



## SOLANO COUNTY QUALITY ASSURANCE QA INFORMATION NOTICE 22-09

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

### GENERAL UPDATES

#### **NEW: SOLANO BH IS LAUNCHING ITS FIRST COMMUNITY NEWSLETTER!**

In an effort to improve community engagement and share information about what we do and what's happening in behavioral health across the county and state, Solano BH will be sending out emails regularly such as quarterly newsletters or training/event updates. Please take a minute to add your contact info so we can begin to connect with you about our mental health and substance use system of care. [Subscribe here!](#)

#### **22-09 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)**

##### **SOLANO BHP SPECIFIC CalAIM UPDATES**

Thank you to all staff who have participated in CalAIM trainings and implementing associated updates!

Thank you also to Contractor teams for working closely with QA to stay up to date on your program's progress! The Excel tracking sheets should now be thoroughly completed and submitted to assigned QA Liaisons. Please ensure that new forms and policies are actively being implemented and fully used by staff by September 30, 2022. Please continue to communicate with QA if any support is needed as QA greatly values your collaboration!

Below are updates and clarifications regarding CalAIM. As Solano BHP learns more through the implementation process, we will provide updates to the system. Please read carefully and reach out to your QA Liaison with any questions or feedback.

**Care Plans for Existing Clients** – Care Plans are currently being completed for new clients, when appropriate, based on service provision. Solano BHP also needs to ensure that all existing clients who need a Care Plan have one in place in the near future to meet CalAIM documentation requirements.

For existing clients that need a Care Plan, please work to complete one at the next available opportunity (e.g. the next TCM provided, the next time you have the client/authorized person available to collaborate on the Care Plan). Please ensure that a Care Plan is put in place by November 1, 2022.

Tracking mechanisms for all forms are in development. The current recommendation is to continue to track required documents using the cycle to ensure frequency requirements are met. This initial Care Plan for existing clients may not be on the cycle, but it will get everything in compliance and then can be reviewed/updated at the cycle date.

**Billing Targeted Case Management Without a Care Plan\*** – This is allowable **only** when clinically warranted TCM is provided once/not an ongoing service. For example, a crisis program provides a TCM service to coordinate with necessary resource or an assessing only program makes a referral to a treating program to take the case. If TCM is provided more than once, a Care Plan should be completed.

\*This guidance is meant for cases moving forward. Existing cases have a grace period, as described above, to get Care Plans in place.

**For Programs That Need Both a Care Plan and a Treatment Plan (FSPs and STRTPs)** – TCM and Peer Support must be included on a Care Plan. At this time, IHBS, TBS, and ICC can be included **only** on the Treatment Plan – these services would **not** need to be included on both the Care Plan **and** Treatment Plan. DHCS may provide further guidance on this in the future.

This does not change the requirement for programs that do not require a Treatment Plan (i.e. non-FSP and non-STRTP) to include IHBS, TBS, and ICC on a Care Plan.

**“Location of Provider” Requirement in the Progress Note (Contractor Only)** – If a Contractor program does not accept Medicare, the “Location of Provider” option does not need to be included on the progress note. The “Service Location” option, as well as “Location of Client”, are required on progress notes for all programs.

CalAIM resources, including training materials and recordings can be found here:

- ◆ Resources for County Staff: [Behavioral Health - CalAIM Resources - All Documents \(sharepoint.com\)](#)
- ❖ Resources for Contractor Staff: [Mental Health Contract Agencies Solano County \(networkofcare.org\)](#)

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## **22-09 (B) EXPIRED DIAGNOSIS CODES AND CORRECTIONS MOVING FORWARD (COUNTY & CONTRACTOR)**

Periodically each year, certain behavioral health diagnosis codes are expired and replaced with a new F code, Z code, etc. at the federal level. If these expired diagnosis codes are identified in Avatar on the “Diagnosis Form” for a client, claims are blocked until the diagnosis is updated to reflect the new code assigned.

Staff assigning diagnoses should be consistently referring to the “Frequently Used Outpatient Diagnosis List” to ensure that only active diagnosis options are being entered into Avatar.

- ◆ For County Staff the list can be found on [SharePoint](#)
- ❖ For Contractor Staff the list can be found under [CalAIM Resources on the Network of Care](#)

Historically, corrections to expired diagnoses have been made by QA. Over the past months, QA has been developing resource materials to support clinics and staff making corrections as needed for all cases moving forward. QA Liaisons will be reaching out to programs in the next few months to provide guidance on this upcoming process.

**PLEASE NOTE - Code F32.9 is Expired:** The F code F32.9 (Major Depressive Disorder, Single Episode, Unspecified) expired October 1, 2021. Effective immediately this ICD-10 code should no longer be used. Instead, [please use the new assigned ICD-10 code for this diagnosis, F32.A](#) (Depression, Unspecified).

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## **22-09 (D) NEW QUALITY ASSURANCE EMAIL (COUNTY & CONTRACTOR)**

As per QA IN 22-07, the Quality Improvement unit shifted titles from Quality Improvement to Quality Assurance. As of August 25, 2022, the unit's email address has been updated to reflect this change. The new general contact email is [QualityAssurance@SolanoCounty.com](mailto:QualityAssurance@SolanoCounty.com). Please use this email address moving forward.

## **AVATAR UPDATES**

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### **22-09 (E) NEW CLINICAL AVATAR FORMS (COUNTY & CONTRACTORS USING AVATAR ONLY):**

**INDIVIDUAL PROGRESS NOTE CALAIM22** – This progress note was rolled out as of August 5, 2022. It was created to meet CalAIM requirements, including an embedded Care Plan, and to work towards increased efficiency for staff.

**YOUTH ASSESSMENT CALAIM22** – The new Youth Assessment CalAIM22 form in Avatar has been designed to be as lean and time efficient as possible, utilizing the seven CalAIM assessment domains and utilizing multiple time saving techniques to minimize time/effort needed for documentation. This form and the associated report should be ready to roll out in August or September? 2022.

UPDATE TO GROUP PROGRESS NOTE - Full CalAIM updates to the Group Progress Note form in Avatar are not yet completed. Until all updates are made, to help providers meet the clinical CalAIM requirements, a template will be added to the narrative box in the "Individual Group Note" section of the form – this should be available in Avatar LIVE in the near future. Following the direction above the text box to write a narrative using these new prompts will guide staff in meeting CalAIM progress note requirements.

Staff can right click in that narrative box and there will be a "System Template" entitled "Individual Participation" that will provide prompts with guidance on the content of the progress note.

- When selected, there will be a pop-up stating that the current information can be replaced or appended. If the provider has already created a "Group Theme" that autogenerated into this section, select "Append" to add this new template underneath the theme. If "Replace" is selected, the group theme will be deleted.

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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.

Approved by Rob George, LCSW  
MH Services Manager, Sr., Quality Assurance, Access/Managed Care, Avatar Planning

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**CONTACT QA:**

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