Behavioral Health Quality Improvement Program: CalAIM

Program Implementation Plan and Instructions for County Behavioral Health Plans

Due: *February 7, 2022*

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Executive Summary

The California Advancing and Innovating Medi-Cal (CalAIM) initiative, Behavioral Health Quality Improvement Program (BHQIP) is an incentive payment program to support Behavioral Health Delivery Systems (i.e., Mental Health Plans, Drug Medi-Cal/Drug Medi-Cal Organized Delivery Systems, hereafter referred to as Behavioral Health Plans or BHPs) as they prepare for changes in the CalAIM initiative and other approved administration priorities.[1] The guidance in this document applies to CalAIM, focused on implementation of payment reform,[2] behavioral health policy changes,[3] and bi-directional data exchange between systems of care for the purpose of improving quality and behavioral health outcomes and care coordination for Medi-Cal beneficiaries.[4] Counties earn incentive payments in the CalAIM BHQIP by achieving certain milestones as outlined below. The amount available for distribution to BHPs totals $86,602,000, disbursed over three state fiscal years (FY 2021-22, FY 2022-23, and FY 2023-24). DHCS will issue additional guidance regarding other BHQIP grant programs in the future.

Goal 1. Payment Reform

Milestones:
  a. Implement new Current Procedural Technology/ Healthcare Common Procedure Coding System (CPT/HCPCS) procedure codes, modifiers, place of service codes, and taxonomy codes electronic health records.
  b. Update county claiming systems to successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system.
  c. Implement new Intergovernmental Transfer (IGT) agreement protocol

Goal 2. Implementation of CalAIM Behavioral Health Policy Changes

Milestones:
  a. Implement standardized screening tools in compliance with DHCS guidance.
  b. Implement standardized transition of care tools in compliance with DHCS guidance.
  c. For DMC State Plan Counties Only: Implement ASAM Criteria to determine level of care in compliance with DHCS Guidance
  d. Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards.
  e. Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:
      • Criteria for DMC/DMC-ODS services, including use of ASAM assessment in state plan DMC counties, changes to diagnostic,

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[1] Welf. & Inst. Code § 14184.405(a)
[2] Welf. & Inst. Code § 14184.403
[3] See Welf. & Inst. Code § 14184.402
[4] Welf. & Inst. Code § 14184.405(a)

eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified EPSDT SUD services in state plan DMC counties.

- Criteria for Specialty Mental Health Services for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and nonspecialty mental health
- Documentation requirements and assessment standards (SMHS and DMC/DMC-ODS)
- No wrong door (SMHS)
- Co-occurring diagnoses (SMHS and DMC/DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC/DMC-ODS)

Goal 3. Data Exchange

The purpose of this goal is to promote bi-directional data exchange between county MHPs and MCPs in order to improve health outcomes and health equity through enhanced coordination of care.

Such data exchange and care coordination is paramount to:
- Meeting CMS-mandated interoperability standards
- Supporting implementation of MCP ECM/ILOS programs in CalAIM
- Improving performance on Core Set measures such as Follow-up After Emergency Department Visit for Mental Illness (FUM) and Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA).

Milestones:
a. Demonstrate improved data exchange capabilities.
   - Option 1: Demonstrate direct sharing of data with MCPs
   - Option 2: Demonstrate onboarding to a Health Information Exchange (HIE)
b. Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the county BHP to be compliant with CMS-mandated interoperability rules
c. Demonstrate that the BHP has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set
d. Leverage improved data exchange capabilities to improve quality and coordination of care.
e. Improved Release of Information protocols
   - Option 1: Establish and maintain a data system and processes to manage and share beneficiary release of information data sharing authorization choices with provider groups and MCPs
   - Option 2: Adopt a universal release of information data sharing authorization form across provider groups

General Instructions

Thank you for your participation in the CalAIM BHQIP. The county Implementation Plan (IP) is designed to show how your BHP will implement BHQIP goals for CalAIM. Counties may submit one plan to cover both specialty mental health and substance use disorder treatment, if the county has already integrated the Mental Health Plan (MHP) with the Drug Medi-Cal State Plan or Drug Medi-Cal Organized Delivery System (DMC-ODS) plans. Alternatively, the county can submit one IP for the MHP and one IP for DMC/DMC-ODS, and the relative allocations for these separate plans will be determined as directed by the county. In its implementation plan and/or claim form the county may request a single check, or may request a specific distribution of funds (e.g., 50% of funds allocated to the MHP plan and 50% to DMC-ODS).

