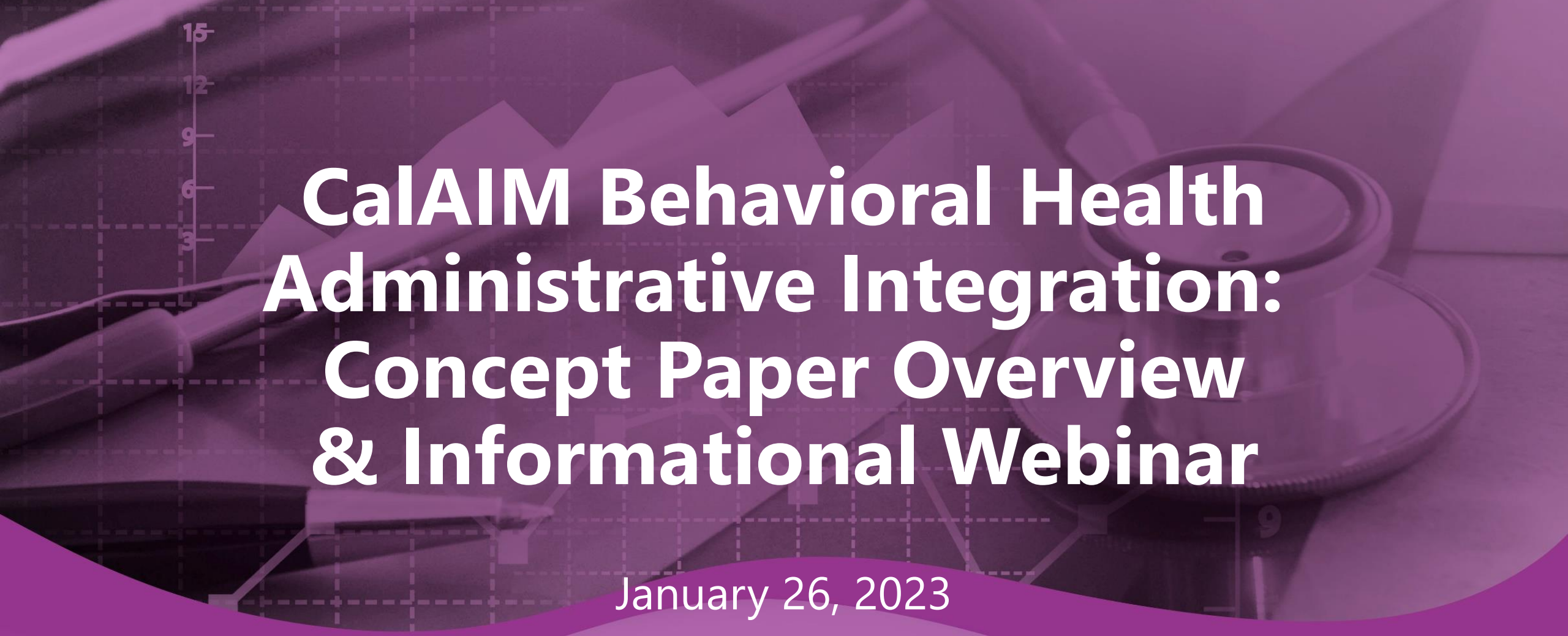


CalAIM Behavioral Health Administrative Integration: Concept Paper Overview & Informational Webinar

January 26, 2023

DHCS

Housekeeping

- Participants are in listen only mode.
- Please submit questions via the Q&A function. The Chat feature is disabled.
- Live closed captioning is available – you can find the link in the Chat.
- The webinar slides will be posted to the DHCS CalAIM webpage – please see the link in the Chat.

Welcome and Introductions

DHCS Presenters

- **Paula Wilhelm**, Assistant Deputy Director, Behavioral Health
- **Alexandria Simpson**, Program Implementation Section, Program, Policy, Legislation and Regulations Branch, Medi-Cal Behavioral Health Division

Webinar Objectives

1. Provide background and context for the CalAIM Behavioral Health Administrative Integration Initiative

2. Walk though a high-level summary of the concept paper for Behavioral Health Administrative Integration

3. Provide information about the stakeholder comment period for the concept paper

CalAIM Background

» California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal. CalAIM includes multiple initiatives designed to reduce complexity across Medi-Cal delivery systems for behavioral health services. CalAIM has three primary goals:

Identify and manage beneficiary risk through whole person care approaches and addressing Social Determinants of Health;

Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and

Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Concept Paper for Behavioral Health Administrative Integration

- Developed with input from counties and other key stakeholders, the concept paper details the state's framework for meeting the initiative's goals through a phased implementation between now and 2027.

CalAIM Behavioral Health Administrative Integration

- **Overview:** DHCS and counties seek to consolidate specialty mental health services (SMHS) and substance use disorder (SUD) services—covered either by county Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) programs—into a **single county-based behavioral health program**, operated under a single, integrated contract between counties and the state.

