CalAIM Behavioral Health Workgroup

May 4, 2022

DHCS

Housekeeping

- Members of the public are in listen only mode.
- Workgroup members can participate in the “chat”
- Workgroup members are encouraged to turn on their camera.
- Please mute yourself if you’re not speaking.
- Use the “raise hand” feature to make a comment during the discussion period.
- Live closed captioning is available – you can find the link in the Chat.

Welcome and Introductions

Presenters

- Tyler Sadwith, Assistant Deputy Director, Behavioral Health
- Palav Babaria, MD, Chief Quality Officer and Deputy Director of Quality and Population Health Management
- Shaina Zurlin, PsyD, LCSW, Chief, Medi-Cal Behavioral Health
- Amie Miller, PsyD, LMFT, CalMHSA Executive Director

Agenda

10:00 – 10:05: Welcome and Overview

10:05 – 10:10: BH Quality Update

10:10 – 10:15: Key Next Steps for July 2022 Initiatives

10:15 – 10:25: CalMHSA Presentation on CalAIM Training

10:25 – 11:15: Discussion

11:15 – 11:25: Break

11:25 – 11:45: Updates: Initiatives January 2023 and Beyond

11:45 – 12:35: Discussion

12:35 – 12:45: Wrap Up & Next Steps

12:45 – 1:00: Public Comment

Workgroup Meeting Objectives

Highlight final guidance and technical assistance for policies that go-live in July 2022

Provide information about the training opportunities provided by CalMHSA

Allow workgroup members to provide feedback on implementation considerations for CalAIM BH initiatives

Provide updates on policies that go-live in January 2023 and beyond

Provide an opportunity for members of the public to comment on items discussed today

Comprehensive Quality Strategy & Behavioral Health Dashboard

Palav Babaria, MD, MHS
Chief Quality Officer

DHCS

Quality and Population Health Management

4/15/2019

Thinking big:

BOLD GOALS:
50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Specific Measures

Infant, child and adolescent well-child visits Childhood and adolescent vaccinations
Prenatal and postpartum visits C-section rates
Prenatal and postpartum depression screening Adolescent depression screening and follow up
Follow up after ED visit for SUD within 30 days Depression screening and follow up for adults Initiation and engagement of alcohol and SUD treatment
Infant, child and adolescent well-child visits Childhood and adolescent vaccinations Blood lead & developmental screening Chlamydia screening for adolescents

BOLD GOALS: 50x2025

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New Mental Health Plan Accountability Measures to Support CQS Goals

#	MEASURE NAME	Measure Steward	Target (MPL)
1	Follow-Up After Emergency Department Visit for Mental Illness	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline if <50th percentile)
2	Follow-Up After Hospitalization for Mental Illness	NCQA	As above
3	Antidepressant Medication Management	NCQA	As above
4	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	As above
5	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NCQA	As above

New Mental Health Plan Accountability Measures to Support CQS Goals

#	MEASURE NAME	Measure Steward	Target (MPL)
1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline if <50th percentile)
2	Pharmacotherapy of Opioid Use Disorder	NCQA	As above
3	Use of Pharmacotherapy for Opioid Use Disorder	CMS	As above
4	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	As above

Opportunities for Synergy

- Behavioral Health Quality Improvement Program
- No Wrong Door policy
- Electronic health record implementation and operationalizing quality improvement (and quality assurance)
- Coding aligned with quality and equity
- Standardized documentation

Behavioral Health Dashboard Overview

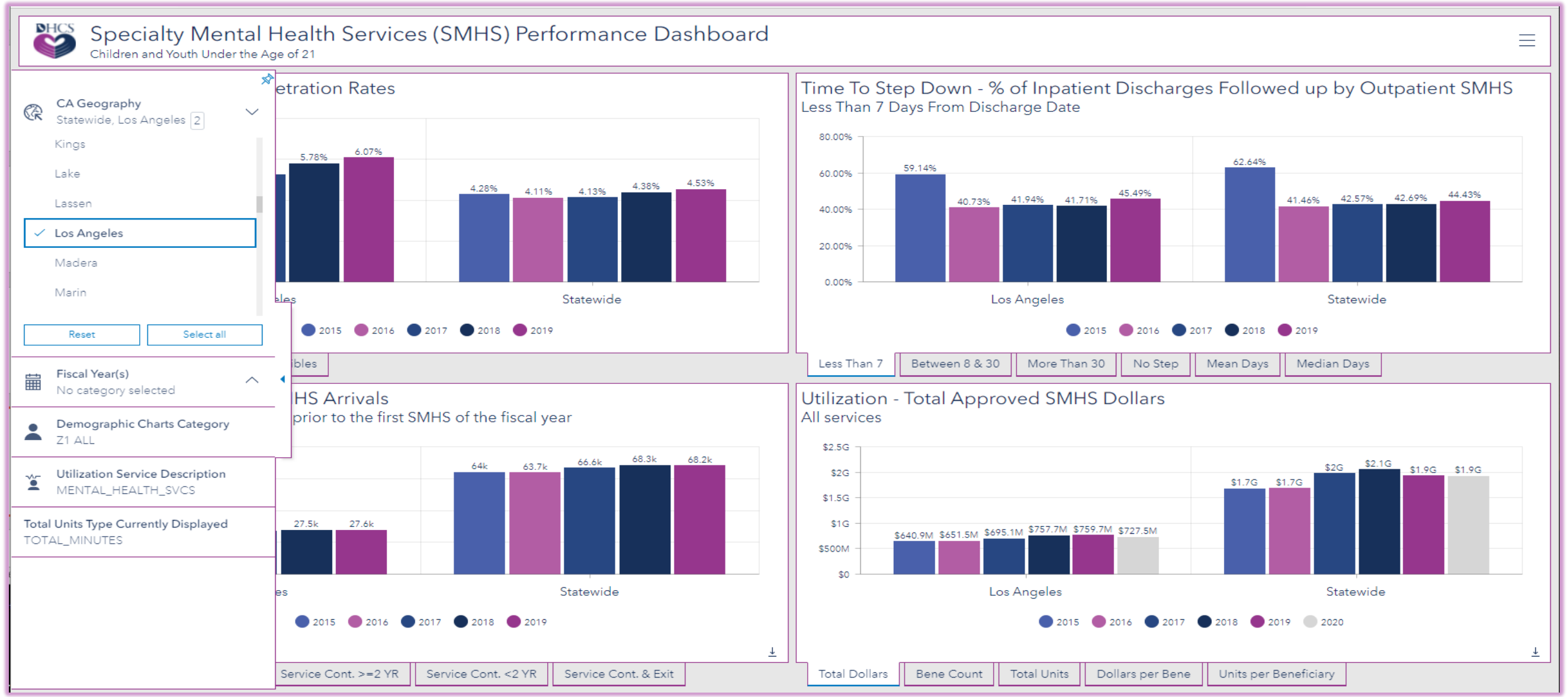
CMS Reporting Requirements

- CMS requires DHCS to report on additional measures **by county mental health plan**:
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Core Set measure SAA-AD)
  - Antidepressant Medication Management (BH Core Set measure AMM-AD)
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (BH Core Set measure APP-CH)
  - Follow-Up After Hospitalization for Mental Illness (BH Core Set measure FUH)
  - Percentage of patients offered timely initial appointments, and timely psychiatry appointments, by child and adult.
  - Percentage of high cost beneficiaries receiving case management services

BH Dashboard

- Current reporting is limited to CHHS Open Data Portal and uses an Excel-based report tool with challenging user interface and difficulty comparing counties' performances
- Moving forward, DHCS is launching new ArcGIS online dashboard for rich, easy-to-use data visualization geared for advocates, beneficiaries, family members and stakeholders and with easier county-to-county comparison
- Currently developing methodology for reporting county MHP performance

BH Dashboard Demo



Key Next Steps for July 2022 Initiatives

DHCS

4/15/2019

CalAIM Behavioral Health Initiatives Timeline

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
No Wrong Door & Co-Occurring Treatment	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

Technical Assistance & Trainings

Information about technical assistance webinars and other trainings for the CalAIM behavioral health initiatives can be found on the Behavioral Health CalAIM Webpage.

The webpage also contains an overview document that lists the technical assistance and trainings that will be provided by DHCS and CalMHSA for the CalAIM behavioral health initiatives in 2022.

Documentation Requirements for DMC, DMC-ODS, & SMHS

- The BHIN for the documentation requirements for DMC, DMC-ODS, and SMHS can be found here.
- DHCS will review the final policy in a webinar on May 26th. You may register for this webinar here.

What is the aim of the No Wrong Door (NWD) for Mental Health Services Policy?

To ensure beneficiaries receive timely mental health services without delay regardless of where they initially seek care

To ensure beneficiaries can maintain treatment relationships with trusted providers without interruption.

How did DHCS develop the NWD policy?

Workgroups

2019-2020 CalAIM stakeholder workgroups demonstrated the need to ensure beneficiaries have streamlined access to services and treatment.

CalAIM Proposal

CalAIM proposal released for public comment Jan 2021.

CalAIM Section 1115 Amendment submitted June 2021.

AB 133 chaptered July 2021.

NWD Public Comment

Draft policy released in January 2022.

DHCS reviewed and integrated stakeholder feedback.

Final Policy

Released in March 2022 via BHIN 22-011 and APL 22-005.

No Wrong Door Policy

Clinically appropriate and covered NSMHS and SMHS services are covered and reimbursable Medi-Cal services even when:

1. Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met;
2. The beneficiary has a co-occurring mental health condition and substance use disorder (SUD);
3. Services are not included in an individual treatment plan*; **OR**

   **Applies to NSMHS per APL; SMHS guidance forthcoming via BH Documentation Reform*
4. NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

No Wrong Door & Co-Occurring Treatment

Technical Assistance:

- The first No Wrong Door & Co-Occurring Treatment webinar took place on April 28th.
- The webinar recording will be posted on the Behavioral Health CalAIM webpage.
- DHCS will host a series of pre- and post-implementation webinars targeted at MHPs and MCPs to provide technical support and peer-to-peer learning around the No Wrong Door policy.
- DHCS will publish FAQs, as needed, to support policy implementation.

Next Steps:

- MHPs and MCPs should begin meeting to revise MOUs and P&Ps as needed.
- DHCS will provide forthcoming guidance regarding MOU requirements
- MOUs will need to be updated by November 1st, 2022.

Peer Support Services & Certification

- The Peer Support Services benefit will be covered as a county option with July 1, 2022 as the earliest effective date.
- DHCS issued Peer Support Specialist Certification requirements through Information Notice 21-041.
- Many counties designated the California Mental Health Services Authority (CalMHSA) as the entity that will implement their Medi-Cal Peer Support Specialist Certification Program in FY 2022-2023.

CalMHSA
CalAIM Training Plan
2022

DHCS

4/15/2019

CalMHSA
CalAIM Training Offerings

TRANFORMATION WEBINARS

10 webinars geared toward county leadership & QI staff

Provides an overview of various changes that will be brought on by CalAIM and how to successfully implement these changes

WEB-BASED DOCUMENTATION VIDEOS

Web-based training videos:
CalAIM Overview, Assessment, Access to Treatment, Diagnosis/Problem List, Care Coordination, Progress Notes and Discharge Planning, Screening & Transition Tools

COMMUNICATION MATERIALS

Staff and beneficiary informing materials that outline key CalAIM changes that will shift the way clinicians serve beneficiaries and help improve outcomes of beneficiaries

CalMHSA
CalAIM Training Offerings

DOCUMENTATION GUIDES

8 role-based documentation guides to assist new and current staff with understanding the documentation requirements of SMHS and DMC/DMC-ODS

OFFICE HOURS

Weekly opportunities to meet with CalMHSA clinical staff and ask questions related to CalAIM changes

Questions?

