QA KNOWLEDGE ASSESSMENT SURVEY #6

Cal-AIM Documentation Redesign

Answer Rationales

Question 1: Which one of the following is true regarding Assessment?

- **A.** Per Cal-AIM, Assessments must cover 7 required global assessment domains
- **B.** Per Cal-AIM, the first point of contact with the client does not have to be for the purpose of assessment if there is medical necessity for a treatment service prior to the start or completion of the Assessment
- **C.** Per Cal-AIM, the frequency of the Assessment is up to clinical discretion
- **D.** All of the above

Question 1. Best Answer: D

Rationales for Question 1 Answer Options:

Option A:

This answer option is accurate. According to the ORGANIZATIONAL PROVIDERS MANUAL (Org. Manual) (pg.18), Assessments must contain the required seven (7) uniform Assessment domains below. There is no requirement for the domains to be laid out in this manner.

Domain 1	Domain 5
• Presenting Problem(s) • Current Mental Status • History of Presenting Problem(s) • Client-Identified Impairment(s)	• Social and Life Circumstances • Culture/Religion/Spirituality
Domain 2	**Domain 6**
• Trauma	• Strengths, Risk Behaviors & Safety Factors
Domain 3	**Domain 7**
• Behavioral Health History (including Substance Use History) • Comorbidity (i.e. substance use & mental health)	• Clinical Summary & Recommendations • Diagnostic Impression • Medical Necessity Determination/Level of Care/Access Criteria
Domain 4	
• Medical History • Current Medications • Comorbidity (i.e. medical & mental health)	

For clients under the age of 21, the Child and Adolescent Needs and Strengths (CANS) Assessment tool may be utilized to help inform the Assessment domain requirements but is not sufficient as the Assessment in-and-of itself.

Option B:

This answer option is accurate. According to QA Bulletin 22-05: First Point of Contacts, 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. The first offered service for the client may be any SMHS that best addresses the client's needs. 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).

Option C:
This answer option is accurate. According to the Org. Manual (pg. 20), the frequency of the Assessment is up to clinical discretion. When there is additional information gathered, whether a change or addition, after the completion of the Assessment, this change or addition would be documented on the Problem List. If it is determined that another Assessment is needed, existing information should be reviewed and incorporated into the Assessment to minimize redundancy in questioning. If a diagnosis requires updating post-Assessment, information supporting the new diagnosis may be documented in a progress note and/or Assessment.

Option D:
This option is the best answer to this question as Options A, B and C are all accurate statements regarding the Assessment.

Problem List Sample for Question 2:

Client Problems *(includes diagnoses, symptoms, non-mental health conditions, risk factors, etc.)*	Identified by Staff or Client/Significant Support Person?	Date Problem Identified / Added	Date Problem Resolved / Removed	Practitioner Name	Practitioner Title
Major Depressive Disorder	Staff	3/15/23		Anna Sample	Therapist
History of Sexual Abuse	Staff	4/11/23		Joe Test	Case Manager

Question 2: Which one of the following is true regarding the Problem List?

- **A.** Any symptoms, conditions, diagnoses, and/or risk factors identified through the Assessment, diagnostic evaluation, crisis encounters, or other types of service encounters should be entered into the Problem List
- **B.** Medical conditions do not have to be included on the Problem List because they are not mental health related
- **C.** In the sample above, recent changes with this client that took place after completion of the Assessment such as being removed from biological parents should not be added to the Problem List
- **D.** Substance use issues do not need to be included on the Problem List because they are outside of what Medi-Cal SMHS address/treats

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Answer Rationales

Question 2. Best Answer: A

Rationales for Question 2 Answer Options:

Option A:
This answer option is accurate. Per the Org. Manual (pg. 22), the Problem List must contain:

- Symptoms, conditions, diagnoses, and/or risk factors identified through the Assessment, diagnostic evaluation, crisis encounters, or other types of service encounters:
  - Diagnoses identified by a practitioner acting within their scope of practice, if any.
  - Problems identified by a practitioner acting within their scope of practice, if any.
  - Problems or illnesses identified by the client and/or significant support person, if any.
- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed.

Option B:
This answer option is not accurate because medical conditions **do** have to be included on the Problem List. See the Option A answer rationale above for this question.

Option C:
This answer option is not accurate. Per the Org. Manual (pg. 22), the Problem List shall be updated on an ongoing basis to reflect the current presentation of the client, adding, or removing problems when there is a relevant change to a client's condition and as new problems are identified.

Option D:
This answer option is not accurate. Substance use and other risk factors **do** have to be included on the Problem List. See the Option A answer rationale above for this question.

Question 3: Which one of the following is true regarding Treatment Plans/Care Plans?

