State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: March 22, 2019

MHSUDS INFORMATION NOTICE NO.: 19-020

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
             COUNTY DRUG & ALCOHOL ADMINISTRATORS
             COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF
             CALIFORNIA
             CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH
             AGENCIES
             COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
             CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM
             EXECUTIVES, INC.
             CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
             CALIFORNIA OPIOID MAINTENANCE PROVIDERS
             CALIFORNIA STATE ASSOCIATION OF COUNTIES
             CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND
             PROFESSIONALS

SUBJECT: Client Services Information (CSI) Assessment Record

The purpose for this Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) is to inform mental health plans (MHPs) about new data submission requirements. The first part of this MHSUDS IN provides the background to explain why the Department of Health Care Services (DHCS) is implementing these new requirements. The second part describes the new data elements, the timeframe in which MHPs must begin submitting the new data elements, the technical requirements for data submission, and how MHPs may claim reimbursement for the costs incurred to implement these new requirements.

BACKGROUND
In June 2015, the Centers for Medicare & Medicaid (CMS) approved California's Medi-Cal Specialty Mental Health Services waiver authorized under section 1915(b) of the Social Security Act (the Act) for five years beginning July 1, 2015, through June 30, 2020. The approval of the waiver was subject to special terms and conditions (STCs) from CMS. This IN specifically addresses the STCs pertaining to timeliness. The state must require each county mental health plan to commit to having a system in place for tracking and measuring timeliness of care, including wait time to assessments and wait time to providers. The state needs to establish a baseline of each and all counties that

includes the number of days and an average range of time it takes to access services in their county.

In addition to the STCs, the Medicaid Managed Care Final Rule required the DHCS to develop timely access standards for managed care entities, which includes MHPs, and ensure that managed care entities meet those standards. DHCS published its timely access standards on July 19, 2017, in the *Medicaid Managed Care Final Rule: Network Adequacy Standards*. MHPs must provide Medi-Cal beneficiaries a non-urgent non-psychiatry mental health appointment within ten business days of the beneficiary's request. MHPs must provide Medi-Cal beneficiaries a non-urgent psychiatry appointment within 15 business days of the beneficiary's request.

This record, also known as an Assessment Record, will be submitted through new data elements, which have been added to the Behavioral Health Information Services, Client Services Information (BHIS–CSI) System. MHPs are required to complete an Assessment Record for beneficiaries new to the MHPs treatment system.

DHCS is requiring MHPs to submit assessment records for new clients in order to answer the following questions:

1. Does the MHP provide timely appointment offers and ultimately timely access to assessment?
2. Does the MHP provide timely access to treatment?

At this time, the Assessment Record data elements will not determine the nature of a request (e.g., psychiatric vs non-psychiatric), and will be used to determine timeliness of non-urgent, non-psychiatry mental health service appointments only.

POLICY
To monitor and ensure MHPs meet the timely access standards, DHCS is requiring MHPs to begin submitting new data elements to the BHIS–CSI System in a separate record that DHCS is calling an assessment record. This section of the IN describes the new data elements and implementation dates, the technical requirements for data submission, and the mechanism by which MHPs may claim reimbursement.

New Data Elements and Implementation Dates
DHCS is requiring MHPs to begin submitting the new data elements in the assessment record in two phases. In Phase One, DHCS is requiring MHPs to begin submitting the minimum set of data elements needed to determine the number of days from a beneficiary's request for specialty mental health services to an initial assessment, and

the number of days from the initial assessment to the first treatment appointment. MHPs must begin collecting these data elements within 90 days of the date of this IN and begin submitting the data on a monthly basis within 120 days of the date of this IN. Counties can submit a request for an extension to submit data but may still be subject to fines and penalties. Requests can be submitted to MHSData@dhcs.ca.gov and must provide a timeline for submission plus a detailed explanation for delayed submission.

The following are the list of data elements that DHCS is requiring MHPs to begin collecting and submitting in Phase One:

- Header fields (1.0-4.0)
- Assessment Record Number (ARN)
- DATE OF FIRST CONTACT TO REQUEST SERVICES
- ASSESSMENT APPOINTMENT FIRST OFFER DATE
- ASSESSMENT START DATE
- County Client Number (CCN) – the CCN is conditional, based upon county definition of a "new client", the CCN is required to be entered once an ASSESSMENT START DATE is established, but can also be entered any time before.
- ASSESSMENT END DATE
- TREATMENT APPOINTMENT FIRST OFFER DATE
- TREATMENT START DATE
- CLOSED OUT DATE

In Phase Two, DHCS will require MHPs to begin submitting additional data elements that are needed to better understand why a beneficiary may not have received an appointment within the timely access standards and from where and to where beneficiaries are referred for services. While MHPs may begin submitting these Phase Two data elements with the Phase One data elements, it is not required. DHCS will inform MHPs through a separate MHSUDS IN of the timeframes for implementing Phase Two.

