California Behavioral Health Planning Council

CHAIRPERSON
Noel J. O'Neill, LMFT

EXECUTIVE OFFICER
Jane Adcock

January 10, 2022

Shaina Zurlin, PsyD., LCSW
Chief of Medi-Cal Behavioral Health Divison
California Department of Health Care Services

Dear Dr. Zurlin,

The California Behavioral Health Planning Council thanks the Department of Health Care Services for the opportunity to comment on the proposed No Wrong Door policy included in the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

- **Advocacy**
- **Evaluation**
- **Inclusion**

The Planning Council's Systems and Medicaid Committee (SMC) has the following comments regarding the Behavioral Health Information Notice (BHIN) for the No Wrong Door Policy:

The committee commends DHCS for allowing payment to providers during the assessment period prior to a determination of a diagnosis for Specialty Mental Health Services (SMHS) under county Mental Health Plans (MHPs) and non-specialty mental health services (NSMHS) under Managed Care Plans (MCPs). While we support the No Wrong Door policy, it is important to recognize that warm handoffs work effectively when there is some electronic reflection of the care that is occurring. While an individual is being assessed and receiving services, all parties involved in the patient's care should be made aware of where the patient is connected to care and efforts should be made to maintain service continuity whether the individual presents in MCPs or the SMHS side of the public behavioral health system. For purposes of care coordination, continuity of care, and service history, diagnostic coding (ICD codes) and minimal documentation (still to be determined) are needed. Appropriate diagnostic coding would suffice initially to demonstrate the patient's connectivity in the behavioral health system until July 2022 when specific protocols for documentation are specified.

The SMC would also like to thank DHCS for allowing services in both the SMHS and NSMHS as long as they are not duplicative. We encourage DHCS to include an explanation of how duplication will be determined in the BHIN, and also create data sharing standards for county MHPs and MCPs to ensure the non-duplication of services.

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We hope that the recommendations put forth in this letter are taken into consideration as the Department of Health Care Services makes amendments to the CalAIM Initiative. We appreciate the opportunity to submit comments, and ask to be included in conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
California Department of Health Care Services

Tyler Sadwith, Assistant Deputy Director of Behavioral Health
California Department of Health Care Services

Jacey Cooper, State Medicaid Director
California Department of Health Care Services

Sincerely,

Noel J. O'Neill, LMFT
Chairperson