Welcome to CalAIM:

Diagnosis & Problem List

December 1, 2022
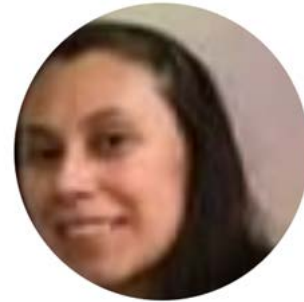BHRS Quaility Management

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Purpose of Today's Training

Today's training will focus on the following topics and how changes to these topics under CalAIM will impact your workflow.

- ◉ **Diagnosing**

- ◉ **Diagnostic Codes**

- ◉ **The Problem List**

- ◉ **BHRS Implementation Progress**

Training Schedule

For the full schedule*, visit the QM website: https://www.smchealth.org/sites/main/files/file-attachments/qm_calaim_live_webinar_schedule.pdf?1659577563

Schedule will be updated over the next few months.

Part 1		
Access Criteria to SMHS & DMC ODS **No Wrong Door** **Co-Occurring Treatment**		
Training Topic	**CalMHSA LMS Training and Survey Due Date**	**Live Webinar Date**
1 **CalAIM Overview** *General overview of the key changes under CalAIM and how these changes directly impact provider workflow.*	Thursday, August 18, 2022 https://www.surveymonkey.com/r/1_pre-survey	Thursday, August 25, 2022 10:30 am – 11:30 am
2 **Access to Services** *Key changes in the eligibility criteria for Specialty Mental Health Services for adults and youths. *** DMC-ODS Access to Services webinar will be held separately. Date TBD ****	Thursday, September 15, 2022 https://www.surveymonkey.com/r/2_pre-survey	Thursday, September 22, 2022 10:30 am – 11:30 am
New Policies <u>22-01: Criteria for Beneficiary Access to SMHS, Medical Necessity & Other Coverage Requirements</u> <u>22-02: DMC-ODS Requirements for period of 2022- 2026</u> <u>22-03: No Wrong Door for Mental Health Services</u>		

Training Schedule

Part 2		
Documentation Redesign		
Training Topic	**CalMHSA LMS Training and Survey Due Date**	**Live Webinar Date**
3 **Assessment** *Review the standardized 7 domain assessment areas, the timelines for assessment due dates, and services that can be provided during the assessment process.*	Thursday, October 20, 2022 https://www.surveymonkey.com/r/3 pre-survey	Thursday, October 27, 2022 10:30 am – 11:30 am
4 **Diagnosis & Problem List** *Highlight the key changes around diagnosing and review a sample of the new problem list.*	Tuesday, November 22, 2022 https://www.surveymonkey.com/r/4 pre-survey	Thursday, December 1, 2022 10:30 am – 11:30 am
5 **Progress Notes**	TBD	TBD
New Policies *22-04: Documentation Requirements for all SMHS and DMC-ODS*		

We are here

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Training Schedule

Part 3		
Standardization Screening & Transition Tools		
Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
6 Care Coordination	TBD	TBD
7 Screening	TBD	TBD
8 Transition of Care Tool	TBD	TBD
9 Discharge Planning	TBD	TBD
New Polices		
TBD		

Part 4		
Payment Reform & Coding		
Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
10 CPT Codes (All Clinical Staff)	TBD	TBD
11 IGT Protocol (Finance/Billing Staff Only)	TBD	N/A
New Polices		
TBD		

Diagnosing

Diagnosing: What will change?

Coming soon....No more billable diagnosis list!

That's right! You will be able to diagnose your client with whatever diagnosis is clinically appropriate from the DSM/ICD-10. Don't worry if it's "billable."

Represents more accurately what is going on with the client.

No more trying to make a diagnosis "fit" so that your client is eligible for services.

Client-centered approach to care and services that reflect the symptoms of the client.

Diagnosing: What will change?

A Formal Diagnosis (F code) is NOT a Barrier to Treatment

Providers will not have to complete the Assessment before providing clinically appropriate services.