- The initiative aligns with other CalAIM behavioral health initiatives designed to streamline and simplify access criteria, reimbursement, and documentation requirements for behavioral health services

Behavioral Health Administrative Integration Framework

Current Administrative Structure	Administrative Integration
• Medi-Cal SMH and SUD services are administered in each county under two distinct contracts. • SMH and SUD have program-specific requirements for clinical documentation, health plan and provider compliance reviews, billing and claiming, licensing and certification, etc.	• Medi-Cal SMH and SUD services are administered in each county under a single, integrated contract. • SMH and SUD program requirements are aligned and integrated to the greatest extent possible* to increase flexibility and reduce administrative burden for counties, providers, and the state.

*Federal and state law create certain requirements that apply specifically to SMHS and/or SUD services. CalAIM BH Administrative Integration seeks to promote integration primarily within existing financial and legal parameters.

Behavioral Health Administrative Integration Goals

Improve health care outcomes and the experience of care for Medi-Cal beneficiaries (particularly those living with co-occurring mental health and SUD issues).

Reduce the administrative burden for beneficiaries, counties, providers, and the state.

Behavioral Health Administrative Integration for DMC-ODS and DMC

- **Drug Medi-Cal Organized Delivery System (DMC-ODS) counties** will consolidate their behavioral health programming into a single managed care contract and structure – a prepaid inpatient health plan (PIHP) – the same structure currently used for counties' separate Mental Health Plans (MHPs) and DMC-ODS programs.

- **DMC counties** will continue providing SUD services outside the managed care structure while participating in all other applicable aspects of this initiative, including adopting a single, updated MHP and DMC contract with DHCS that promotes integration goals.

Behavioral Health Administrative Integration Implementation

- DHCS and counties will partner on a phased implementation resulting in each county **operating a single county behavioral health program in 2027**.

- Full implementation of certain elements described in the concept paper may be contingent on federal approval from the Centers for Medicare & Medicaid Services (CMS), revisions to current DHCS regulations, and/or state legislation.

Behavioral Health Administrative Integration Will Not:

- Modify covered benefits for SMHS, DMC, or DMC-ODS
- Require counties to adopt a specific "integrated" administrative structure internally
- Require behavioral health programs/providers to offer additional services
  - Not a mandate to add SMHS to specialty SUD programs or vice versa
- Change the financing of Medi-Cal specialty behavioral health
  - Does not alter core funding sources (Realignment and MHSA), related fiscal restrictions, or Medi-Cal payment models

11 Components of Behavioral Health Administrative Integration

Streamlining the Beneficiary Experience	Integrating County Structures & Processes	Integrating DHCS Oversight Functions
1. County-Operated 24/7 Access Line 2. Screening, Assessment & Treatment Planning 3. Beneficiary Materials, Appeals & Grievances*	4. DHCS-County Contracts 5. Data Sharing & Privacy 6. Cultural Competence Plans 7. Quality Improvement	8. External Quality Reviews* 9. DHCS Compliance Reviews* 10. Network Adequacy* 11. Provider Oversight*

*Component requires adoption of integrated DHCS-County contract.

Streamlining the Beneficiary Experience

Component(s)	Vision for Integration
1. County-Operated 24/7 Access Line	• A single 24-hour access line available in each county to connect beneficiaries to appropriate SMHS or SUD services
2. Screening, Assessment and Treatment Planning	• County protocols ensure appropriate attention to co-occurring behavioral health needs during screening, assessment, and treatment planning activities, consistent with CalAIM initiatives such as No Wrong Door and Behavioral Health Payment Reform • Continued efforts to align and streamline documentation parameters, consistent with the CalAIM Behavioral Health Documentation Redesign initiative
3. Beneficiary Materials, Appeals & Grievances*	• A single beneficiary handbook and provider directory in each county • A single set of beneficiary rights and procedures (e.g., appeals and grievances)

*Component requires adoption of integrated DHCS-County contract.

