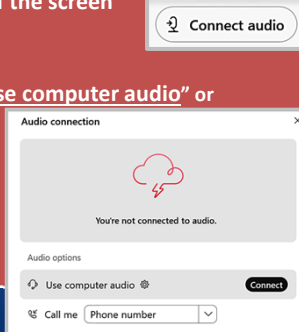


CalAIM Documentation Requirements Updates

Welcome! There is no sound. We will start soon.

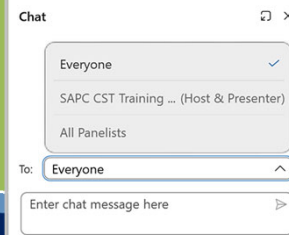
Audio Connection

- Click on **“Connect audio”** on the bottom of the screen
- Select **“Use computer audio”** or **“Call me”**



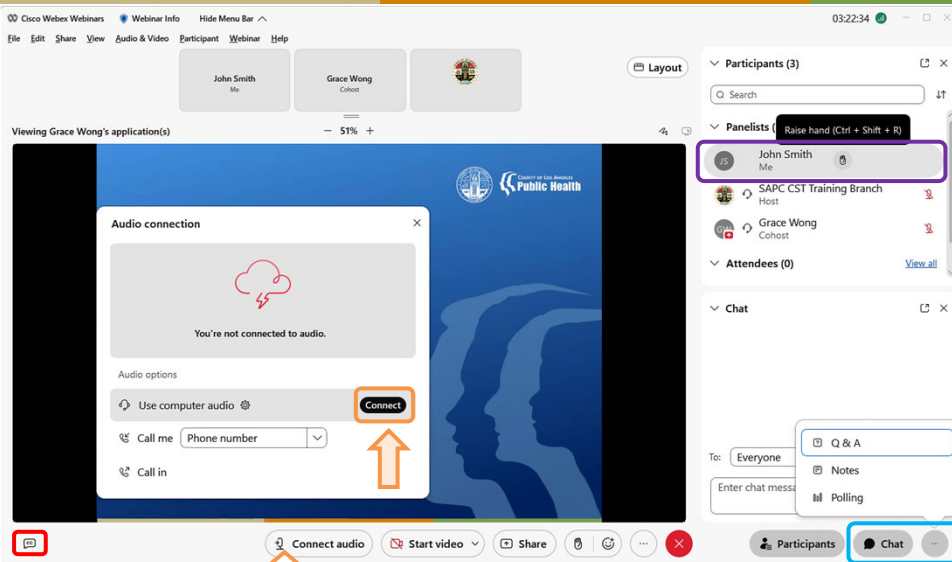
Questions?

- Type your question in the Chat box.
- If you experience internet disconnection, notify us at sapc.cst@ph.lacounty.gov



1

We Have Started – There is Sound



“Connect audio” → Click “Connect” next to “Use computer audio” or “Call me”

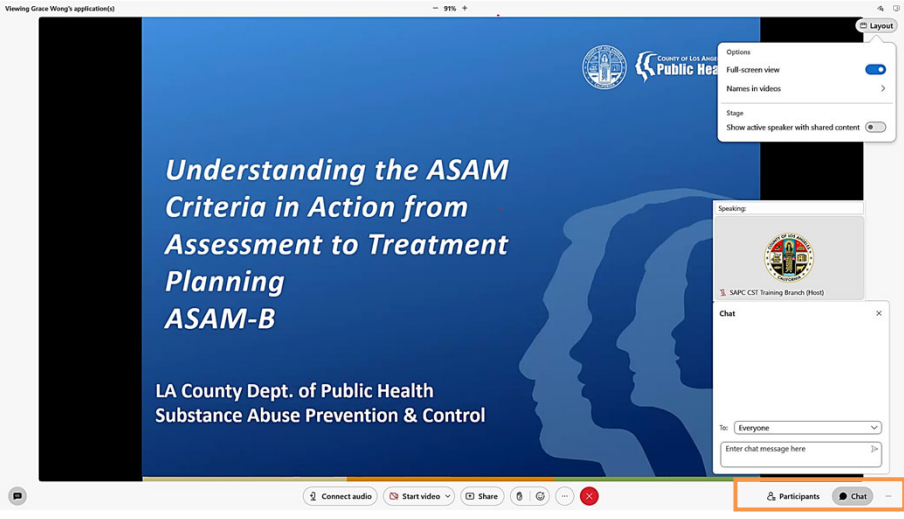
Your name is listed under Panelists

2

2

2

Accessing Full Screen Mode



1. Click on Layout
2. Select Full-screen view
3. To exit Full Screen, click on Layout then Full-screen view

Click on **Chat** and **Participants** to open panels














3





3

Navigating WebEx

Feedback

Send reaction

Unmute





Chat

Chat

Everyone

SAPC CST Training ... (Host & Presenter)

All Panelists

To: Everyone

Enter chat message here

Q & A

Q & A

All (0)

Ask: All Panelists


Select a panelist in the Ask menu first and then type your question here. There's a 512-character limit.

Raise hand to ask a question.

4


4

For Smartphones

Layout

CalAIM Documentation Requirements Updates 2.16.23 8/5



AUDIO AND VIDEO

- Change Audio Connection >
- Audio-Only Mode >
- Webex Smart Audio On >

OPTIONS


- Chat with Everyone >
- Q&A >
- Polling ● >
- Closed Captions >

SETTINGS

- Settings >



Switch to
different
views



Layout

CalAIM Documentation Requirements Updates 2.16.23 8/5

Everyone v

Send to

- Everyone
- All Panelists

Enter your message

Layout

CalAIM Documentation Requirements Updates 2.16.23 8/5

Participants (2)

Q Search



Panelists (1)

- SAPC CST Training Presentation
Host

Attendees (1)

