CalAIM Documentation Reform
FAQ

UPDATED 2/26/2024

	Questions	Answers
	Problem List Questions	
1.	**Is there a SAPC bulletin describing all the CalAIM documentation changes?**	Yes, please refer to SAPC IN 22-19, published 12/21/2022, for CalAIM Documentation standards and requirements.
2.	**What is the "Problem List/Treatment Plan" form in Sage? What are the differences between "Problem List/Treatment Plan" form and "Treatment Plan" form?**	The "Problem List/Treatment Plan" form was created in response to the Problem List documentation requirement from the DHCS, which is part of the CalAIM Documentation Redesign. "Treatment Plan" form will be replaced by "Problem List/Treatment Plan" form in Sage effective 4/20/2023. SAPC understands that a care plan is no longer a requirement in DMC-ODS services, except OTP, while many providers continued to complete Care Plans for other accreditation(s). Hence, SAPC created this hybrid form that incorporates a required Problem List and non-mandatory treatment (care) plan sections. The "Problem List/Treatment Plan" form consists of the following seven (7) parts, which three (3) sections are required by SAPC. • General Information (Required) • Problem List (Required) • Treatment Plan Problem(s) (Optional and may be used to meet accreditation requirements) • Types of Services Provided (Optional and may be used to meet accreditation requirements) • Health Care Team (New Section and Optional) • Patient Signature (New Section and Optional) • Form Status (Required) Please view the "Problem List/Treatment Plan Form Job Aid for Primary Sage Users" for detailed instructions on how to complete the Problem List/Treatment Plan form.
3.	**When should Primary Sage users start using the Problem List/Treatment Plan form?**	Primary Sage users will begin using Problem List/Treatment Plan form when the form becomes available in Sage on 4/20/2023. If a Treatment Plan form is in draft when the transition to the Problem List/Treatment Plan form goes into effect, SAPC will allow a 30-day

		grace period to allow problems to be in the "Treatment Plan Problem(s)" section of the form. Effective Monday May 22, 2023, all newly created forms (New or Updates) will need to list problems in the Problem List section of the form.
4.	**What will happen to the "Treatment Plan" forms that have been saved in draft when this form transitions to the "Problem List/Treatment Plan" form in Sage?**	Effective 4/20/2023, data in Treatment Plan forms that have been saved in draft will be pulled forward to the "Treatment Plan Problem(s)" section on the Problem List/Treatment Plan form if the form is defaulted. No data will be lost in the transition.
5.	**Can Primary Sage users pull forward data from an existing Problem list/Treatment Plan form to a new Problem List/Treatment Plan form?** (Updated 12/8/2023)	For Primary Sage users, data on the last Problem List/Treatment Plan form will be pulled forward automatically when adding a new Problem List/Treatment Plan form.
6.	**Do Primary Sage users with accreditations that require a care plan (previous language: treatment plan) have to complete the "Treatment Plan Problem(s)" and "Types of Services Provided" sections of the Problem List/Treatment Plan form?** (Effective 4/20/2023 and Updated 12/8/2023)	Primary Sage users with certain accreditation that require a care plan may use the "Treatment Plan Problem(s)" and "Types of Services Provided" sections to document a treatment plan. The Treatment Plan Problem(s) section in Sage-PCNX has been updated, all fields in this section are optional in PCNX. This change was made due to provider feedback indicating CARF/Joint Commission didn't need all the fields entered from that section. As a reminder, this section is not required by SAPC, but was kept for providers who still need to document a care plan for accreditation reasons.
7.	**What are the required components of the Problem List?** (Updated 12/8/2023)	Each problem on the Problem List should include: (1) Problem identified as either a Diagnosis, Illnesses, Social Drivers of Health (Social Determinant of Health), Z Codes, or description of an issue • Effective 1/1/2024, include diagnosis-specific specifiers from the current version of Diagnostic and Statistical Manual of Mental Disorders with the diagnosis when applicable (2) (Effective 1/1/2024) Current ICD CM codes (3) The date of the problem added, (4) The name, credential, and title of the practitioner adding the problem (5) The problem removal date (required when a problem is identified for removal) (6) The name, credential, and title of the practitioner who removed the problem (required when a problem is identified for removal)

