



# SOLANO COUNTY QUALITY ASSURANCE

## QA INFORMATION NOTICE 23-12

DECEMBER 1, 2023

**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

#### 23-12 (A) CalAIM – CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (COUNTY & CONTRACTOR)

**23-12 (A.1) CalAIM Payment Reform Regroup Sessions:** QA will be holding County and Contractor specific meetings in December to regroup on all things Payment Reform. Programs are responsible to ensure that information gets to all staff, whether through attending, watching the recording, or by assigning staff to attend/watch the recording who can then report back out to the remainder of the team. Please see the Outlook invitation(s) emailed from [QualityAssurance@SolanoCounty.com](mailto:QualityAssurance@SolanoCounty.com) on Friday, November 17, 2023, for full details and access information.

**23-12 (A.2) BHIN 23-068 - Updates to Documentation Requirements for all Specialty Mental Health Services:** [DHCS BHIN 23-068](#) provides information about a few updated CalAIM documentation requirements, rescinding BHIN 22-019. QA will provide additional communication about the specific changes as they are reviewed and implemented, including in the Payment Reform Regroup Session referenced above.

**23-12 (A.3) Case Conference CPT Codes:** There are several new Case Conference CPT codes within the Plan Development group of codes added with Payment Reform. Guidance regarding use of these codes is provided below:

- 99367 – Case Conference without patient and/or family present (Participation by Physician)
  - Code for Psychiatrists/Doctors Only
  - Use this code to bill for a treatment team conference/meeting when:
    - There is a total of 3 or more health care professionals from different disciplines participating in the conference/meeting
    - The client is **not** present
    - The service must be 30 minutes or more
  - This may look like a team meeting for coordination of treatment for youth clients who are not receiving ICC services. For clients receiving ICC services, continue to use appropriate ICC codes
  - This may look like a treatment team meeting for an adult client in residential care when the client is not present
  
- 99366 – Case Conference with patient and/or family present (Participation by Non-Physician)
  - Code for LPHA and Non-Physician Medical Staff Only
  - Use this code to bill for a treatment team conference/meeting when:
    - There is a total of 3 or more health care professionals from different disciplines participating in the conference/meeting
    - The client and/or family is present for the team meeting. The conference must include either the client or the client's family. One or the other must be present. It is also acceptable for both to be present during the service
    - The service must be 30 minutes or more
  - This may look like a team meeting for coordination of treatment for youth clients who are not receiving ICC services. For clients receiving ICC services, continue to use appropriate ICC codes
  - This may look like a treatment team meeting for an adult client in residential care with the client present

- COMING SOON - 99368 – Case Conference without patient and/or family present (Participation by Non-Physician)
  - Code for LPHA and Non-Physician Medical Staff Only
  - Use this code to bill for a treatment team conference/meeting when:
    - There is a total of 3 or more health care professionals from different disciplines participating in the conference/meeting
    - The client is **not** present
    - The service must be 30 minutes or more
  - This may look like a team meeting for coordination of treatment for youth clients who are not receiving ICC services. For clients receiving ICC services, continue to use appropriate ICC codes
  - This may look like a treatment team meeting for an adult client in residential care when the client is not present

**23-12 (A.4) New Location Code Requirements:** Through Payment Reform updates, claims now need to include details for telehealth services to indicate if the client is at home or not. Not having this information is currently causing issues with claiming so changes need to be made quickly to adjust to this requirement.

At this time, “home” is being defined as a client's residence where no Medi-Cal billed services are being provided by staff working for that facility/placement. This is in line with the State's current definition of location in the Medi-Cal manual and for CSI reporting. Examples of what could be considered home include: client's home, a foster home, board and care, temporary housing/shelter/community location if experiencing homelessness.

Examples that would **not** be considered home include: Short-Term Residential Therapeutic Program (STRTP), Crisis Residential Treatment (CRT), Mental Health Rehabilitation Center (MHRC), residential care providing Medi-Cal billed services through the program, a placement where staff of the facility/placement are billing services to Drug Medi-Cal.