- Jessica Roberts
Me

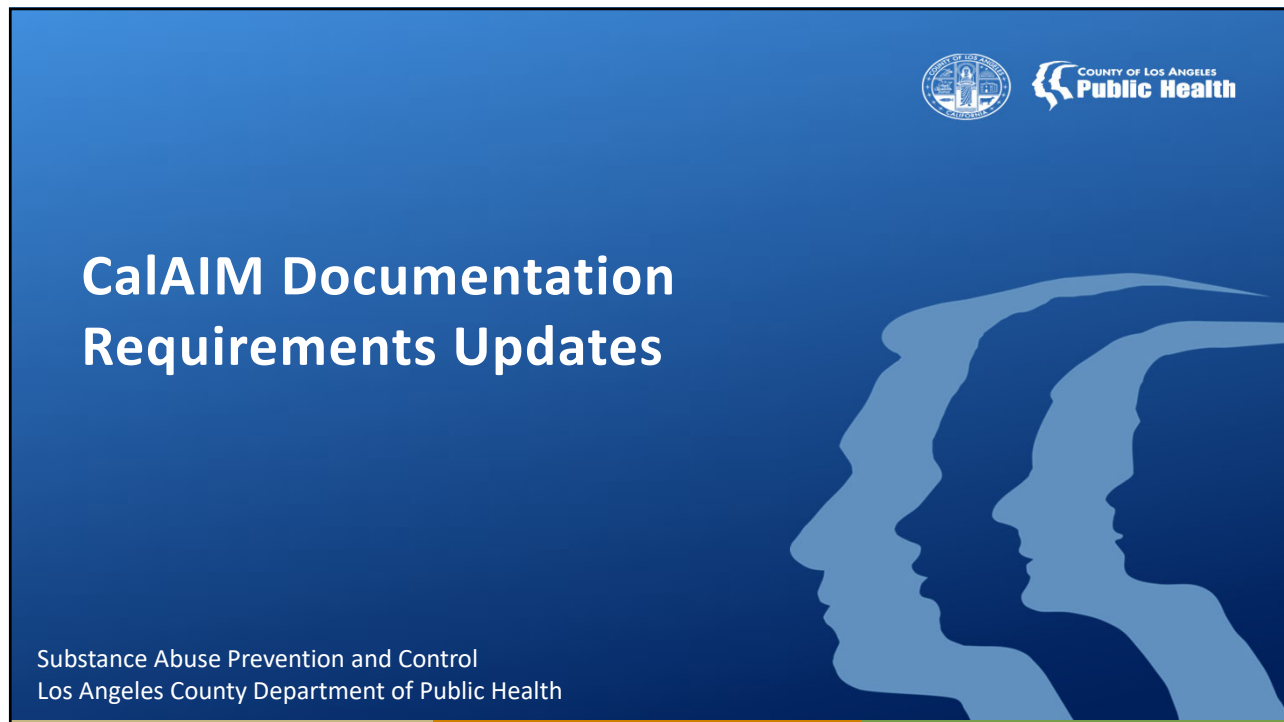
5






Logistics of
This Training

- One Break**
- First Q&A section mid training**
Second Q&A section towards the end
- PowerPoint slides will be distributed via email by the end of today.**
- CE certificates will be emailed to you in 4 weeks after completing Evaluation and Post Test.**
- If you get disconnected from the training, please email us at sapc.cst@ph.lacounty.gov immediately.**
- There is no commercial support.**


6



CalAIM Documentation Requirements Updates



Substance Abuse Prevention and Control
 Los Angeles County Department of Public Health



7

Learning Objectives	
Identify	Five (5) required components of the Problem List based on the latest California Department of Health Care Services (DHCS) and Los Angeles County Substance Abuse Prevention and Control (SAPC) requirements.
Integrate	The five (5) required components of the Problem List to existing Sage (SAPC electronic health record system) workflow.
Assess	Three (3) treatment scenarios and determine the need of creating, reviewing, and/or updating a Problem List.


8

CalAIM Clinical Documentation Reform

- California Advancing and Innovating Medi-Cal ([CalAIM](#)) is a Department of Health Care Services (DHCS) initiative rolled out in phases to help transform and strengthen Medi-Cal by offering Californians a more equitable, coordinated and person-centered approach to maximizing their health and life trajectory.
- 7/1/2022 Behavioral Health Information Notice ([BHIN](#)) [22-019](#) went into effect and describes the various documentation requirements for Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC).
 - This training will predominantly focus on the Problem List which is a new concept to SAPC.

https://www.dhcs.ca.gov/CalAIM/BHIN_22-019



9

Other CalAIM Policies Reminders

SUD Treatment for Patients with Co-occurring Mental Health Condition¹ ([BHIN22-011](#))

- Drug Medi-Cal (DMC) providers should deliver clinically appropriate and covered DMC services whether the Medi-Cal beneficiary has a co-occurring mental health condition or not. Providers should coordinate with other agencies to ensure all physical health and mental health needs are met.

Treatment During Assessment Period² ([BHIN 21-019](#))

- Whether or not a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis for substance-related and addictive disorders is established for patients, DMC providers will be reimbursed for medically necessary DMC services within non-residential treatment settings
 - Up to 30 days upon first contact with patients who are 21 years old or above
 - Up to 60 days upon first contact with patients who are under 21 years old or experiencing homelessness (when providers document homeless status)

1. BHIN 22-011. <https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf>
2. BHIN 21-019. <https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf>

10

Other CalAIM Policies Reminders (Updated)



DMC Residential Assessment Timeline¹ (BHIN23-068)

- **Effective 1/1/2024:** Drug Medi-Cal (DMC) Providers of **Residential Treatment Services**, except Residential Withdrawal Management Services, shall conduct a multidimensional LOC assessment for each patient within **72 hours of admission**.
 - ✓ Complete ASAM CO-Triage for patients ages 21 and above
 - ✓ Complete ASAM Screener for Youth and Young Adults for patients ages 0-20
- The timeframe for completing full ASAM assessment for residential services remains the same


1.BHIN 23-068. <https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf>

11

11

Problem List



12

12



What is the Problem List? (Updated)

“The problem list may include symptoms, conditions, diagnoses, social drivers, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.”


[BHIN 23-068](#)
13

13

Problem List/Treatment Plan Form in PCNX (Updated)

Breaking News from Sage Communication Release 2/16/2024:
 Effective 02/19/2024, Certified Medi-Cal Peer Support Specialists (CMPSS) gained access to edit a patient’s Problem List/Treatment Plan form in Sage; however, it is still required to be finalized by an (LE)LPHA. CMPSSs are still required to document a Plan of Care for peer related services on a Progress Note. Documenting problems on the Problem List/Treatment Plan form is not a substitute for a Plan of Care.



- The Problem List/Treatment Plan form in Sage-ProviderConnect NX (PCNX) incorporates the required Problem List and non-mandatory treatment plan sections. This form is used by **Primary Sage Users only**.
- Problem List/Treatment Plan Form
 1. **General Information - Required**
 2. **Problem List - Required**
 3. Treatment Plan Problem(s) – Optional and may be used to meet accreditation requirements
 4. Types of Services Provided – Optional and may be used to meet accreditation requirements
 5. Health Care Team – New section and optional
 6. Patient Signature – New section and optional
 7. **Form Status - Required**

Gettyimages 1264890355.jpg
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Problem List/Treatment Plan Form



COUNTY OF LOS ANGELES
Public Health

Primary Sage Users

- Use the Problem List/Treatment Plan Form to address Problem List requirements.

Secondary Sage Users

- Submit either of the following forms to SAPC.QI.UM@PH.LACOUNTY.GOV for approval from the SAPC Associate Medical Director for Treatment Services:
 - 1.The agency's Problem List Form OR
 - 2.The agency's approved Treatment Plan with updates to meet Problem List requirements.
- If there are EHR configuration issues preventing the incorporation of Problem List components, secondary providers may use SAPC's published Problem List used for downtime procedures as an interim solution.

Downtime Procedures Form

- A [Problem List Main](#) and a [Problem List Addendum](#) have been added to the [Clinical Forms and Documents](#) section of the SAPC website for usage during Sage downtimes.

*If your agency needs to continue completing care plans, such as for accreditation purposes, there is no prohibition to continue using care plans so long as the Problem Lists components are incorporated as outlined by DHCS.

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15



COUNTY OF LOS ANGELES
Public Health

Who Must Complete the Problem List?

Excluding OTPs,

all treatment providers are required to meet Problem List requirements

Providers may continue using existing care plans (treatment plans) but must add Problem List components.

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Problem List Requirements (Updated)



COUNTY OF LOS ANGELES
Public Health



1. **Date Added:** the date the problem was added to the Problem List
2. **Problem:** May be listed as a diagnosis, illness, social drivers (determinants) of health, z-code, and/or description of an issue.
 - Problems may be identified by practitioners, patient, and/or support person
 - **Effective 1/1/2024: Include diagnosis-specific specifiers from the current Diagnostic and Statistical Manual of Mental Health with diagnoses when applicable**
3. **Effective 1/1/2024: Include ICD-10 CM codes**
4. **Practitioner** adding the Problem
5. **Credential** of the practitioner (ex. RADT I, CADC II, ACSW, MD)
6. **Title** of the practitioner (Registered SUD Counselor, Case Manager, Licensed Psychologist)
7. **Date Removed:** the date the problem was identified for removal (if applicable)
8. Practitioner name, credential, and title removing the problem (if applicable)
9. Finalization by a Licensed Practitioner of Healing Arts (LPHA) or License Eligible (LE) LPHA.

BHIN 22-013
BHIN 23-068
SAPC Provider Manual 8.0 pp. 193-194

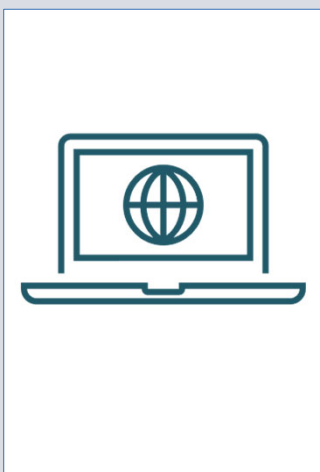
17

17

Problem List Diagnosis (Updated)



COUNTY OF LOS ANGELES
Public Health



- Diagnoses under the International Statistical Classification of Diseases and Related Health Problems 10th revision (ICD-10) Code on the Problem List are restricted by *scope of practice**.
- SUD Counselors and Certified **Medi-Cal Peer Support Specialists (CMPSS)** can document a diagnosis made by a (LE) LPHA
 - They **must** include the (1) diagnosing (LE) LPHA's name, title, and credential; and (2) date diagnosis was identified, added, or removed next to the diagnosis listed on the Problem List
- Non-LPHAs, **including CMPSS**, may enter specific ICD-10 Z-codes as a problem on the Problem List that relate to Social Determinants of Health (SDOH).
 - SDOH are the conditions in the places where people live, learn, work, and play that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
 - Registered Nurses are classified as LPHAs however not allowed to diagnose per [CA Department of Health Care Services \(DHCS\)](#)

BHIN 22-013
<https://www.cdph.ca.gov/socialdeterminants/index.htm>

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Social Drivers of Health (SDOH) and other Z codes (Updated)



COUNTY OF LOS ANGELES
Public Health

SDOH Key Areas	SDOH Example Codes ^{1, 2}
Health care access and quality	<ul style="list-style-type: none"> Z55.0 Illiteracy and low-level literacy No medical insurance No primary care physician <p>Effective 1/1/2024, include the associated ICD CM codes when applicable.</p>
Neighborhood and built environment	<ul style="list-style-type: none"> Z59.02 Unsheltered homelessness Z59.811 Housing instability, housed, with risk of homelessness
Social and community context	<ul style="list-style-type: none"> Z60.2 Problems related to living alone Z63.0 Problems in relationship with spouse/partner Z63.72 Alcoholism and drug addiction in family
Economic stability	<ul style="list-style-type: none"> Z58.6 Inadequate drinking-water supply Z59.41 Food insecurity Z59.6 Low income
Education access and quality	<ul style="list-style-type: none"> Z55.2 Failed school examinations Z55.3 Underachievement in school

1. CalMHSA (2022). *Clinical documentation manual*. pp. 17-18.

2. American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders, fifth edition, text revision*.

3. DHCS (2021). All Plan Letter 21-009. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL21-009.pdf>

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19

Poll Question

When can you start constructing a Problem List?

- First encounter with the patient.
- Upon completion of the ASAM CO-Triage.
- Upon completion of the ASAM CONTINUUM.
- One month into treatment.

