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IDENTIFYING TREATMENT FOCUS: PROBLEM LIST

California Mental Health Services Authority (CalMHSA)

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CALMHSA INTRODUCTIONS

Amie Miller, PsyD
Director

Dawn Kaiser, LCSW, CPHQ
Director of Managed Care Operations

Lucero Robles, MSW, LCSW
Director of Quality Assurance & Compliance

Courtney A. Vallejo, LMFT
Utilization Manager

Amy Leino, PhD
Quality Improvement Specialist

WE ARE HERE

TRANSFORMATION WEBINARS: FOR COUNTY LEADERSHIP & QI STAFF

Welcome to CalAIM: Then vs. Now	**04/27/22**
Shifting our Focus: Compliance vs. Quality	**05/04/22**
Communication Plans: Change Messaging	**05/11/22**
Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis	**05/18/22**
Standardizing Documentation: Universal Assessment	**05/25/22**
Identifying Treatment Focus: Problem List	**06/01/22**
Documenting Care: Progress Notes	**06/08/22**
No Money, No Mission: Billable vs. Non-Billable Services	**06/15/22**
Outcomes That Matter: Quality Measurement	**06/22/22**
You've Got This: CalAIM – A Summary	**06/29/22**

TRAINING OBJECTIVES

Participants will walk away with:

- A deeper understanding of what the problem list is and why it is being utilized

- Clarity regarding the specific requirements of the problem list, including who can add to an individual's problem list

- Additional knowledge regarding Z codes

- Answers to commonly asked questions regarding the problem list

PROBLEM LIST

(Applies to MHPs, DMC & DMC-ODS)

CONNECTION, COMMUNICATION & COORDINATION

IDENTIFYING PROBLEMS & SOLUTIONS IS STRENGTH-BASED

PROBLEM LIST REQUIREMENTS

- 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.

- A problem identified during a service encounter (e.g., crisis intervention) may be addressed by the service provider (within their scope of practice) during that service encounter, and subsequently added to the problem list.

- Providers shall add to or end date problems from the problem list when there is a relevant change to a beneficiary's condition.

MENTAL HEALTH & SUBSTANCE USE DIAGNOSIS/ES

TO

PROBLEM LIST:

- **MENTAL HEALTH DIAGNOSIS**
- **SUBSTANCE USE DIAGNOSIS**
- **SOCIAL DETERMINANTS OF HEALTH NEEDS (Z55-Z65)**
- **OTHER Z CODES**
- **PHYSICAL HEALTH CONDITIONS**

WHAT IS INCLUDED IN A PROBLEM LIST?

The problem list shall include, but is not limited to, the following:

- Diagnoses identified by a provider acting within their scope of practice, if any (Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable).

- Problems identified by a provider acting within their scope of practice, if any.

- Problems or illnesses identified by the beneficiary 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 added, or removed.

WHO CONTRIBUTES TO THE PROBLEM LIST?

