



CaAIM Documentation Requirements Updates

Updated 8/19/2022

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





Overview

Provide an overview of CalAIM policies

Review the required components of the Problem List

Discuss SAPC's interim solution to be in compliance with DHCS requirements

Demonstrate how to incorporate the Problem List components in Sage

Illustrate how to document Problem List development on a Miscellaneous Note

CalAIM Clinical Documentation Reform

- California Advancing and Innovating Medi-Cal ([CalAIM](#)) is a 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 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.



Other CalAIM Policies Reminders

SUD Treatment for Patients with Co-occurring Mental Health Condition¹ ([BHIN 22-011](#))

- 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

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>



Problem List



What is the Problem List?

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

Primary Sage Users

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

Secondary Sage Users

- Option 1: Submit approved agency Treatment Plan with updates to meet Problem List requirements.
- Option 2: Submit agency's Problem List Form to SAPC.QI.UM@PH.LACOUNTY.GOV for approval from the SAPC Associate Medical Director for Treatment Services.
- Option 3: 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.

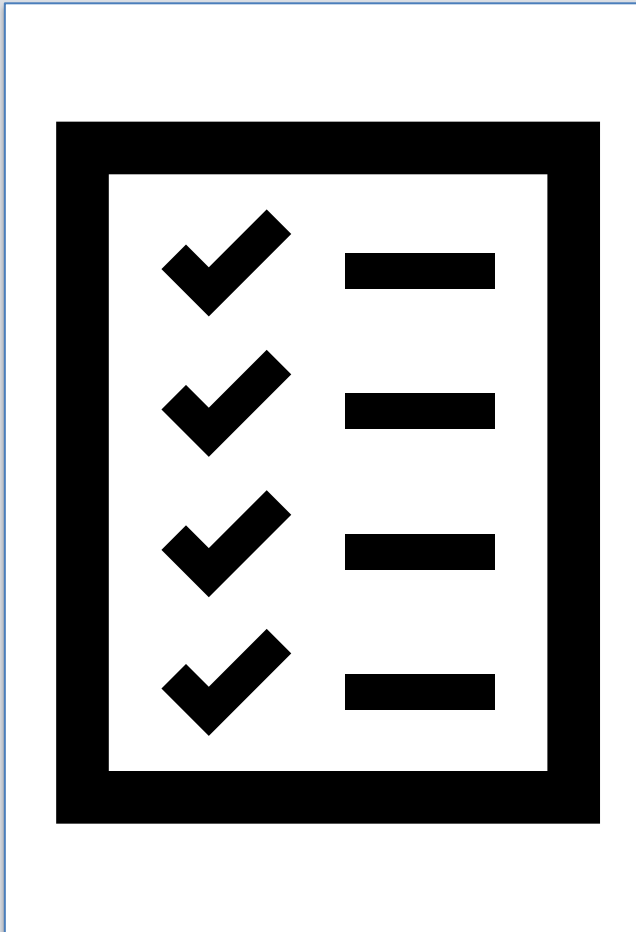
*If your agency needs to continue completing treatment plans, such as for accreditation purposes, there is no prohibition to continue using treatment plans so long as the Problem Lists components are incorporated as outlined by DHCS.

Who Must Complete the Problem List?

Excluding OTPs,

all treatment providers are required to meet Problem List requirements

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



1. **Problem:** May be listed as a diagnosis, illness, social determinant of health, z-code, and/or description of an issue.
 - Problems may be identified by the practitioner, patient, and/or support person
2. **Practitioner** adding the Problem
3. **Credential** of the practitioner (ex. RADT I, CADC II, ACSW, MD)
4. **Title** of the practitioner (Registered SUD Counselor, Case Manager, Licensed Psychologist)
5. **Date Added:** the date the problem was added to the Problem List
6. **Date Removed:** the date the problem was identified for removal (if applicable)
7. Practitioner name, credential, and title removing the problem (if applicable)
8. Finalization by a Licensed Practitioner of Healing Arts (LPHA) or License Eligible (LE)LPHA.



- Problems identified as an 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/MH diagnosis problems must be added by (LE) LPHAs within their scope of practice and should be officially diagnosed on the Provider Diagnosis form.
 - Non-LPHAs may enter select ICD-10 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.
- [BHIN 22-013](#)
 - <https://www.cdc.gov/socialdeterminants/index.htm>

Social Determinants of Health (SDOH) and other Z codes



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
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.