Integrating County Structures & Processes

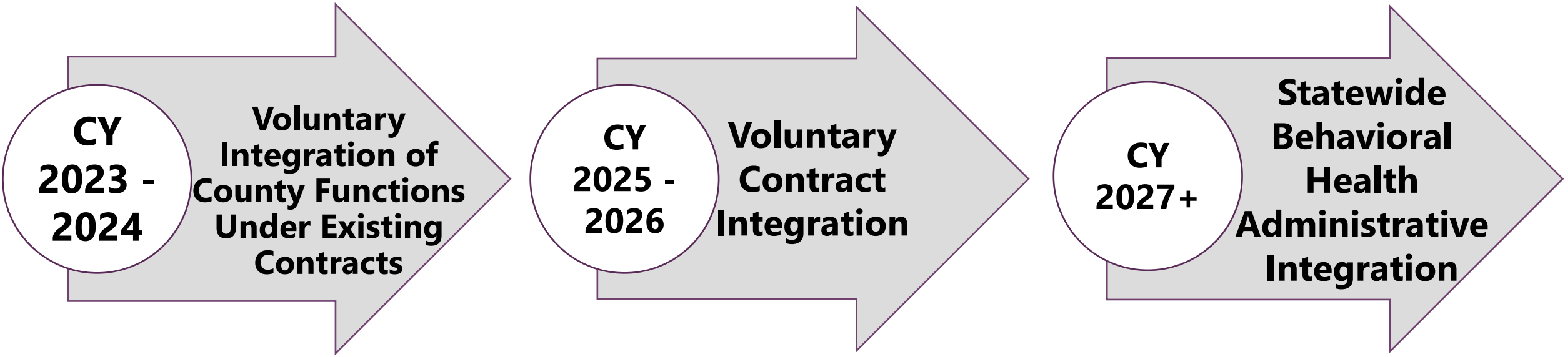
Component(s)	Vision for Integration
4. DHCS-County Contracts	• In 2027, counties enter into a single, integrated contract with DHCS that covers the administration of both SMHS and SUD services
5. Data Sharing & Privacy	• Counties implement a DHCS-issued template "universal release" to secure individual authorizations for data sharing, including with respect to SUD-related information regulated by 42 CFR Part 2
6. Cultural Competence Plans (CCPs)	• An integrated CCP using an updated, DHCS-issued CCP template
7. Quality Improvement (QI)	• An integrated QI plan with a comprehensive list of performance measures that address both SMHS and SUD services • A single, integrated QI committee

Integrating DHCS Oversight Functions

Component(s)	Vision for Integration
8. External Quality Reviews (EQRs)*	• A single, annual EQR that addresses both SMHS and SUD (note: DMC counties are not required to undergo EQR with respect to their SUD activities)
9. DHCS Compliance Reviews*	• A single, integrated county compliance review for SMHS and SUD
10. Network Adequacy*	• A single set of network certification submission documents • DHCS will certify a single behavioral health provider network and apply standards for both MH and SUD access and capacity
11. Provider Oversight*	• Explore options to streamline and simplify provider licensure and enrollment requirements (to the extent possible) • Providers that offer both SMHS and SUD services utilize integrated credentialing and contracting processes at the county level

*Component requires adoption of integrated DHCS-County contract.

Phased Implementation for Behavioral Health Administrative Integration



Phase 1 **Phase 2** **Phase 3**

Note: The time periods specified above and on the coming slides refer to calendar years. AB 133 currently provides for the statewide adoption of integrated contracts by January 1, 2027. DHCS welcomes feedback on this timeline, particularly if stakeholders anticipate significant implementation challenges with aligning the contract cycle for either Phase 2 or Phase 3 with the calendar year, rather than the State Fiscal Year.

Phase 1. Voluntary Integration of County Functions Under Existing Contracts (CY 2023 – 2024)

- Counties may continue their efforts to integrate components that do not require any additional policymaking from DHCS, such as processes related to the 24/7 access line, screening, assessment, and treatment planning, as well as county data storage and data sharing.
- DHCS will consider opportunities for guidance to support counties and identify best practices for implementing recent and upcoming CalAIM reforms and will research/analyze potential regulatory reforms to align and streamline requirements for SMH, DMC, and DMC-ODS.
- To prepare for Phase 2, DHCS will develop boilerplate text for the integrated contracts and other materials to support contract integration.

Phase 2. Voluntary Contract Integration (CY 2025 – 2026)

- Interested counties may voluntarily enter into integrated contracts with DHCS that cover both SMHS and SUD services, thereby enabling the integration of DHCS oversight activities
- Volunteer counties may also be required to implement certain integration-related best practices identified in DHCS' Phase 1 guidance.
- During Phase 2, DHCS will finalize regulatory reforms to update and streamline the requirements for Medi-Cal behavioral health programs, in addition to promoting behavioral health integration and other CalAIM goals.

Phase 3. Statewide Behavioral Health Administrative Integration (CY 2027+)

- All counties enter into integrated behavioral health contracts with DHCS and participate in integrated oversight activities.
- DHCS and counties adjust their operations to account for the regulatory reforms finalized in Phase 2.

Stakeholder Engagement and Technical Assistance Overview

Ongoing Stakeholder Engagement	• DHCS will engage counties and other stakeholders regularly in Initiative activities through the existing Behavioral Health CalAIM Workgroup, as well as topic-specific workgroups.
Written Guidance	• DHCS will issue written guidance such as implementation guides, templates, and FAQs, as appropriate.
Webinars and Learning Collaborative	• DHCS will host informational and training webinars to support public engagement and understanding of DHCS' written guidance. • DHCS will also consider hosting a learning collaborative series for counties as they implement the various components of integration.
One-on-One Support for Counties	• DHCS will be available throughout the implementation period to provide TA and support to counties on a one-on-one basis.

Stakeholder Comment Period

DHCS is accepting stakeholder feedback on the approach described in the concept paper through **February 21, 2023.**

Please submit all comments in writing to bhcalaim@dhcs.ca.gov.

Feedback received during the comment period will inform DHCS's policy decisions, implementation strategy, and consideration of potential guidance and other technical assistance materials. DHCS does not plan to release an updated concept paper.

Q&A

Thank you for joining!

DHCS