The following are the list of the phase two data elements that DHCS will require MHPs to collect and submit to BHIS-CSI at some point in the future:

- REFERRAL SOURCE
- ASSESSMENT APPOINTMENT SECOND OFFER DATE
- ASSESSMENT APPOINTMENT THIRD OFFER DATE
- ASSESSMENT APPOINTMENT ACCEPTED DATE
- TREATMENT APPOINTMENT SECOND OFFER DATE

- TREATMENT APPOINTMENT THIRD OFFER DATE
- TREATMENT APPOINTMENT ACCEPTED DATE
- CLOSURE REASON
- REFERRED TO

The definitions for Phase One and Phase Two data elements are in the Assessment Record data dictionary on BHIS-CSI, under system documentation.

Technical Requirements for Data Submission
MHPs have two options for submitting assessment record data to the DHCS BHIS-CSI application. The first option to submit assessment records will be within the monthly submission of all CSI records types (e.g., client, service, periodic, assessment) Submitting a batch means counties create a file for the upload of multiple records into BHIS-CSI at one time, once per month. Each assessment record submitted within the batch must adhere with specific technical requirements for the BHIS-CSI application. Those requirements can be located under the BHIS-CSI application in the 'system documentation' folder.

The second option to submit assessment record data will be to enter individual records manually into BHIS-CSI via the online interface.

All data must be submitted in compliance with requirements delineated in the following documents posted to BHIS–CSI, under system documentation, in the 'Assessment Record' Folder:

1. **Assessment Record Process Flow Chart 20180827** – The flow chart provides the sequence within which data should be entered.
2. **Data Dictionary – CSI Assessment Record_FINAL201903** – A separate Assessment Record only data dictionary has been developed to provide the formatting, valid codes, edits and comments for this newly created and required CSI record.
3. **Assessment Record Field Names and Business Rules_FINAL201903** – Contains each data element's Name, Type, Description, and Deployment Schedule (e.g., Phase One, Phase Two). Also contains the Business Rules (i.e., requirements) for submitting an assessment record.
4. **Assessment Record Closure Type Wizard 20180827** – The wizard is excel-based and can be used to construct an assessment record in accordance with the business rules by answering specific key questions about each new client's path to assessment or treatment. Using the answers provided, the wizard will provide the data elements that should be used for each submission.

5. CSI Assessment Record – Technical Supplements
   a. **Technical Supplement A** - Record Layouts – Contains the graphical representations of the CSI records including Client, Service, Periodic, Assessment, Key Change and Errors records. This supplement also visually depicts Bytes for each transactional record.
   b. **Technical Supplement B** – Record Description – Contains detailed record and field-level information including Field Contents/Field Coding Name, Data Dictionary Number, Start and End byte locations, Format and Description for CSI Header, Control, Client, Service, Periodic, Assessment, Key Change, and Error File Records.
   c. **Technical Supplement C** – Transaction Processing – Contains the uniquely identified fields used to identify a record. This supplement also contains the transaction processing order in which the CSI date for each county will be processed
   d. **Technical Supplement D** – Transaction Examples – Contains specific CSI transaction examples (i.e., CSI record deletion, CSI record edit).
   e. **Technical Supplement E** – Edit Criteria – Contains the edit criteria for Field, Relational, and System errors. The two levels of errors are Fatal (F) and Non-fatal (N).
   f. **Technical Supplement F** – Reporting Tip Five – Contains further guidance for designation of a first request for service, the order within which to submit data, and what each data element means.
6. **CSI Data Dictionary – 2018 New Error Codes for Assessment Record – V9** – Contains the list of error codes and descriptions so that the user can determine what specific errors were identified for a rejected assessment record. At this time, no errors will be fatal for assessment record phase one data elements.
7. **CSI01T2018011 SUBMITTAL – Test Example – Final.txt** – This document provides an example/sample assessment record, which can be reviewed/used by programmers.

All of the documents listed above are currently available on BHIS–CSI in the system documentation file. The Data dictionary will be maintained and updated at this location.

MHP Reimbursement

Pursuant to Proposition 30, DHCS will reimburse MHPs the federal share and one-half of the non-federal share for costs incurred to implement these new data collection and submission requirements. This section of the IN describes the type of costs eligible for reimbursement and the mechanism by which MHPs may claim reimbursement.

DHCS will reimburse MHPs for the following costs associated with collecting and submitting the assessment record data for Phase one and Phase two data elements:

- Time spent training staff to enter assessment records into BHIS–CSI
- Development costs incurred for IT upgrades (i.e., prior to implementation and afterwards) to capture the new data elements
- Time staff spend entering assessment records data into BHIS–CSI online interface
- Time spent preparing and submitting assessment record data to and electronic health record (EHR) and DHCS (e.g., BHIS-CSI)

MHPs may claim reimbursement for these costs on the MC 1982 B claim form. Please enter eligible costs on row three, Federal Medicaid Managed Care Final Rule and Parity Rule. MHPs may download these forms from the following webpage.

If you have any questions regarding this IN, please contact the DHCS Mental Health Analytics Section at MHSData@dhcs.ca.gov.

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director
Mental Health & Substance Use Disorder Services