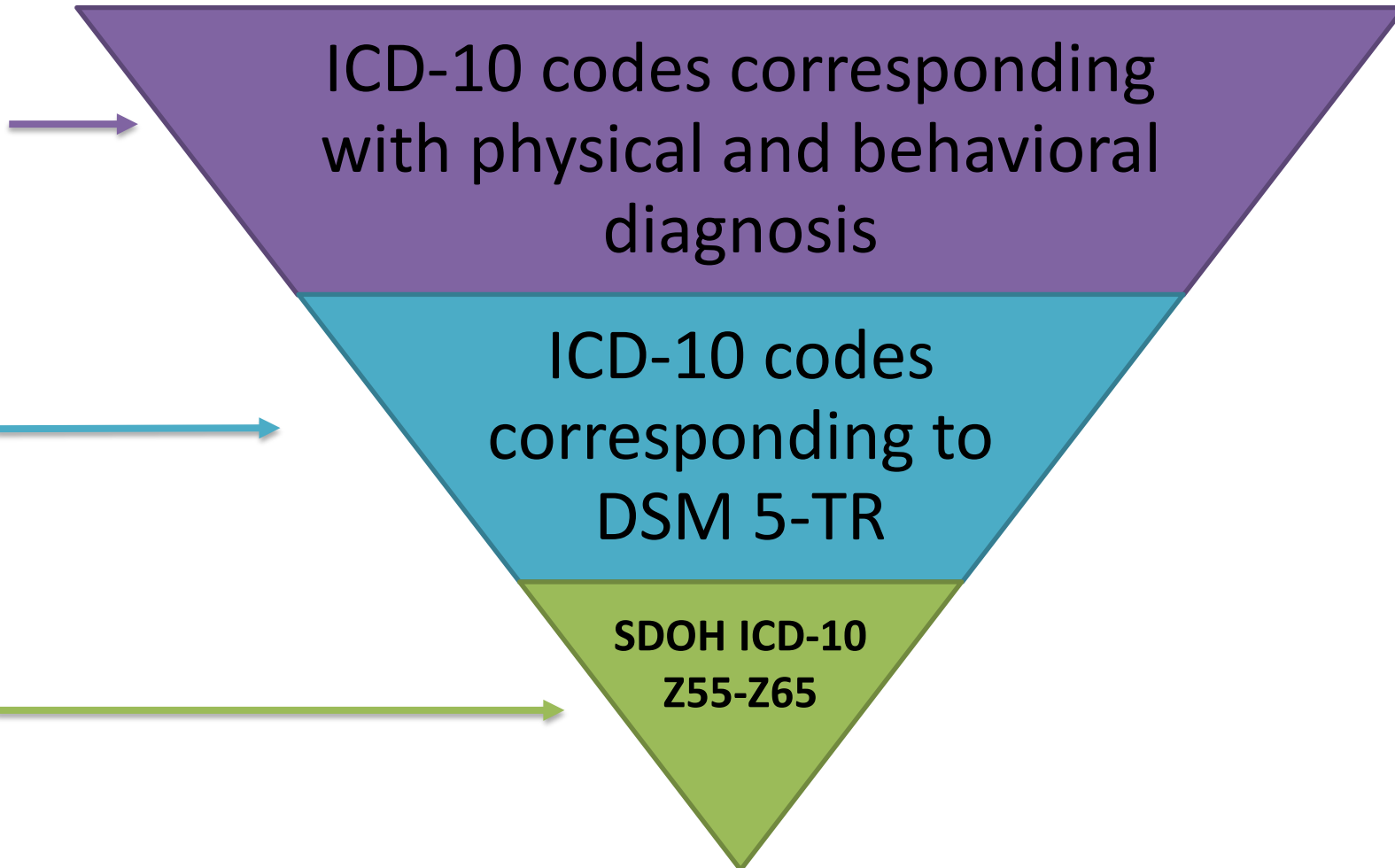
2. American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders, fifth edition, text revision*.

3. DHCS (2021). All Plan Letter 21-009. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

Medical Professionals: MD, DO, PA, NP

Behavioral Health Clinicians:
Psychologists, Social Workers, Marriage
Family Therapists, Masters Level
Clinicians

Behavioral Health Professionals:
Registered and Certified SUD
Counselors, RN

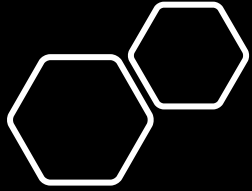


* Registered Nurses shall deliver services and document diagnoses only within the scope of practice of their license, as regulated by the CA BRN.