Temporary Diagnoses

For complex cases, providers will be able to utilize "Z codes", "Unspecified" and "Other Specified" diagnoses temporarily, and submit the assessment, as they continue to gather information and determine if the client has a more formal "F code" diagnosis.

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Diagnostic Codes

Diagnosing: DSM 5 Codes vs. ICD-10 codes (F codes)

Believe it or not, you have seen and used ICD-10 codes before!

ICD-10 = Internal Classification of Diseases, Tenth Revision	Used by physicians and healthcare providers to classify and code all diagnoses, symptoms and procedures.	The DSM-V also uses ICD-10 Codes. Formal diagnoses have "F" codes in parenthesis next to the diagnosis name.

Diagnosing: What's an ICD-10 "F code"?

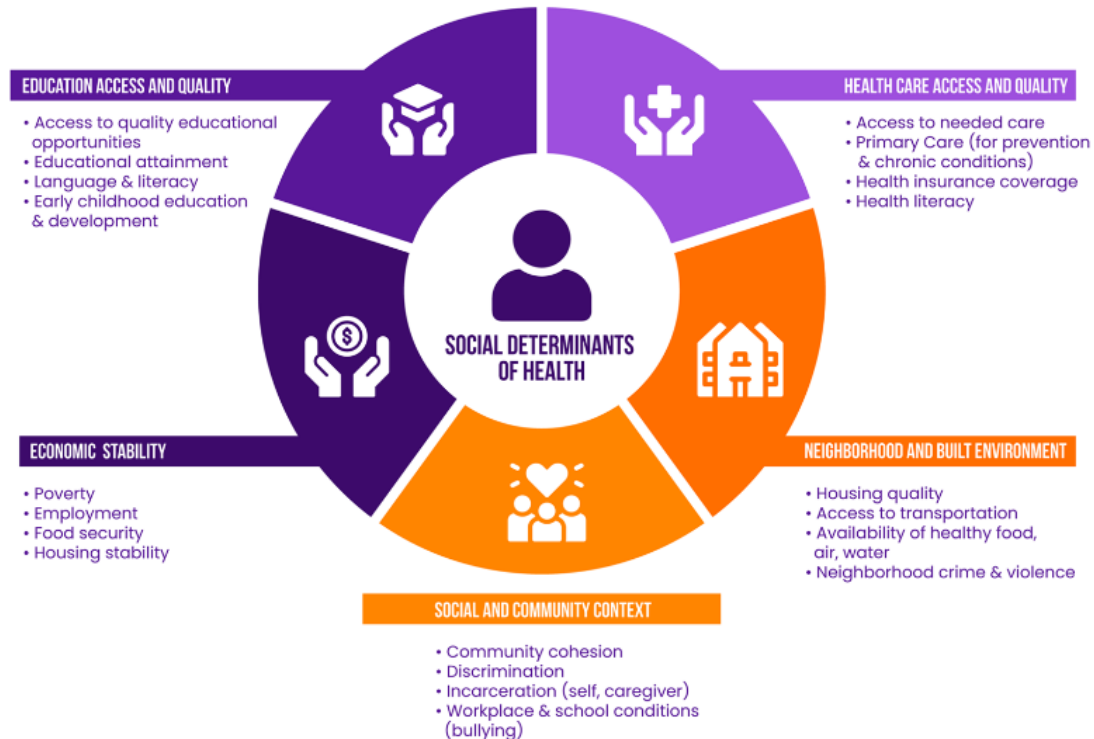**Generalized Anxiety Disorder**

Diagnostic Criteria   300.02 (F41.1)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Diagnosing: DSM 5 "V" codes vs. ICD-10 "Z" codes

The DSM-5 also uses ICD-10 Z Codes. These are what the DSM calls V codes.