The CalAIM BHQIP IP is divided into three sections, one for each goal. Within each section, the BHP must describe how it will operationalize all program milestones for each goal. The IP must have key deliverables and action steps that will be completed by June 30, 2023 and reported in the September 2023 reporting period.

Terminology

Milestones: Specific outcomes or achievements related to the Goal. DHCS will define one or more milestones for each Goal that every BHP is intended to reach by July 2023.

Deliverables: Products or documentation provided as evidence of tangible progress towards milestones. DHCS has mandated some deliverables (labeled "**Required**"); others may be proposed by BHPs, subject to DHCS approval.

Action Steps: Describe the local activities that BHPs will take to achieve deliverables. Counties will define their own action steps.

The IP is due to DHCS no later than February 7, 2022. Please refer to Enclosure 1 of Behavioral Health Information Notice (BHIN) No. 20-XXX regarding each BHP's CalAIM BHQIP incentive funds available and the total annual allocation. Detailed reporting templates will be issued by DHCS in early 2022.

Funding
- BH Plans may opt to jointly implement program requirements and pool their funding.
- Funds may be used at BHP discretion to accomplish CalAIM requirements including (but not limited to) staffing, technology and infrastructure, contracting, training and/or technical assistance. However, funds disbursed through CalAIM BHQIP may not be redirected to a purpose unrelated to CalAIM goals.
- As described in this guide, DHCS will not disburse incentive payments to BHPs for milestones that are not met and/or if it is determined that the BHP is not spending its allocation on CalAIM BHQIP goals. Withheld incentive funds will be pooled and reallocated to other BH Plans.

Evaluation

Each IP will be evaluated and approved on a "Pass/No Pass" basis. DHCS will evaluate the responses to each section and determine if the response demonstrates that the BHP will be able to meet program goals through the activities described in the IP. In the event that a response to an IP section fails to meet review criteria, the applicant will have an opportunity to revise the response(s) per DHCS's feedback and/or requested revisions. Applicants will have two weeks to complete the revisions upon receiving initial feedback from DHCS, and the payment date will be delayed accordingly. Extensions may be requested and will be considered on a case-by-case basis.

Please complete all sections of the IP and return to BHQIP@dhcs.ca.gov **by Close of Business on February 7, 2022.**

Reporting on Deliverables

In order to earn incentives, county BHPs are required to report achievement of milestones and to submit associated deliverables. DHCS will release reporting templates with specifications in a future Information Notice in early 2022.

Reporting deadlines are September 30 and March 1 of each year. Deliverables and milestones may be completed prior to each reporting period, and will then be reported in the September 30 or March 1 report.

Funding Allocation Schedule

The funding allocation methodology was developed in three steps:

1. Each BH Plan will be allocated an initial program startup amount of $250,000.
2. For the remaining funds, each BHP's allocation will be based on its share of claims reported to DHCS in FY 2018-2019 for Specialty Mental Health Services and Substance Use Disorders. To ensure smaller counties receive sufficient funding, DHCS will adjust available incentives to ensure each BHP can receive a minimum of $100,000 for FYs 2021-22, 2022-23 and 2023-24. See enclosure 1 and 2 for details.

The statewide BHQIP funds for each budget year are as follows:

FY 2021-22	$	21,750,000	25%
FY 2022-23	$	45,396,400	52%
FY 2023-24	$	19,455,600	23%
TOTAL	**$**	**86,602,000**	**100%**

Incentive payment distributions:

1. Start-up costs are distributed based on BHP's signing the CalAIM BHQIP startup funds claim form.

2. Incentive payments are based on BHP's meeting all milestones listed in the BHP's CalAIM BHQIP Implementation Plan.

   Deliverables are generally contingent upon DHCS issuing timely policy guidance to counties. If DHCS is delayed in issuing necessary policy guidance, deadlines for BHQIP deliverables will be subject to revision and re-negotiation, with input from CBHDA on behalf of counties.

3. DHCS may require BHPs to respond to clarifying questions; BHPs must turn in their response within two weeks of DHCS's request.

4. Counties may request modifications to self-defined deliverables for future reporting periods by submitting requests to DHCS five months prior to the reporting period in question. For example, concurrent with its September 2022 report, a county may submit requests for modification to self-defined deliverables scheduled for March 2023 or September 2023. Required deliverables will not be modified unless DHCS experiences delays in publication of guidance, as described in #3 above.

   Incentive payment funds will be made available to BHPs as follows:

   a. For the September 30, 2022 and September 29, 2023 reports:
      - 100% of the incentive funds allocated per county for this period will be available if all deliverables for this period in the Implementation Plan are accomplished and reported on time. If the Department determines, in its sole discretion, that all deliverables are not accomplished, the county will receive a percentage of funds commensurate with the percentage of total deliverables completed.
        - Counties are <u>highly</u> encouraged to submit the September report by the due date (regardless of missing deliverables), so that the county can receive timely payment for the proportion of deliverables that *have* been completed.
      - If the September report is not submitted by the deadline, the county is subject to late fees as follows:
        - 95% of the incentive funds allocated are available if all deliverables are completed and reported to DHCS within 5 months of the deadline (between October and February).
        - 90% of incentive funds allocated are available if all deliverables are completed and received with the March 1st report.
      - Incentive payments not earned by counties *in September* due to delays in submitting reports and deliverables (i.e., accomplishing milestones) may be earned when the milestone is achieved and documented, as depicted in the table below, as long as the deliverable is completed and documented no later than March 1.

- If a plan submits a report in September that documents completion of the deliverables due in March of the same fiscal year, the incentive payment for that deliverable is payable early.

  b. For the March reporting periods:

  - 100% of the incentive funds allocated per county for this period will be available if all deliverables for this period in the Implementation Plan are accomplished and reported on time. Payment will also be available for any September deliverables that were completed after timely submission of the September report (see table).
  - Funds do not carry over into subsequent fiscal year, so incentive payments for a particular fiscal year are forfeited for any deliverables that are submitted after March 1st of each fiscal year (since DHCS requires 90 days to process report and issue payment).
  - The final disbursement for the fiscal year will be commensurate with the percent of total deliverables completed and reported by the county, as determined by the department in its sole discretion. Funds not distributed will be re-allocated to counties that achieved all deliverables on time.

5. Incentive payments not earned by counties due to delays in submitting reports and deliverables (i.e., accomplishing milestones) may be earned when the milestone is achieved and documented. As aforementioned, incentive funds available will be at the department's sole discretion.

6. Please see the following table that expands upon funds available by reporting period:

Table 1. Percentage of Incentive Funds available per report submission timeline

Deliverable Submission	September Reports	September deliverables wrap up (October through December)	September deliverables wrap up (January through February)	March Reports	September deliverables wrap up (included in March report)
	Available Funds Per Deliverable	Available Funds Per Deliverable	Available Funds Per Deliverable	Available Funds Per Deliverable	Available Funds Per Deliverable
Timely, Complete	100%	N/A	N/A	100%	N/A
Timely, Incomplete	(Total Incentive/# of Deliverables)* # on-time deliverables	N/A	N/A	(Total Incentive/# of Deliverables)* # on-time deliverables	
Untimely, Complete	N/A	95% (Total Incentive/# of Deliverables)*# on-time deliverables **Funds Disbursed in 90 days**	95% (Total Incentive/# of Deliverables)*# on time deliverables **Funds Held until Final Disbursement**	N/A	90% (Total Incentive/# of Deliverables)*# on time deliverables
Untimely, Incomplete	N/A	95% of (Total Incentive/# of Deliverables)*# on-time deliverables **Funds Disbursed in 90 days**	95% of (Total Incentive/# of Deliverables)*# on-time deliverables **Funds Held until Final Disbursement**	N/A	90% of (Total Incentive/# of Deliverables)*# on-time deliverables

FY 2021-22: Preparation Year
- Start-up Funds ($250,000 per county: $14,250,000)
- Implementation Plan - due 1/31/22 (based on allocation schedule: $7,500,000 total)

Total - $21,750,000

<u>FY 2022-23</u> – Incentive payments based on milestones and deliverables
- Incentive payment 1 - $34,047,300
  - BHP report due 9/30/22
- Incentive payment 2 - $11,349,100 (up to 100% of incentive payment 2 can be disbursed in incentive payment 1 if all deliverables due in the 3/1/23 report are achieved and reported in the 9/30/22 report). The amount disbursed will be commensurate with the percent of deliverables accomplished early.
  - BHP report due 3/1/23

Total - $45,396,400

<u>FY 2023-24</u> – Incentive payments based on milestones and deliverables
- Final incentive payment - $19,455,600
  - BHP report due 9/30/23
- Opportunity for adding an update to the final report:
  - DHCS will distribute any unearned incentives to counties who have achieved all milestones and deliverables in an updated final report by 3/1/24
  - Any unearned incentives will be distributed to counties achieving all milestones and deliverables on time.