1. [BHIN 22-013](#)

2. <https://www.cdc.gov/socialdeterminants/index.htm>

3. https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/Harbage/Webinars/09_06_18_DMC_ODS_Common_Deficiencies_with_QA.pdf



Knowledge Check

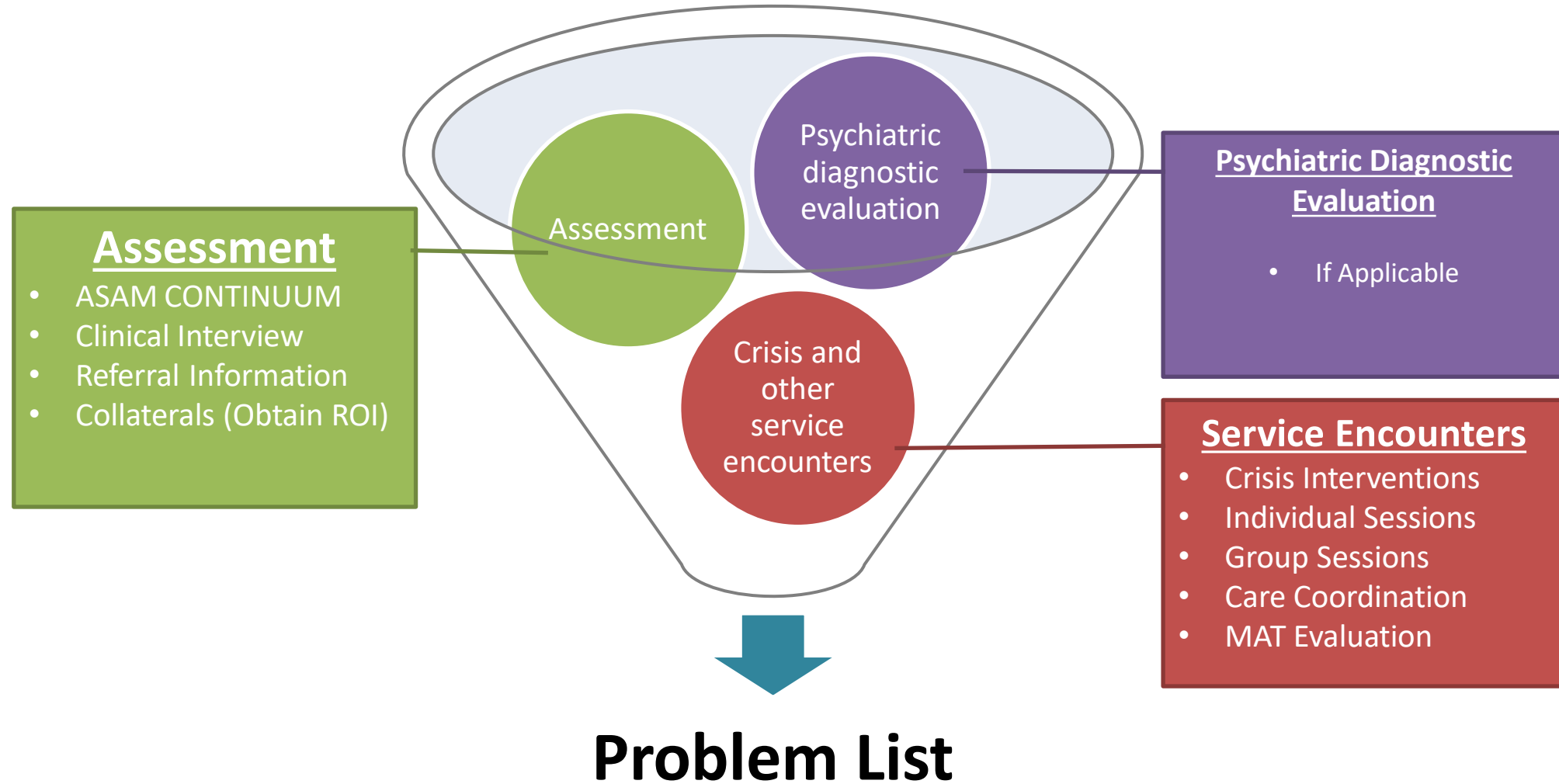
When can you start constructing a Problem List?

