



Behavioral Health Integration (BHI) Incentive Program

Milestone Technical Assistance
Webinar

October 9, 2020



Housekeeping

- On the webinar screen, please do not take yourself off “mute.”
- After our presentation, we will address questions you send in through the webinar chat feature.
- The last slide will provide contact information.



Overview

- The purpose of this webinar is to provide Medi-Cal managed care health plans (MCPs) with:
 - Program updates
 - Information and resources for MCPs to assist providers in finalizing milestones as needed
 - Please note, we will not be covering financing questions during this webinar



Program Period

- Program readiness completed by December 31, 2020
- The program start date will be January 1, 2021
- The program period will be
 - PY 1: January 1, 2021 – December 31, 2021
 - PY 2: January 1, 2022 – December 31, 2022



Practice Redesign

The practice redesign components/tasks are activities and accomplishments needed to meet the goals or objectives of a project option.



3.1: Basic Behavioral Health Integration

Goals

- Improve medical and BH practices with a primary care, specialty care, or behavioral health provider's office or clinic

Practice Redesign

- Ensure interventions and systems are in place to support patient linkage between appropriate physical, mental, and SUD services



3.1 Milestone Refinement

Example 1

Vague:

- Screen 100 patients for behavioral health conditions

Refined:

- In PY 1, screen a minimum of 100 patients identified with a potential behavioral health condition using a standardized tool



3.1 Milestone Refinement Example 2

Vague:

- Survey SUDs patients to gauge satisfaction with BH services

Refined:

- Quarterly, survey a minimum of 40% of SUDS patients to gauge satisfaction with BH services



3.2: Maternal Access To Mental Health And SUD Screening And Treatment

Goals

- Increase prenatal and postpartum access to mental health and SUD screening and treatment

Practice Redesign

- Ensure interventions and systems are in place to support patient linkage between appropriate physical, mental, and SUD services



3.2 Milestone Refinement

Vague:

- Conduct depression and SUD screenings, and provide treatment coordination as needed

Refined:

- Conduct depression and SUD screenings for 40% of the perinatal population, and provide treatment coordination for at least 80% of those patients within 60 days



3.3 Medication Management for Bene's w/Co-Occurring Chronic Medical And Behavioral Diagnoses

Goals

- Improve behavioral health prescribing and management of psychotropic, OUD, and AUD medications

Practice Redesign

- Ensure interventions & support systems are in place
- Implement systems to improve safety & Rx adherence
- Interventions to improve Rx mgmt., community treatment, & self-mgmt. strategies



3.3 Milestone Refinement Example 1

Vague:

- Children with ADHD will have a follow-up visit after prescription issued

Refined:

- 50% of newly diagnosed children w/ADHD will have a follow-up visit within 30 days of prescription issued



3.3 Milestone Refinement Example 2

Vague:

- Conduct caseload review for patients who are not improving

Refined:

- Conduct psychiatric medication review within 60 days for patients who have been identified as not improving



3.4 Diabetes Screening And Treatment For People With Serious Mental Illness

Goals

- Improve health indicators for patients with both diabetes and serious mental illness

Practice Redesign

- Ensure interventions and systems are in place to support patient linkage between appropriate physical, mental, and SUD services



3.4 Milestone Refinement Example 1

Vague:

- Complete 300 screenings for depression, SBIRT, and SDOH

Refined:

- In PY 1, complete a minimum of 300 unique screenings for depression, SBIRT, and SDOH for patients w/co-morbid diabetes diagnosis



3.4 Milestone Refinement Example 2

Vague:

- Improve patient follow-up after discharge

Refined:

- In PY 2, improve follow-up for patients identified with SMI after discharge by 20% compared to PY 1



3.5 Improving Follow-up After Hospitalization For Mental Illness

Goals

- Improve timely follow-up after hospitalization for mental illness

Practice Redesign

- Appropriate interventions to link IP's to OP mental health treatment
- Enhance access to PC and/or specialists in discharge planning
- Improve data sharing between IP and OP facilities through discharge
- Implementation of OP navigators, support, and/or case mgmt. and follow-up protocols



3.5 Milestone Refinement

Vague:

- Conduct assessments and follow-up with BH patients assessed

Refined:

- Conduct assessment for 20% of eligible patients and provide follow-up within one week to a minimum of 50% of the patients assessed



3.6 Improving Follow-up After Emergency Department Visit For Behavioral Health Diagnosis

Goals

- Improve timely follow-up after ED visit for mental illness and SUD

Practice Redesign

- Integrate tools, training, and support for timely recognition of patients with mental health and/or SUD
- Enhance access to PC and/or BH specialists



3.6 Milestone Refinement

Vague:

- Provide BH services to patients with positive AUD screening

Refined:

- In PY 1, provide BH services to minimum of 25% of patients discharged from ED with a positive AUD screening



Reporting Responsibilities

MCP's:

- Collect/evaluate information related to implementation
- Report project status to DHCS

Providers:

- Perform tasks necessary to meet milestones
- Update MCPs on milestone progress and completion
- Submit reports as specified by the MCP



Funding Uses and Restrictions

Purpose:

- Better integrate physical and behavioral health care for Medi-Cal members.

Restrictions:

- Cannot duplicate/supplant other funding specific to the milestone deliverable.
- Must comply with State & Federal laws and regulations, and other applicable guidelines.



Next Steps

Steps	Date
MCQMD to host webinars	October & November 2020
MCPs and providers complete program readiness	December 31, 2020
BHI Incentive Program Operationalize start date	January 1, 2021



Webinar Questions

- We will now take questions through the webinar chat feature.
- After the webinar, you can email questions to:
 - DHCS-BHIIPA@dhcs.ca.gov



Q&A Session

Five Minute Intermission



Thank you

Email Address: DHCS-BHIIPA@dhcs.ca.gov

BHI Webpage:

https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx