

- MEMORANDUM -

DATE: January 19, 2023

TO: ACBH Contracted SUD Residential Programs (3.1, 3.2-WM, 3.3, 3.5)

FROM: Torfeh Rejali, Quality Assurance Administrator *Torfeh Rejali*
Brion Phipps, Clinical Review Specialist Supervisor *Brion Phipps*

SUBJECT: **Claiming and Documenting of Care Coordination Services in SUD Residential Programs**

The purpose of this memo is to provide guidance to ACBH contracted SUD residential programs on how to document and claim for *Care Coordination* services. Note as part of the CalAIM changes to DMC-ODS the name of this service has been updated from *Case Management* to *Care Coordination*, and in the SUD system these terms are interchangeable.¹ The updates specified in this memo are **effective February 1, 2023**.

Per recent clarification from the Department of Health Care Services (DHCS), SUD residential programs may claim for *Care Coordination* services separately when not bundled into the per diem rate. All current ACBH SUD residential program contracts are structured this way and as of the effective date, all programs must document and claim for *Care Coordination* services separately.

For those programs that use Clinician's Gateway (CG) for documentation of clinical services, providers shall use the *Progress Note Single Service CalAIM 22-07* and the appropriate procedure code, as shown below, to claim for and document *Care Coordination* services.

112 - 3.1 RES Case Mgmt- Care Coord	172 - 3.5 RES Case Mgmt- Care Coord
113 - 3.1 RES Case Mgmt-Serv Coord	173 - 3.5 RES Case Mgmt-Serv Coord
142 - 3.3 RES Case Mgmt- Care Coord	392 - 3.2 WM Case Mgmt- Care Coord
143 - 3.3 RES Case Mgmt-Serv Coord	393 - 3.2 WM Case Mgmt-Serv Coord

Please note, the Clinician Gateway developers are currently in the process of updating the residential daily note templates to remove *Care Coordination* from the Daily Service drop-down menu. In the meantime, providers should not select the care coordination choices on the daily note and instead document all *Care Coordination* services on the single service progress note as per the instructions in this memo.

A definition of *Care Coordination* can be found in [DHCS BHIN 23-001](#) on page 20. Additionally, ACBH has divided the *Care Coordination* service into two components:

- **Case Mgmt-Service Coordination:** is to be used whenever care is coordinated with a provider outside of the ACBH SUD treatment network (e.g. with a physician, mental health therapist, vocational, educational, or other provider).

¹ [DHCS BHIN 23-001](#)





- **Case Mgmt-Care Coordination:** is to be used whenever care is coordinated between ACBH contracted SUD providers (e.g. coordinating transitions between SUD levels of care (LOCs) or coordinating SUD services when two or more LOCs are provided concurrently).

Please note that, combining the two *Care Coordination* service components into one note/claim is not allowed.

ACBH Support

Changes resulting from this memorandum will be discussed during monthly SUD Brown Bag meetings. We welcome questions and opportunities for clarification of this change. **SUD Brown Bags are scheduled every third Thursday of the month from 12 to 1 PM.** If you do not have the meeting already on your calendar, below is the link and call-in information:

Microsoft Teams Meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 255 128 436 015

Passcode: RCa5EG

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 415-915-3950,,266439585#](#) United States, San Francisco

[\(888\) 715-8170,,266439585#](#) United States (Toll-free)

Phone Conference ID: 266 439 585#

As always, if you have any questions and/or comments, please contact QATA@acgov.org.



Alameda County Behavioral Health Care Services

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Health Care Service Agency