



MARCH 1, 2024

PURPOSE: To inform our Solano County staff, contractors and general community of changes in programs, policies, or procedures at the local, State and Federal levels.

QA Information Notices (INs) are sent out monthly and posted on our [website](#).

GENERAL UPDATES

24-03 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)

24-03 (A.1) Use of Phone Location: It has been determined that location “3 – Phone” is no longer allowable for services with client/caregiver present – rather, the appropriate telehealth location code should be selected. Please discontinue use of “3 – Phone” location code when client/caregiver is present.

“3 – Phone” location can continue to be used for the following codes:

- MEDREFILL
- 99367 and 99368 – Case Conference codes when client/caregiver is NOT present
- TCM (TARGET CASE MANAGEMENT) W/O CLIENT/CAREGIVER (NT1017) – see below
- INTENSIVE CARE COORDINATION (ICC) W/O CLIENT/CAREGIVER (NT1017ICC) – see below
- Non-billable activities

24-03 (A.2) TCM/ICC Code Updates: CalAIM has changed the way that certain timeliness measures are captured. New TCM and ICC codes have been created in order to identify if a TCM service was provided to a client/caregiver to track for timeliness monitoring. The following codes are available in Avatar as of March 5 and must be added to Contractor Electronic Health Records (EHRs):

- TCM (TARGETED CASE MANAGEMENT) WITH CLIENT/CAREGIVER (T1017)
- TCM (TARGETED CASE MANAGEMENT) W/O CLIENT/CAREGIVER (NT1017)
- INTENSIVE CARE COORDINATION (ICC) WITH CLIENT/CAREGIVER (T1017ICC)
- INTENSIVE CARE COORDINATION (ICC) W/O CLIENT/CAREGIVER (NT1017ICC)

These new codes will be added to the “Solano County Outpatient CPT Code List” and the “Codes By Provider Type” resource. These resources will be available on [SharePoint](#) for County Staff and updated lists will be emailed to contractor programs soon.

Contractor Program Specific: Please make sure these new codes are added to your EHR by March 29, 2024. For services through March, until these codes are available in your EHR, please continue to enter T1017 or T1017ICC with the appropriate location code.

New TCM/ICC Codes and Location Considerations

The location codes selected with TCM services will now depend on whether the TCM service is with or without the client/caregiver:

- Direct TCM/ICC **with** client/caregiver = **Video or Audio Telehealth**
- Indirect TCM/ICC **without** client/caregiver = **3 - Phone**
 - The guidance is to use phone for a service when client/caregiver is not present, so the provider does not have to indicate if the client/caregiver is “IN Home” or “NOT IN Home”

Examples include:

- TCM/ICC service provided **with** the client/caregiver (T1017/T1017ICC) - use appropriate telehealth location code. For example:

- The provider called the client to link client to housing services. The client was at home but there is no video component since they talked on the phone. This service would use code T1017 and location would be 6C -Audio Telehealth Clt IN Home
- TCM/ICC service provided **without** the client/caregiver (NT1017/NT1017ICC) - use "3- Phone" location. For example:
 - The clinician and the specialist meet via Teams to consult on a client's case. The service code would be NT1017 and the location code would be "3 - Phone"

The "Telehealth Location and Face-to-Face (F2F) Codes for Progress Notes" resource has been updated to reflect these changes. It is posted on [SharePoint](#) for County staff and will be posted on the [Network of Care](#) for Contractors.

24-03 (A.3) Use of ICC and IHBS Codes for Pathways Clients: A claiming issue has been identified regarding the use of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for youth identified as Pathways. Once requirements have been met to bill these codes, staff must use ICC codes for all TCM services and IHBS-specific codes as available for all associated code versions.

If the same staff bills a Pathways code and a non-Pathways code (e.g. IHBS and Rehab, or ICC and TCM) for the same client on the same day, these services will not claim correctly. Please reach out to QA if you have any questions, including when programs are allowed to start using Pathways codes.

24-03 (A.4) Duration Must Be Entered for Progress Notes in Avatar (County and Contractors Using Avatar as Their EHR): Please ensure that all staff are indicating a "Direct Service Time" when completing progress notes. This time will auto populate to the field to the right that should NOT be altered.

24-03 (B) UPDATES TO 274 AND MONTHLY MHP STAFF TRACKING PROCESSES (COUNTY & CONTRACTOR)

In March QA will begin a staggered approach of combining the monthly 274 process with the monthly MHP Staff Tracking process. This is to reduce the number of requests sent to programs each month and to streamline information collection at all levels. QA will start this process with 3-4 County programs in efforts to learn if there are any changes or improvements needed before continuing to gradually roll out the new process to the entire system.

Once a program reaches the point of having these processes combined, there will be detailed instructions sent out with the collection request. Below are some of the main items to be aware of:

- Data for 274 remains priority to get submitted in a timely manner as this is required to be submitted to the State monthly
- All information (e.g. 274, training, transfer/separation) for all staff will be requested using one Excel tool
- Necessary Information for all staff not included on the 274 (e.g. Admin, QA, non-clinical) will be collected on a separate tab within the spreadsheet

24-03 (C) REQUIREMENTS REGARDING COMMUNICATIONS WITH INDIVIDUALS WITH DISABILITIES (COUNTY & CONTRACTOR)

This is a reminder that all County and Contractor programs must comply with all the federal and state requirements regarding communications with individuals with disabilities. Programs are required to provide appropriate auxiliary aids and services to individuals with impaired sensory, manual, or speaking skills. This includes the provision of qualified interpreters (including for ASL), free of charge and in a timely manner, and information in alternative formats. All programs must provide interpretive services and make member information available in the following alternative formats: Braille, audio format, large print, and accessible electronic format, as well as other auxiliary aids and services that may be appropriate. For additional information and guidance, please read DHCS [BHIN 24-007](#).

Solano County contracts with Language Link to provide interpreter services. Training on how to use Language Link, including steps to take in order to access the services, is available on [Vimeo](#).

AVATAR UPDATES

24-03 (D) NEW CALENDAR CODES IN AVATAR (COUNTY ONLY)

Issues were identified early on in Payment Reform with attempting to use the new service codes to schedule appointments on the *Avatar Scheduling Calendar*. New non-billable codes to specifically be used for Avatar scheduling calendar are now live in Avatar. The new codes begin with "CAL" and have the service description in the full name (e.g. CAL001 – Calendar Assessment, CAL004 – Calendar Med Eval). Provider of the Day has the code of POD. Please start using these codes on the *Avatar Scheduling Calendar* to avoid any issues with codes that have a max unit attached.

24-03 (E) UPDATED AVATAR PROGRESS NOTE REPORT (COUNTY & CONTRACTORS USING AVATAR AS THEIR EHR)

Report 146 Progress Notes has been updated to display direct service time, add-on time, as well as total duration (direct service time + add-on time).

We look forward to continuing to partner on implementing this and future state and federally mandated initiatives that help to inform and protect the rights of those we serve.

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