20

20

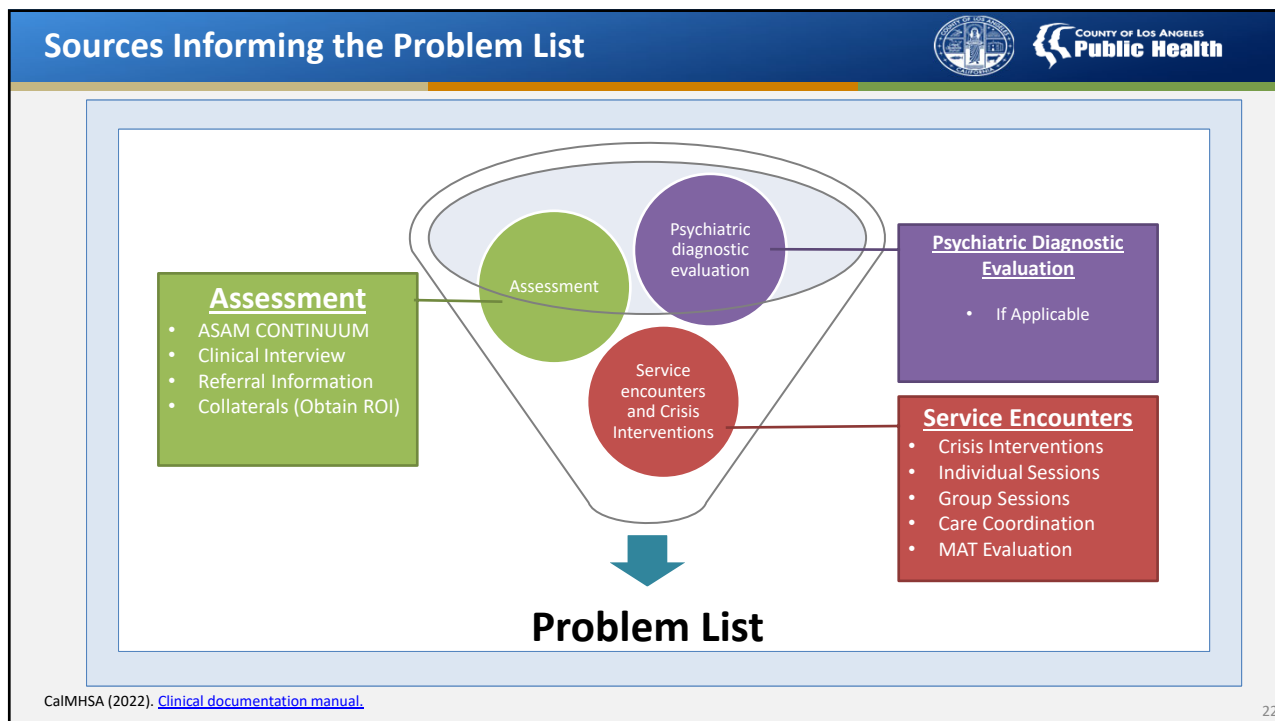
Problem List Frequency (Updated)		
Problem List Activity	Level of Care (LOC)	Minimum Requirement
Initial Problem List (LPHA Signature Required)	All Withdrawal Management LOCs	Must be completed and signed by LPHA within the treatment episode.
	Outpatient (OP)/Intensive Outpatient (IOP)	Must be completed within 30 calendar days of first service or intake appointment for adults (21+) and within 60 calendar days for youth (age 17 and under), young adults (ages 18-20) and adults (21+) experiencing homelessness*, including signature by LPHA. *documentation of homelessness status must be indicated in a Miscellaneous Note
	Residential	Must be completed upon intake within 7 calendar days of first intake appointment for adults (18+) and 14 calendar days for youth (age 17 and under), including signature by LPHA.
Problem List Review	OP/IOP	Every 30 calendar days, at minimum
	Residential	Every 15 calendar days, at minimum
Problem List Update* (LPHA Signature Required)	OP/IOP	Every 90 calendar days, at minimum- Including LPHA's signature
	Residential	Every 30 calendar days, at minimum- Including LPHA's signature

***The Problem List should be updated on an ongoing basis to reflect the patient's current needs and presentation.**

- All new admissions as of 7/1/2022 require a Problem List.
- Existing patients with finalized plans prior to 7/1/2022 require a Problem List when requesting a re-authorization.

SAPC Provider Manual 8.0 pp. 192-193 21

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Operationalizing the Problem List/Treatment Plan Form in Sage

23

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Pulling Up the Problem List/Treatment Plan Form in PCNX

Method 1:

- Enter **“Problem List/Treatment Plan”** in PCNX search bar
- Enter patient’s name on the next prompt and select the correct Episode
- Click **“Add”**

Method 2:

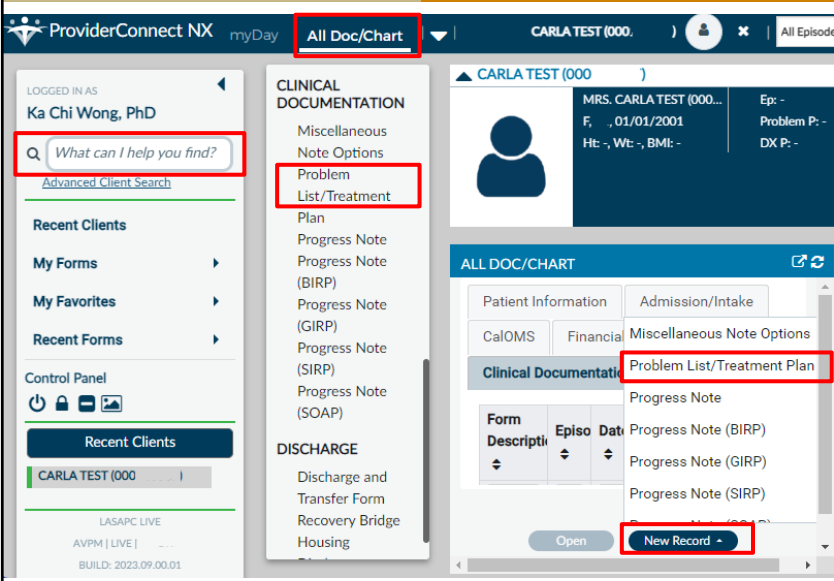
- Search patient’s name and go to **“All Docs/Chart”**
- Enter **“Problem List/Treatment Plan”** in search bar
- Select **“Problem List/Treatment Plan”** form
- Select the correct Episode
- Click **“Add”**

Note: This is a test patient chart. No PHI contained.