		Practitioners should ensure that they are practicing within their scope when adding or resolving problems. As such, practitioners should not add or resolve problems that are outside of their scope of practice.
8.	**When do we start using Problem Lists?**	DHCS's BHIN 22-019 is effective 7/1/2022. All patients admitted as of 7/1/2022 require a Problem List. Existing patients with finalized treatment plans prior to 7/1/2022 require a Problem List at their next update, which is in line with treatment plan timeliness, or when requesting a re-authorization.
9.	**Can Medi-Cal Peer Support Specialists (MCPSSs) edit the Problem List, if they are under the supervision of a LPHA?** (Added 2/26/2024)	Yes, MCPSS can add, remove, and edit problems on the Problem List within their scope of practice. However, the updated Problem List is still required to be finalized by an (LE)LPHA. Effective 2/19/2024, CMPSSs have access to edit a patient's Problem List/Treatment Plan form in Sage. 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. Please see #29 in this FAQ for more details on CMPSS Plan of Care.
10.	**Is it required to include ICD-10 codes in the Problem List?** (Updated 2/26/2024)	**Effective 1/1/2024**, diagnoses on the Problem List must include their ICD-10 CM codes. In addition, diagnosis-specifiers from the current Diagnostic Statistical Manual of Mental Disorders shall be included with diagnosis when applicable. For example, all the following are acceptable problems for the Problem List: • F10.10 Alcohol Use Disorder, Mild • Cannabis use • F33.1 Major Depressive Disorder, Moderate, Recurrent Episode • Anxiety symptoms (excessive worries and sleeping problems) • No primary care physician • Z59.41 Food insecurity
11.	**Can SUD Counselors and Certified Medi-Cal Peer Support Specialists (CMPSSs) add a diagnosis to the Problem List, or does it have to be an LPHA?**	SUD counselors and CMPSSs can **document** a diagnosis that was made or removed by a LPHA or a LE-LPHA on the Problem List. They must include (1) the name, title, and credential of the diagnosing (LE)LPHA, and (2) the date of diagnosis identified, added, or removed next to the diagnosis and the diagnosis' ICD-10 CM code on

	(Updated 2/26/2024)	the Problem List. Here is an example of how a SUD Counselor documents a diagnosis made by an (LE)LPHA in Sage Problem List/Treatment Plan form. **Date Problem Added:** 4/12/2023 **Problem Description:** F12.20 Cannabis use disorder, moderate as diagnosed by John Smith, LCSW, Therapist, 09/06/2022 **Status:** Active **Identified By:** Staff **Practitioner:** Jane Doe **Practitioner Title:** Certified SUD Counselor
12.	**Can SUD Counselors and Certified Medi-Cal Peer Support Specialists (CMPSSs) add problems to the Problem List, if they are under supervision of a LPHA?** (Updated 2/26/2024)	Yes, an SUD counselor and a CMPSS can document problems on the problem list. If a counselor/CMPSS is adding a problem, it needs to be within their scope of practice. When doing so, they should complete: (1) Problem (2) The date of the problem added, (3) The name, credential, and title of the practitioner adding the problem (4) The date that the problem was resolved (5) The name, credential, and title of the practitioner who identified the problem as resolved
13.	**Registered nurses (RNs) are LPHAs, can they add diagnoses to the problem list?**	RNs may add diagnoses that are within their scope of practice. Per DHCS, RNs cannot diagnose DSM 5 conditions even though they are classified as LPHAs. (https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/Harbage/Webinars/09_06_18_DMC_ODS_Common_Deficiencies_with_QA.pdf) RNs shall deliver services and document diagnoses only within the scope of practice of their license, as regulated by the California Board of Registered Nursing.
14.	**How do non-medical practitioners document medical conditions reported by the patient?**	Language such as “Patient reported: [medical condition]” can be used for non-medical practitioners to add medical conditions that were reported by patients.
15.	**How do providers document problems identified by “Support Person” on the Problem List/Treatment Plan Form?** (Added 4/13/2023)	Language such as “as reported by the patient’s Probation Officer” can be used in the Problem Description box.