Total - $19,455,600

BH Plan Prop 30 Reimbursement

DHCS is committed to meeting its Proposition 30 responsibilities and acknowledges that CalAIM BHQIP payments outlined in this document may not fully meet the costs incurred for implementing these initiatives. DHCS will issue further guidance at a later date related to claiming for these additional costs.

Section 1: Participating BHP Information

Behavioral Health Plan Name	

PRIMARY CONTACT

Name	
Title, Department or Section	
Telephone number	
Email Address	
Mailing Address	

BACKUP CONTACT

Name	
Title, Department or Section	
Telephone number	
Email Address	
Mailing Address	

Section 2:
Goal 1: Payment Reform

Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

Deliverables: DHCS includes deliverables as examples; BHPs may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all BHPs.

Action Steps: These are to be defined by the BHP – what tasks need to be completed to meet the deadline for the deliverable?

Milestone 1a:
Implement new CPT/HCPCS procedure codes, modifiers, place of service codes, and taxonomy codes.

Due date	Deliverables	Action Steps
9/30/22	*County to provide own deliverable Example: Contract amendments completed with vendor(s); implementation plan complete*	
3/1/23	**Required:** Submit boilerplate contracts for subcontracted providers that reflect the new code set and claiming requirements **Required:** Submit CPT code training plan, including information on availability of training for subcontracted providers and county staff.	
9/29/23	**Required – Minimum submissions:** 1. At least 10 test claims that fail Strategic National Implementation Process (SNIP) edit. 2. At least 10 claims that pass the SNIP edit. 3. At least 10 DMC-ODS claims that are not denied as a result of invalid CPT/HCPCS codes, modifiers, place of service codes, and/or taxonomy codes. 4. At least 10 Specialty Mental Health	

	Services claims that are not denied as a result invalid CPT/HCPCS codes, modifiers, place of service codes, and/or taxonomy codes	

Milestone 1b:

Update county claiming systems and successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system for county-operated and subcontracted SMH and DMC/DMC-ODS services.

Due date	Deliverables	Action Steps
9/30/22	*County to provide own deliverable Example: Assess changes needed to claiming system and incorporate in I.T. contract*	
3/1/23	**Required:** Document or attest to analysis of new rates and progress on rate/contract negotiations with providers	
9/29/23	**Required:** Submit documentation that all new claiming rates have been loaded into county systems **Required**: Submit contract execution schedules for all network providers requiring contract updates which may occur on a rolling basis through FY 2024/25	

Milestone 1c:

Implement new Intergovernmental Transfer (IGT) agreement protocol

Due date	Deliverables	Action Steps
9/30/22	*County to provide own deliverable*	
3/1/23	**Required**: Submit Policies & Procedures and/or BHP guidance for county fiscal staff to support new IGT protocol	

9/29/23	**Required:** Submit documentation that all IGT agreement protocols have been implemented	

Section 3:

Goal 2: Implementation of CalAIM Behavioral Health Policy Changes

Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

Milestone 2a:
Implement standardized screening tool in compliance with DHCS guidance.

Due date	Deliverables	Action Steps
9/30/22	**Required:** Document training plan for all relevant MHP staff (i.e., access line and MHP intake) on screening tool	
3/1/23	**Required:** Submit records documenting percentage of relevant county BHP staff trained on use of the standardized screening tool. Attestations from subcontractors will suffice as evidence of training participation. **Required:** Submit policies and procedures that describe use of standardized screening tools.	
9/30/23	**Required:** Submit updated reports showing outcome of screening tool (percentage of callers referred to MHP vs MCP)	

Milestone 2b:
Implement standardized transition tool in compliance with DHCS guidance.

Due date	Deliverables	Action Steps

Due date	Deliverables	Action Steps
9/30/22	**Required:** Document training plan for all relevant MHP staff and subcontracted providers	
3/1/23	**Required:** Submit records documenting percentage of providers trained on use of the standardized transition tool. Attestations from subcontractors will suffice as evidence of training participation. **Required:** Submit initial reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals.	
9/30/23	**Required:** Submit updated reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals.	

Milestone 2c:

For DMC State Plan Counties only: Implement ASAM criteria to determine level of care in compliance with DHCS guidance.