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

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

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)/Residential	Must be completed upon intake within 7 calendar days of first intake appointment for adults (18+) and 14 days for 12-17 youth, 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

- All new admission 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.





Operationalizing the Problem List in Sage



There is a new “default” feature on the Treatment Plan Form that allows data from the latest treatment plan (draft/final) to be pulled forward to a new treatment plan.

lasapconn.netSMARTcloud.com says

Auto-complete new record with most recently filed record data? Select cancel to continue without copying data.

Clicking “OK” will pull information forward.
Clicking “Cancel” will open a blank treatment plan.

SAPC recommends clicking OK.

The **Assessment Started By** field needs to be changed to the person creating this form. Leaving the defaulted value will create a cache error that prevents the form from saving.

Program
Search for:
Recovery Inc ▼

Assessment Started By
Search for:
(eorellana@ph.lacounty.gov) [existing value] ▼



Program
Search for:
Recovery Inc ▼

Assessment Started By
Search for:
Esther Orellana ▼

Utilizing the Treatment Plan Form for the Problem List



Treatment Plan	
Treatment Plan Date [] Today Yesterday	Plan Type <input type="radio"/> New Plan <input type="radio"/> Update
Program Search for: [] Search []	Primary Counselor Search for: [] Search []
Assessment Started By Search for: [] Search []	Start Time [] Current Time
End Time [] Current Time	Is Patient's Physical Examination Results Available? <input type="radio"/> No <input type="radio"/> Yes
Date Physical Exam Completed [] Today Yesterday	Date of Scheduled Physical Exam Appointment [] Today Yesterday

There are no Problem List requirements in the first part of the Treatment Plan form. However, to SAVE the form **all fields in red are required** and must get filled in.

Diagnosis 1 Search for: [] Search []	Diagnosis 2 Search for: [] Search []
Diagnosis 3 Search for: [] Search []	Diagnosis 4 Search for: [] Search []
Diagnosis 5 Search for: [] Search []	Diagnosis 6 Search for: [] Search []

All diagnosis(es) entered in the **Provider Diagnosis** form should be entered in this section.

Non (LE)LPHAs may select a diagnosis from the drop down that matches the Provider Diagnosis form.

Types of Services & Finalization Requirement



Type of Services Provided <input type="checkbox"/> Case Management <input type="checkbox"/> Community Support Group <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Group Counseling <input type="checkbox"/> Individual Counseling as needed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Recovery Services <input type="checkbox"/> UA/Breathalyzer	Specify Other Services Provided N/A
(Individual Counseling) How many times per week? <input type="text"/>	(Group Counseling) How many times per week? <input type="text"/>
(Community Support Group) How many times per week? <input type="text"/>	(UA/Breathalyzer) How many times per week? <input type="text"/>
(Case Management) How many times a week? <input type="text"/>	

Although this section is not required for the Problem List, this form still requires **completion of all fields in red**.

Type of Services Provided: Check “Other”
Specify Other Services Provided: Enter “N/A”

(Case Management) How many times a week? <input type="text"/>	Referred for Medication-Assisted Treatment (MAT)? <input type="radio"/> No <input type="radio"/> Yes
State Reason(s) for MAT Referral / Non-Referral <input type="text"/>	Client Signature Obtained <input type="radio"/> No <input type="radio"/> Yes
If patient refuses or is unavailable to sign, please explain <input type="text"/>	If patient's preferred language is not English, were linguistically appropriate services provided? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes
Please Explain <input type="text"/>	

Although MAT information and client signature are not required for the Problem List, **complete the red required fields** accordingly so the form can save.

*** Problems Must Be Recorded in the Next Section Prior to Checking the "Ready for Finalization" Box Below *** Draft Complete - Ready for Finalization <input type="checkbox"/> Yes

SAPC still requires a (LE)LPHA to finalize the Problem List. Check the box if the form was completed by a non-LPHA.