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16.	**When adding or resolving a problem to the Problem List, which choice should I select under "Status" on the Problem List/Treatment Plan form?** (Effective 12/8/2023)	Select "**Active**" if the problem is being addressed currently. Select "**Inactive**" if the problem is a known problem but is not currently the focus of treatment. Select "**Resolved**" when the problem is no longer an issue for the patient.
17.	**Who can resolve a diagnosis problem from the Problem List?** (Updated 2/26/2024)	Practitioners may resolve problems that are within their scope of practice. So, for problems listed as diagnosis, a counselor would not be allowed to resolve the problem. However, an (LE) LPHA can resolve it as long as the diagnosis is within their scope of practice. SUD Counselors and Certified Medi-Cal Peer Support Specialists (CMPSSs) can document a diagnosis that a diagnosing (LE)LPHA has identified as resolved. They must include (1) the name, title, and credential of the diagnosing (LE)LPHA, and (2) the date of diagnosis identified, added, or resolved next to the diagnosis on the Problem List. Here is an example of how it looks like in Sage Problem List/Treatment Plan form. **Date Problem Added:** 4/12/2023 **Problem Description:** F12.20 Cannabis use disorder, moderate as diagnosed by John Smith, LCSW, Therapist, 09/06/2022; resolved by John Smith, LCSW, Therapist, 10/28/2023 **Status:** Resolved **Identified By:** Staff **Practitioner:** Jane Doe **Practitioner Title:** Certified SUD Counselor **Date Problem Removed**: 10/31/2023 **Removed by Practitioner:** Jane Doe **Removed by Practitioner Title:** Certified SUD Counselor
18.	**Why do I have to indicate the problem has been "resolved", shouldn't it just be deleted?** (Updated 12/8/2023)	The Problem List reflects a history of the patient's care. Problems are flagged as resolved but are not deleted. Seeing the history of the problems may aid in care coordination with other disciplines.
19.	**Who can add Z-Codes?**	BHIN 22-013 outlines the approved z codes related to social determinants of health both (LE) LPHAs and Non-LPHAs can use.

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20.	**Once the Problem List/Treatment Plan form is finalized, you're not able to make changes. How are we going to update the problem list daily?** (Updated 2/26/2024)	For Primary Sage users, data from the last Problem List/Treatment Plan form will be pulled forward automatically when creating a new form. This automatic function can significantly reduce documentation time. The Problem List should be updated on an ongoing basis to reflect the patient's current needs/presentation and at minimum in alignment with Provider Manual 8.0 pg. 194-193.
21.	**Can Sage Secondary Providers use the Sage Problem List/Treatment Plan form to record Problem List during the process of getting agency-specific Problem List form approved?** (Effective 4/20/2023)	No. Secondary Providers with an approved treatment plan form should continue using this form and add the Problem List components to meet DHCS requirements. Once the Secondary Provider's Problem List form is approved by SAPC, they may start using the new form for documentation. If Secondary Providers are having difficulty configuring their EHR with the needed Problem List components, they may use the newly published "paper" Problem List used by SAPC during Sage downtime procedures as an interim solution. Paper Problem List Form: http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf Paper Problem List Addendum Form: http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListAddendum.pdf These forms should be uploaded whenever changes are made, if needed for authorization purposes.
22.	**If a patient was transferred to another practitioner within the same program, does the new practitioner need to edit information, such as "Added By", on the Problem List?**	If there is no change to the status of the problem and no new problem(s) is added, the Problem List does not need to be updated simply because there was a transition of practitioner. If a problem is added/modified, the name/credential/title of the practitioner should be added, and the form should be finalized by an (LE)LPHA. Changes related to transfer of practitioner should be documented in the progress notes or miscellaneous notes of the patient's chart.
23.	**Is a new Problem List required when a patient transitions to a new level of care (LOC), for example from LOC 3.2WM to LOC 3.1?**	Yes. If the patient is transitioning *within* the agency, the Problem List from previous LOC can be pulled forward and updated according to patient's clinical presentation and situation. If the patient transitioned to *a new* LOC from a different agency, accepting agency can update patient's Problem List from previous agency if a copy is obtained.

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24.	**Can I bill for creating/updating a Problem List?**	Yes. As this is considered part of treatment planning, Problem List development and updates should be billed under the treatment planning code.
25.	**Who is required to sign the Problem List?** (Effective 04/20/2023)	The Problem List is considered finalized when an (LE)LPHA has signed it. It may also include signatures by other treatment team members who added problems as well as the patient, however it is optional. For Primary Sage Users, once the (LE)LPHA finalizes the Problem List/Treatment Plan form their electronic signature is captured. There is no need to print, get a wet signature, and upload to Sage.
26.	**The Problem List/Treatment Plan form has the "Patient Signature" function. Is patient signature required?** (Effective 04/20/2023 and Updated 9/13/2023)	Patient signature is a new field on the Problem List/Treatment Plan form in Sage but is not required by SAPC or the State. The Patient Signature feature works in Sage-PCNX. Users can use mouse, track pad, or Topaz device to capture a patient signature if desired.
27.	**Do I still need to complete a discharge plan?**	Historically a discharge plan was documented in a treatment plan. Effective 7/1/2022 a discharge plan is no longer required; however, discharge planning should be conducted and documented throughout the patient's treatment. Providers should continue to complete Discharge and Transfer Form on the date of discharge.
28.	**I thought care plans (treatment plans) were still needed for care coordination, is that not the case?**	Case management is now referred to as "care coordination" and does not require a treatment plan. It can, however, be part of the care planning process as an identified service from which the patient would benefit. Specialty Mental Health Services offers Targeted Case Management (TCM) that does require a Care Plan, however that service is not offered as part of SAPC's DMC-ODS services.
29.	**Peer Support Services (PSS) are supposed to have a Plan of Care, how do I document those?**	Per BHIN 23-068 Certified Medi-Cal Peer Support Services require documentation of an approved Plan of Care in a progress note. In Sage-PCNX providers can select Progress Notes, Note Type Individual

	(Updated 12/8/2023)	and Service Type Peer Support Services – Plan of Care. The Plan of Care must be finalized by a LPHA, LE-LPHA, or Certified Peer Support Specialist Supervisor. More information can be found in SAPC Information Notice 23-04.
Progress Note Questions		
30.	**When are notes due?** (Updated 12/8/2023)	**Before 1/1/2024:** Notes, except notes for crisis services, are to be finalized within three (3) business days inclusive of the date of services, including co-signatures when appropriate. This includes but not limited to Progress Notes, Group Notes, and Daily Residential Notes. Date of service counts as Day 1. All Crisis Service notes must be completed within 24 hours. SAPC defines a business day as a non-weekend and non-holiday regardless of whether the SAPC provider is contracted to operate during weekends and holidays. Holidays that apply to the SAPC treatment network are the days formally designated as holidays by the County of Los Angeles. For example: • If a patient was seen for a non-crisis service on Monday, January 9, 2023, the progress note documenting this service must be completed and signed by Wednesday, January 11, 2023. • If a patient receives a non-crisis service on Thursday, January 12, 2023, the progress note documenting this service must be completed and signed by Tuesday, January 17, 2023 (weekends and county holiday-MLK Day on January 16, 2023, are not counted as business days). **Effective 1/1/2024:** Notes, except notes for crisis services, are to be finalized within **three (3) business days** inclusive of the date of services, including co-signatures when appropriate. This includes but not limited to Progress Notes, Group Notes, and Daily Residential Notes. All Crisis Service notes must be completed within **one (1) calendar day**. The day of the service shall be considered as day zero (0).