**County and Contractors Using Avatar as an EHR:** Effective December 1, 2023, staff will see updates to the location codes in the “Method/Location of Service” drop down in progress note forms. The following 4 codes will be added to the Avatar Progress Note forms:

- 6A - Video Telehealth Clt IN Home
- 6B - Video Telehealth Clt NOT IN HOME
- 6C - Audio Telehealth Clt IN HOME
- 6D - Audio Telehealth Clt NOT IN Home

The following codes will be removed from the Avatar Progress Note form:

- 8 – Phone Telehealth (W)
- 9 – Video Telehealth (X)
- 9T – MS Teams Telehealth (Contractors using Avatar Progress Notes had access to this location)

Additional changes are being made to the Avatar progress note forms to reduce the amount of selections staff need to make and to increase accuracy of information. These changes include:

- “Location of Client at Time of Service” drop down will be removed
- “Location of Provider at Time of Service” drop down will be removed
- Face-to-Face field will be moved near the “Method/Location of Service” drop down

**Contractors Using Their Own EHRs:** As soon as possible, these clarifying location codes will need to be added to programs' EHRs for staff to select for claims. Please see email from Rob George sent November 20, 2023, for further details.

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## **23-12 (B) UPDATED REQUIREMENTS FOR WRITTEN RECORDS OF ANTIPSYCHOTIC MEDICATIONS INFORMED CONSENT FOR VOLUNTARY PATIENTS (COUNTY & CONTRACTOR)**

[BHIN 23-065](#) provides updated requirements for medication consents for certain settings. The BHIN makes permanent changes to requirements for written signatures on consent forms for psychiatric medication. Effective immediately, written consent from the client is not required for antipsychotic medications, and a

written record documenting verbal consent is acceptable. Please refer to the BHIN to see if this applies to your facility.

Though a written signature is not required, providers must maintain a written record of the following:

1. A notation that the information about informed consent to antipsychotic medications has been discussed with the client by the prescribing physician.
2. A notation that the client understands the nature and effect of the antipsychotic medications and consents to the administration of those medications.

The Solano County Behavioral Health Medical Director may be reaching out to providers to check policies and procedures.

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### **23-12 (C) CONTRACTOR PROGRAMS PROCESS TO REPORT STUDENT TRAINEES (CONTRACTOR ONLY):**

At this time, Solano BHP is required to track Master's level Student Trainees so that these staff can be assigned the appropriate billing and claiming status. Please ensure when new Student Trainees are onboarded that this information is clearly communicated to QA through initial paperwork. Please know that additional documentation may be requested.

## **AVATAR UPDATES**

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### **23-12 (D) UPDATED SCANNING GUIDANCE (COUNTY AND CONTRACTOR)**

QA has updated the "Documentation Types and Naming Conventions" resources for scanning documents based upon program feedback. This includes the version specifically for Contractors who do not use Avatar as their EHR to reference in determining which documents are required to be uploaded in Avatar for each client. Please note that Contractor programs may be asked to upload additional documents depending on the situation. Contractors who use Avatar as their EHR must follow County program's practice in uploading all documents that are not directly data entered in Avatar forms.

QA highly encourages programs to reference this guide for consistency in scanning documents. These updated guides will be posted under [Reference Materials on the Network of Care](#) for Contractors and [in the Avatar Manual on SharePoint](#) for County staff.

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### **23-12 (E) CHANGES TO AVATAR PROGRESS NOTE FORMS (COUNTY AND CONTRACTORS USING AVATAR AS THEIR EHR)**

As described in item [23-12 \(A.4\) New Location Code Requirements](#) above, the following progress notes have been updated in Avatar:

- *Individual Progress Note CalAIM23,*
- *Medication Progress Note CalAIM23*
- *Group Progress Note*

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### **23-12 (F) UPDATES TO REPORT 118 PSC CASELOAD AND PM CASELOAD REPORT (COUNTY AND CONTRACTORS USING AVATAR AS THEIR EHR)**

*Report 118 PSC Caseload* and the *PM Caseload Report* have been updated to reflect CalAIM changes for Care Plan tracking and increase accurate functionality.

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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