



# Quality Assurance Bulletin

## Quality Assurance Unit

County of Los Angeles – Department of Mental Health

Jonathan E. Sherin, M.D., Ph.D., Director

June 28, 2022

No. 22-05

## NEW FIRST POINT OF CONTACT REQUIREMENTS

This Bulletin provides updated guidance on when outpatient Specialty Mental Health Services (SMHS) may be claimed to Medi-Cal. Per State Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) No. 22-013, effective July 1, 2022, non-diagnosing practitioners may utilize the ICD-10 codes Z55-Z65, “persons with potential health hazards related to socioeconomic and psychosocial circumstances”, prior to the rendering of a formal diagnosis (or lack thereof) by an assessing practitioner. As a result, non-diagnosing practitioners may be the first point of contact with the client/caregiver if that is what best meets the needs of the client.

With this update, the first offered service for the client may be any SMHS that best addresses the client’s needs. This does not change the requirement to obtain consent for mental health services when applicable, financial screening, and any other administrative activities that need to occur prior to the opening of an episode per DMH Policy 312.02. The first offered service shall be within the timeframes identified in DMH Policy 302.07 and appropriately logged in the Service Request Log or Service Request Tracking System (SRTS) per DMH Policy 302.14. In no situation should the first contact be with a non-diagnosing practitioner simply because a provider is unable to provide a timely assessment appointment.

An assessment form is not started at the point of first contact with the client by a non-diagnosing practitioner. However, there should be documentation in the progress note that illustrates that the service provided was medically necessary (refer to QA Bulletin 21-08). Because all claims to Medi-Cal require an ICD-10 code, there must be a diagnosis established for first contacts with clients, including first contacts by non-diagnosing practitioners. The ICD-10 codes Z55-Z65 satisfy this requirement. These codes identify Social Determinants of Health including problems related to education/literacy, employment/unemployment, housing and economic situation, social environment, and primary support group. Because these codes represent social information rather than medical diagnoses (per the American Medical Association), they may be utilized by any practitioner involved in the care of the client as long as the information is documented in the clinical record.

Below are a few scenarios in which the first point of contact with the client is by a non-diagnosing practitioner and a Z55-Z65 ICD-10 code may be utilized:

1. A client is in need of Crisis Intervention (e.g., Psychiatric Mobile Response Team (PMRT)) services and the responding team is a Registered Nurse (RN) and Peer Advocate – first claimed service H2011;
2. A client is presenting with the need for housing services and/or other social supports and is hesitant to engage in other mental health services – first claimed service T1017 or T1017HK;
3. A client is interested in meeting with a Community Health Worker to begin telling their story – first claimed service H2000;
4. A caregiver meets with a Parent Partner to begin sharing information about the client’s mental health history, and the client’s strengths, risks, and barriers to achieving their goals (refer to QA Bulletin 22-03 regarding who can gather information for the assessment) – first claimed service H2000.

While this update in guidance will provide greater flexibility in meeting the needs of clients as well as increase Medi-Cal billing opportunities (e.g., no longer have to claim Community Outreach Services (COS) because an assessment wasn’t completed, or not bill for Crisis Intervention services because a diagnosing practitioner was not available), providers should continue to ensure that assessments are started and completed in a timely manner and in accord with clinically accepted practice. In situations where a non-diagnosing practitioner is the first point of contact, it is recommended that an assessment by a diagnosing practitioner be started within five (5) service contacts and/or thirty (30) days of treatment unless there is a clear clinical rationale as to why this did not occur. Once the assessment is completed, the diagnosis must be updated with the most appropriate diagnosis by the assessing/diagnosing practitioner. If Crisis Intervention is the first contact, it remains best

practice to refer the client to a provider/practitioner that can fully assess the mental health needs of the client and provide on-going treatment beyond the Crisis Intervention.

### **Administrative Process**

For Directly-Operated providers using IBHIS, the Diagnosis form may only be utilized by practitioners for whom diagnosing is within scope of practice (this restriction may be removed in the future). A non-diagnosing practitioner should enter the client's observed problem(s) into the Problem List form per QA Bulletin 22-04. Observed problems may include one of the Social Determinants of Health (see Appendix A for a list). A clinical supervisor may then enter the corresponding Z55-65 ICD code for one of the problems into the Diagnosis form in those situations in which the first point of contact with the client is with the non-diagnosing practitioner. The non-diagnosing practitioner's name should be entered on the form as the "diagnosing" practitioner and the ICD-10 code should be selected based on Social Determinants of Health identified in the Problem List. Please note that if there is already a diagnosis on file for the client, the clinical supervisor should determine if it is appropriate to update the diagnosis with the new Z55-65 ICD-10 code. Situations in which it is not appropriate to update an existing diagnosis include when the client is actively in treatment at another provider site, when the diagnosis on file is consistent with other episodes of care for the client, and when the client's presenting symptoms are consistent with the existing diagnosis.

