

# California Behavioral Health Planning Council

## Systems and Medicaid Committee Agenda

Friday, May 15, 2020

<https://dhcs.webex.com/dhcs/j.php?MTID=m902dfe16a898dc4c12adbddd48775e7e>

Join by phone: 1-415-655-0001 Access code: 928 539 094

1:00 p.m. – 2:30 p.m.

<b>1:00 pm</b>	<b>Welcome and Introductions</b> <i>Liz Oseguera, Chairperson</i>	
<b>1:05 pm</b>	<b>Review Talking Points for DHCS Public Hearing Re: Medi-Cal 1915(b) and 1115 Waiver Renewals</b> <i>Liz Oseguera, Chairperson and All Members</i>	<b>Tab 1</b>
<b>1:45 pm</b>	<b>Public Comment</b>	
<b>1:50 pm</b>	<b>Create Responses for CalAIM “Redline” Document (TBD)*</b> <i>Liz Oseguera, Chairperson and All Members</i>	<b>Tab 2</b>
<b>2:10 pm</b>	<b>Wrap Up/Next Steps for June Meeting</b> <i>Liz Oseguera, Chairperson and All Members</i>	<b>Tab 3</b>
<b>2:20 pm</b>	<b>Public Comment</b>	
<b>2:30 pm</b>	<b>Adjourn</b>	

*\*The agenda item for Tab 3 will not occur if the Department of Health Care Services has not released the CalAIM redline document by the date of the SMC May Meeting.*

The scheduled times on the agenda are estimates and subject to change.

### **Systems and Medicaid Committee Members**

Liz Oseguera, Chairperson      Karen Baylor, Chair-Elect

Veronica Kelley	Tony Vartan	Noel O’Neill
Daphne Shaw	Celeste Hunter	Catherine Moore
Cheryl Treadwell	Walter Shwe	Kathi Mowers-Moore
Susan Wilson	Deborah Pitts	Hector Ramirez
Dale Mueller	Karen Hart	Marina Rangel

### **Committee Staff**

Ashneek Nanua and Jane Adcock

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.

**California Behavioral Health Planning Council  
Systems and Medicaid Committee  
Friday, May 15, 2020**

**Agenda Item:** Review Talking Points for DHCS Public Hearing Re: Medi-Cal 1915(b) and 1115 Waiver Renewals

**Enclosures:** Talking Points for DHCS Public Hearing Re: Medi-Cal Waiver Renewals  
CalAIM Recommendation Letter

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the System and Medicaid Committee the opportunity to review their public statement for the Department of Health Care Services' (DHCS) public hearings regarding the renewal of the 1915(b) and 1115 Medi-Cal waivers.

**Background/Description:**

The Department of Health Care Services plans to hold public hearings on May 18, 2020 and May 27, 2020 in regards to the upcoming renewal of the 1915(b) and 1115 Medi-Cal waivers. Changes to the waivers will be structured around the proposals within the CalAIM Initiative.

The SMC has created a letter of recommendations in response to the CalAIM Initiative in the effort to improve access and quality of care for individuals served by California's public behavioral health system. SMC staff have developed talking points to present at the upcoming public hearings based on the committee's key recommendations provided in the CalAIM Recommendation Letter.

Committee members will review the talking points and provide feedback to staff to finalize the public statement for the upcoming public hearings.

Please contact Ashneek Nanua at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for electronic copies of the meeting materials.

## Talking Points for DHCS Public Hearing Re: Medi-Cal Waiver Renewals

Hello, my name is Ashneek Nanua representing the Behavioral Health Planning Council's System and Medicaid Committee.