Problem List Requirements on the Treatment Plan Form



Treatment Plan Problem(s)								
Select	Problem Statement	Long-Term Goal	Treatment Start Date	Dimension	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
<input type="button" value="Select"/>								
<input type="button" value="Delete"/>								
<input type="button" value="Add New Record"/>								
Problem Statement								
<input type="text"/>								
Long-Term Goal								
<input type="text"/>								
Treatment Start Date			ASAM Dimensions					
<input type="text"/> <input type="button" value="Today"/> <input type="button" value="Yesterday"/>			1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications					
Dimension			4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment					
<input type="checkbox"/> Dimension 1 <input type="checkbox"/> Dimension 2 <input type="checkbox"/> Dimension 3 <input type="checkbox"/> Dimension 4 <input type="checkbox"/> Dimension 5 <input type="checkbox"/> Dimension 6								
Short Term Goal(s) (SMART)								
<input type="text"/>								
Action Steps								
<input type="text"/>								
Target Date				Complete Date				
<input type="text"/> <input type="button" value="Today"/> <input type="button" value="Yesterday"/>				<input type="text"/> <input type="button" value="Today"/> <input type="button" value="Yesterday"/>				

REQUIRED elements for each problem on the Problem List:

1. Problem
2. Added by: (Name and credential)
3. Practitioner Title
4. Date Added
5. Date Removed- If applicable
6. Removed by: (Name, credential, and title)- If applicable

NOT required for Problem List, write "N/A" to save the form.

- Long-Term Goal
- Short Term Goal(s) (SMART)
- Action Steps are NOT required in a Problem List

Fields in red must be filled out for the form to save.

As an interim solution Secondary Providers must include the required elements for the Problem List in their approved treatment plan forms or use the "paper" Problem List, found at [Problem List Main](#) and [Problem List Addendum](#), while your EHR is configured.

Problem List Example



Problem Statement

Alcohol use
Problem Added By: Esther Orellana, Ph.D.
Practitioner Title: Licensed Psychologist
Date Added: 7/2/2022

The Problem List requires the addition of who identified/added the problem, their title/role, and the date the problem was added. In the event a problem is resolved or deemed appropriate for removal, the "Date Removed" and "Removed By" should also be added.

Long-Term Goal

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Treatment Start Date

07/01/2022

Today

Yesterday

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; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment

Dimension

- Dimension 1
- Dimension 2
- Dimension 3
- Dimension 4
- Dimension 5
- Dimension 6

"Treatment Start Date" and "Dimension" are not required fields for the Problem List, but must be filled in or selected for the form to save.

Short Term Goal(s) (SMART)

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Action Steps

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Target Date

Today

Yesterday

SKIP- Not required for Problem List

Complete Date

Today

Yesterday

SKIP- Not required for Problem List

Problem List in Sage Overview



Field	Old way of entry	New entry requirements
Problem Statement	Listed as a sentence, often in the patient's own words	<p>Within the scope of the practitioner identifying the problem, this can be listed as a diagnosis, Social Determinant of Health, Z-Code, or description of an issue.</p> <p>MUST also include:</p> <p>"Added by:"- Practitioner's Name who identified/added the problem AND credential (ex. RADT-I, CACD-II, LCSW)</p> <p>"Practitioner Title:" ex. Registered SUD Counselor, Certified SUD Counselor, Licensed Social Worker</p> <p>"Date Added:"- Date the Problem was added</p> <p>"Date Removed:"- If applicable, add the date the problem was identified for removal.</p> <p>"Removed by:" The practitioner, credential, and title that removed the problem.</p>
Long Term Goal	What the patient wants to achieve by the end of treatment at that level of care	<p>"N/A"</p> <p>This is no longer required, but can still be filled with what the patient identifies as a long-term goal</p>
Treatment Start Date	The date the patient started treatment	No change. Continue to enter the date the patient started treatment.
Dimension	Select the dimension(s) associated with the Problem Statement.	No change. Continue selecting the dimension associated with the Problem.
Short Term Goal(s) (SMART)	Enter a Specific, Measurable, Achievable, Relevant, Time-Bound goal.	<p>"N/A"</p> <p>This is no longer required but can still be filled in with a SMART goal.</p>
Action Steps	What staff or the patient are going to do to help meet the goals.	<p>"N/A"</p> <p>This is no longer required as it is expected to be noted in each progress note.</p>
Target Date	Expected day of completion.	Leave Blank
Complete Date	Date goal met.	Leave Blank

Problem List Review & Finalization



Treatment Plan Review	
This Section To Be Completed By LPHA Staff Only	
Treatment Plan Review Date <input type="text"/> Today Yesterday	Date of Progress Note Documenting Treatment Plan Review <input type="text"/> Today Yesterday
Explanation of Need for Ongoing Services and Justification of Level of care, as applicable <input type="text"/>	
LPHA Name Search for: <input type="text"/> Search <input type="text"/>	
Additional Comments (if applicable) <input type="text"/>	

The Treatment Plan Review section is not required for the Problem List and can be skipped. Documentation of Problem List review still needs to be documented in a miscellaneous note (Treatment Plan Review/Development); however, this section is now optional.