For Contracted providers, it is up to the provider to determine the most appropriate way for the Z55-Z65 ICD-10 codes by non-diagnosing practitioners to be entered into the Clinical Record and as a result, on claims.

### **Implementation**

This new guidance is meant to add greater flexibility to practitioners as well as to clients needing services. For that reason, there is no State and/or LACDMH required implementation date. Providers should discuss clinical workflows and what makes the most sense to meet the needs of their programs and clients. For Directly-Operated providers implementation of this new guidance will occur in the next thirty (30) days based on workgroup feedback. Further guidance will be provided to Directly-Operated providers upon full implementation.

DMH Policies 302.14 and 312.02 will be updated to account for the changes described in this Bulletin. In addition, a brief training video addressing the changes will be available on the QA Unit's website under "Training."

If Directly-Operated or Contracted providers have any questions related to this Bulletin, please contact the QA Unit at [QualityAssurance@dmh.lacounty.gov](mailto:QualityAssurance@dmh.lacounty.gov).

cc: DMH Executive Management  
DMH Administration Managers  
DMH QA Liaisons  
Legal Entity Executive Management

DMH Clinical Operations Managers  
DMH Quality, Outcomes & Training Division  
DMH CIOB Managers  
Legal Entity QA contacts

**APPENDIX A**

Social Determinants of Health List

Type **key words** below in the Problem List to record identified problems for the client

<p>Problems related to education and literacy</p> <ul style="list-style-type: none"> <li>• Illiteracy and low-level literacy</li> <li>• Schooling unavailable and unattainable</li> <li>• Failed school examinations</li> <li>• Underachievement in school</li> <li>• Educational maladjustment and discord</li> <li>• Less than a high school diploma</li> <li>• Other problems related to education</li> </ul> <p>Problems related to education and literacy</p> <p>Problems related to employment and unemployment</p> <ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Change of job</li> <li>• Threat of job loss</li> <li>• Stressful work schedule</li> <li>• Discord with boss and workmates</li> <li>• Uncongenial work environment</li> <li>• Other physical and mental strain related to work</li> <li>• Other problems related to employment</li> <li>• Unspecified problems related to employment</li> <li>• Occupational exposure to risk factors</li> </ul> <p>Problems related to physical environment</p> <p>Problems related to housing and economic circumstances</p> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Inadequate housing</li> <li>• Discord with neighbors, lodgers and landlord</li> <li>• Lack of adequate food</li> <li>• Extreme poverty</li> <li>• Low income</li> </ul> <p>Problems related to social environment</p> <ul style="list-style-type: none"> <li>• Problems related to living alone</li> <li>• Acculturation difficulty</li> <li>• Social exclusion and rejection</li> <li>• Target of (perceived) adverse discrimination</li> <li>• Other problems related to social environment</li> <li>• Problem related to social environment</li> </ul>	<p>Problems related to upbringing</p> <ul style="list-style-type: none"> <li>• Inadequate parental supervision and control</li> <li>• Parental overprotection</li> <li>• Upbringing away from parents</li> <li>• Hostility towards and scapegoating of child</li> <li>• Inappropriate (excessive) parental pressure</li> <li>• Personal history of abuse in childhood</li> <li>• Parent-child conflict</li> <li>• Other specified problems related to upbringing</li> </ul> <p>Other problems related to primary support group, including family circumstances</p> <ul style="list-style-type: none"> <li>• Problems in relationship with spouse or partner</li> <li>• Disappearance and death of family member</li> <li>• Disruption of family by separation and divorce</li> <li>• Dependent relative needing care at home</li> <li>• Other stressful life events affecting family</li> <li>• Stress on family due to return of family member</li> <li>• Alcoholism and drug addiction in family</li> <li>• Other stressful life events affecting family</li> <li>• Other specified problems related to primary support</li> </ul> <p>Problems related to certain psychosocial circumstances</p> <p>Problems related to other psychosocial circumstances</p> <ul style="list-style-type: none"> <li>• Conviction in civil and criminal proceedings</li> <li>• Imprisonment and other incarceration</li> <li>• Problems related to release from prison</li> <li>• Problems related to other legal circumstances</li> <li>• Victim of crime and terrorism</li> <li>• Exposure to disaster, war</li> <li>• Other specified problems related to psychosocial factors</li> <li>• Problem related to unspecified psychosocial factors</li> </ul>
---	--