Due date	Deliverables	Action Steps
9/30/22	**Required:** Document training plan for all relevant DMC staff and subcontracted providers	
3/1/23	**Required:** Submit records documenting percentage of providers trained on use of the ASAM criteria. Include information about how the county partnered with its subcontractors to support and monitor timely participation in trainings. **Required:** Submit initial reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).	

Due date	Deliverables	Action Steps
9/30/23	**Required:** Submit updated reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).	

Milestone 2d:

Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards

Due date	Deliverables	Action Steps
9/30/22	**Required:** Submit evidence of EHR changes that support documentation reform, such as vendor contracts with I.T. plan **Required:** Submit updated excerpts from documentation manuals, list of county Policies and Procedures updated, or similar evidence that counties and subcontractors have adopted BHP revised documentation standards (which include but are not limited to assessment domains, problem lists, progress notes, and applicable timeliness standards). **Required:** Document training plan inclusive of the new CalAIM policies listed above, and participation of county staff in training Include information on training made available to subcontracted providers and describe how the county has supported and monitored timely participation in trainings for its subcontractors.	
3/1/23	**Required:** - Updated provider oversight and recoupment policies and procedures, - Updated utilization management policies - Updated audit protocols to comply with	

Due date	Deliverables	Action Steps
	new specialty mental health services criteria, assessment domains, documentation standards and other CalAIM behavioral health policies, aligned with new DHCS auditing and recoupment standards Documentation of communication/training with providers.	
9/29/23	**Required:** High-level summary of audit results, including total funding amounts recouped from providers, by reason for recoupment (per DHCS policy, limited to evidence of fraud waste and/or abuse; with corrective action plans and/or other administrative sanctions used for noncompliance with other standards)	

Milestone 2e:

Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:

- Criteria for DMC/DMC-ODS services, including use of ASAM assessment in state plan DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified EPSDT SUD services in state plan DMC counties.
- Criteria for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools
- Documentation requirements and assessment standards (SMHS and DMC/DMC-ODS)
- No wrong door
- Co-occurring diagnoses (SMHS and DMC/DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC/DMC-ODS

Due date	Deliverables	Action Steps
9/30/22	**Required:** Submit updated BHP policies and procedures reflecting specified CalAIM policy changes not included in the documentation redesign or screening/transition tool policies reflected above P&Ps required in this section should primarily address eligibility criteria and No Wrong Door. **Required:** Document training plan inclusive of the new	

	CalAIM policies listed above, and participation of county staff in training • Include information on training made available to subcontracted providers and describe how the county has supported and monitored timely participation in trainings for its subcontractors.	
3/1/23	**<u>Required:</u>** Describe how new providers will be trained in CalAIM policies, through training manuals and/or asynchronous on-line learning.	
9/30/23	**<u>Example:</u>** Submit updated quality improvement plan or other evidence to demonstrate how counties will provide ongoing training, support, and monitoring to implement CalAIM eligibility and documentation policies.	

Section 4:

Goal 3: Data Exchange

For the BH Plan's chosen milestone, please provide key deliverables and the action steps necessary to achieve each deliverable by quarters using the table below.

Milestone 3a: Demonstrate improved data exchange capabilities.

Option 1:
Demonstrate direct sharing of data with MCPs

Due date	Deliverables	Action Steps
9/30/22	**Required:** A copy of signed data sharing agreement between the county BHP and the county's MCPs	
3/31/23	**Required:** A copy of a data sharing transaction log or a de-identified HL7 message (or other equivalent documentation) to and from the MCPs and county	
9/30/23	**Required:** Submit a written report (DHCS to provide a template) outlining how the county is leveraging direct data exchange with MCPs to improve care coordination and/or to implement CalAIM or other population health management programs.	

Option 2:
Demonstrate onboarding to a Health Information Exchange (HIE)

Due date	Deliverables	Action Steps
9/30/22	**Required:** A copy of signed CalDURSA and CTEN to onboard with HIE that has done the same	
3/31/23	**Required:** A copy of a transaction log or a de-	

	identified HL7 message (or other equivalent documentation) to and from the HIE and county	
9/30/23	**Required:** Submit a written report (DHCS to provide a template) outlining how the county is leveraging HIE participation to improve care coordination and/or to implement CalAIM or other population health management programs.	