		The definition of business remains the same. For example: • If a patient was seen for a non-crisis service on Monday, January 8, 2024, the progress note documenting this service must be completed and signed by Thursday, January 11, 2024. • If a patient receives a non-crisis service on Thursday, January 11, 2024, the progress note documenting this service must be completed and signed by Wednesday, January 17, 2024 (weekends and county holiday-MLK Day on January 15, 2024, are not counted as business days). Note: Delays in finalizing progress notes may impact billing.
31.	**If notes are not completed within the specified timelines, will payment be denied?**	Untimely documentation will count as a compliance issue in SAPC's documentation audits; SAPC won't hold claim payment on a claim-by-claim basis but will address untimely documentation as a non-compliance issue with our Contract Program Auditors (CPAs). Resolution steps will include technical assistance, training, corrective action plan (CAP), and up to disallowances.
32.	**Can providers use bullet points to document in progress notes?**	Progress notes should reflect the interventions, actions, and plans conducted during the session and may take the form of bullet points so long as it accurately captures the encounter.
33.	**Other accreditation bodies require traditional progress note formats (e.g., SOAP, GIRP, SIRP, and BIRP), can we continue to submit progress notes in those formats?**	Yes. Primary Sage users can utilize templates that have been built into Sage-PCNX.
34.	**What type of note do I use to document the updating the Problem List?** (Updated on 9/13/2023)	When a Problem List is created, reviewed, or updated a Progress Note, Note Type: "Individual," Service Type: "Problem List-Tx Plan Review/Development" should be completed reflecting the work done with the Problem List.
35.	**Is the Problem List note the same as the Justification note?** (Updated on 9/13/2023)	No. Progress notes for level of care justification are still required for initial and re-authorization requests. Level of Care justification is still documented using Progress Note, Note Type: "Individual," Service Type: "Medical Necessity Justification" and finalized by an (LE) LPHA.

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36.	**Can day rate service providers, like residential sites, continue using weekly summaries?**	Weekly notes have not been permitted in the SAPC network since 7/1/2021. Providers must document services either by daily summaries or per services notes are required per BHIN 22-019 and SAPC IN 22-13. While this is a new requirement from the state, this has been a SAPC requirement since 7/1/2021. As indicated above, progress notes are to be finalized within three (3) business days.
37.	**What are the differences between "Residential Group" Progress Notes and "Group" Progress Notes in Sage?** (Updated 12/8/2023)	"Residential Group" Progress Note in Sage is specific to the daily group note summary that are permitted within Residential levels of care, while "Group" Progress Note in Sage is for documentation of each group service (encounter). Effective 1/1/2024, the progress note for group service encounter shall also include a brief description of the patient's response to the services. Please refer to BHIN 23-068 for details.
38.	**Did documentation requirements change for telehealth services?** (Updated 12/8/2023)	Please refer to BHIN 23-018 for specified required documentation regarding telehealth services including confirming consent and conditions of use.
Assessment Questions		
39.	**What changed with assessments with BHIN 22-019?**	There are no changes in assessments as SAPC has been using the ASAM Continuum and ASAM CO-Triage we are already in compliance with State requirements.
40.	**Is a diagnosis no longer required during the assessment period?**	BHIN 22-019 and BHIN 23-068 notes that treatment services may be provided during the assessment period while a diagnosis is being established. 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) BHIN 22-013 outlines the available ICD-10 codes that can be used during the assessment period for billing purposes.
41.	**What changed with assessment with BHIN 23-068?** (Updated 2/26/2024; Effective 1/1/2024)	Effective 1/1/2024, Providers of Residential Treatment Services, except Withdrawal Management, 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 who are under 21 years old

		The timeframe for completing full ASAM assessment for residential services remains the same.