EDUCATION ACCESS AND QUALITY
- Access to quality educational opportunities
- Educational attainment
- Language & literacy
- Early childhood education & development

HEALTH CARE ACCESS AND QUALITY
- Access to needed care
- Primary Care (for prevention & chronic conditions)
- Health insurance coverage
- Health literacy

ECONOMIC STABILITY
- Poverty
- Employment
- Food security
- Housing stability

NEIGHBORHOOD AND BUILT ENVIRONMENT
- Housing quality
- Access to transportation
- Availability of healthy food, air, water
- Neighborhood crime & violence

SOCIAL AND COMMUNITY CONTEXT
- Community cohesion
- Discrimination
- Incarceration (self, caregiver)
- Workplace & school conditions (bullying)

SOCIAL DETERMINANTS OF HEALTH

Diagnosing: What's an ICD-10 "Z code"?

Housing and Economic Problems

Housing Problems

V60.0 (Z59.0)   Homelessness
This category should be used when lack of a regular dwelling or living quarters has an impact on an individual's treatment or prognosis. An individual is considered to be homeless if his or her primary nighttime residence is a homeless shelter, a warming shelter, a domestic violence shelter, a public space (e.g., tunnel, transportation station, mall), a building not intended for residential use (e.g., abandoned structure, unused factory), a cardboard box or cave, or some other ad hoc housing situation.

Diagnosing: Scope of Practice

The diagnoses you can give your clients, depends on your Scope of Practice.

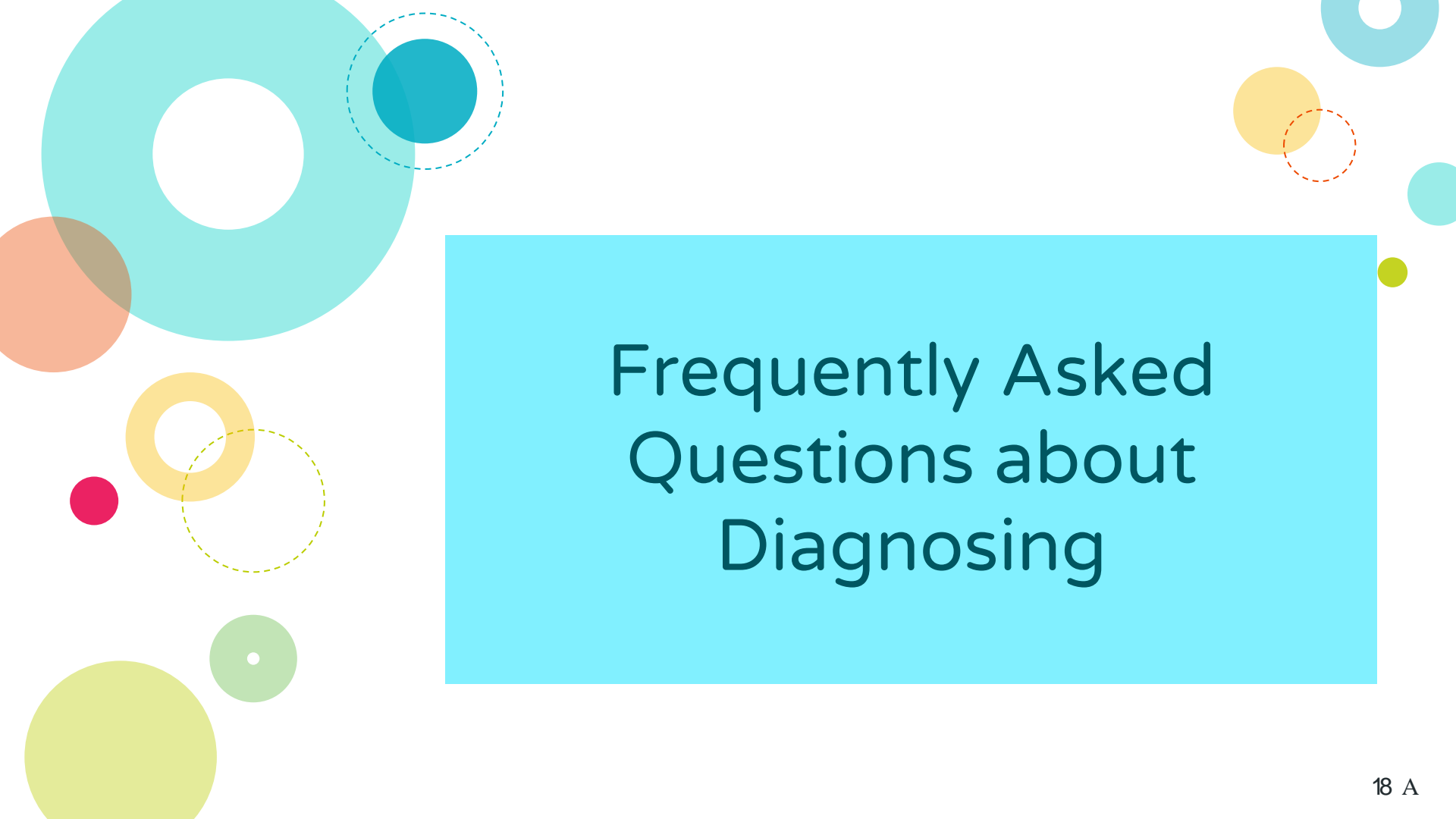| Diagnosis codes for use by LPHAs	Diagnosis Codes for Use by All Providers*
• Any clinically appropriate code • Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out) • "Other specified" and "Unspecified" disorders," or "Factors influencing health status and contact with health services"	• Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances) *May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)*

ICD-10	Description	Number of Sub-Codes
Z55	Problems related to education and literacy	7
Z56	Problems related to employment and unemployment	12
Z57	Occupational exposure to risk factors	12
Z59	Problems related to housing and economic circumstances	10
Z60	Problems related to social environment	7
Z62	Problems related to upbringing	24
Z63	Other problems related to primary support group, including family circumstances	14
Z64	Problems related to certain psychosocial circumstances	3
Z65	Problems related to other psychosocial circumstances	8

Z55-Z65 Included Codes

ICD-10 Code	ShareCare ICD-10 Description
Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment & discord w teachers & classmates
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified
Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work schedule

Click here for full list of codes Z55- Z65

https://cchealth.org/bhs/calaim/pdf/List-Z-Codes-Sharecare.pdf

Frequently Asked Questions about Diagnosing

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I have a client that needs services during the assessment process, do I just provide the service and write my progress note? Or, is there some other documentation that also needs to happen?

◎ You have a client who you are in the assessment phase with. The diagnosis is still unknown, but the client's symptoms tell you they need services now. For example, the client may have expressed experiencing high levels of stress and being unable to calm down or relax.

◎ What you would do, **once CalAIM changes are fully implemented in Avatar**, is add these "problems," such as V/Z codes to the Problem List. By them being on the problem list, this serves like an "authorization" to provide treatment services to the client based on these issues.

◎ So even though you haven't determined a more formal diagnosis yet, you can add what you know so far, provide needed services and update the problem list on an ongoing basis.

   ◎ *Remember, some services still have treatment plan requirements.*

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I was told by QM or MIS that they are changing my diagnosis to a billable diagnosis. But I thought there are no more billable diagnoses?

◎ Some staff may have seen their diagnoses change, and received an email that the diagnosis they used was rejected for not being billable and instead an alternate or "corrected" diagnosis was selected for them.

◎ You haven't done anything wrong and it's correct that there is technically not supposed to be a billable diagnosis list. **HOWEVER, the DHCS claiming system is still catching up to the CalAIM changes and therefore there might be some errors.** We recommend continuing to follow your current practices to avoid an issue until further notice.

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The Problem List

Problem List: What is it?

◎ The Problem List is a common tool used in healthcare to capture the needs of a person.

◎ It's a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.

◎ The Problem List includes: Mental Health Diagnoses, Substance Use Diagnoses, Social Determinants of Health and Physical Health Conditions.

Problem List: Who can add to the Problem List ?