A. With Cal-AIM, the formal Client Treatment Plan (CTP), with its numerous required data elements (e.g., specific observable and/or specific quantifiable goals/treatment objectives) is no longer required for any services or programs except for STRTPs

Answer Rationales

B. Per Cal-AIM, for specific services (e.g., TCM, ICC, TBS, IHBS, TFC, Peer Support) the development and periodic revision of a Care Plan is not required
C. The Care Plan for specific services (e.g., TCM, ICC, TBS, IHBS, TFC and Peer Support) may be documented in the Progress Note within the Next Steps section
D. Both A and C

Question 3. Best Answer: D

Rationales for Question 3 Answer Options:

Option A:

This answer option is accurate. Effective July 1, 2022, per Cal-AIM, the CTP form became obsolete (QA Bulletin 22-04 - Documentation Redesign for SMHS pg. 4). While care planning should be done for all services, only the following services and locations have specific documentation requirements related to the care plan:

- Targeted Case Management (TCM)
- Peer Support Services
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Intensive Home-Based Services (IHBS)
- All services provided within a Psychiatric Health Facility (PHF)
- All services provided within a Mental Health Rehabilitation Center (MHRC)
- All services provided within a Skilled Nursing Facility (SNF)
- All services provided to children in a Community Treatment Facility (CTF)
- All services provided within a Short-Term Residential Treatment Program (STRTP)

Except for services provided within an STRTP, the next steps within the Progress Note may serve as the Care Plan for the above services (Org. Manual, pg. 23).

Option B:

This answer option is not accurate because the development and periodic revision of a Care Plan **is** required for specific services. See the Option A answer rationale above for this question.

Option C:

This answer option is accurate. See the Option A answer rationale above for this question.

Option D:

This option is the best answer to this question as both Option A and C are accurate.

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Answer Rationales

Question 4: Which one of the following is true regarding Progress Notes?

A. The focus of a progress note is describing what Specialty Mental Health Service was provided to address the client's mental health needs (e.g., symptoms, condition, diagnosis, and/or risk factors) and the planned next steps in treatment
B. Although with Cal-AIM, the practitioner has up to 3 business days to complete the progress note, best practice is still to complete/finalize progress notes as soon as possible, ideally collaboratively with the client
C. With Cal-AIM, discharge summaries are required
D. Both A and B

Question 4. Best Answer: D

Rationales for Question 4 Answer Options:

Option A:

This answer option is accurate. Per the Org. Manual (pgs. 23-24), progress notes are used to describe the medically necessary Specialty Mental Health Service provided. In addition to some specific required pieces of information (e.g., date of service, location of client, service code, practitioner's signature) progress notes must also include:

- Sufficient detail to support the service code selected for the service type indicated by the service code description
- A narrative describing the service, including how the service addressed the client's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)
- Next steps including, but not limited to, planned action steps by the practitioner or by the client, collaboration with the client, collaboration with other provider(s) and any update to the Problem List as appropriate

Option B:

This answer option is accurate. Per DMH Policy 401.02 Clinical Records Contents and Documentation Entry, providers must complete all clinical documentation within three (3) business days of providing a service.

- Exception - clinical documentation for crisis services shall be completed within 24 hours.

For all clinical documentation requiring supervisor approval, the supervisor shall:

- Review documentation by the end of the next scheduled workday (following the date the provider finalizes); and
- Co-sign within three (3) business days
- Exception - clinical documentation for crisis services shall be completed within 24 hours from the date of finalization by the provider

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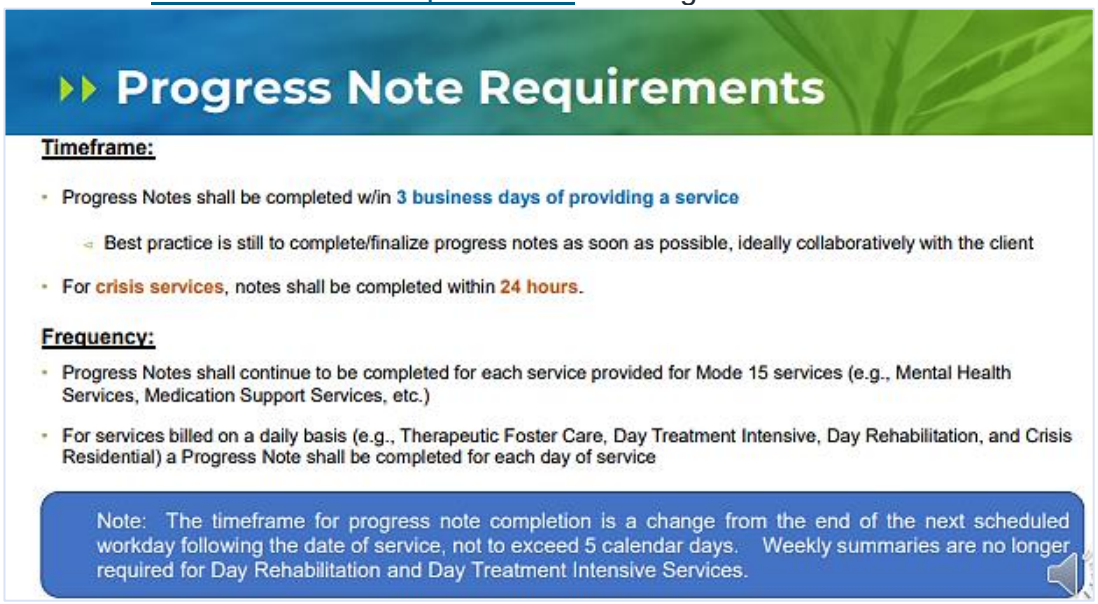
Answer Rationales

Slide 41 from Documentation Requirements Training:



Option C:
This answer option is not accurate. Although, a discharge summary is not listed as one of the requirements for Progress Notes under Cal-AIM, the current Org. Manual notes (on pg. 25) that it is best practice to complete a discharge summary as part of a collaborative process with the client and/or significant support during an in person contact or, minimally, a phone contact.

Option D:
This option is the best answer to this question as both A and C are accurate.