Monterey County Behavioral Health
Quality Improvement Memo

Re:	Transitioning from SUD Progress Note form to **Inpatient Progress Note MC** form
Form Reference	Behavioral Health Information Notice No.: 23-068: Documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services. Inpatient Progress Note MC SUD Progress Note SUD Res Daily Doc Individual SUD Res Daily Doc Group
Effective	7/22/2024

Topic

In alignment with California Advancing and Innovating Medi-Cal (CalAIM) payment reform billing and to continue making steps towards improved integration in the electronic health record with Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), SUD Provider Agencies, for Residential LOCs, will transition from using the existing SUD progress note forms to using the **Inpatient Progress Note MC** form.

Procedure

1. **Effective for all dates of service starting 7/22/2024**.
2. SUD progress note forms including the SUD Progress Note, SUD Res Daily Doc Individual, and SUD Res Daily Doc Group will no longer be available after 7/26/2024.
3. DMC-ODS Residential (3.1, 3.2, and 3.5) treatment providers will use the **Inpatient Progress Note MC** form to document all individual services and group services for beneficiaries in MyAvatar.
4. Start and End times will no longer be required.
5. All requirements for documentation standards and timeliness, as outlined in MCBH QI Memo-CalAIM Implementation 002-Progress Notes, remains the same.

Requirements

1. A progress note must be submitted daily for each day a beneficiary is in the residential setting. This may include a progress note for each intervention OR a summary of all the interventions provided throughout the day.
    a. These services include: assessment, individual/group counseling, family therapy, treatment planning, crisis intervention, and discharge.
    b. The narrative of the note/summary must include:
        i. A brief description of how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors); and
        ii. A brief summary of next steps. For example, as clinically indicated next steps

may include planned action steps by the provider or by the person in care; collaboration with the beneficiary; collaboration with other provider(s); goals and actions to address health, social, educational, and other services needed by the member; referrals; and discharge and continuing care planning.

iii. Group progress notes shall also include a brief description of the beneficiary's response to the service. For example, as clinically indicated, the individual note for a group service may address the effectiveness of the intervention; progress or problems noted; group dynamics; or other information relevant to the beneficiary's participation, comments, or reactions during the treatment session.

2. Residential providers will have access to following codes to document the daily interventions listed in 1a:
    a. SR31789CA – 3.1 Res Daily Service Documentation
    b. SR31789PCA – 3.1 Res Daily Service Documentation Peri
    c. SR35789CA – 3.5 Res Daily Service Documentation
    d. SR35789PCA – 3.5 Res Daily Service Documentation Peri
    e. SWM32789CA – 3.2 WM Daily Service Documentation
    f. SW32789PCA – 3.2 WM Daily Service Documentation Peri
3. Care Coordination, Clinician Consultation, and Medication Support is a separate reimbursable service and should be documented using the 701CA/701PCA Case Management, 721CA/721PCA Clinician Consultation, and 771CA/771PCA Medication Support service codes respectively.
4. An evidence base practice must be selected on the Additional Information tab in the Inpatient Progress Note MC.
5. Providers must be documenting within their scope of practice.