Form Status <input checked="" type="radio"/> Draft <input type="radio"/> Final	
<input type="button" value="Save Changes"/> <input type="button" value="Cancel Changes"/>	

(LE)LPHA finalization is required. This form and Problem Lists are not considered valid until an (LE)LPHA has finalized it.

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?

What's Wrong with Jorge's Problem List?



Problem Statement	Long-Term Goal	Treatment Start Date	Dimension	Short-Term Goal (SMART)
Alcohol use disorder, severe Problem Added By: John Smith, LCSW Practitioner Title: Therapist Date Added: 07/01/2022	N/A	07/01/2022	1	N/A
Z63.0 Problems in relationship with spouse or partner Problem Added By: Jane Doe, CADAC-II Practitioner Title: Certified SUD Counselor	N/A	07/01/2022	5	N/A
History of seizure Date Added: 07/10/2022	N/A	07/10/2022	3	N/A
F43.1 PTSD Problem Added By: Ana Beaver Practitioner Title: Peer Support Specialist Date Added: 07/15/2022	N/A	07/01/2022	3	N/A
Reported by patient: Hypertension Problem added by John Smith, LCSW Practitioner Title: Therapist Date Added: 07/16/2022	N/A	07/01/2022	2	N/A

What's Wrong with Jorge's Problem List?



Problem Statement	Long-Term Goal	Treatment Start Date	Dimension	Short-Term Goal (SMART)
Alcohol use disorder, severe Problem Added By: John Smith, LCSW Practitioner Title: Therapist Date Added: 07/01/2022	N/A	07/01/2022	1	N/A
Z63.0 Problems in relationship with spouse or partner Problem Added By: Jane Doe, CADC-II, Practitioner Title: Certified SUD Counselor Missing Date Added	N/A	07/01/2022	5	N/A
History of seizure Date Added: 07/10/2022 Missing practitioner name, credential, title	N/A	07/10/2022	3	N/A
F43.1 PTSD Problem Added By: Ana Beaver, Practitioner Title: Peer Support Specialist Date Added: 07/15/2022 ← Out of scope	N/A	07/01/2022	3	N/A
Reported by patient: Hypertension. Problem added by John Smith, LCSW Practitioner Title: Therapist. Date Added: 07/16/2022	N/A	07/01/2022	2	N/A

A Discharge Treatment Plan is no longer required.

- However, **discharge planning** is required and is 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. [Provider Manual 6.0 pg. 104](#)

Discharge planning should be clearly documented in progress notes.

Discharge and Transfer form is required.





Documenting the Problem List Development





Like documenting the collaborative process of treatment plan development, a note is required documenting how problems for the Problem List were identified and that they were incorporated into the Treatment Plan Form.



Practitioners who add, review, or update a Problem List need to document this in a Miscellaneous Note: Treatment Plan Review/Development.

Medical Justification Notes are still required for service authorizations and should be completed separately on a Miscellaneous Note: Medical Necessity Justification.



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

Documenting Problem List Development



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 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 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.

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?

Documenting Updating the Problem List



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 59.01 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.

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:

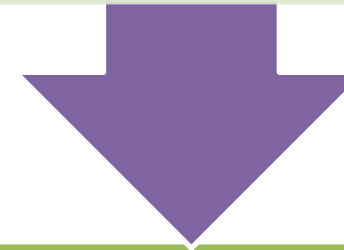
Does Jorge’s treatment team need to take any actions in response to the new information? If yes, what are these actions?