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24

Pulling Up the Problem List/Treatment Plan Form in PCNX (con't)



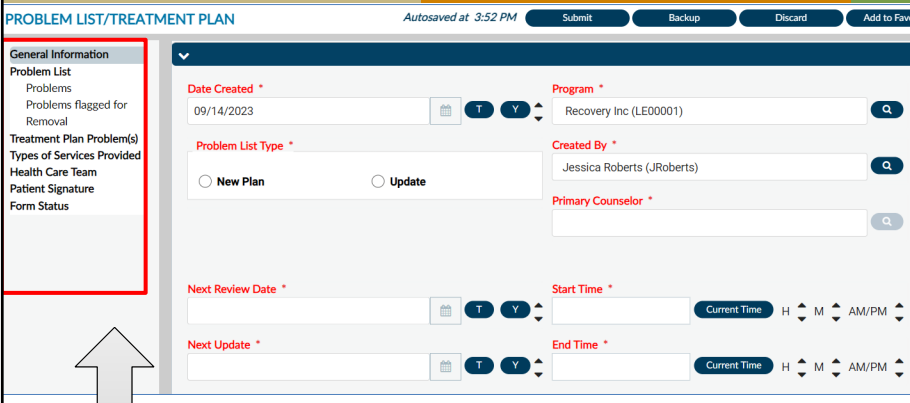
Method 3:

- a) Go to “All Docs/Chart” view
- b) Enter patient’s name in search bar to look up patient
- c) Select “Problem List/Treatment Plan” form
- d) Select “New Record”
- e) Select “Problem List/Treatment Plan”

Note: This is a test patient chart. No PHI contained.

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Problem List/Treatment Plan Form- General Information



General Information:

- All the items in this section are **required** for the form to be submitted.

Date Created:

- The date the form was created

Program:

- Select the program site where the patient is receiving services (not just the name of the agency)

Created By:

- The name of the person creating the form

Navigation Panel showing different sections of the form. Click the titles to access specific sections.

26

General Information (con't)

General Information (con't):

- All the items in this section are **required** for the form to be submitted.

General Information

Problem List

Problems

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

▼ Problems

Was physical exam completed within the last 12 months? *

Yes No

Date Physical Exam Completed

T Y

Date of Scheduled Physical Exam Appointment

T Y

If patient's preferred language is not English, were linguistically appropriate services provided in patient's preferred language? *

Yes No N/A

Please Explain

Referred for Medication-Assisted Treatment (MAT)? *

Yes No

State Reason(s) for MAT Referral / Non-Referral *

27

Problem List

General Information

Problem List

Problems

Problems flagged for Removal

▼ Problems

Problem List (At least 1 problem must be added to this section for the Problem List to be valid) *

Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title

Add New Item

Edit Selected Item

Delete Selected Item

1. "Problem List"

2. "Add New Item"

Problem List (At least 1 problem must be added to this section for the Problem List to be valid) *

Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title

Add New Item

Edit Selected Item

Delete Selected Item

3. A blank line (highlighted in blue) will populate

28

14

Problem List (con't)



General Information

Problem List

Problems
Problems flagged for Removal
Treatment Plan Problem(s)
Types of Services Provided
Health Care Team
Patient Signature
Form Status

Date Problem Added *

Problem Description *

Date Problem Added (required):

- Enter the date of problem being added to the problem list

Problem Description (required):

- Problems can be listed as diagnosis, an illness, a social determinant of health, z-code, or a simple description of the problem
- Must be **at least one substance use related problem**
- If a problem is listed as a diagnosis and diagnosing is outside the scope of practice for the person creating the form, then the name and credential of the person who provided the diagnosis must be included along with the date the diagnosis was made
- If a problem is identified by a support person in the patient's life include "as identified by _____ (parent, therapist, etc.)"

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29

Problem List (con't; updated)



Status *

Identified By *

Practitioner *

Practitioner's Title *

Status (required):

- Active:** problem that is currently being addressed
- Inactive:** known problem but not currently the focus of treatment
- Resolved:** problem is no longer an issue for the patient

Identified By (required):

- Patient:** (i.e., "As reported by the patient")
- Staff:** staff that have identified for example a diagnosis or z-code
- Support Person:** when a problem has been identified by a support person (e.g., family member, probation officer, outside therapist)

Practitioner (required):

- The name of the practitioner adding the problem

Practitioner's Title (required):

- Select the most appropriate title for the practitioner from the drop-down list. This establishes Scope of Practice.
- New field added: "Certified Peer Support Specialist"**
- Do not select "LPHA" or "License Eligible LPHA"** as this does not clearly identify a practitioner's scope of practice.

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Editing a Problem When a Problem is Resolved

General Information

Problem List

Problems

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

▼ Problems

Problem List (At least 1 problem must be added to this section for the Problem List to be valid) *

Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title
09/01/2023	Problems with trans...	Active	Support Person	ORELLANA,ESTHER...	Clinical Psychologi...

Add New Item
Edit Selected Item
Delete Selected Item

1. Select the problem that you need to edit.

2. "Edit Selected Item".
Clicking this will show the details of the selected problem.

Date Problem Added *

09/01/2023 📅 T Y

Problem Description *

Problems with transportation due to driver's license suspension from a DUI as reported by the patient's Probation Officer.

Status *

Resolved x v

Identified By *

Support Person x v

Practitioner *

ORELLANA,ESTHER (002769) 🔍

Practitioner's Title *

Clinical Psychologist (CP) x v

3. Status: Select "Resolved".

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Editing a Problem When a Problem is Resolved

▼ Problems flagged for Removal

Date Problem Removed *

📅 T Y

Removed by Practitioner *

🔍

Removed by Practitioner's Title *

Select x v

4. Enter information under "Problems flagged for Removal":

- The date the problem was resolved
- The name of the practitioner who marked the problem as resolved
- The title of the practitioner who marked the problem as resolved

Everything will be saved automatically.
Changes will be reflected under "Problem List" and can be seen when you scroll up.

▼ Problems

Problem List (At least 1 problem must be added to this section for the Problem List to be valid) *

Status	Identified By	Practitioner	Practitioner's Title	Date Problem Remo...	Removed by Practiti
Resolved	Support Person	ORELLANA,ESTHER...	Clinical Psychologi...	09/14/2023	ORELLANA,ESTHER.



Add New Item
Edit Selected Item
Delete Selected Item

Changes will be reflected under "Problem List" and can be seen when you scroll up.

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Treatment Plan Problem(s)

General Information

Problem List

- Problems
- Problems flagged for Removal
- Treatment Plan Problem(s)
- Types of Services Provided
- Health Care Team
- Patient Signature
- Form Status

Problems *

Number	Treatment Start Date	Problem Statement	Long-Term Goal	ASAM Dimensions	Short Term Goal(s) ...