Any provider can add to, remove from and update the Problem List, within their Scope of Practice.

Diagnoses/problems identified **by a provider acting within their scope of practice, if any.**

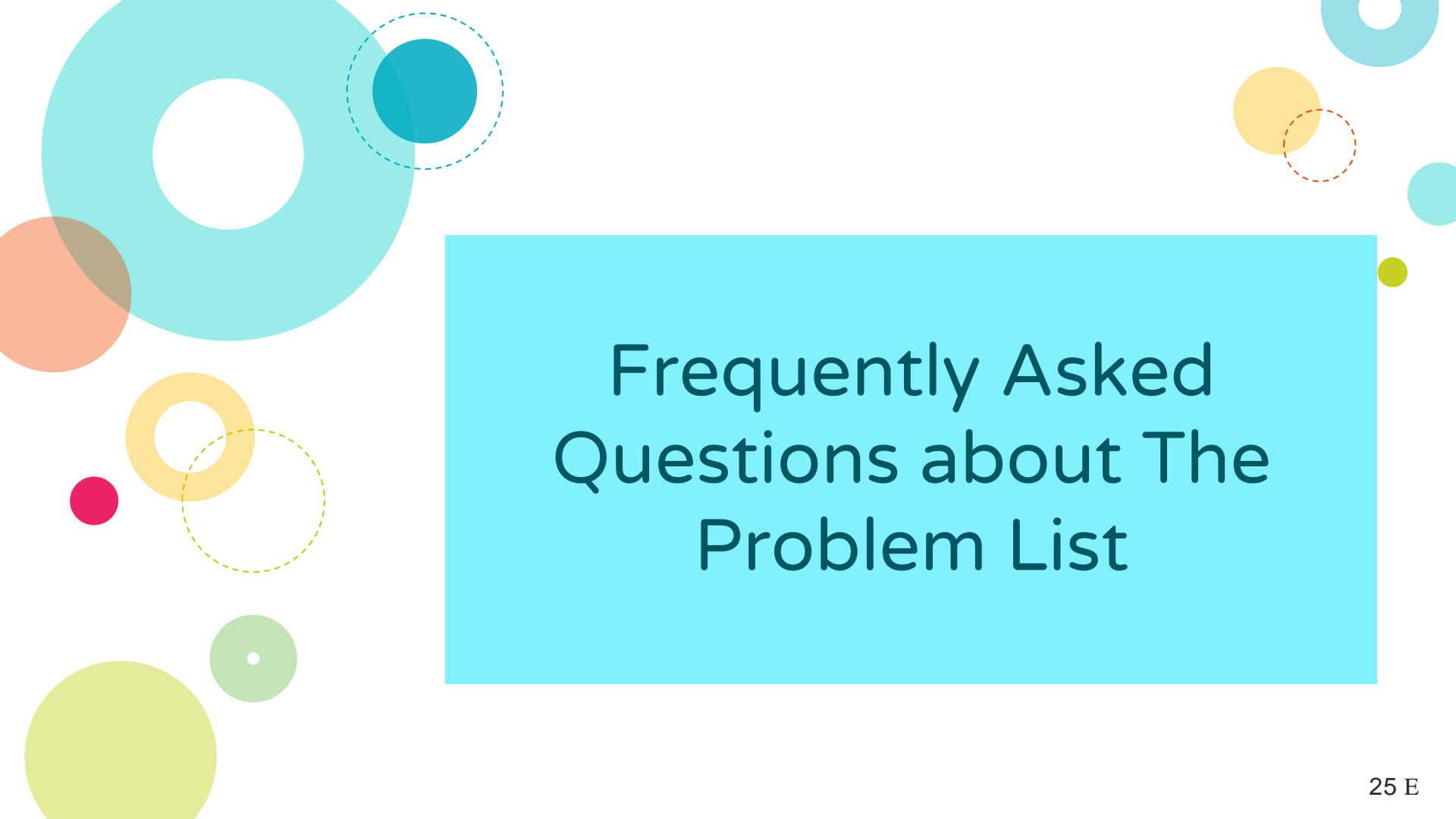Problems or illnesses identified **by the beneficiary and/or significant support person, if any.**

The Problem List should be updated on an ongoing basis to accurately represent the needs and issues of the client. **It should be updated at least within the generally accepted standards of time.**

All providers rare responsible for making sure their client's Problem List is up to date.