The provider(s) responsible for the beneficiary's care shall create and maintain a problem list. This includes:
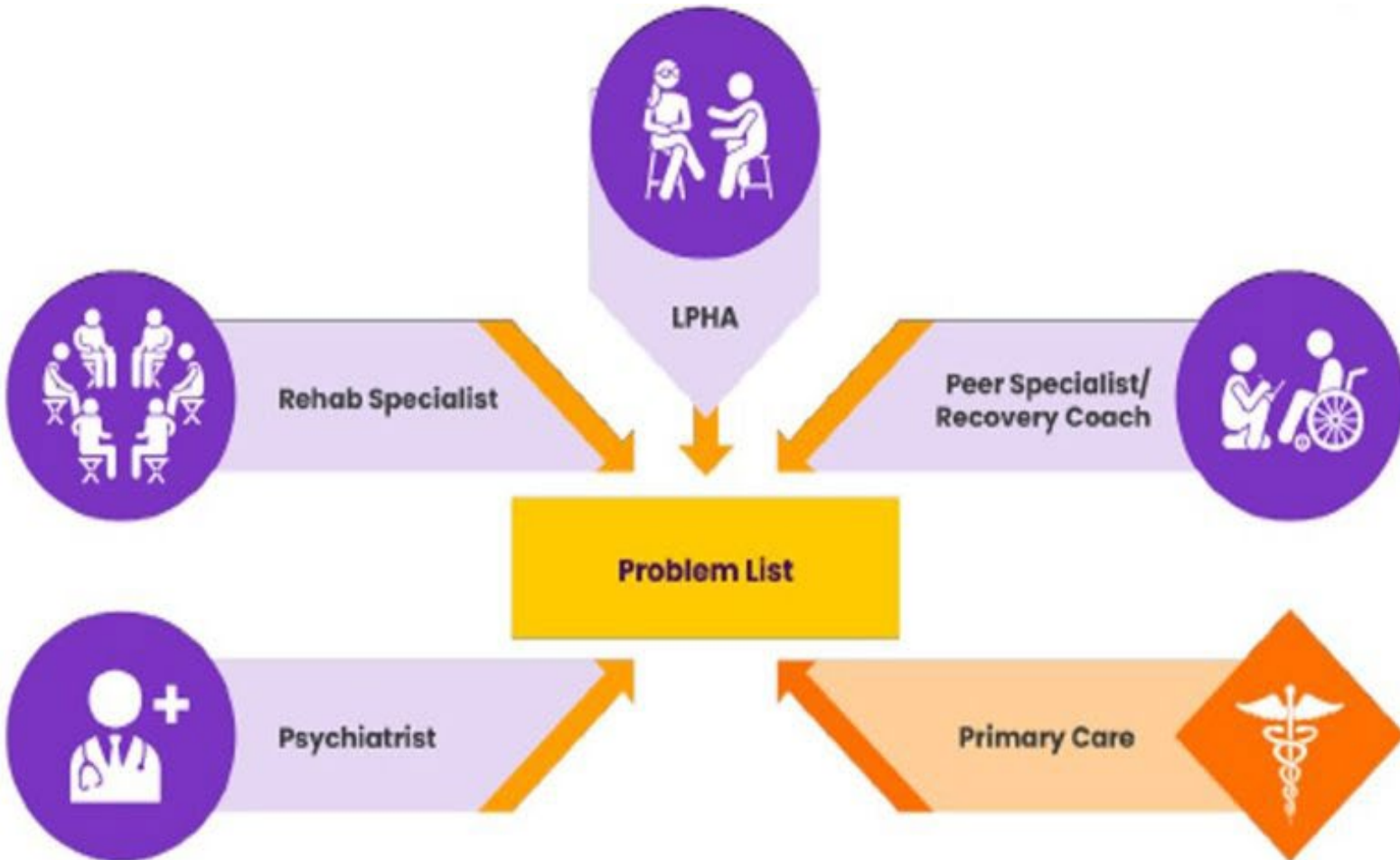
PROBLEM LIST TIMELINESS

- The problem list shall be updated on an ongoing basis to reflect the current presentation of the beneficiary.

- DHCS does not require the problem list to be updated within a specific timeframe or have a requirement about how frequently the problem list should be updated after a problem has initially been added. However, providers shall update the problem list within a reasonable time and in accordance with generally accepted standards of practice.

PROBLEM LIST EXAMPLE

A problem list which codifies a person's needs showing the entire care team the focus of services

Code	Description	Begin Date	End Date	Identified by	Job Title
F33.3	Major Depressive Disorder recurrent, severe with psychotic symptoms	01/19/2022	Current	Name	Psychiatrist
F10.99	Alcohol Use Disorder, unspecified	01/19/2022	Current	Name	Licensed Clinical Social Worker
I10	Hypertension	02/25/2022	Current	Name	Primary Care Physician
Z62.819	Personal history of unspecified abuse in childhood	04/16/2022	Current	Name	Licensed Clinical Social Worker
Z59.02	Unsheltered homelessness	05/01/2022	Current	Name	Peer Support Specialist
Z59.41	Food insecurity	05/01/2022	Current	Name	Peer Support Specialist

THE PROBLEM LIST AND DATA SHARING

- In California there are multiple statewide and local efforts to drive information sharing to facilitate improved outcomes

- The problem list is part of a data interoperability set nationally

- As we implement the problem list in behavioral health, we will both send our information to others in the client's healthcare team and receive information in our electronic health records

- This will facilitate improved care coordination for the humans we have the privilege of serving

MODERN, HIGH-QUALITY CARE IS ABOUT COORDINATION AND INTEROPERABILITY

Z CODES & SOCIAL DETERMINANTS OF HEALTH

WHAT ARE ICD-10 Z CODES?

- Z codes serve as a replacement for V codes in the ICD-10 and are designed for instances in which circumstances other than a disease or injury result in an encounter or are recorded by providers as factors that impact care

- ICD-10 Z codes are more comprehensive and cover more psychosocial problems than the DSM 5/ICD-9 V codes

- ICD-10 Z codes range from Z00-Z99. The entire range of Z codes are referred to as "Factors influencing health status and contact with health services"

SDOH Z CODES VS. OTHER TYPES OF Z CODES

- Encompassed within the Z codes are "Social Determinants of Health" (SDOH) Z codes (Z55 through Z65) that can be used to document SDOH data

- Z55 through Z65 codes are also referred to as "Persons with potential health hazards related to socioeconomic and psychosocial circumstances"

- The CDC defines SDOH as "conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes"

WHY ARE Z CODES IMPORTANT

Use of SDOH Codes helps to:

- Enhance client/patient care

- Improve care coordination and referrals

- Support quality measurement

- Identify community/population needs

- Support planning and implementation of social needs interventions

- Monitor SDOH intervention effectiveness

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SOCIAL DETERMINANTS OF HEALTH

EDUCATION ACCESS AND QUALITY

- Access to quality educational opportunities
- Educational attainment
- Language & literacy
- Early childhood education & development

HEALTH CARE ACCESS AND QUALITY

- Access to needed care
- Primary Care (for prevention & chronic conditions)
- Health insurance coverage
- Health literacy

ECONOMIC STABILITY

- Poverty
- Employment
- Food security
- Housing stability

NEIGHBORHOOD AND BUILT ENVIRONMENT

- Housing quality
- Access to transportation
- Availability of healthy food, air, water
- Neighborhood crime & violence

SOCIAL AND COMMUNITY CONTEXT

- Community cohesion
- Discrimination
- Incarceration (self, caregiver)
- Workplace & school conditions (bullying)

SOCIAL DETERMINANTS OF HEALTH

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DHCS "PRIORITY" SOCIAL DETERMINANTS OF HEALTH (SDOH) CODES

For Managed Care Plans, DHCS seeks to prioritize the use of a set of pertinent SDOH codes to maximize the capture of actionable SDOH data

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

EXPLORING PROBLEM LIST MYTHS

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"The problem list replaces all treatment plans"

REAL DEAL

While mostly true, some services still require a treatment plan/client plan/plan of care/individual service plan: Targeted Case Management (TCM), Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Foster Care (TFC), Therapeutic Behavioral Services (TBS), Narcotic Treatment Programs (NTP), Peer Support Services (PSS), Short Term Residential Therapeutic Program (STRTP), Psychiatric Health Facility (PHF), Special Treatment Programs within Skilled Nursing Facilities (STP-SNF) and Mental Health Rehabilitation Centers (MHRCs)

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"If a service still requires a treatment plan/client plan, then a problem list is not required"

REAL DEAL

Problem lists are required of all services, even those services still require a treatment plan/client plan

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"For Specialty Mental Health Services (SMHS), Targeted Case Management (TCM) and Case Management (CM) are not the same thing—therefore if we provide case management, we do not need to complete a treatment plan"

REAL DEAL

TCM and CM are the same thing and require a treatment plan; however, the treatment plan should be addressed within the narrative of a progress note instead of on a separate document

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"DMC-ODS Care Coordination is the same as Targeted Case Management and therefore it requires a treatment plan/client plan"

REAL DEAL

DMC-ODS Care Coordination (formerly known as "Case Management") is not considered Targeted Case Management (TCM) and therefore, a treatment plan/care plan is NOT required for DMC-ODS Care Coordination

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"It is up to each MHP to determine if they want to document TCM and Peer Support Service treatment plan/care plans within a progress note narrative"

REAL DEAL

The minimum requirement is that a TCM and Peer Support services treatment plan/care plan shall be provided in a narrative format in the beneficiary's progress notes. For additional treatment plan and care plan requirements, please refer to Attachment 1 in BHIN 22-019

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"Counties are now prohibited from using treatment plans for services that no longer require them"

REAL DEAL

Counties are not prohibited from using treatment plans/care plans

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"Only licensed or registered/waivered staff working under the direction of an LPHA or LMHP can add or remove items from the problem list"

REAL DEAL

All providers treating an individual can add or remove items from the problem list; however, if the provider is not licensed or a registered/waivered staff working under the direction of an LPHA or LMHP, then they can only add/remove codes Z55 to Z65

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"The problem list has to be updated every single time a note is written"

REAL DEAL

Providers shall add to or remove problems from the problem list when there is a relevant change to a beneficiary's condition

REVIEW OF MOST CURRENT CALMHSA OFFERINGS

Recent Additions

- SUD LPHA Documentation Guide

- Web-based documentation trainings via CalMHSA Learning Management System (LMS):
  - ❑ CalAIM Overview

Upcoming Items

- Remaining Transformation Webinars

- Additional MH and SUD Documentation Guides

- Staff communication materials

- No Wrong Door & Documentation Requirements P&P and related attestations

- Additional web-based documentation trainings:
  - ❑ Assessment
  - ❑ Access to Services
  - ❑ Diagnosis/Problem List
  - ❑ Progress Notes
  - ❑ Care Coordination
  - ❑ Discharge Planning

To Access these Resources Please Visit: California Mental Health Services Authority | CalAIM Support for Counties (calmhsa.org)

Feedback? Questions?

✉ **Calaim@calmhsa.org**

Thank You!

Please click the NEW Survey Monkey link in the chat to complete our post-training evaluation
THANK YOU!