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Professional Title, Organization: Former Medi-Cal Behavioral Health Division Chief, California Department of Health Care Services

CHIP Title: Implementation of Documentation Reform in Medi-Cal Behavioral Health

Project Description:

The California Advancing and Innovating Medi-Cal initiative created a once-in-a-generation opportunity to reform Behavioral Health documentation. As the Chief of Medi-Cal Behavioral Health with the California Department of Health Care Services, my CHIP focused first on removing complex and cumbersome documentation standards that far exceed the standards of other healthcare delivery systems and replacing them with efficient, effective, and impactful policies to improve the lives of those we serve. The project then produced strategies to roll out these mandatory changes statewide across all 58 counties.

The importance of this project lies in the ability to impact outcomes for beneficiaries receiving BH services as well as the staff rendering the services. The value of the clinical intervention often lies in the relationship between beneficiary and provider, so maximizing the opportunity for these discussions brings great benefit. In stripping away excessive documentation requirements, the CHIP presented the opportunity to reform how we think about substantiating clinical work. The burdensome charting thresholds drove providers to spend copious time and energy attending to documentation standards that could be better spent performing direct client care. In qualitative data analysis, the documentation burden emerged as the primary driver of staff turnover because the excessive processes yielded a loss of connection with the heart of the work. Counties and providers reported fiscal disallowances about failure to meet these rigorous standards, often discovered months or years after the service was rendered. Successfully implementing reform in this area can yield a reduction in recoupments, improvements in staff retention, and higher quality client care.

Key Findings and Lessons Learned:

The project began in the spring of 2021 with an analysis of the timeline and resources. Prior CalAIM planning indicated a live date of January 1, 2022, for new documentation requirements. I learned this was sufficient to write policies needed for the project but not to design or execute an implementation strategy, leaving thousands of behavioral health staff across a wide geographical area to navigate policy implementation with little to no support. I successfully appealed to state leadership with an updated implementation date of July 1, 2022, adding six months of training and ramp-up activities. I also analyzed the budget and staff allocation for the project. While contracted vendor Aurrera was in place to provide technical assistance, I discovered the absence of resources for training on the new policy expectations. I proposed the allocation of fiscal resources to ensure accessible and appropriate training was available to counties and providers and was granted funding.

Throughout the summer of 2021, I interviewed a wide range of stakeholders across the state to hear their perspectives on current documentation, hopes and expectations for reform, and visions for success. I leveraged the qualitative data gathered in these sessions with administrators, clinicians, policymakers, and service providers to create the outline of reformed documentation. Between the summer and winter of 2021, I worked with teams of clinicians, policy analysts, consultants, attorneys, and field experts to draft the comprehensive set of new requirements for Medi-Cal-funded programs statewide. The draft went through a public comment period. It then sustained revisions to yield the governing document Behavioral Health Information Notice 22-019: Documentation Requirements for All Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services. The information notice was a comprehensive statewide revision of the behavioral health documentation system, including the elimination of treatment plans, implementation of problem lists, disentangling of compliance from quality, redefinition of audit procedures, and the centering of fiscal recoupments on fraud, waste, and abuse.

Upon finalization of the information notice, Aurerra began providing technical assistance through webinars and companion documents. I leveraged the additional funding I received to contract California Mental Health Services Authority (CalMHSA) to design and launch on-demand web-based training materials, solidifying a key element for the launch's success. The comprehensive training program included video modules to be accessed individually by topic or as a full set, training tailored to specific subsets of BH staff, companion manuals, and open office hours.

Next Steps:

The CHIP has delivered a comprehensive new approach to documentation for behavioral health services and thorough training tools to onboard all levels of impacted staff. The policy change became mandatory for all California counties on July 1, 2022. The due date for submission of updated policy reflecting the operationalized changes is September 30, 2022, for 100% of California counties. The next steps are to monitor the change via continued dialogue with counties and programs and update audit protocols to ensure that expectations are measured as designed. These steps will be executed by the Audits and Investigations team in collaboration with the County and Provider Monitoring and Operations Branch of the Medi-Cal Behavioral Health Division at the Department of Health Care Services throughout the fiscal year 2022/2023. Continual technical assistance will also be provided to counties both on an ad hoc basis as well as through survey-only chart reviews.