



SOLANO COUNTY QUALITY IMPROVEMENT

QI INFORMATION NOTICE 22-02

FEBRUARY 1, 2022

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

GENERAL UPDATES

22-02(A) UPDATED VACCINATION REQUIREMENTS FOR BEHAVIORAL HEALTH FACILITIES (COUNTY & CONTRACTOR):

REMINDER: The State Department of Public Health order dated 12/22/21 & updated on 1/25/22 requires all staff working in Health Care Facilities (including behavioral health clinics) to have the vaccine booster dose (if eligible) by March 1, 2022 and be tested twice weekly in the interim if they are not boosted. Documentation of compliance must be made available to CDPH. For more information read the [full order here](#).

22-02(B) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR):

MEDICAL NECESSITY UPDATES:

[DHCS BHIN 21-073](#) outlines updates to Medical Necessity criteria to be implemented as part of CalAIM as of January 1, 2022. Some overarching themes include: changes to diagnosis requirements, different criteria for clients under 21 in contrast to clients 21 and over, and new qualifying situations for youth.

QI provided a training on these changes (County staff: 1/20/22 & CBOs:1/26/22); the recording can be located on [Vimeo](#) and the presentation can be located in [the Process Manual on SharePoint](#) for County staff and on [the Network of Care](#) for Contractor staff.

DOCUMENTATION RE-DESIGN

DHCS has provided a DRAFT BHIN for Counties to review regarding changes to documentation to become effective in July 2022. This DRAFT IN proposes changes to assessment requirements, a shift from a Client Service Plan to a "Problem List", and modifications to current progress note requirements. QI will be reviewing internal naming conventions that are peer and recovery focused before rolling out to the MHP.

QI will provide guidance when these changes are officially rolled out and programs are to start implementation. Many of these changes could impact clinical forms in electronic health records, which will take some time to address. Workarounds will be provided in the interim. Please wait until word from QI before making changes to forms within your program.

22-02(C) NEW DOCUMENTATION GUIDELINES FROM DHCS (COUNTY & CONTRACTOR)

DHCS has published the new Annual Review Protocol and Reasons for Recoupment for Specialty Mental Health Services (SMHS). These new guidelines are more in line with the transition to CalAIM and have prompted changes to documentation requirements. Reasons for recoupment are focusing on fraud waste and abuse including billing for services that do not meet SMHS criteria, duplicative services, and overbilling. Ultimately, this means less restrictive documentation standards with a focus on clinical quality and content. Here are new or changed requirements:

- Intervention frequency and duration are no longer required for Client Service Plan interventions but continue to include this if it is part of the form you are using
- NPI Numbers are no longer required with signatures on the Assessments, Client Service Plans, Progress Notes, or Medication Consents. For EHR forms, do not remove this if it is built into your form as there will be more documentation changes in upcoming months. For forms with wet signatures, you do not need to include the NPI, but it is OK if you do.
- Documentation of services provided to one beneficiary by two or more persons not only at the same time, but also if provided *on the same day*, must include clear documentation of each person's involvement in the context of the mental health needs of the beneficiary

- For the Assessment, the following items are no longer “required”:
 - Relevant family history
 - Name and address of current source of medical treatment; duration of medical treatment history
 - Documentation of presence of allergies or adverse reactions to medications


A complete Title 9 Assessment still includes, but is not limited to, relevant clinical, medical, psychosocial, trauma information. Other pertinent histories should always be included in a thorough assessment

If you have further questions, please reach out to your program's QI Liaison, or contact us at QualityImprovement@SolanoCounty.com

22-02(D) NEW LINK FOR SUBMITTING ELECTRONIC SERIOUS INCIDENT REPORTS (SIR) (COUNTY & CONTRACTOR)

A verbal report of a serious incident should be made to QI/Administration within 4 hours of becoming aware of the incident. In the event of a client death or other significant incident, QI Manager and either a Mental Health Administrator or the Behavioral Health Director must be notified immediately. An electronic SIR must be completed online within 24 hours. Recently, the link to access the online site to file these reports has been updated to <https://solanocounty.cqs.symplr.com/Portal>. Please save this link and use for all SIRs moving forward.

The SIR Quick Reference Guide, which provides information on when an electronic SIR may be warranted and how to do so, has been updated and posted online.

- ◆ County Staff can find the updated  [SIR Quick Reference Guide on SharePoint](#).
- ❖ Contractor Staff can find the updated [SIR Quick Reference Guide on the Network of Care](#).

AVATAR UPDATES

No Avatar Updates this month

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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