



August 25, 2023

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California Department of Health Care Services

Sent via email to [Tori.House@dhcs.ca.gov](mailto:Tori.House@dhcs.ca.gov)

**Re: BH Doc Redesign**

Dear DHCS,

Thank you for the continued collaboration on documentation redesign. Please find below our feedback on the DHCS slide deck provided to us at the August 11<sup>th</sup>, 2023 meeting. We welcome questions and discussion.

**Slide 5:** Regarding the FAQs, the website is VERY difficult to navigate – there is a ton of content, each question with a separate link and some sections have questions posted out of chronological order. Also, when you click on a question it takes you to a page that has all the questions from that section, but none are labeled with dates so you can't tell which are the new answers. Can these somehow be entered into the website with both the Q and A visible? And at least put into a more sensical order?

**Slide 8** – Does this mean that there still has to be a care plan in a progress note? Or that no care plan is needed? This isn't clear. Also, would it be possible for guidance to go out to the field on TCM and ICC prior to DHCS finalizing FAQs and the next BHIN? It would be really helpful if we could get the news out as soon as we can, as this requirement is going to be in place for our members until the counties hear from DHCS.

**Slide 13** – We continue to recommend that we need to have language that specifically forbids items. Generally, would like to see a statement for all of these requirements (Assessment, PNs, Care Plans, etc.) that “Counties shall not enforce county-specific requirements in a manner that fails to allow for clinical discretion or that goes above and beyond the requirements laid out in this BHIN.” For the Progress Notes, indicate that counties shall not enforce requirements above and beyond the written requirements (i.e., San Diego County requiring a ‘response’ section on notes).

The CA Alliance would prefer #2 (best practice is within 60 days) instead of #1 – requiring a certain timeline until or unless data evidences that there's a problem with providers meeting best practice standards.

**Slide 18** – We would recommend that the CalMHSA documentation trainings and documentation manuals be updated to align with the new guidance and that videos/manuals with the old guidance be removed from the site.

**Slide 19** –It would be great to also get technical assistance to counties about discharge best practices since there’s basically no standardization of discharge summaries. Also, “progress lists” and “problem notes” are listed – this should be progress notes and problem lists.

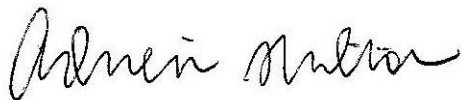
**Slide 20** – We would like to see something in the FAQs about group billing. Ideally, examples of a group with 1 facilitator, a group with 2 facilitators with the same credential and a group with 2 facilitators with different credentials. I recognize this is more about payment reform, but it’s a bit area of confusion for folks.

A few other concerns not necessarily connected to slides directly:

- We would also like to see IHBS not require a stand alone care plan, but if it is required, some counties have accepted the ‘CFT Meeting Minutes/Summary and Action Plan,’ and we would like DHCS to indicate that this counts as the IHBS plan requirement.
- We would like DHCS to indicate that if the assessment was completed by a staff who is licensed/registered/waivered, then a co-signature on that assessment is not required. The language of ‘under the direction of licensed mental health professionals’ is taken by some counties to meant that a co-signature is required.
- For the Problem List, the requirement of the ‘title of the provider’ – would appreciate expressing that this is not credential, or if it is, that that is the expectation. CC has asked that we include both title (i.e., therapist) and credential (APCC) on the Problem List.

Thank you again for the collaboration on documentation redesign. Please contact us with any questions.

Sincerely,



Adrienne Shilton  
Director of Public Policy and Strategy