Milestone 3b:
Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the county BHP to be compliant with CMS-mandated interoperability rules

Due date	Deliverables	Action Steps
9/30/22	*County to determine deliverable*	
3/31/23	**Required:** Signed attestation form from the county that certifies the implementation of the FHIR API.	
9/30/23	**Required:** Submit a log of successful FHIR transactions (de-identified) over a six month period in 2023	

Milestone 3c:
Demonstrate that the BHP has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set

Due date	Deliverables	Action Steps
9/30/22	**Required:** Signed attestation form and other supporting documentation from the county that certifies that the county has begun the process of mapping data elements to the USCDI	
3/31/23	*County to determine deliverable*	
9/30/23	**Required:** Signed attestation form from the county that certifies that data elements have been	

successfully mapped to USCDI AND Submit documentation outlining the mapped data elements	

Milestone 3d:
Leverage improved data exchange capabilities to improve quality and coordination of care. This milestone relates to the following measures:
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
  - Measure specification can be found on page 63
- Follow-up After Emergency Department Visit for Mental Illness (FUM)
  - Measure specification can be found on page 70
- Pharmacotherapy for Opioid Use Disorder (OUD)
  - Measure specification can be found on page 110

Due date	Deliverables	Action Steps
9/30/22	**Required:** Submit a quality improvement plan (DHCS to provide template) to improve performance on FUA, FUM, and OUD during the measurement period of July 1, 2022 – June 30, 2023. Quality improvement plans should include how the county will leverage improved data exchange capabilities to achieve improved performance.	
3/31/23	**Required:** Submit baseline performance rate (July 1, 2021 – June 30, 2022) for FUA, FUM, and OUD and provide updated narratives on projects, challenges, lessons learned, and next steps related to quality improvement on these measures during the measurement period (DHCS to provide template).	
9/30/23	**Required:** Submit final performance rate (July 1, 2022 – June 30, 2023) for FUA, FUM, and OUD and provide updated narrative on projects, challenges, lessons learned, and next steps related to quality improvement on these	

	measures (DHCS to provide template).	

Milestone 3e: Improved Release of Information Protocols

Option 1:
Establish and maintain a data system and processes to manage and share beneficiary release of information data sharing authorization choices with provider groups and MCPs

Due date	Deliverables	Action Steps
9/30/22	*County to determine deliverable*	
3/1/23	*County to determine deliverable*	
9/30/23	**Required:** Signed attestation form from the county that certifies that the county has established and is maintaining a data system and processes that manages and shares beneficiary release of information data sharing authorization choices with provider groups and MCPs AND A copy of the policies and procedures that describes how the county will manage and maintain the systems and processes related to beneficiary release of information	

Option 2:
Adopt a universal release of information data sharing authorization form across provider groups

Due date	Deliverables	Action Steps
9/30/22	**Required:** Universal release of information data sharing authorization form adopted by the county	
3/1/23	**Required:** Document outlining proposed updates to the data sharing authorization form that could be adopted by DHCS and other entities that	

	would improve the utility of the form	
9/30/23	**Required:** Documentation showing the widespread adoption of the universal release of information data sharing authorization form across the county's provider groups (e.g., attestations from representatives in the county's provider groups certifying the implementation of the universal release of information authorization form)	

Section 5: Technical Assistance and Training

All BHQIP participating BHPs are required to complete virtual trainings and technical assistance provided by DHCS or designees to support implementation of CalAIM policies. The training schedule will be communicated to counties in a separate BHIN.

DHCS will run reports of county participation in trainings. Counties are eligible to receive 100% of the available incentive per reporting period, based on completion of milestones, if at least one staff from the county MHP and at least one staff from the DMC or DMC-ODS plan are documented to have attended at least one webinar for each BHQIP goal (either synchronously, or asynchronously). If DHCS is unable to verify attendance, the county will be required to submit documentation of which staff attended on which date. If no attendance can be verified, DHCS reserves the option to deduct 5% from the incentive payment.

Please acknowledge your understanding and acceptance of this responsibility below.

☐ I understand and accept the responsibility to participate in all three webinar trainings run by DHCS or their designees.

Section 6: Certification

☐ I hereby certify that all information provided in this Implementation Plan is true and accurate to the best of my knowledge, and that this plan has been completed based on a thorough understanding of program participation requirements as specified in <mark>BHIN XXX</mark>.

Behavioral Health Plan Director's Name:	
Signature :	
Date Signed:	

Acceptance of a BH-QIP award shall constitute acceptance of the terms and conditions described herein. The terms of the BH-QIP award include the County's Implementation Plan, as approved by DHCS.