Problem List Sample

Example of a Person in Care's Problem List:

Number	Code	Description	Date Added	Date Removed	Identified by	Provider Type
1	Z65.9	Problem related to unspecified psychosocial circumstances	07/01/2022	07/19/2022	Name	Mental Health Rehabilitation Specialist
2	Z59.02	Unsheltered homelessness	07/01/2022	Current	Name	AOD Counselor
3	Z59.41	Food insecurity	07/01/2022	Current	Name	Peer Support Specialist
4	Z59.7	Insufficient social insurance and welfare support	07/01/2022	Current	Name	Peer Support Specialist
5	F33.3	Major Depressive Disorder recurrent, severe with psychotic features	07/19/2022	Current	Name	Psychiatrist
6	F10.99	Alcohol Use Disorder, unspecified	07/19/2022	Current	Name	Clinical Social Worker
7	I10.	Hypertension	07/25/2022	Current	Name	Primary Care Physician
8	Z62.819	Personal history of unspecified abuse in childhood	08/16/2022	Current	Name	Clinical Social Worker

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Frequently Asked Questions about The Problem List

I am a Peer Support Worker, the client reported to me that they have been diagnosed in the past with Schizophrenia. Can I add this to the problem list?

For a Peer Support Worker, or Non-LPHA, this would not be in their scope of practice to diagnose. However, this would be an important issue to bring up with the care team and the primary clinician so that that clinician can explore this diagnosis further or investigate past history.

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Can we start implementing this? Can I start utilizing Z codes today as a temporary diagnosis (while I investigate further to see if the client has a more formal F code diagnosis)?

◎ Unfortunately, not yet. There are 2 issues currently going on:

◎ 1. The DHCS claims system is a little behind on accepting these diagnoses, so some claims have been denied. They are in the process of updating this.

◎ 2. BHRS has not yet implemented the Problem List, so staff are unable to add these diagnoses prior to the completion of the assessment.

Recommendation for BHRS Staff: Keep functioning as you always have prior to learning about the CalAIM changes. **You will need to refer to the old Billable Diagnosis List for the Primary Diagnosis (see QM website).** You can still add Z codes as additional diagnoses as you have always been able to do.

QM will notify staff as soon as you can use the expanded diagnosis list.

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BHRS Implementation Progress

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Where is BHRS at with CalAIM Implementation?

Currently in Progress.. Coming sometime in 2023

- **Treatment Plan Progress Note Template** (Case Management, Peer Support Services)
- **Formal Treatment Plan** (slight modifications)
- **Non-BIRP Progress Note Template** (for services that require no treatment plan)
- **Problem List** for MH and SUD services

Likely late 2023…

- **Assessment Form** (reorganize to better reflect the 7 domains)
- **New Screening and Transition Tools** (to determine level of care and transitioning between levels of care).

Resources

Resources

QM Resources

QM DOCUMENTATION RESOURCES	PDF VERSIONS OF FORMS
WEBINAR RECORDINGS & POWERPOINTS	QM UPDATES	CALAIM INFORMATION
NON-BHRS PROVIDER 5150 TRAINING	ABOUT QUALITY MANAGEMENT
QUALITY MANAGEMENT WORKPLANS	QM CONTACT INFORMATION

Cal MHSA Resources

California Mental Health Services Authority

Got Questions?

Email: HS_BHRS_ASK_QM@smcgov.org

Post-Survey

Link to Post-Survey:

https://www.surveymonkey.com/r/4_post-survey

Please complete survey by Friday, December 9th.

Questions