Note Timelines

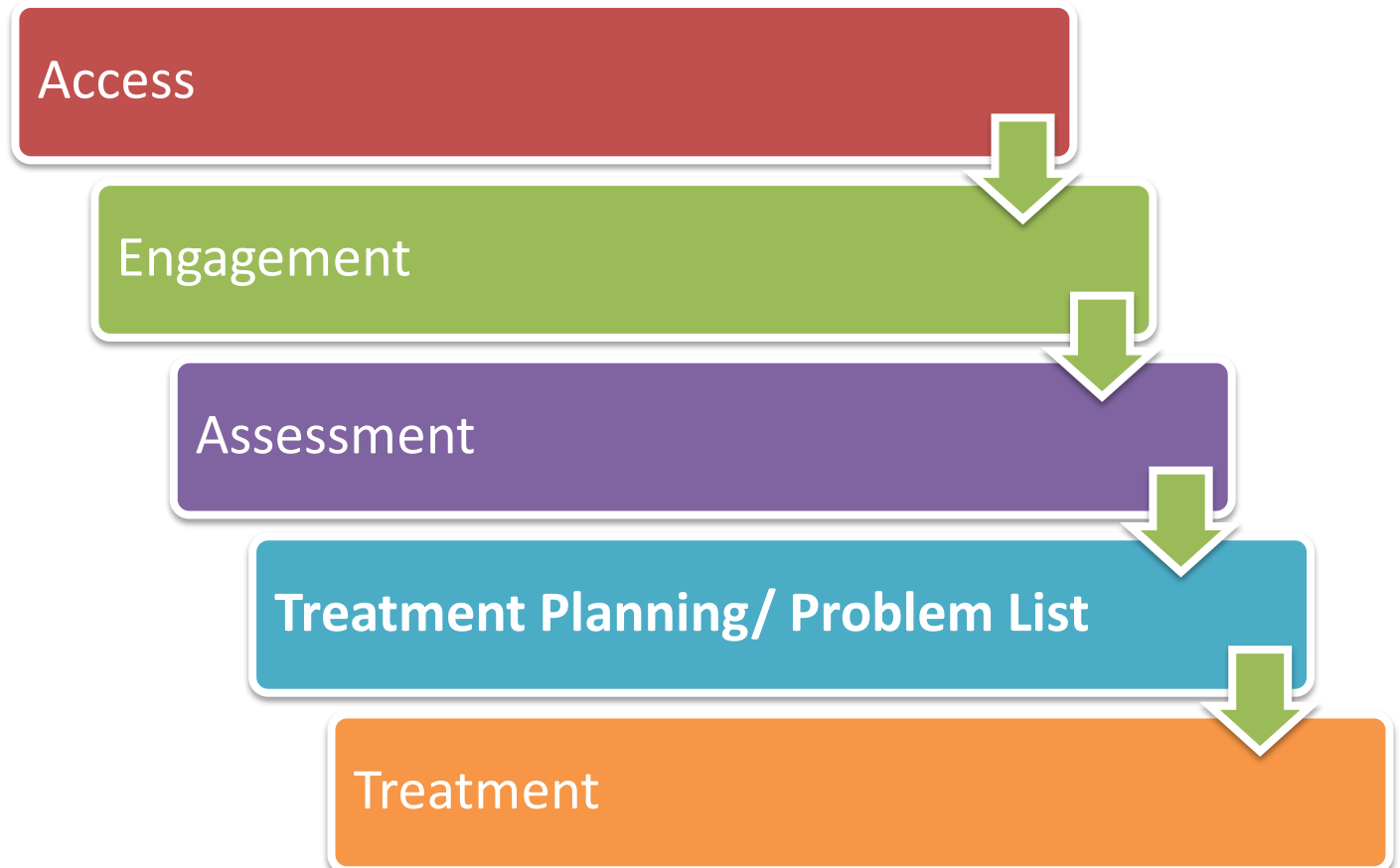
- Progress Notes
- Miscellaneous Notes
- Group Notes
- Daily Residential Notes

Complete Notes within **3 business days**

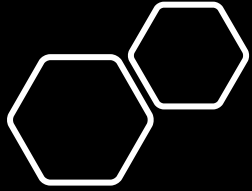
-Includes required co-signature if applicable



Complete Notes for Crisis services within **24 hours**



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



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



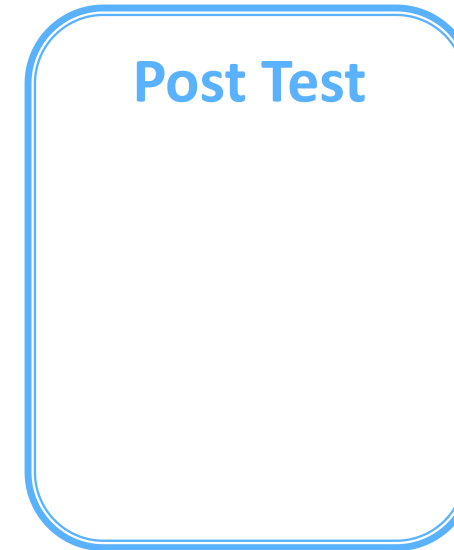
Description	Website Link
SAPC CalAIM Documentation Reform FAQ	http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm
General CalAIM information	https://www.dhcs.ca.gov/CalAIM
Sage Guide on Operationalizing the Problem List in Sage	http://publichealth.lacounty.gov/sapc/Sage/Training/OperationalizingProblemListInSage.pdf
BHIN 22-019	https://www.dhcs.ca.gov/Documents/BHIN-22-019-Documentation-Requirements-for-all-SMHS-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) <ul style="list-style-type: none"> •Alcohol and Drug Counselor •Clinical Staff •Medical Staff •Peer Support Specialists 	https://www.calmhsa.org/calaim-2/
CalMHSA Learning Management System (LMS)	https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf
Social Determinants of Health	https://www.cdc.gov/socialdeterminants/index.htm
Social Determinants of Health Z-Codes	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-009.pdf
Get added to Listservs for the latest information	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-04/Bulletin21-04EffectiveCommunication.pdf



RECAP

- Identified all required components of the Problem List according to California DHCS and SAPC requirements
- Showed how to use the existing Sage Treatment Plan Form to create a Problem List
- 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 patients' recovery and care coordination needs.
- Document Problem List Development, Update, or Review in a Miscellaneous Note: Treatment Plan Review/Development

1. The PowerPoint slides will be emailed to you **later today or tomorrow**
2. You will receive your CE Certificate/Certificate of Attendance within **4-6 weeks**
3. There was **no** commercial support for today's training
4. The evaluation is on a Likert scale (example below)



1. Instruction- The program objectives were met: *



Strongly Disagree

Disagree

Neither Agree
nor Disagree

Agree

Strongly Agree

Objective #1: Identify
and describe three (3)
key components of
medical necessity for
clinical documentation



SAPC Contact Information



Thank you all for coming. The links to the Post-Test and Evaluation can be found in the Chat. Once you have completed both you can click out of WebEx. Have a great rest of your day!

Clinical/Training Questions:

SAPC.CST@ph.lacounty.gov

General Questions:

SUDTransformation@ph.lacounty.gov

Clinical/Utilization Management (UM) Questions:

SAPC.Qi.UM@ph.lacounty.gov

(626) 299-3531



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For more trainings visit: [SAPC Trainings and Events](#)

Where do I go for the SAPC Provider Manual, updates/bulletins, and SAPC Trainings and Events?
(links provided below)

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm>

PROVIDER MANUAL AND FORMS

Expectations and requirements of substance use disorder network providers, including clinical and business standards, policies and procedures, and essential forms



[SAPC Provider Manual 6.0](#)
[Clinical Forms and Documents](#)
[Problem List Main](#)
[Problem List Addendum](#)

PROVIDER MEETINGS, BULLETINS, BRIEFS AND FACTSHEETS

Information on contract updates and changes at the County, State and Federal levels, and other documents that outline programmatic, financial, information technology and contracting changes and requirements



[SAPC Provider Network Information](#)
[July 5th All Provider Meeting Recording](#)

CAPACITY BUILDING AND TRAINING RESOURCES

Tools and resources available to support substance use disorder providers in building and maintaining an effective workforce and business, and achieving patient outcomes



[SAPC Trainings and Events](#)
[SAPC Training Calendar](#)
[List of SAPC Trainings](#)

SAPC Sage Website

Sage Provider Communications

SAPC Home / Providers / Sage Home / Sage Provider Communications

Fiscal Year 22-23

Fiscal Year 21-22

Other Training Resources

[SAPC Home](#) / [Providers](#) / [Sage Home](#) / [Sage Trainings](#) / Other Training Resources

CaAIM Documentation Reform

Subject	Description	Date
CaAIM Documentation Reform FAQ	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.	07/26/2022
Operationalizing the Problem List in Sage	This document outlines the interim Sage solution meeting DHCS' Problem List requirements	07/05/2022

*Images are hyperlinked

Sage Newsfeed:

Available when you log in to Sage or through “News” on the Main Menu

Main Menu - Provider

Lookup Client

Add New Client/Client Search

News



ProviderConnect - News

	No.	Date	News
-	1.	7/26/2022	A CaAIM Documentation Reform FAQ has been published to the Sage page. Please copy and paste the link below to a web browser to access the document. http://publichealth.lacounty.gov/sapc/Sage/Training/CaAIMDocumentationReformFAQ072522.pdf
+	2.	7/7/2022	Job Aid on Operationalizing the Problem List in Sa (...)