Add New Item
Edit Selected Item
Delete Selected Item



Treatment Plan Problem(s):

- This section is optional and may be used to meet accreditation requirements
- Click "Add New Item" to begin filling out this section
- It is up to the provider with what, if any, information is entered.

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Treatment Plan Problem(s) (con't)

General Information

Problem List

- Problems
- Problems flagged for Removal
- Treatment Plan Problem(s)
- Types of Services Provided
- Health Care Team
- Patient Signature
- Form Status

Number Treatment Start Date

Select x T Y

Problem Statement 📄

Long-Term Goal 📄

ASAM Dimensions

- 1. Acute intoxication and/or Withdrawal Potential
- 2. Biomedical Conditions and Complications
- 3. Emotional, Behavioral, or Cognitive Conditions/Complications
- 4. Readiness to Change

Short Term Goal(s) (SMART) 📄

Treatment Plan Problem(s):

- This section is optional and may be used to meet accreditation requirements
- It is up to the provider with what, if any, information is entered.

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Treatment Plan Problem(s) (con't)

General Information

Problem List

Problems

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

Action Steps

Target Date

Complete Date

📅 T Y

📅 T Y

Treatment Plan Problem(s):

- This section is optional and may be used to meet accreditation requirements
- It is up to the provider with what, if any, information is entered.

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Types of Services Provided

General Information

Problem List

Problems

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

Type of Services Provided

<input checked="" type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Community Support Group
<input type="checkbox"/> UA/Breathalyzer	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Recovery Support Services
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Peer Support Services	<input type="checkbox"/> Other

(Individual Counseling) How many times per week? *

(Care Coordination) How many times a week?

(UA/Breathalyzer) How many times per week?

(Community Support Group) How many times per week?

(Group Counseling) How many times per week?

Specify Other Services Provided

Types of Services Provided:

- This section is optional.
- It may be used to meet accreditation requirements for Care Plans.
- When items are checked off their corresponding frequency text box will be **conditionally required**.

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Health Care Team

General Information

Problem List

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

Health Care Team *

Provider Name	Provider Agency	Provider Type	Address	Phone Number	E-Mail

Add New Item
Edit Selected Item
Delete Selected Item

Provider Name

Provider Agency

Provider Type

Address

Phone Number E-Mail

Health Care Team:

- This section is optional.
- Great opportunity and helpful resource for collaboration between the providers and other agencies assisting the patient (e.g., therapists and primary care practitioners).
- None of the fields are required so as much or as little information available can be added.

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Patient Signature

General Information

Problem List

Problems flagged for Removal

Treatment Plan Problem(s)

Types of Services Provided

Health Care Team

Patient Signature

Form Status

Patient Signature

Get Signature

Patient Signature Date

Patient Signature Time

Patient Name

Patient Signature:

- This section is optional.
- If providers need to obtain a patient signature, signatures can be captured by using a mouse, track pad, Topaz, or touchscreen devices.
- Then, record patient's **Name, Signature Date, and Signature Time.**

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Form Status

PROBLEM LIST/TREATMENT PLAN
Autosaved at 5:31 PM
Submit
Backup
Discard
Add to Favorites

General Information

Problem List

- Problems
- Problems flagged for Removal
- Treatment Plan Problem(s)
- Types of Services Provided
- Health Care Team
- Patient Signature
- Form Status

Draft Complete - Ready for Finalization

Yes

This Form Is To Be Finalized By LPHA Staff Only

Form Status *

Draft Final

Form Status: This section is **required** for the form to be submitted.

- **For non-LPHAs:**
 1. Under "Draft Complete- Ready for Finalization", check "Yes"
 2. Under "Form Status", select "Draft"
 3. Click "Submit" on top
- **(LE) LPHAs:**
 1. Under "Form Status", select "Final"
 2. Click "Submit" on top
 3. Click "OK" in popup message →

? Selecting "Final" prevents future edits.

OK
Cancel

Gettyimages-618647074.jpg 39

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Additional Functions in Problem List/Treatment Plan Form

PROBLEM LIST/TREATMENT PLAN
Autosaved at 12:05 PM
Submit

General Information

Problem List

- Problems
- Problems flagged for Removal
- Treatment Plan Problem(s)
- Types of Services Provided
- Health Care Team
- Patient Signature
- Form Status

Filing Error

The following fields are missing:

- (Individual Counseling) How many times per week?
- End Time
- Form Status
- Next Review Date
- Next Update
- Problem List Type
- Start Time

OK

Default Feature

The last Problem List/ Treatment Plan form **will be pulled forward automatically** when adding a new Problem List/Treatment Plan form.

Error message will pop up after clicking "Submit" when there are empty required field(s) on the form. Complete all the red flagged sections and fields before clicking "Submit" again.

Gettyimages-1212068167 40

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Case Vignette

Jorge at Intake

- 45-year-old Latino male
- Drinks a fifth of vodka and 6 cans of beer daily for the past 2 years
- Uses cannabis “here and there”
- Endorsed history of seizure when he stopped drinking abruptly
- Reported “liver issues”
- Part-time construction worker
- DCFS open case
- Living at home with his partner and two sons (4 and 6 years old)
- Conflicts with partner and strained relationship with his children

IN THE CHAT INDICATE:

What problem(s) might a SUD counselor add to the Problem List?

What problem(s) might a Social Worker add to the Problem List?

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What’s Wrong with Jorge’s Problem List? (Updated)					
Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title
04/24/2023	Alcohol use disorder, severe	Active	Staff	John Smith	LCSW
01/24/2020	Reported by DCFS social worker: Z63.0 Problems in relationship with spouse or partner	Active	Support Person	Jane Doe	Certified SUD Counselor
04/24/2023	History of seizure	Active	Staff	Jane Doe	Certified SUD Counselor
04/24/2023	F43.10 PTSD	Active	Staff	Jane Doe	Certified SUD Counselor
04/24/2023	Reported by patient: Hypertension	Active	Patient	John Smith	LPHA
04/24/2023	F12.20 Cannabis use disorder, moderate as diagnosed by John Smith, LCSW 04/02/2023	Active	Staff	Jane Doe	Certified SUD Counselor

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What's Wrong with Jorge's Problem List? (Updated)

Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title	Answers
04/24/2023	Alcohol use disorder, severe	Active	Staff	John Smith	LCSW	<ul style="list-style-type: none"> Included at least one substance related problem Need to add F10.20 ICD-10CM code
01/24/2020	Reported by DCFS social worker: Z63.0 Problems in relationship with spouse or partner	Active	Support Person	Jane Doe	Certified SUD Counselor	<ul style="list-style-type: none"> Used language such as "reported by [name/title of the support person:]" This should be the date the problem was added not the date that the problem began to occur
04/24/2023	History of seizure	Active	Staff	Jane Doe	Certified SUD Counselor	<ul style="list-style-type: none"> Out of scope of practice for the practitioner listed. Missing "Reported by patient" If problem is identified by the patient then this would need to reflect that
04/24/2023	F43.10 PTSD	Active	Staff	Jane Doe	Certified SUD Counselor	<ul style="list-style-type: none"> Out of scope - Missing (1) The name, title, and credential of the diagnosing (LE) LPHA, and (2) date of diagnosis was identified, added, or removed information next to the diagnosis.
04/24/2023	Reported by patient: Hypertension	Active	Patient	John Smith	LPHA	<ul style="list-style-type: none"> Used language such as "reported by patient:" Incorrect title chosen. Needs to reflect scope of practice. In this case John Smith is a LCSW.
04/24/2023	F12.20 Cannabis use disorder, moderate as diagnosed by John Smith, LCSW 04/02/2023	Active	Staff	Jane Doe	Certified SUD Counselor	<ul style="list-style-type: none"> SUD Counselors can document a diagnosis that was made by (LE) LPHAs on the Problem List as long as (1) the name, title, and credential of the diagnosing (LE) LPHA, and (2) date of diagnosis was identified

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- [PCNX Clinical Documentation Guide](#)
- [The Problem List/Treatment Plan Form Job Aid for Primary Sage Users](#)
- [CaAIM Documentation Reform Frequently Asked Questions \(FAQ\)](#)

For additional information and resources visit:

<http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm>



CaAIM Documentation Reform

Subject	Description	Date
Problem List/Treatment Plan Form Job Aid for Primary Sage Users	The Treatment Plan form was updated to the Problem List/Treatment Plan form which includes a dedicated Problem List to meet CaAIM requirements. This job aid identifies how to fill out this form.	04/20/23
Problem List/Treatment Plan Form for Primary Sage Users Recorded Demonstration	This recording is a demonstration on how to complete the updated Problem List/Treatment Plan Form.	04/12/23
CaAIM Documentation Reform FAQ <i>(Updated - February 2024)</i>	This is a list of compiled questions and answers regarding DHCS' documentation requirements for the Problem List, Notes, and Assessments which went into effect 7/1/2022.	02/26/24

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Discharge Plans



A Discharge Treatment Plan is no longer required.

- However, **discharge planning is required and is an integral part of treatment.**
 - Discharge Planning: The process of preparing the patient for referral into another level of care, posttreatment returns or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. [SAPC Provider Manual 8.0](#) p. 109

Discharge planning should be clearly documented in progress notes.


Progress Note (Service Type: Discharge Planning/Summary)

Discharge and Transfer form is required.


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Documenting the Problem List Development




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New Patient Problem List Documentation (Updated)



Like documenting the collaborative process of treatment plan development, a note is required documenting how problems for the Problem List were identified.



Practitioners who add, review, or update a Problem List need to document this in a **Progress Note (Service Type: Problem List-Tx Plan Development/Review)**.
 Medical Justification Notes are still required for service authorizations and should be completed separately on another **Progress Note (Service Type: Medical Necessity Justification)**.



Notes should emphasize what the practitioner did and most importantly what the plan and next steps are.

[SAPC Provider Manual 8.0](#) pp. 192-195

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Problem List Development Note Examples	
Bare Minimum	Discussed with patient and created problem list in Sage. Patient reported drinking too much. To assist patient with his treatment needs and address problems.
Better	Patient is a 45-yr-old self-identified Latino male who was admitted to residential withdrawal management for treatment of alcohol use. Counselor met with patient to discuss areas of treatment and develop a Problem List. Patient identified having problems with drinking, an open case with DCFS for which he has pending court appointments, and interpersonal conflicts with his partner. Patient to be monitored over the next 24 hours for delirium tremens, discuss MAT treatment options, and prioritize care coordination needs.
Best	Patient is a 45-yr-old self-identified Latino male who self presented and was admitted to residential withdrawal management due to alcohol use. Patient reported last drinking vodka this morning. Based on patient identified problems as well as review of the ASAM assessment and collateral information, a Problem List was entered into the Problem List/Treatment Plan Form. Patient reported drinking a fifth of vodka and 6 cans of beer daily for the past 2 years, which have contributed to “liver issues” and familial problems with his spouse and children. Patient reported DCFS is threatening to take his kids away if he doesn’t “sober up.” Primary goal for treatment over the next three days is managing withdrawal management symptoms. Patient to begin attending 2 groups a day and meet with a counselor daily to work on identifying coping skills to manage cravings, address triggers, and prevent relapse.

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Case Vignette

Jorge 3 months into treatment

Information at Intake

- 45-year-old Latino male
- Drinks a fifth of vodka and 6 cans of beer daily for the past 2 years
- Uses cannabis “here and there”
- Endorsed history of seizure when he stopped drinking abruptly
- Reported “liver issues”
- Part-time construction worker
- DCFS open case
- Living at home with his partner and two sons (4 and 6 years old)
- Conflicts with partner and strained relationship with his children

New Information (3 months)

- Jorge disclosed that he was kicked out by his partner a week ago and has been staying with a “friend”
- His partner has recently filed a restraining order against him

IN THE CHAT INDICATE:
Does Jorge’s treatment team need to take any actions in response to the new information? If yes, what are these actions?

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Problem List Update Note Examples	
Bare Minimum	Updated Problem List. Patient lost housing. Refer to Care Coordinator for housing.
Better	Patient reported getting “kicked out” by his partner who filed a restraining order against him. Updated the Problem List to reflect housing problems. Patient was initially reluctant to meet with a Care Coordinator to discuss housing options as his partner will “drop it,” but agreed to meet with them. “She just gets mad sometimes. She’ll get over it.” Consult with Care Coordinator regarding housing needs.
Best	Patient reported last week he was “kicked out” by his partner who filed a restraining order against him. Added z59.01 Sheltered Homelessness to the Problem List. Reviewed “Problems in relationship with spouse or partner” given the restraining order to discuss how the treatment team could assist recovery by addressing these SDOH needs. Reviewed other items on Problem List and no additional updates were made. Patient was initially reluctant to meet with a Care Coordinator to discuss housing options as his partner will “drop it,” but agreed to meet with them. “She just gets mad sometimes. She’ll get over it.” Patient indicated he didn’t need support with the restraining order as he already has a lawyer from a previous issue he could go to. Consult with Care Coordinator regarding housing needs. Due to increased stressors, which patient has previously identified as triggers for using alcohol, increase contact to 3x a week. Sessions will focus on stress management strategies to help maintain sobriety.