The Systems and Medicaid Committee, in collaboration from stakeholders across California, has written a letter to the department containing recommendations for Medical Necessity and the Administrative Integration of Mental Health and Substance Use Disorder Services. Key points from the letter include the committee's recommendations for Medical Necessity as follows: **(25 sec)**

### Medical Necessity

- The SMC supports a No Wrong Door approach that permits service delivery through multiple entities simultaneously to ensure that all individuals have access to care wherever they present in the system. **(12 sec)**
- We believe the No Wrong Door approach is also tied to payment reform. The committee supports allowing payment before diagnosis as it incentivizes providers to deliver value-based care and reduces the back and forth effect of clients moving between Managed Care Plans and county systems. **(17 sec)**
- To improve client transitions, we recommend that DHCS create statewide standards to operationalize warm hand-offs and referrals to prevent individuals from getting lost in the system. **(10 sec)**
- DHCS should mandate a universal tracking tool to monitor clients' transition from MCPs and SMHS. **(8 sec)**
- The SMC supports the use of a lean standardized assessment tool and recommends that the tool has a section for providers to include additional elements to the assessment as needed. We request that DHCS field and compliance staff be trained to the assessment tool and hold entities accountable solely on the core standards of the tool. **(20 sec)**
- We recommend the ACES screening tool be administered to adults in addition to children. **(5 sec)**
- It currently takes 90 days for an individual's Medi-Cal to be active when they transfer to a new county. We would like to see this time be reduced by making the prior county of residence financially responsible for the Medi-Cal beneficiaries until their Medi-Cal is initiated in the county of service. **(15 sec)**
- Families should be considered as part of the treatment process to reduce potential feelings of isolation and trauma an individual experiences as they navigate multiple levels of care. **(10 sec)**

## Talking Points for DHCS Public Hearing Re: Medi-Cal Waiver Renewals

For the **administrative integration of mental health and substance use disorder services**, the Systems and Medicaid Committee recommends...

- The implementation of statewide peer specialist certification and training for community mentor programs as they are a cost-effective resource that embodies community-based recovery. **(18 sec)**
- Removing the primary diagnosis requirement so providers can deliver both mental health and SUD services if they have the education and training in both arenas. **(10 sec)**
- The provider enrollment process at DHCS be simplified to reduce the amount of time it takes to enroll and license providers. **(7 sec)**
- Last, we recommend streamlining the licensing review process for facilities that deliver mental health and substance use disorder services. **(8 sec)**

With these recommendations, we believe CalAIM has the potential to reduce the complexities of the behavioral health system and lead to better treatment outcomes for the individuals we serve. We thank you for the opportunity to speak today. Please feel reach out to our Executive Officer, Jane Adcock, if you have any questions. **(17 sec)**

Total Time: **Appx. 3 minutes**

**California Behavioral Health Planning Council  
Systems and Medicaid Committee  
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**Agenda Item:** Create Responses for CalAIM “Redline” Document

**Enclosures:** To be released by DHCS

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the System and Medicaid Committee the opportunity to plan a response for the California Advancing and Innovating Medi-Cal (CalAIM) Initiative redline document during the Department of Health Care Services’ (DHCS) 30-day public comment period.

**Background/Description:**

The Department of Health Care Services plans to release the updated CalAIM document as a redline document in Summer 2020 with a 30-day public comment period to follow. DHCS will submit the finalized CalAIM Initiative document to the Centers for Medicare and Medicaid Services (CMS) following the 30-day public comment period.

To ensure that the SMC is able to provide a timely response to the proposed changes for the CalAIM Initiative, committee members will address the following tasks:

- Select critical policy areas in the CalAIM redline document to provide feedback for.
- Create responses based on the changes made to the CalAIM Initiative from the DHCS stakeholder engagement process.
- Set the time and date for a follow-up meeting to finalize feedback for the CalAIM redline document.

***\*This agenda item will not occur if the Department of Health Care Services has not released the CalAIM redline document by the date of the SMC May Meeting.***

**California Behavioral Health Planning Council  
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**Agenda Item:** Wrap Up/Next Steps for June Meeting

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the System and Medicaid Committee the opportunity to plan next steps for the upcoming June Quarterly Meeting.

**Background/Description:**

Committee members will discuss the next steps to plan and execute the June 2020 Quarterly Meeting.