For more information about CalAIM trainings (dates/times, etc.), please visit our CalAIM webpage:
https://www.calmhsa.org/calaim/

Or reach out to us via email:
calaim@calmhsa.org

Workgroup Discussion

10 Minute Break

Mobile Crisis Services Benefit

DHCS will submit a State Plan Amendment that establishes a **new Medi-Cal mobile crisis services benefit**

→

Under the American Rescue Plan Act, states are eligible for an **85% enhanced FMAP** for qualifying mobile crisis services for 3 years

→

Mobile crisis services will align with other efforts to **support individuals experiencing a behavioral health crisis**

↓

DHCS anticipates the mobile crisis services benefit will be **effective as soon as January 2023**

→

DHCS will **work with stakeholders** to design the mobile crisis services benefit beginning Spring 2022

→

CMS guidance regarding the mobile crisis services benefit is available **here**

Standardized Screening & Transition Tools for Adults & Youth

- Adult and youth screening and transition of care tools go live on January 1, 2023.
- Adult tools were beta tested in Fall 2021 and are currently undergoing pilot testing.
  - Adult tools will be released for stakeholder comment following pilot testing.
- Youth tools were beta tested in March 2022 and are currently out for stakeholder comment. Youth tools will be pilot tested in Summer 2022.
  - Youth tools will be released for stakeholder comment following pilot testing.
- Informational and technical assistance webinars will begin later this year.

Behavioral Health Payment Reform

Key Elements

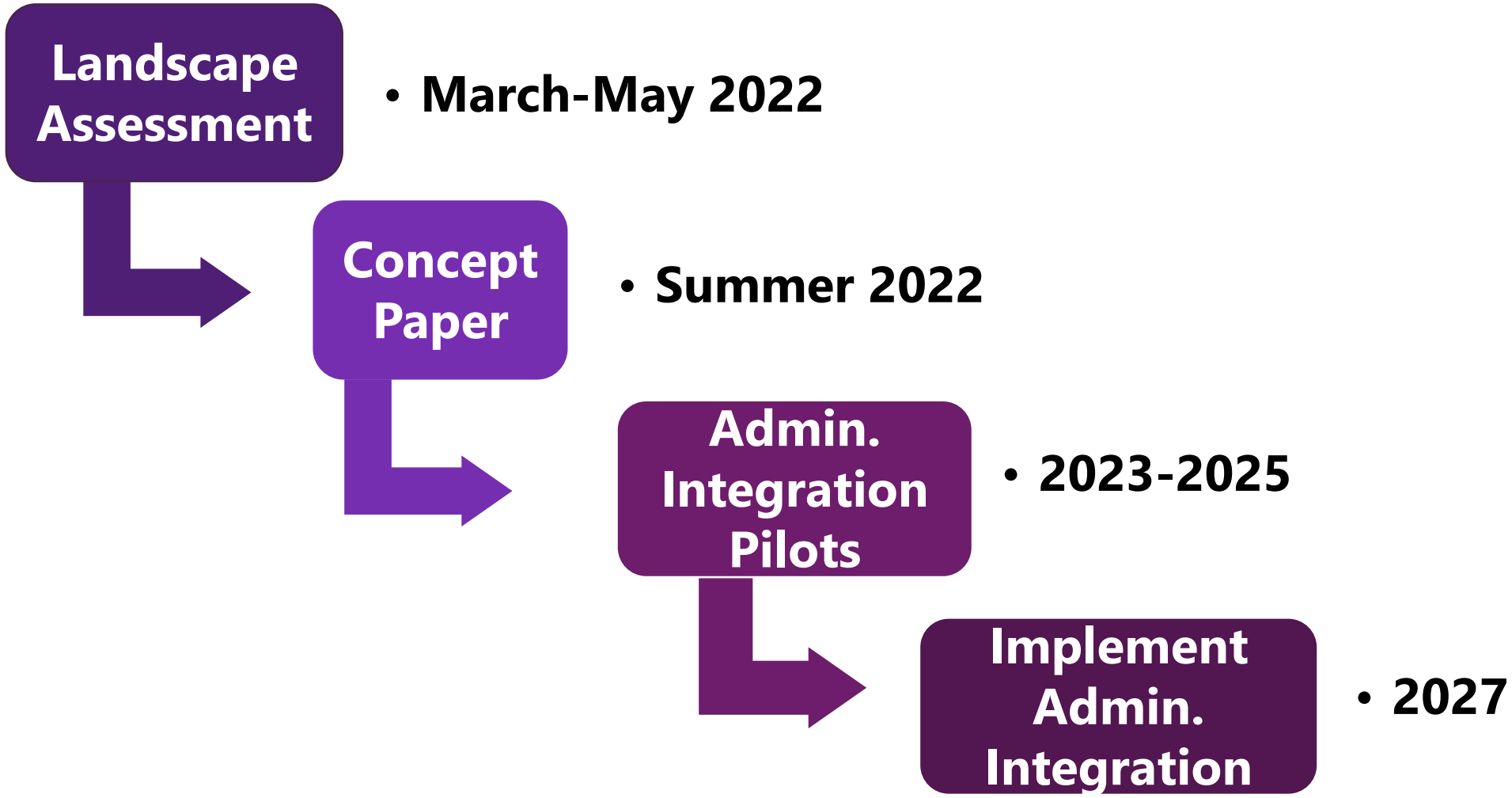
Go live: July 1, 2023

1	Transition counties from cost-based reimbursement to fee-for-service.
2	Transition from Certified Public Expenditures to Intergovernmental Transfers for the county provided non-federal share.
3	Transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible.

Payment Reform Guidance

- **Updated Billing Manuals (effective July 1, 2023) and other coding transition guidance.**
  - Available Now
    - SMH Billing Manual
    - 837 Companion Guides
  - Coming Soon
    - DMC Billing Manual
    - DMC-ODS Billing Manual
    - HCPCS to CPT Coding Crosswalk
- **Additional guidance is forthcoming.**
  - County rate schedule
  - CPE to IGT transition Information Notice
- DHCS inbox for questions: BHPaymentReform@dhcs.ca.gov

BH Administrative Integration Initiative Pre-Implementation Activities



Administrative Integration: Opportunities for Engagement

- Starting in 2022 and through implementation in 2027, DHCS plans to convene the current CalAIM Behavioral Health Workgroup to provide input on the pilot, pilot evaluation, and key policy considerations.
- As the initiative evolves, the group may be broken into sub-workgroups to address specific aspects of integration.

1115 BH Community-Based Continuum Demonstration

- DHCS will apply for a new Medicaid Section 1115 demonstration to expand access to and strengthen the continuum of community-based mental health services for Medi-Cal beneficiaries living with serious emotional disturbance or mental illness.
- California's 1115 demonstration will amplify California's ongoing behavioral health initiatives, and be informed by findings from DHCS' 2022 *Assessing the Continuum of Care for Behavioral Health Services in California*.
- **DHCS plans to release a concept paper to solicit stakeholder feedback on the proposed demonstration approach.**

Workgroup Discussion

Questions?

- If you have questions, please e-mail DHCS at: bhcalaim@dhcs.ca.gov
  - Subject Line “CalAIM BH Workgroup”

Next Steps

- The CalAIM BH workgroup will meet two more times this year:
  - July 1, 2022
  - October 11, 2022

Public Health Emergency (PHE) Unwinding

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Public Comment

Public Comment

Members of the public may use the raise hand feature to make a comment.

Comments will be accepted in order of when hands are raised.

When it is your turn, you will be unmuted by the meeting host.

Please keep comments to 2 minutes or less.

Thank You

DHCS