS, MHW, and OQP**

DHCS has informed the county of CalAIM changes that impact MHS, MHW, and OQPs.

An expanded criteria for access to Specialty Mental Health Services (SMHS) was the first change.

Client who has experienced significant trauma or exposure to trauma, involvement with the child welfare system, the juvenile justice system, or homelessness, are considered automatically eligible for SMHS.

CalAIM has indicated to provide treatment for these clients under the "No Wrong Door" policy.

*Click > to continue.*




## Tab 02 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM Changes that Impacted Rehab Services**

CalAIM has made two changes to facilitate treating the individuals quickly including rehab services by:

1. Providing treatment prior to establishing an ICP or CP
2. Removing the included/excluded diagnoses list and adding the Social Drivers of Health (SDOH) diagnoses (Z55-Z65)


*Click > to continue.*

## Tab 03 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**SDOH Diagnoses and 7-Domain Assessment**

For SDOH diagnoses, there is no scope of practice limitation for MHS, MHW, or OQPs. Unlicensed, non-waivered, or unregistered providers can give these diagnoses as they do not require clinical oversight to use these codes.

The MHS, MHW, and OQP can contribute to the 7-Domain Assessment and problem list within their scope of practice.

*Click > to continue.*




## Tab 04 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**Clinical Practices**

Clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled, are required to be completed by a licensed, waived, or registered clinician.

The MHS, MHW, or OQP contribute to gathering history such as substance, education, employment, medical, family. They can also add to the Problem List within their scope of practice such as SDOH diagnoses (Z55-Z65) and SNOMED codes corresponding to the SDOH diagnoses.


*Click > to continue.*

## Tab 05 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**Care Plan Necessity**

Care plans are not required for most SMHS except for TCM and ICC service types.

TBS and STRTP programs require full care plans according to the regulations and all types of services provided need to be authorized on a care plan.


IHBS requires authorization, but not a care plan.

*Click > to continue.*

## 1.4 Rehab Assessment and Care Plan Samples

**Rehab Assessment and Care Plan Samples**00:0004 of 14

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.



- 1 Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.
- 2 IHBS requires authorization but does not need to be on a care plan, as the clinical provider will do the authorization.
- 3 Add the problems that needs to be addressed and treated in the progress notes, but stay within the scope of practice which are the SDOH diagnoses and the SNOMED problems.

[Click the more info button for details.](#)  [Click > to continue.](#)

### Notes:


Although medical necessity in a 7-Domain Assessment must be completed by a licensed or waived clinician, MHS, MHW, and OQP can contribute to the assessment. Rehab providers will not be doing care plans since individual, collateral and group rehab services do not require either an ICP or a regular Care Plan to authorize rehab services. Although IHBS requires authorization but does not need to be on a care plan, it is likely that the clinical provider will be doing the authorization. In regards to the Problem List, we encourage you to add the Problems that you will be addressing and treating in your progress notes. But as a reminder, you will need to stay within your scope of practice, which are the SDOH diagnoses and the SNOMED problems.

Please download a copy of the one of four 7-Domain Assessments and read through to see how the clinician and the Rehab Specialist collaborate on the areas of assessment and on the Problem List.

## More Info (Slide Layer)


**Rehab Assessment and Care Plan Samples**00:0004 of 14

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.



- 1 Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.
- 2 IHBS requires authorization but does not need to be on a care plan, as the clinical provider will do the authorization.

Please download a copy of one of the four 7-Domain Assessments and read through, to see how the clinician and the Rehab Specialist collaborate on the areas of assessment and on the problem list.

[Click to close.](#) 


[Click > to continue.](#)

## 1.5 County Rehab Progress Note Examples


**County Rehab Progress Note Examples**00:0005 of 14

County EHR:

- 1 EHR Case Management
- 2 EHR Individual Rehab
- 3 EHR Family Rehab
- 4 EHR IHBS
- 5 EHR ICC



- 6 EHR Plan Development (Care Plan)
- 7 EHR Plan Development (Consultation)

 Please download a copy of these [notes](#) for your reference.

[Click > to continue.](#)

### Notes:

Please use the link in the slide to see examples of rehab progress notes.

The new format of the EHR progress note is now CalAIM ready, although a few templates need to add the new Payment Reform codes, especially for Plan Development codes.