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Case Vignette

Jorge 8 months into treatment

Information at 3 months

- Jorge disclosed that he was kicked out by his partner a week ago and has been staying with a “friend”
- His partner has recently filed a restraining order against him

NEW Information at 8 months

- Jorge has stopped drinking alcohol for 3 months
- He just got a full-time job last week
- Jorge was residing in Recovery Bridge Housing (RBH). He transitioned to an apartment with a roommate yesterday


IN THE CHAT INDICATE:

Does Jorge’s treatment team need to take any actions in response to the new information? If yes, what are these actions?

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CaAIM Policy Reminders (Updated, Effective 1/1/2024)



Note Timelines

- Progress Notes
- Miscellaneous Notes
- Group Notes
- Daily Residential Notes

Complete Notes within 3 business days*

-Includes required co-signature if applicable

↓

Complete Crisis Service notes within one (1) calendar day.

*Business days are defined as non-weekend and non-holiday ([County of Los Angeles designated holidays](#)) days regardless of whether the SAPC provider is contracted to operate during weekends and holidays.

***Effective 1/1/2024, date of service counts as Day 0.**

1. BHIN23-068
2. SAPC Provider Manual 8.0 p. 196
3. SAPC Information Notice 22-19

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CaAIM Treatment Journey




Access

Engagement

Assessment

Care Planning/ Problem List

Treatment

In the Chat, tell us how a treatment team can use Jorge's Problem List to meet his recovery and care coordination needs.

CalMHSA LMS (2022). CaAIM Training: Module 1 CaAIM overview.

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Knowledge Check

What is NOT a required component of the Problem List?

- a) Problem (Description, diagnosis, SDOH)
- b) Date of adding and/or removing the problem
- c) Name, credential, and title of the person who added and/or removed the problem
- d) S.M.A.R.T. Goal

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Public Health



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CalAIM Resources (Updated)	
Description	Website Link
SAPC CalAIM Documentation Reform FAQ	http://publichealth.lacounty.gov/sapc/docs/providers/trainings/CalAIMDocumentationReformFAQ.pdf
General CalAIM information	https://www.dhcs.ca.gov/CalAIM
Sage Problem List/Treatment Plan Form Job Aid for Primary Sage Users	http://publichealth.lacounty.gov/sapc/docs/providers/trainings/ProblemListTreatmentPlanFormJobAidPrimarySageUsers.pdf
BHIN 23-068	https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf
BHIN 22-013	https://www.dhcs.ca.gov/Documents/BHIN-22-013-Code-Selection-During-Assessment-Period-for-Outpatient-Behavioral-Health.pdf
CalMHSA Documentation Guides for SUD (updated frequently) •Alcohol and Drug Counselor •Clinical Staff •Medical Staff •Peer Support Specialists	https://www.calmhsa.org/calaim-documentation-guide/
CalMHSA Learning Management System (LMS)	https://www.calmhsa.org/documentation-trainings/

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CalAIM Resources (Con't; updated)	
Description	Website Link
Social Determinants of Health	https://www.cdc.gov/socialdeterminants/index.htm
Social Determinants of Health Z-Codes	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf
Get added to SAPC Listservs for the latest information	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/23-08/sapc-bulletin-23-08-communication.pdf
ICD-10 CM Codes	https://www.icd10data.com/ICD10CM/Codes

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Summary



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- Identified all required components of the Problem List according to California DHCS and SAPC requirements
- Showed how to use the PCNX Problem List/Treatment Plan Form
- Practiced developing a Problem List
- Discussed the need for updating the Problem List to reflect patient’s current needs and clinical presentation
- Discussed how to use the Problem List to meet patient’s recovery and care coordination needs.
- Document Problem List Development, Update, or Review in a Progress Note (Service Type: Problem List – Tx Plan Development/ Review)

Post-Test & Evaluation



Reminders

- 1.The PowerPoint slides will be emailed to you **later today**.
- 2.There was **no** commercial support for today’s training.
- 3.The Evaluation is on a Likert scale:
Strongly Agree → Strongly Disagree
Please scroll across the page to see all options.

Evaluation and Post Test QR Code

Once you complete Evaluation Form, click on the Post Test link in the thank you message to complete Post Test.

SAPC Contact Information

Clinical/Training Questions:
SAPC.CST@ph.lacounty.gov

For more trainings visit:
<http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm?tm>



Thank you all for coming.
Once you have the evaluation link, you can exit the training.
Have a great rest of your day!

SAPC Provider Manual & Information



Accessing SAPC Provider Manual, Bulletins, Provider Meetings, Trainings and Events, and Sage

Providers

- Manuals, Bulletins & Forms
- Provider Meetings
- Trainings and Events
- Sage

*Click on the blue links above to access webpages

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Sage Resources (Updated)



Sage Provider Communications

SAPC Home / Providers / Sage Home / Sage Provider Communications

Open All

- Fiscal Year 23-24 +
- Fiscal Year 22-23 +
- Fiscal Year 21-22 +
- Fiscal Year 20-21 +
- Fiscal Year 19-20 +

SAPC Sage Website

Sage-PCNX

SAPC Home / Providers / Sage Home / Sage Trainings / Sage-PCNX

ProviderConnect NX (PCNX) is an upgrade to the Sage-ProviderConnect (P to Microsoft Stream and will need to authenticate with a county credential

Sage-PCNX

Subject	Description
Sage-PCNX Guide to Reports <i>(Updated - January 2024)</i>	This guide provides providers and how to use the reports.
Sage-PCNX FAQ	This is a collection of frequently asked questions about the SAPC hours.

Other Training Resources

SAPC Home / Providers / Sage Home / Sage Trainings / Other Training Resources

CalAIM Documentation Reform

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*Images are hyperlinked

PCNX Message Center:

Available when you log in to PCNX

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