Regarding progress notes, first is the problem treated that have SNOMED codes that an MHS, MHW, or OQP might use, second is the type of service with a brief description followed by a narrative of the intervention and what the rehab specialist provided, third is the narrative of what intervention you provided.

The narrative could describe the service, including how the intervention addressed the client's behavioral health need (e.g., behaviors, condition, diagnosis, and risk factors), fourth is a brief description of how the client responded to the intervention, fifth is the follow-up plan or the next step.


The next steps may include but are not limited to, planned action steps by the provider or by the client; collaboration with the client; collaboration with other providers; goals and actions to address health, social, educational, and other services needed by the client; progress on goals or treatment outcomes; referrals; discharge planning; continuing care planning; and any update to the problem list as appropriate.

## 1.6 Payment Reform Updates

**Payment Reform Updates**00:0006 of 14

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM)/Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifier



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

[Click > to continue.](#)

### Notes:



Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.7 Summary

Summary

00:00


07 of 14

*Click each tab for a quick recap.*

Scope of Practice Obstacles for Mental Health Specialists

Medical Necessity in a 7-Domain Assessment

Payment Reforms Updates



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

CalAIM has made several changes that impact MHS, MHW, and OQP namely expanded criteria for access to SMHS, treatment for clients under the "No Wrong Door" policy, providing treatment prior to establishing ICP or CP, and removing the excluded or included diagnoses list and adding the SDOH diagnoses.

Clinical practices such as clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled are required to be completed by a licensed, waived, or registered clinician.

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.

Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.



In the problem list, add the problems that will be addressed and treated in the progress note which will stay within the scope of practice such as SDOH diagnoses and SNOMED problems.

Assessment codes can be used for write-ups, without the client present, by clinical staff only; TCM/ICC services assist with accessing services; Plan development includes treatment planning; Psychotherapy has specified time ranges; Psychosocial Rehabilitation/IHBS codes have been simplified; Crisis psychotherapy and Medication services have specific billing rules; Collateral is now billed differently; Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**00:0007 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

CalAIM has made several changes that impact MHS, MHW, and OQP namely expanded criteria for access to SMHS, treatment for clients under the "No Wrong Door" policy, providing treatment prior to establishing ICP or CP, and removing the excluded or included diagnoses list and adding the SDOH diagnoses.

Clinical practices such as clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled are required to be completed by a licensed, waived, or registered clinician.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary**00:0007 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.

Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.

In the problem list, add the problems that will be addressed and treated in the progress note which will stay within the scope of practice such as SDOH diagnoses and SNOMED problems.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary**00:0007 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

Assessment codes can be used for write-ups, without the client present, by clinical staff only.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.


*Click > to continue.*

## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 14



**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM

X

☐

DHCS

X

☐

ICP

☐

Rehab

CHECK

Correct	Choice
	CalAIM
	DHCS
	ICP
X	Rehab

### Notes:


It's time for an activity.

Which cases present scope of practice obstacles for MHS, MHW, and OQP?

## Correct (Slide Layer)

**Challenge**

00:0008 of 14



**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**  
Select the correct answer and click **CHECK**.

☒ CalAIM

☒ DHCS

☒ ICP

☒ Rehab

**Excellent!** Rehab cases present scope of practice obstacles for MHS, MHW, and OQP.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 14



**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**  
Select the correct answer and click **CHECK**.

☒ CalAIM

☒ DHCS

☒ ICP

☒ Rehab

**Not quite.** Rehab cases present scope of practice obstacles for MHS, MHW, and OQP.

**CHECK**


Click > to continue.

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 14



**2. Who has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?**  
Select the correct answer and click **CHECK**.

☐ CalAIM

☒ MHS

☒ MHW

☒ OQP

CHECK

Correct	Choice
X	CalAIM
	MHS
	MHW
	OQP

### Notes:


Who has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?



## Correct (Slide Layer)

Challenge

00:0009 of 14



**2. Who has indicated that we can provide treatment for the clients under the "No Wrong Door" policy?**  
*Select the correct answer and click CHECK.*

☒ CalAIM

☐ MHS

☐ MHW

☐ OQP

**Excellent!** CalAIM has indicated that we can provide treatment for the clients under the "No Wrong Door" policy.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0009 of 14



**2. Who has indicated that we can provide treatment for the clients under the "No Wrong Door" policy?**  
*Select the correct answer and click CHECK.*

☒ CalAIM

☐ MHS

☐ MHW

☐ OQP

**Not quite.** CalAIM has indicated that we can provide treatment for the clients under the "No Wrong Door" policy.

CHECK


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 14



**3. Which program requires an authorization but not a care plan?**  
Select the correct answer and click CHECK.

X

☐

DHCS

☐

IHBS

X

☐

TBS

X

☐

TCM

CHECK

Correct	Choice
	DHCS
X	IHBS
	TBS
	TCM


### Notes:

Which program requires an authorization but not a care plan?

## Correct (Slide Layer)

Challenge

00:0010 of 14



**3. Which program requires an authorization but not a care plan?**  
*Select the correct answer and click CHECK.*

X

☐

DHCS

✓

☐

IHBS

X

☐

TBS

X

☐

TCM

**Excellent!** IHBS requires an authorization but not a care plan.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0010 of 14



**3. Which program requires an authorization but not a care plan?**  
*Select the correct answer and click CHECK.*

X

☐

DHCS

✓

☐

IHBS

X

☐

TBS

X

☐

TCM

**Not quite.** IHBS requires an authorization but not a care plan.

CHECK


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 14



**4. Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?**  
*Select the correct answer and click CHECK.*

☐ Domain 7

☒ Domain 5 - family history

☒ Domain 3 - Substance history

☒ SDOH or SNOMED diagnosis section

CHECK

Correct	Choice
X	Domain 7
	Domain 5 - family history
	Domain 3 - Substance history
	SDOH or SNOMED diagnosis section

### Notes:


Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?

## Correct (Slide Layer)

**Challenge**

00:00

11 of 14



**4. Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?**  
*Select the correct answer and click CHECK.*

✓ ☒ Domain 7

✗ ☐ Domain 5 - family history

✗ ☐ Domain 3 - Substance history

✗ ☐ SDOH or SNOMED diagnosis section

**Excellent!** In Domain 7, medical necessity must be written and established only by a licensed/waivered/registered clinician.

CHECK


Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:00

11 of 14



**4. Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?**  
*Select the correct answer and click CHECK.*

✓ ☒ Domain 7

✗ ☐ Domain 5 - family history

✗ ☐ Domain 3 - Substance history

✗ ☐ SDOH or SNOMED diagnosis section

**Not quite.** In Domain 7, medical necessity must be written and established only by a licensed/waivered/registered clinician.

CHECK

Click > to continue.



## 1.12 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0012 of 14



**5. Which elements of assessment can MHS, MHW, and OQP participate in?**  
*Select the correct answer and click CHECK.*

X

☐

Domain 7

X

☐

Domain 4 - Medication

X

☐

Mental Status Exam (MSE)

☐

SDOH

CHECK

Correct	Choice
	Domain 7
	Domain 4 - Medication
	Mental Status Exam (MSE)
X	SDOH


### Notes:

Which elements of assessment can MHS, MHW, and OQP participate in?

## Correct (Slide Layer)

**Challenge**

00:0012 of 14



**5. Which elements of assessment can MHS, MHW, and OQP participate in?**  
Select the correct answer and click CHECK.

☒ Domain 7

☒ Domain 4 - Medication

☒ Mental Status Exam (MSE)

☒ SDOH

**Excellent!** MHS, MHW, and OQP participate in SDOH elements of assessment.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0012 of 14



**5. Which elements of assessment can MHS, MHW, and OQP participate in?**  
Select the correct answer and click CHECK.

☒ Domain 7

☒ Domain 4 - Medication

☒ Mental Status Exam (MSE)

☒ SDOH

**Not quite.** MHS, MHW, and OQP participate in SDOH elements of assessment.

**CHECK**

Click > to continue.

### 1.13 Questions About This Training?

Questions About This Training?

00:00 13 of 14


If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

#### Notes:


If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.14 Thank you



Thank you for completing the **'Children & Youth Services - Rehab'** module.

Click the [link](#) to start with the next module **'Final Challenge'**.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services - Rehab' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


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 **REPLAY:** Allows you to replay the screen


**Note:** Click the close button of the PDF page in the browser.

#### Notes:



## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 CC

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight