# Stakeholder Advisory Committee
&
Behavioral Health Stakeholder Advisory Committee
Hybrid Meeting

Thursday, October 19, 2023

Webinar Tips

» Please use either a computer or phone for audio connection.

» Please mute your line when not speaking.

» For questions or comments, email: SACInquiries@dhcs.ca.gov or BehavioralHealthSAC@dhcs.ca.gov.
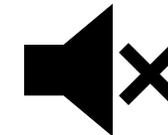
Medi-Cal Member Advisory Committee Update

Medi-Cal Member Advisory Committee (MMAC) Update

» There are 15 active members, and we are working to add three more by the next meeting in January 2024

» The MMAC has met three times (May, August, October 2023)

- The DHCS team meets with members between meetings to provide support and collect further information

» [Meeting summaries and other resources](#) are available online

2023 Legislative Session Update

Managed Care Readiness and Go Live
January 2024

Medi-Cal Managed Care Plan Contracts Go Live Announcement

» On September 1, 2023, DHCS provided "go-live" decisions to all <u>Medi-Cal managed care plans</u> (MCPs) scheduled to assume operations on January 1, 2024. Under the new MCP contract, all MCPs must advance health equity, quality, access, accountability, and transparency.

» These new contracts will serve approximately 99 percent of all Medi-Cal members. This change is part of California's Medi-Cal transformation to ensure members can access the care they need to live healthier lives.

» DHCS anticipates that approximately 1.2 million members will need to transition to a new MCP on January 1, 2024.

- Approximately 243,000 members will receive an enrollment packet to choose a MCP in their county members will transition because of the county plan model change, the majority of whom will not need to choose a plan but will be notified of their enrollment in a plan operating in their county.

- Additionally, in Los Angeles County, approximately 500,000 members will be notified and transitioned from Health Net to Molina.

Next Steps

» Members of exiting MCPs began receiving notices from their exiting Managed Care Plan at the beginning of October 2023.

» In November and December 2023, impacted members will receive additional notices from Medi-Cal Health Care Options (HCO), DHCS's enrollment broker explaining what is changing and how a they can choose a new managed care plan.

» A choice packet will be sent with the 60-day notice when appropriate.

» A welcome packet from their new MCP will be mailed to members in early January 2024.

» Notices will include a quick reference (QR) code for an online Notice of Additional Information that will provide more details, which members can request to receive in print or alternative format.

» Enrollment into the new Managed Care Plan will be effective January 1, 2024.

DHCS Strategic Plan

2023-2027 Strategic Plan

» DHCS rolled out a new [5-year strategic plan](#) in July.

» The plan captures DHCS' bold actions to ensure California's health care delivery system provides equitable access to quality health care, leading to a healthy California for all.

2023-2027
Strategic Plan
California Department of Health Care Services
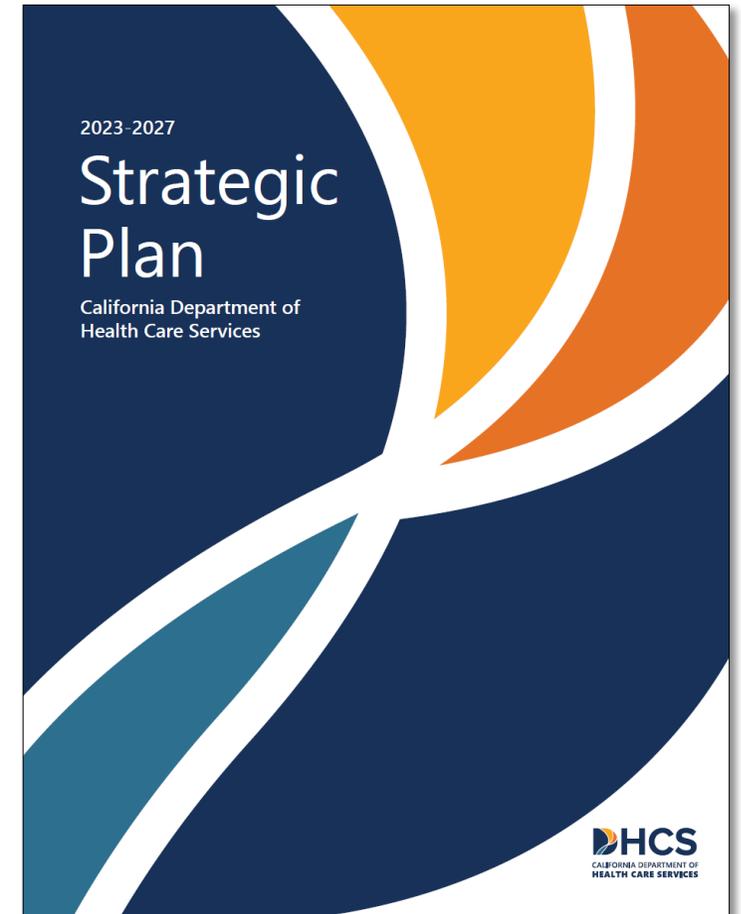
Core Values

We are committed to demonstrating these core values in everything we do:

- **BELONGING**
  We create an inclusive and welcoming space, invite diverse perspectives, and actively engage with diverse communities.

- **EQUITY**
  We actively address disparities and structural inequities so that all people grow and thrive.

- **INNOVATION**
  We continuously challenge ourselves to find creative ways to strengthen our organizational excellence and improve the lives of Californians.

- **STEWARDSHIP**
  We earn the trust of our colleagues and the public by demonstrating integrity, accountability, and transparency.

- **SUSTAINABILITY**
  We implement long-lasting, balanced solutions for ourselves, our partners, and those we serve.

Goals

Be Person Centered

Increase
Meaningful Access

Achieve Excellence
In Health Outcomes

Be An Employer
Of Choice

Strengthen
Operations

Leverage Data
To Improve Outcomes

Status of Medi-Cal Redeterminations and January 2024 Expansions

René Mollow, Deputy Director, and Yingjia Huang, Assistant Deputy Director, Health Care Benefits and Eligibility

DHCS

Continuous Coverage Unwinding

Federal Flexibilities and Continuing Improvements

DHCS has received approval of 17 "waivers and flexibilities" from CMS

Many of these flexibilities have already been utilized by California and have been incorporated throughout the continuous coverage unwinding period.

DHCS recently concluded a multi-week effort, in collaboration with the United States Digital Services (USDS), intended to increase California's successful ex parte renewal rates and facilitate a significant reduction in the number of procedural terminations experienced by Medi-Cal members.

Medi-Cal Continuous Coverage Unwinding **Dashboard**
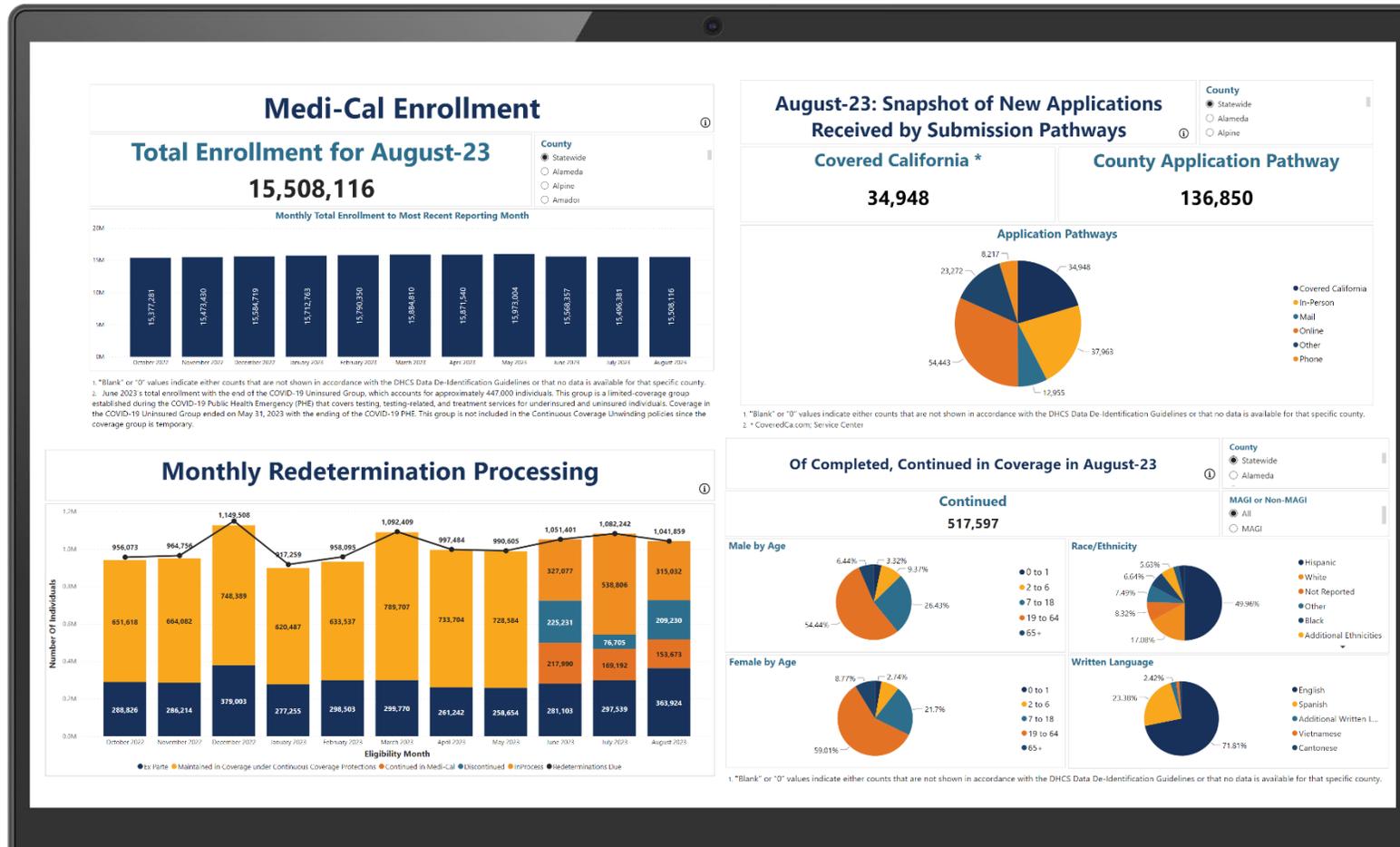
Health Enrollment Navigators Redetermination Outreach Efforts

Health Enrollment Navigators are conducting outreach and retention activities using the monthly renewals and disenrollment lists provided by DHCS

Navigators use text messaging and direct phone calls to reach members

Preliminary responses from disenrolled Medi-Cal members that were shared with the Navigators:

- They have other forms of health insurance, specifically employer sponsored insurance, so they did not return the renewal packet

- They did not receive a packet from the county

- They need assistance filling out the packets

Redetermination Outcomes

	June 2023	July 2023	August 2023
Enrollment			
Monthly Enrollment	15.6 million	15.5 million	15.5 million
Number of new applications received	143,069	142,052	171,798
Newly Enrolled in Medi-Cal for the first time	53,836	63,443	72,569

Continued Redetermination Outcomes

	June 2023	July 2023	August 2023
Redeterminations			
Number redeterminations due	1.05 million	1.08 million	1.04 million
Percentage returned renewal packets for review or completed through ex parte	81%	80%	82%
Number of disenrollments as a result of renewals	225,231	76,705[1]	209,320
Percentage disenrolled (of total redeterminations due)	21%	7%[2]	20%
Ex parte percentage	27%	25%	35%

[1] 76,705 Medi-Cal members (7 percent of July redeterminations) were disenrolled for not returning information or because they were determined ineligible; disenrollments occurred on August 1 and would be tracked separately since the redetermination month would the same. This would not be reflected in August's data. DHCS will report final July disenrollment rates in late November 2023.

[2] Historically, California has seen a reinstatement rate of approximately 4 percent over the 90-day cure period. Medi-Cal members who were disenrolled in July have until October 30, 2023, to return needed information to have their coverage restored. DHCS anticipates the final disenrollment rate in July 2023 to be reduced by approximately 4 percent after the 90-day cure. DHCS will report on this final rate in late November 2023.

Asset Elimination

Asset Elimination

On **July 14, 2023**, the Centers for Medicare & Medicaid Services approved DHCS' [State Plan Amendment](#) to eliminate the asset test.

» Phase II is scheduled for implementation on **January 1, 2024**.

» This phase will eliminate the asset test entirely for Non-MAGI Medi-Cal programs, including Long-Term Care and Medicare Savings Programs.

» DHCS is on track for implementation.

Outreach

» This month, DHCS will be sending an outreach flyer letter to all Medi-Cal beneficiaries to inform them of the upcoming Asset Elimination.

» After January 1, 2024, DHCS will send outreach letters to any individuals who were denied Medi-Cal in the 6 months prior to Asset Elimination for exceeding the asset limit under current law.

» The outreach letter will inform the individuals of the Asset Elimination and encourage them to re-apply for Medi-Cal, if appropriate.

» Additional information and resources available on the [DHCS Asset Limit Changes webpage](#).

» Questions can be emailed to AssetLimitChanges@dhcs.ca.gov

Adult Expansion

Age 26-49 Adult Expansion

The Adult Expansion will begin on January 1, 2024, and will provide full scope Medi-Cal to California residents 26-49 years of age, regardless of immigration status, if they meet all Medi-Cal eligibility criteria.

» With this expansion, full scope Medi-Cal coverage will be available to all otherwise eligible Californians, regardless of immigration status.

» The Governor's 2022-2023 Budget estimates the Adult Expansion population to be 707,000 individuals.

» Policy guidance is posted in ACWDL 23-08. DHCS is on track for implementation.

» Additional information and resources available on the DHCS Age 26-49 Adult Expansion webpage

Outreach

» DHCS worked closely with foundations and CBOs to have materials tested by community members.

» DHCS has developed a [Get Your Community Covered Resource Hub](#) of materials that is translated into all Medi-Cal threshold languages.

- DHCS recommends counties and partners utilize the messaging and integrate it into their outreach and social media campaigns.
- DHCS is sharing the global outreach language to be used by Medi-Cal Managed Care Plans, other State departments, Medi-Cal providers, and other community partners for use in their outreach activities.

» Statewide paid media campaign to run from November 2023 through May 2024.

- Including a new [Medi-Cal.dhcs.ca.gov](#) page in English and Spanish.

ECM Launched and Expanded in 2022

Three ECM Population of Focus (POFs) went live statewide in 2022.

ECM EXPANDED STATEWIDE IN 2022

January 1: Launched for select Populations of Focus in the 25 Whole Person Care (WPC) pilot and Health Home Program (HHP) Counties

July 1: Launched for additional select Populations of Focus
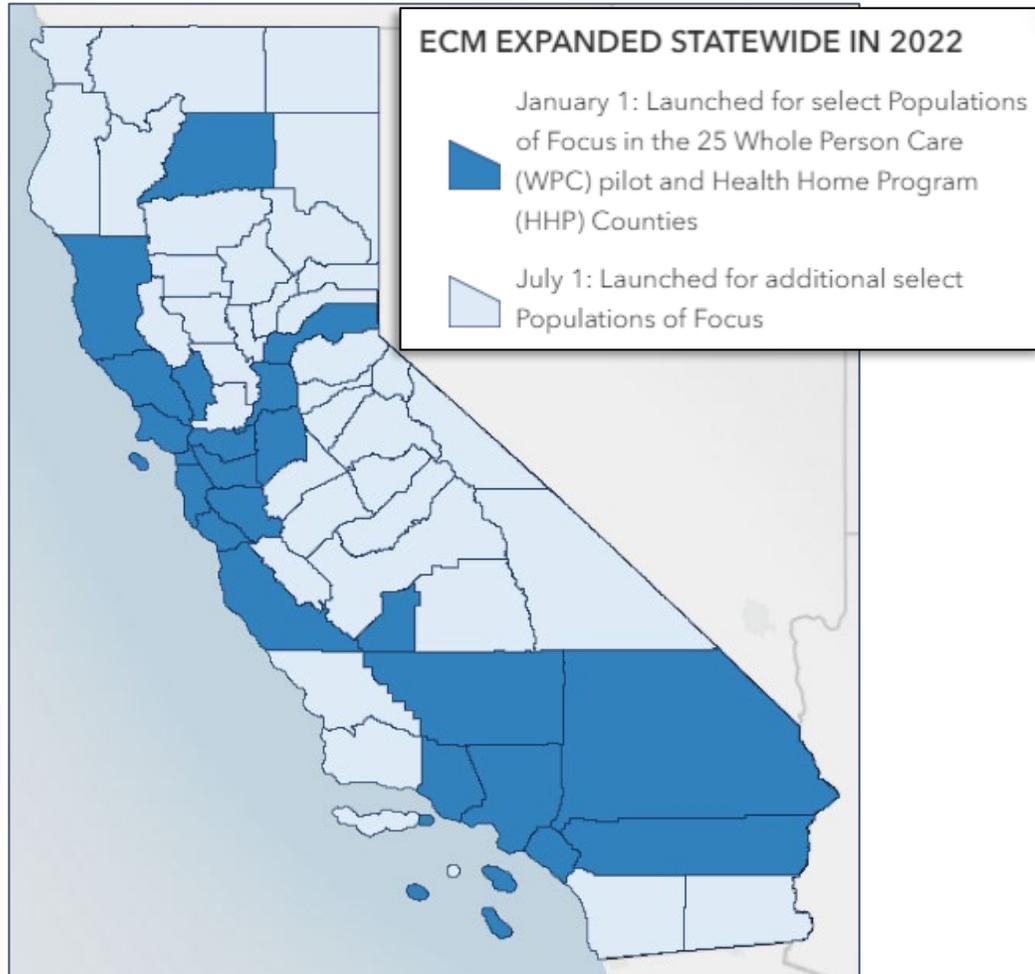
Jan 2022

ECM launched in 25 counties that had Health Homes Programs and Whole Person Care for:
1. Adults at Risk of Avoidable Utilization
2. Adults Experiencing Homelessness
3. Adults with Serious Mental Health and/or Substance Use Disorder Needs

July 2022

ECM launched in remaining counties for the initial three POFs.

ECM for Justice-Involved Individuals POFs also launched in select former Whole Person Care counties in January 2022.

The ECM & Community Supports 2022 Implementation Report

DHCS in August 2023 released the ECM and Community Supports 2022 Implementation Report, summarizing data from the first year of the two initiatives.

» The interactive report includes:

» State-level data on utilization and provider networks

» County-level data on utilization, and well as CITED data by county

» MCP-level data on utilization

109,000 Medi-Cal Members Received ECM in CY 2022

About 50% of those Members were in the "At Risk of Avoidable Hospital or ED Utilization" POFs.

Cumulative Number of Members Who Received ECM in CY 2022

40% Increase in Cumulative Number of ECM Recipients from End of Q1 to End of Q4

X-axis: Q1 CY 2022, Q2 CY 2022, Q3 CY 2022, Q4 CY 2022
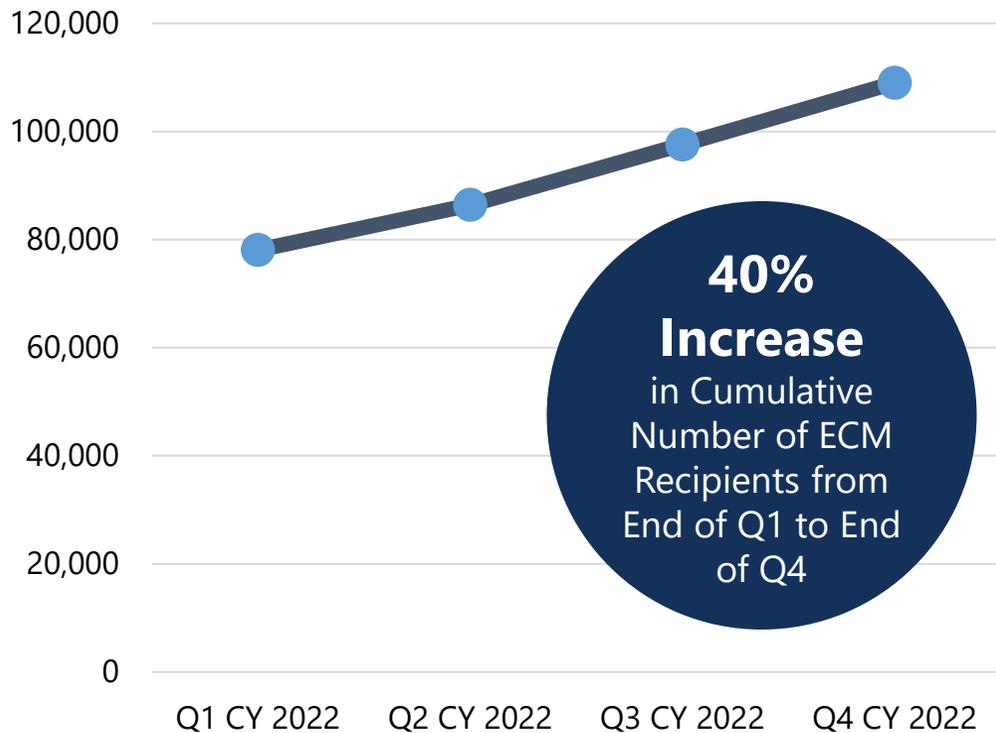
Total Number of Members Who Received ECM by Population of Focus in CY 2022

- **58,878** – Adults at Risk of Avoidable Hospital or ED Utilization
- **42,399** – Individuals with Serious Mental Health and/or SUD Needs
- **36,114** – Adults Experiencing Homelessness
- **4,859** – Individuals Transitioning from Incarceration*
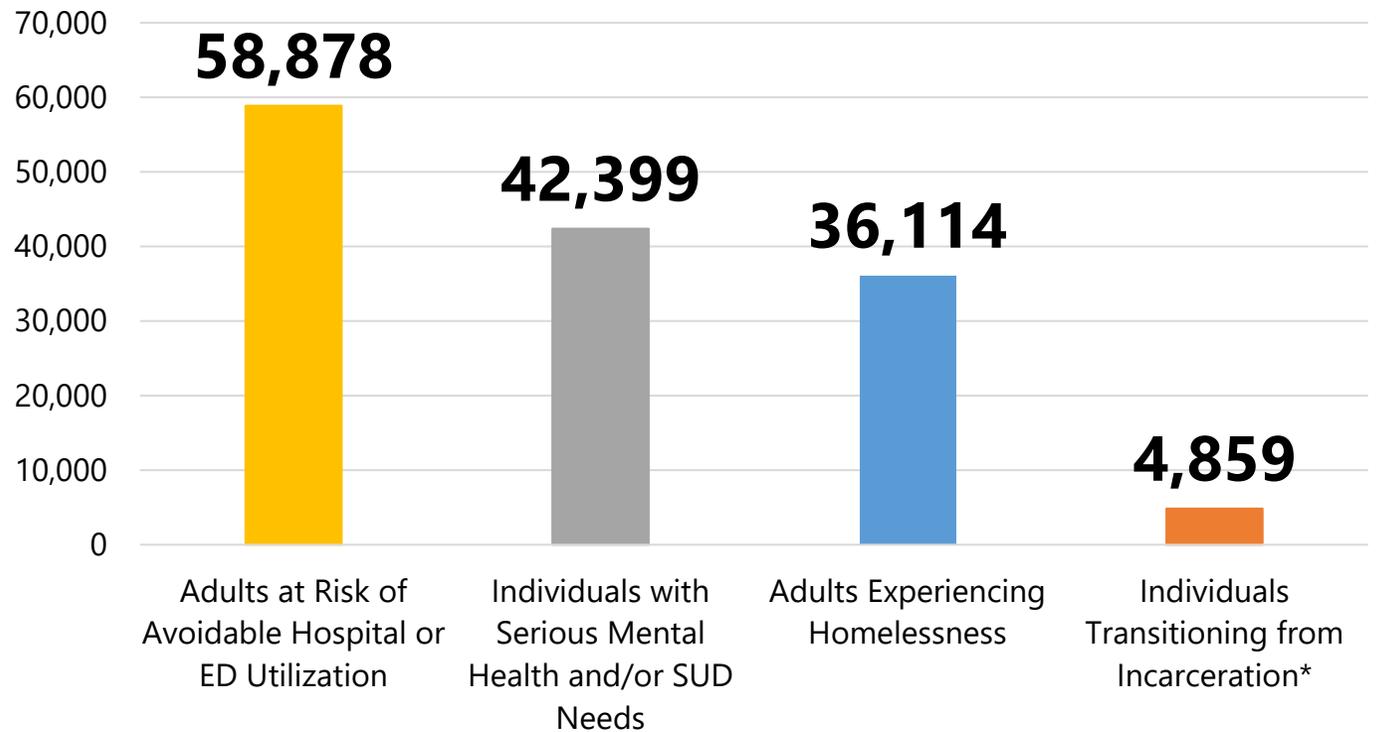
*Was available in select WPC counties only

30

In 2022, the Most Common ECM Provider Type was FQHCs

MCPs also began to include non-traditional Medi-Cal providers as ECM Providers.

Total Number of ECM Providers by Provider Type in CY 2022

Provider Type	Count
Organization Serving Justice-Involved Individuals	0
Local Health Department	3
Public Hospital, District/Municipal Public Hospital Or Healthcare System	8
Rural Health Center/Indian Health Center	13
Substance Use Disorder Treatment Provider	23
County Behavioral Health Provider	27
County	51
Organization Serving Individuals Experiencing Homelessness	57
Community Mental Health Center	57
Behavioral Health Entity	84
Community Health Center	92
Hospital Or Hospital-Based Physician Group Or Clinic	119
Primary Care Or Specialist Physician Or Physician Group	120
Other Qualified Provider or Entity Not Listed In This Chart	286
Federally Qualified Health Center	312

Community Supports Launched on January 1, 2022

Starting in 2022, MCPs elected to begin offering Community Supports.

Number of Community Support Available, by County

Number of Available Community Supports

- 14 Community Supports
- 6 - 13 Community Supports
- Fewer Than 6 Community Supports

» Although Community Supports are optional, every Medi-Cal MCP opted to provide them in the first year of the program.

- **Every county** had at least 2 Community Supports available.

- **16 counties** had at least 10 Community Supports available.

- **Three counties** had all 14 Community Supports available.

» The availability of Community Supports services is continuing to grow in 2023.

- As of August 2023, **13 counties offered all 14 Community Supports**, and **at least 6 were available in every county**.

36,000 Medi-Cal Members Received Community Supports in 2022

From the end of Q1 2022 to Q4 2022, the number of individual Community Supports services provided increased by 450%.

Cumulative Number of Members Who Received Community Supports in CY 2022

Quarter	Value
Q1 CY 2022	14,014
Q2 CY 2022	20,706
Q3 CY 2022	27,591
Q4 CY 2022	36,391
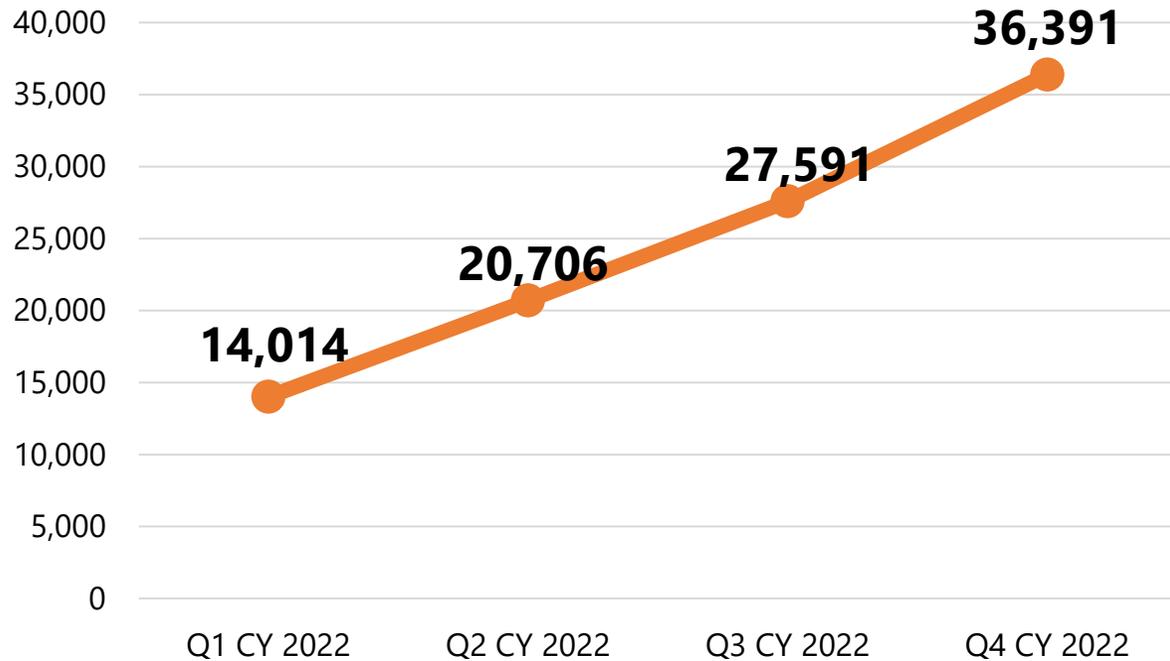
Cumulative Number of Community Supports Services Provided in CY 2022

Quarter	Value
Q1 CY 2022	14,896
Q2 CY 2022	33,759
Q3 CY 2022	56,197
Q4 CY 2022	80,859
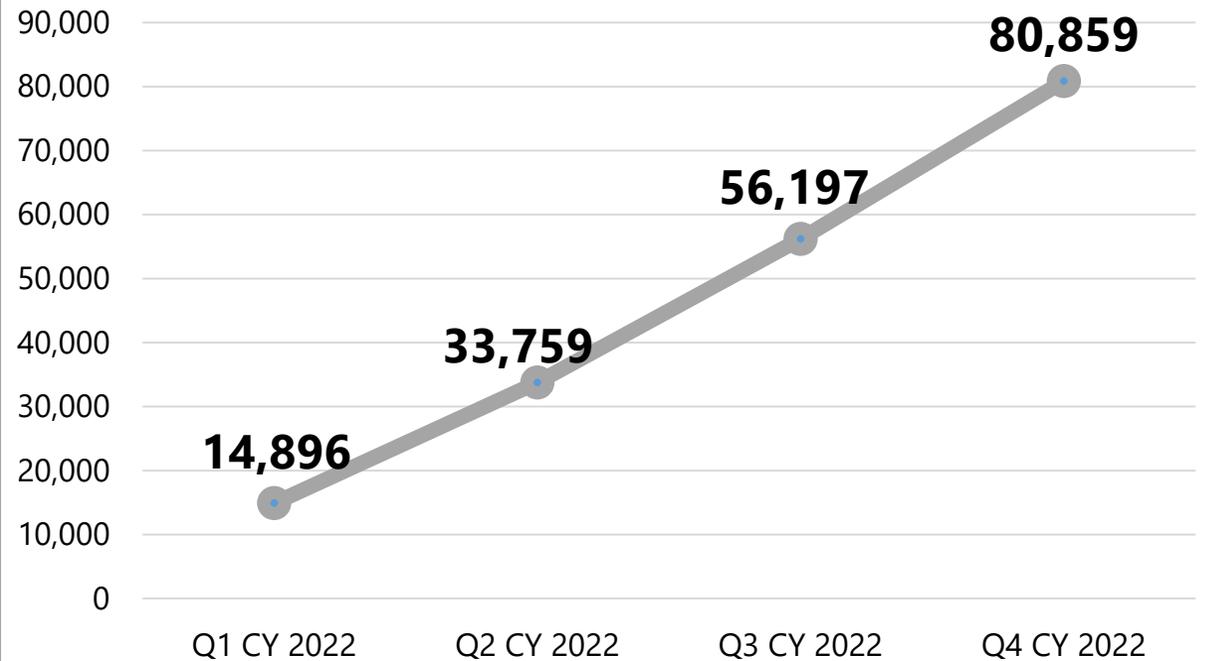
Housing Supports Were The Most Utilized Community Supports in 2022

Over 40% of members who received Community Supports accessed Housing Transition Navigation Services.

Total Number of Members Who Received Community Supports by Service in CY 2022

Service	Members
Housing Transition Navigation Services	15,314
Housing Tenancy and Sustaining Services	15,231
Medically Tailored Meals or Medically Supportive Food	6,367
Recuperative Care (Medical Respite)	2,435
Housing Deposits	900
Sobering Centers	351
Short-Term Post-Hospitalization Housing	321
Nursing Facility Transition/Diversion to Assisted Living Facilities	248
Asthma Remediation	237
Community Transition Services/Nursing Facility Transition to a Home	168
Day Habilitation Programs	119
Personal Care and Homemaker Services	96
Environmental Accessibility Adaptations (Home Modifications)	60
Respite Services	32

How DHCS Is Working To Expand Access

Building on the successes of year one, DHCS and its MCP partners are working to expand access to ECM and Community Supports by:

» Providing tangible resources and technical assistance to Community Supports and ECM Providers through the Providing Access and Transforming Health (PATH) Initiative

» Incentivizing MCPs to further increase ECM capacity and Community Supports uptake through the Incentive Payment Program (IPP)

Breaking down barriers to ECM and Community Supports access through continuous program and policy improvements

All 14 Community Supports available in:

January 2023
11 counties

July 2023
13 counties

January 2024
32 counties
Projected

Areas of DHCS Focus in Response to Data and Feedback

DHCS has identified the following priority areas and begun implementing program design refinements to increase the total number of Members served.

GOAL:
Increasing Availability and Uptake of Community Supports for Medi-Cal Members who Need Them

1. Standardizing Eligibility

2. Streamlining and Standardizing Referral/ Authorization Processes

3. Expanding Provider Networks and Streamlining Payment

4. Strengthening Market Awareness

5. Improving Data Exchange
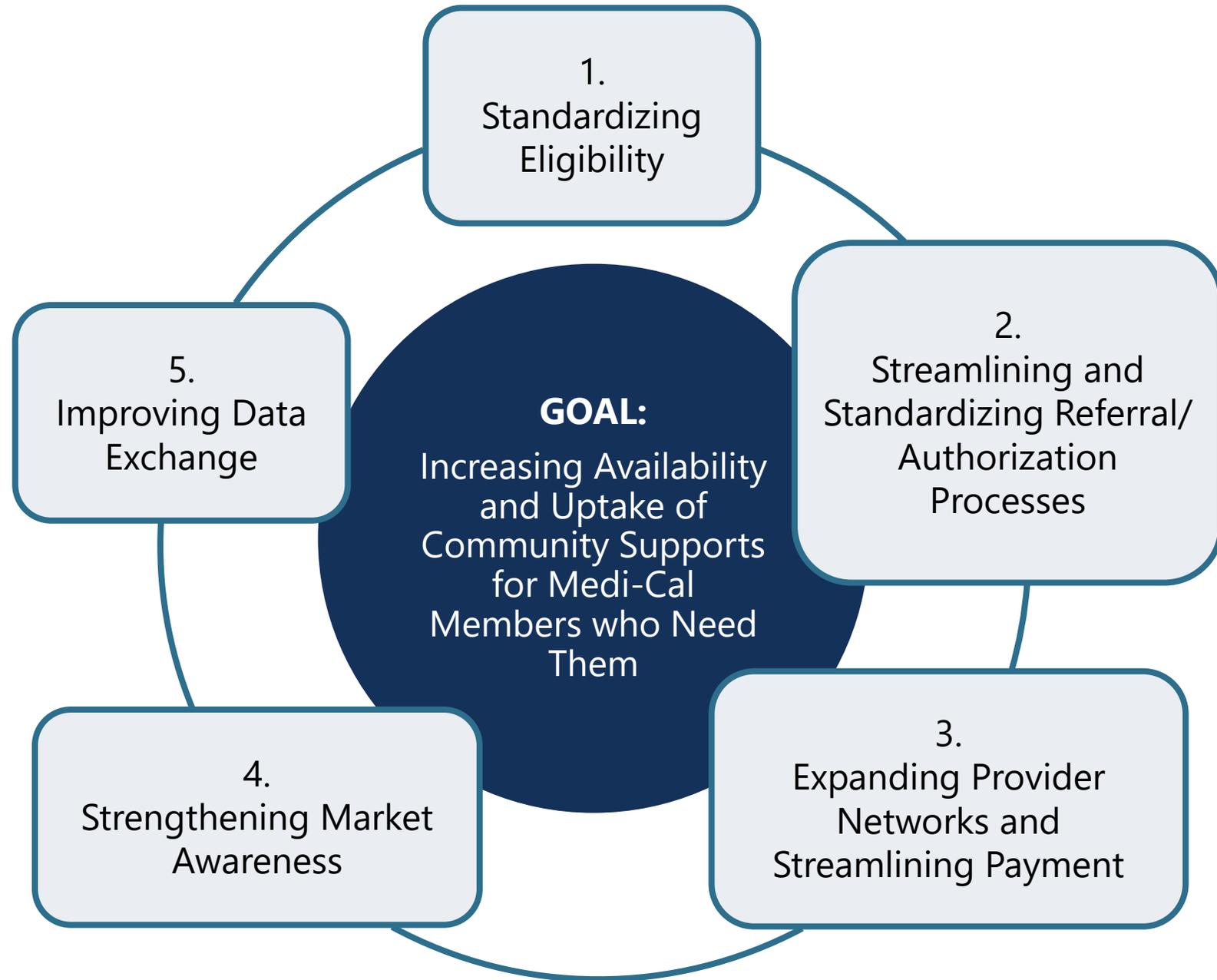
Data Sharing and Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilot

Linette Scott, MD, Chief Data Officer and the Deputy Director of the Enterprise Data and Information Management

CalAIM Data Sharing Authorization Guidance (DSAG)

» AB 133 added new provisions to California's Welfare and Institutions and Penal Codes to promote care coordination by allowing data exchange even in cases where state privacy laws otherwise might prohibit such data exchange without prior consent

» California Welfare and Institutions Code (WIC) Section 14184.102(j) is referred to as the "AB 133 State Law Applicability Provision" in the DSAG

» DHCS published DSAG version 1.0 in March 2022

DSAG version 2.0

On June 8, 2023, DHCS released Version 2.0

for [public comment](#) which concluded on June 29th

96 public comments | **21** organizations

DHCS received 96 public comments from 21 organizations, including local health jurisdictions, county behavioral health agencies, managed care plans (MCPs), and community-based providers

CalAIM DSAG v2.0
Feedback from Stakeholders

Add more detailed data sharing use cases on specific populations:

» Justice-Involved Populations

» Unhoused Populations

» Children and Youth with Complex Needs

Provide technical assistance to address data sharing implementation challenges:

» Data sharing between providers with different platforms

» Separating Lanterman-Petris-Short Act data from substance use disorder data

Provide additional information and linkages to other initiatives:

» Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilot

» CalHHS Data Exchange Framework

CalAIM DSAG Next Steps

After the final DSAG 2.0 is published, DHCS will develop DSAG Toolkits (i.e., DSAG 3.0)

The toolkits would be scenario based, describe specific situations that providers in the field will confront on data sharing issues, and support their decision-making processes using clear examples

More information about data sharing resources:

» [CalAIM Data Sharing Authorization Guidance March 2022](#)

» [ASCMI Pilot](#)

ASCMI Form

DHCS developed the ASCMI Form, a universal release of information (ROI) form, to facilitate sharing of a Medi-Cal member's physical, behavioral, and social health information through a standardized consent process.

ASCMI Form Components*

1. Purposes of the ASCMI Form
2. Types of Information that You Authorize to be Shared
3. Sources and Recipients of Your Information
4. Expiration, Revocation, Or Change Of This Form
5. Your Rights
6. Sharing Information Without Your Consent
7. Authorization

*See CalAIM ASCMI Pilot web page for the Form

ASCMI Pilot Overview

DHCS launched a pilot in 2023 to test the ASCMI Form's acceptance and to develop a consent management service for the secure storage and management of Medi-Cal Member's consent preferences.

Pilot Participants

DHCS selected three pilot sites each consisting of:

Health Information Exchange / Community Information Exchange (HIE/CIE)
(Served as primary DHCS contractor)

+

County Agencies and Providers
(Preference given to pilot applicants that included SMHS, DMC/DMC-ODS)

+

MCP and Providers
(Preference given to Pilot applicants that included ECM/Community Supports providers)

Pilot Design

Phase 1: Infrastructure (complete)
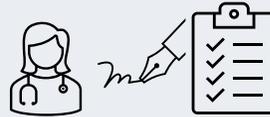
Service providers provides information on the ASCMI Form to Members and requests their signature
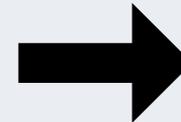
Member's ASCMI Form is stored in a **consent management service,** centralized platform to store Medi-Cal member's consent

Phase 2: Data Sharing (TBD)

Organizations providing services to Medi-Cal Members can check if they have consent to share information, such as substance use disorder treatment, emergency department visits, mental health, involved information and housing status.

ASCMI Pilot Implementation Progress and Challenges

Nov 2022 – Jan 2023 (Procurement)	Feb - Jun 2023 (Implementation)	Jul – Dec 2023 (Evaluation)

Nov-Dec 2022:
Request for Information (RFI) procurement
- Seven applications received

Jan 2023:
Three pilot sites selected
- Santa Cruz/Santa Cruz Health Information Exchange (SCHIO)
- San Diego/2-1-1 San Diego
- San Joaquin / Manifest MedEx

Feb-Apr 2023:
Pilots developed consent management service, conducted trainings, implemented ASCMI Form at provider sites

May-Jun 2023:
ASCMI Pilots Live

Evaluation:
DHCS is conducting an evaluation to identify best practices, issues, and operational complexities of implementing the ASCMI Form and consent management service to inform a broader rollout in the future

Outcomes
(preliminary)

- **247** total signatures
- **189 (77%)** also opted in to sharing 42 CFR Part 2 information

Implementation Challenges

- **Budget Timeline**: Funding limited to SFY 2022-23
- **Short Pilot Duration**: Pilot sites only able to test user acceptance of ASCMI Form
- **ASCMI Form Acceptance**: HIEs/CIEs secured initial agreement to participate from county agencies and MCPs; however, some pulled out due to their legal counsel's concerns with the ASCMI Form

CalAIM: Screening and Transition of Care Tools for Medi-Cal Mental Health Services

Tyler Sadwith, Deputy Director, Behavioral Health and

Bambi Cisneros, Assistant Deputy Director, Health Care Delivery Systems

Background and Purpose

» Previously, multiple mental health screening and transition tools were used for Medi-Cal members across the state, which led to an **inconsistent referral process between** county networks and managed care plan networks.

» To **streamline this process and improve patient care**, DHCS developed standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

Statewide implementation of the initiative began on January 1, 2023.

Guidance & FAQs

» APL 22-028 and BHIN 22-065 provide aligned guidance on the Adult and Youth Screening and Transition of Care Tools

» DHCS released three rounds of Frequently Asked Questions (FAQs) in February, May, and July 2023) to provide additional clarity and guidance on:

» Purpose of Tools

» Requirement for Use of Tools

» Tool Administration

» Scoring

» Referrals

» Translation

» Compliance

» Guidance and FAQs are available on the Screening and Transition of Care Tools for Medi-Cal Mental Health Services webpage.

Development Process

The development process for the Screening and Transition of Care Tools involved robust testing and stakeholder input, including:

» **Working groups** to inform tool development and process

» **Beta testing** to refine tools before piloting on a larger scale

» **Pilot testing** to ensure statewide applicability

» **Field testing** to identify critical issues following updates

» **Public comment** periods to solicit additional feedback

Overview of Adult and Youth Screening Tools

The **Adult and Youth Screening Tools** for Medi-Cal Mental Health Services determine the appropriate delivery system for members who are not currently receiving mental health services when they contact the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) seeking mental health services.

Distinct Screening Tools have been developed for Adults ages 21 and over and Youth under age 21 and translated into all 12 threshold languages.

Screening Tools	
Adult Screening Tool (21 and over)	**Youth Screening Tool** (Under 21)

Transition of Care Tool

The **Transition of Care Tool** for Medi-Cal Mental Health Services supports timely and coordinated care for members currently receiving mental health services. This tool is used when completing a transition of services to the other delivery system (i.e., MCP to MHP or MHP to MCP) or adding a service from the other delivery system.

A single Transition of Care Tool has been developed for all members, including Adults and Youth.

Transition of Care Tool

Adults and Youth

Key Clarifications

The **Screening Tools** and **Transition of Care Tool** are:

» Distinct tools with distinct purposes and are not meant to be used together.

» Not assessments and do not replace assessments.

» Not required for individuals who are not enrolled in Medi-Cal.

The **Screening Tools** determine the appropriate Medi-Cal mental health delivery system for an initial assessment for members who contact their plan:

» If a provider specifically refers a member to an MCP/MHP based on an understanding of the member's needs, the MCP/MHP is not required to use the Screening Tools.

» Members who contact a NSMHS or SMHS provider directly can receive an assessment and services consistent with No Wrong Door policy

Key Clarifications (continued)

The **Screening Tools** determine the appropriate Medi-Cal mental health delivery system for assessment (continued):

» Once a member is referred to an MCP/MHP after using the Screening Tools, the receiving MCP/MHP may not re-screen the member.

» If the individual administering the Screening Tool disagrees with the screening score, the member must still be referred to the Medi-Cal mental health delivery system indicated by the score.

- If the clinical assessment reveals that the individual should receive services in the other delivery system, the clinical assessment will take priority.

Key Clarifications (continued)

MCPs and MHPs must coordinate to facilitate referrals.

» For the **Screening Tools**, referral coordination must include sharing the completed tool and following up to ensure a timely clinical assessment has been made available to the member.

» For the **Transition of Care Tool**, referral coordination must include ensuring that the referral process has been completed, the member has been connected with a provider in the new system, the new provider accepts the care of the member, and all medically necessary services have been made available to the member.

Translation of the Screening Tools

» Draft translations of the Tools in the following **12 threshold languages** available on the [Screening and Transition of Care Tools webpage](#):

- Arabic
- Armenian
- Chinese Simplified
- Chinese

- Traditional
- Farsi
- Hmong
- Khmer-Cambodian

- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

» To ensure the translations are culturally appropriate and consistent with tool intent, DHCS requires MCPs and MHPs to use these tools and provide feedback.

» Please submit feedback to BHCalAIM@dhcs.ca.gov by December 31, 2023.

CalAIM BH Program Monitoring: Overview

» DHCS continues to engage MCPs and MHPs to learn more about how the Screening and Transition of Care Tools are operationalized on the ground and solicit feedback.

» Support initial program monitoring on early implementation of key interrelated CalAIM BH policies:

- No Wrong Door (NWD)
- Screening & Transition of Care Tools (STT)
- Specialty Mental Health Services (SMHS) Access Criteria
- Medi-Cal Peer Support Services (Peers)

CalAIM BH Program Monitoring: Methodology

» Qualitative data collection:

- Surveys of all MCPs and MHPs (completed in September 2023)
- Targeted MCP and MHP follow-up interviews
- Consumer and provider association interviews

» Quantitative, official, and additional data sources:

- Available claims data
- Available compliance review reports (CPOMB, A&I, QNAOB, BHQIP, etc.)
- Peer certification data
- Ad hoc feedback collected through DHCS inbox and TA activities.

Questions?

» If you have additional questions, please email DHCS at: BHCalAIM@dhcs.ca.gov and/or MCQMD@dhcs.ca.gov

- Subject line: "Screening and Transition of Care Tools"

Public Comment

Next Steps

Michelle Baass, Director

DHCS

2024 Meeting Dates

- **Thursday, February 15, 2024**
- **Wednesday, May 29, 2024**
- **Wednesday, July 24, 2024**
- **Wednesday, October 16, 2024**

LUNCH BREAK

4/15/2023

Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

Thursday, October 19, 2023

Webinar Tips

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» Please mute your line when not speaking.

» For questions or comments, email:

SACInquiries@dhcs.ca.gov or BehavioralHealthSAC@dhcs.ca.gov.
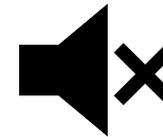
Behavioral Health Repayment Reform

Brian Fitzgerald, Chief, Local Government Financing

DHCS

Intergovernmental Transfers

» SCO and DHCS have established the Payment Reform Special Fund and transferred the allocated $250,000,000 in state general funds for use as the non-federal share of claims

» IGT agreements, distributed in July, must be executed by counties before DHCS can remit payment.

» Counties are encouraged to claim as soon as possible, regardless of IGT agreement or claims testing status.

Claiming and Services Analysis

» DHCS is proactively reviewing claims information submitted by counties to provide technical assistance and uplift best billing practices to counties. Examples include, but are not limited to:

- Under claiming
- Location of services
- Excess denials by county
- Common denial codes

SPA 23-025

» DHCS has submitted SPA 23-025 to CMS which clarifies that counties can claim for the following services in and above the per diem residential services rate:

- Peer Support Services
- Care Coordination
- MAT
- Recovery Services

» Residential rates approved via SPA 23-015 and published to DHCS website will not be changed based on approval of SPA 23-025.

Questions? Email bhpaymentreform@dhcs.ca.gov

Payment Reform FAQs and Fact Sheets:
https://www.dhcs.ca.gov/Pages/BH-CalAIM-Webpage.aspx

DHCS

Documentation Redesign

Paula Wilhelm, Assistant Deputy Director, Behavioral Health

Documentation Redesign Background

» Previous behavioral health documentation requirements were highly detailed and prescriptive in a manner that did not advance quality of care.

» Requirements varied by service and delivery system, and were also burdensome for plans and providers, taking them away from member care.

» New guidance streamlines and simplifies documentation requirements across Medi-Cal Specialty Mental Health and Substance Use Disorder services.

Statewide implementation of the initiative began on July 1, 2022, and updated guidance will be published in Fall 2023.

Documentation Redesign Guidance

» DHCS released [BHIN 22-019](#) in April 2022.

» Forthcoming guidance will supersede (replace) BHIN 22-019 and update documentation requirements for SMHS, DMC, and DMC-ODS services.

» Final guidance will update requirements for:
- Standardized Assessments;
- SMHS Assessment Domains;
- SMHS, DMC, and DMC-ODS Problem Lists;
- SMHS, DMC and DMC-ODS Progress Notes; and
- Treatment and Care Planning Requirements;

Forthcoming Documentation Redesign Policy Updates

Clarifies treatment planning requirements

Updates and simplifies the requirement for documentation of treatment planning activities that remain in state and federal law.

Progress note clean-up

Removes references to ICD-10 and CPT codes, and travel and documentation time. Includes other clarifying revisions.

Updates DMC/DMC-ODS assessment timeframes and requirements

Eliminates 30/60 day timeframes for completion of Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS) assessments. Aligns with Specialty Mental Health (SMH): Complete according to clinical standards of practice. Beginning 2025, plans/providers must adopt validated ASAM tools.

An updated Documentation Redesign BHIN will be released in Fall 2023 and will go into effect on January 1, 2024.

Policy Topic: Treatment Plan

GOAL: Remove prospective, standalone treatment planning requirements to simplify and streamline provider documentation while supporting coordinated care.

SOLUTION:
Remaining state and federal treatment/care planning requirements may be documented flexibly in the clinical record. Providers must be able to share care plan information as needed to support care coordination. BH plans may not impose requirements for the format, location, or other specifications of care plans that differ from DHCS' policy.

Targeted Case Management (TCM) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SABG) Treatment Plans

» The Centers for Medicare & Medicaid Services approved a waiver to clarify that "standalone" care plans are not required for TCM and Intensive Care Coordination (ICC).

- Services must be documented consistent with 22 C.C.R. § 51351 and 42 CFR § 440.169(d)(2).
- The approved 1915(b) waiver can be found on the DHCS 1915(b) Waiver website.

» The Substance Abuse and Mental Health Services Administration confirmed that a standalone treatment plan is not required for SABG funded services.

- Services must be documented consistent with 45 CFR § 96.136(d)(6).

Policy Topic: Assessment Timeframes

GOAL: Align Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) assessment timeframes with requirements for Specialty Mental Health Services.

SOLUTION:

For all Medi-Cal behavioral health delivery systems, to ensure that beneficiaries receive the right service, at the right time, and in the right place, providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible and in accordance with generally accepted standards of practice. BH plans shall not enforce timely assessment standards in a manner that fails to permit adequate time to complete assessments when such time is necessary due to a beneficiary's individual clinical presentation.
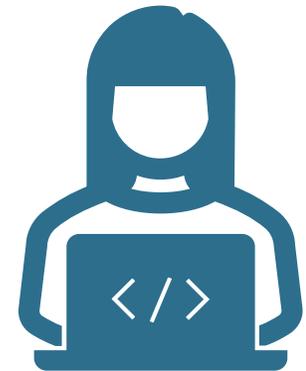
Policy Topic: ASAM Tool Updates

» Draft BHIN language requires Medi-Cal behavioral health delivery systems to accept ASAM assessments completed using either the free [ASAM Criteria® Assessment Interview Guide](#) or the **ASAM CONTINUUM software**.

- Medi-Cal behavioral health delivery systems may **require** providers to use one of the above tools only if licensing and distribution is provided by the delivery system.

» Use of one of these validated ASAM tools will be **required as of 1/1/25**.

FAQs and Technical Assistance

Documentation Redesign FAQs Recently Added to the DHCS CalAIM Website

Progress notes
- » Timeframes
- » Bundled services

Problem lists
- » Adding to the problem list
- » Intersection with billing diagnosis

Group services
- » Group participant lists
- » Progress notes

Treatment plans for SABG-funded services

Youth Treatment Guidelines

Perinatal Practice Guidelines

Documentation requirements for crisis intervention services

Medication consents

Narcotic Treatment Program exemption

More FAQs are in development and will be released this fall.

Technical Assistance

» Following the release of the update to BHIN 22-019, DHCS will hold a series of webinars to assist with implementation.

» Documentation trainings on current policies are available on the CalMHSA website.

» Additional information on county and/or provider Technical Assistance (TA) is forthcoming.

Discussion

» What topics would you recommend DHCS prioritize for technical assistance?

» While providing comment on documentation policy, stakeholders have raised concerns about Medi-Cal specialty behavioral health requirements that are out of scope for this BHIN but impact quality of care. <u>What would you add</u>? Key examples include:

- Authorization policies
- Guidance for inpatient DMC-ODS services
- Policies specific to residential settings
- Service manuals for children's services
- Co-practitioner claiming
- Interoperability of electronic health records and "double data entry"

Contact Information

» If you have questions, please email DHCS at
BHCalAIM@dhcs.ca.gov Subject Line "BH SAC – October 19"

CARE Act Update

Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy

DHCS

DHCS' Role and Responsibilities

DHCS is a department within the California Health and Human Services Agency (CalHHS) that finances and administers several individual health care service delivery programs, including Medi-Cal.

Technical assistance to support CARE Act implementation	**Consultation to support CARE Act implementation**	**Annual report**
Welfare and Institutions Code (W&I Code) 5980 & 5983	W&I Code 5983	W&I Code 5985rt
Independent evaluation	**Administer startup funds, accountability fund, and ongoing mandated costs**	**Issue guidance for delayed implementation**
W&I Code 598	W&I Code 5970.5, 5979, 5977, 5977.1, 5977.2 & 5977.3	W&I Code 5970.5

CARE Act Stakeholder Coordination

CalHHS	Judicial Council	DHCS	DHCS (TA)	Counties
Lead Coordinator Between JC and DHCS	TTA to Judges	Implementation of BH Bridge Housing	Training and Technical Assistance (TTA) and Cross-Agency Collaboration to County BH Agencies	Startup Funding to support CARE Act implementation
Engagement with Cross-Sector Partners	TTA to Counsel/Courts	Administration on startup funds, accountability fund, & ongoing mandated costs	TTA and Cross-Agency Collaboration to Counsel/Courts	Participation in TTA
Desert Vista - Working Group Coordination	Probate and Mental Health Advisory Committee	Issuing Guidance – Behavioral Health Information Notice (BHIN)	TTA to Volunteer Supporters	Participation in Learning Community
Desert Vista - Cohort I County Learning Community Coordination	Support to Self-Help Centers	Independent Evaluator	TTA and Cross-Agency Collaboration to Other County Stakeholders (i.e., Housing)	Data Collection and Submission
Community-facing Resources	TTA Data Collection and Reporting and Rules & Forms	Annual Report	TTA and Cross-Agency Collaboration on Data Collection Process & Reporting	
	Office of the Center for Families, Children, & the Courts		Communications Support (website, inbox, stakeholder feedback)	

CARE Act Guidance

Behavioral Health Information Notices (BHIN)

» **BHIN 22-059: General Uses for CARE Act Start-up Funding**: provides guidance on allowable use of Start-up Funds (released on November 9, 2022).

» **BHIN 23-016: Guidelines to CARE Act Delay Implementation**: notifies counties of the guidelines under which they may apply for, and be provided, additional time to implement the CARE Act process (released on April 12, 2023).

» **BHIN 23-052: CARE Act Data Collection and Reporting Requirements Guidelines**: provides guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act model using the standards set forth in the CARE Act Data Dictionary (released on October 9, 2023).

CARE Act Implementation

» As of October 1, 2023, Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco Counties (Cohort I) have implemented the CARE Act.

» Los Angeles will implement by December 1, 2023.

» All other counties (Cohort II) are required to implement the CARE Act by December 1, 2024.

- Petitioner Resources and Forms

  - How to File the CARE-100 Form

  - CARE-100 Form: Petition to Commence CARE Act Proceedings

  - CARE –050-INFO : Information for Petitioners

  - CARE-060-INFO: Information for Respondents

  - CARE-113 Form: Notice of Respondents' Rights

  - CalHHS Information for CARE Act Petitioners

CARE Act Reporting Requirements

Annual Report

» Collect, process, and measure data to monitor the performance of CARE Act model implementation.

» Include outcome measures to assess the scope and impact of the CARE Act model.

» Conduct a health equity assessment of the CARE Act to identify demographic disparities to inform disparity reduction efforts.

Produce the annual report July 2025, 2026, 2027, & 2028

Independent Evaluation

» Conduct survey of program participants

» Conduct an independent evaluation to highlight racial, ethnic, and other demographic disparities

» Include analyses regarding the impact of the CARE Act on disparity reduction efforts.

Develop legislative reports in year 3 and year 5 of implementation.

DHCS Upcoming Milestones

» Finalizing selection of Independent Evaluation vendor

» Develop annual report of key performance indicators

  • Expounding upon outcome measures listed in W&I 5985(e) to examine the scope of impact and monitor the performance of the CARE Act Model.

» Assessing Cohort I lessons learned to inform training plan for Cohort II Counties

» In January 2024, DHCS, in collaboration with JC and CalHHS, will begin outreach and engagement with Cohort II Counties.

Stay Connected - CARE Act Resource Center
CARE-Act.org

» Sign up for the listserv on the CARE Act Resource Center website via the "Sign Up for Training and Technical Assistance Notifications and Offerings" button

» Request TTA via the "Request CARE Act Training and Technical Assistance" request form

» Email HMA at info@CARE-Act.org or DHCS at DHCSCAREAct@dhcs.ca.gov

Thank you!
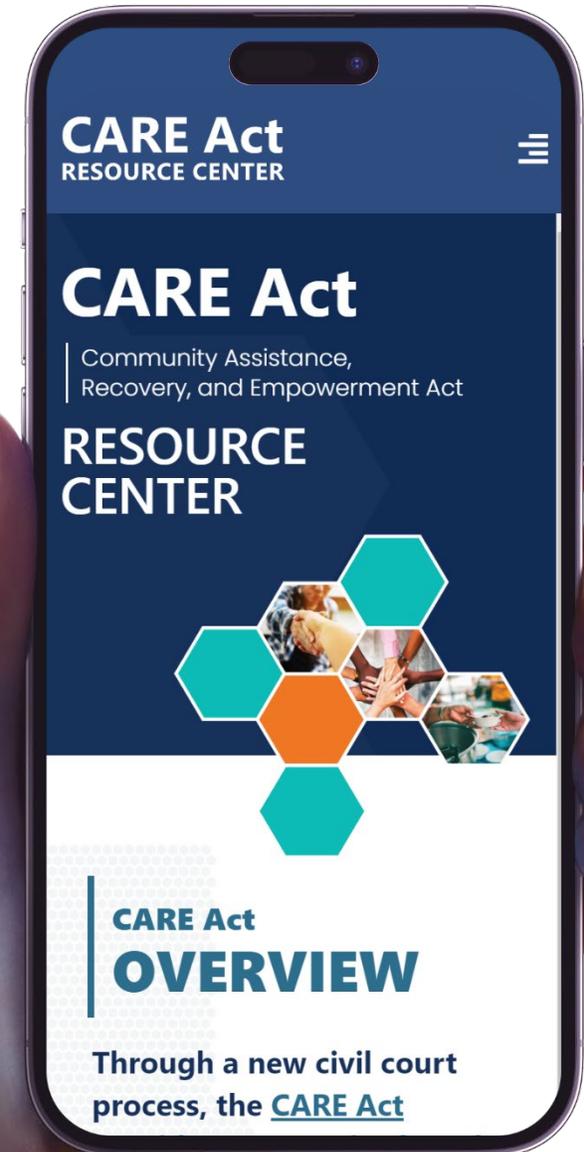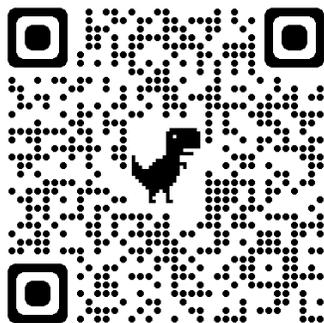
Opioid Settlement Fund

Sandi Snelgrove, Branch Chief, Behavioral Health

DHCS

Overview

» During the course of the opioid overdose epidemic, state, local, and tribal governments brought lawsuits against pharmaceutical and drug distribution companies to recover costs associated with the epidemic and expenses to remediate the opioid crisis.

» The State of California has reached final or proposed settlements or bankruptcy agreements with:

- Janssen Pharmaceuticals
- McKesson, Cardinal Health and AmerisourceBergen
- Walmart, Walgreens, and CVS

- Teva
- Allergan
- Mallinckrodt

Status of California Opioid Settlements

» Settlements with McKesson, Cardinal Health and AmerisourceBergen (collectively, "the Distributors") and Janssen Pharmaceuticals, Inc. were finalized in April and May 2022.

» Settlements with opioid manufacturers Teva and Allergan and pharmacies Walmart, Walgreens, and CVS (collectively, "the Pharmacies") are pending.

» California is expected to receive over $4 billion from these settlements, which will be received in payments to the state, cities, and counties.

- **85%** to cities and counties, who have received approximately **$310M as of August 2023**.
- **15%** to state government, which has received approximately **$108M as of August 2023**.

Status of California Opioid Bankruptcies

» An initial bankruptcy agreement with Mallinckrodt Pharmaceuticals was reached in February 2022. Bankruptcy funds are administered by a National Opioid Abatement Trust II (NOAT II).

» Bankruptcy agreements with opioid manufacturers Endo Pharmaceuticals and Purdue Pharma are in process.

» California is expected to receive over nine percent (9.9%) of funds distributed to the Trust, which will distribute that allocation as follows:

- 60% to cities and counties, who have received over $9M as of March 2023.
- 40% to state government, which has received over $6M as of March 2023.

Opioid Settlements Oversight Entity: DHCS

» The [Department of Health Care Services](#) (DHCS) oversees the expenditure of funds received from California's opioid settlements:

- Monitoring cities and counties for compliance;
- Designating additional High-Impact Abatement Activities;
- Conducting related stakeholder engagement; and
- Preparing annual reports.

» DHCS does not issue payments to cities and counties.

- Opioid settlement payments come from the National Settlement Administrator, BrownGreer PLC.
- Opioid bankruptcy payments come from the National Opioid Abatement Trust (NOAT) II Trustees.

Funding Allocation Structure & Allowable Uses Settlements

Fund Type	Allocation	Allowable Uses
California Abatement Accounts Fund (70%)	Allocated to all participating cities and counties.	Funds must be used for **future** Opioid Remediation in one or more of the areas described in Exhibit E of the Settlement Agreements.
		No less than 50% of the funds received in each calendar year will be used for one or more High Impact Abatement Activities.
California Subdivision Fund (15%)	Allocated to cities and counties that were Initial Plaintiffs in the opioid litigation.	Funds must be used towards future Opioid Remediation and to reimburse past opioid-related expenses, which may include litigation fees and expenses.
California State Fund (15%)	Allocated to the state of California.	Funds must be used by the State for future Opioid Remediation.

Funding Allocation Structure & Allowable Uses Mallinckrodt

Fund Type	Allocation	Allowable Uses
Local Government Share (60%)	Allocated to participating cities and counties.	Funds must be used for **future** Opioid Remediation in one or more of the areas described in Exhibit 4 of the Mallinckrodt Bankruptcy Plan.
State Share (40%)	Allocated to the state of California.	Funds must be used by the State for future Opioid Remediation.

California's High Impact Abatement Activities

No.	Activity
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP).
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure.
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD.
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction.
5	Interventions to prevent drug addiction in vulnerable youth.
6	The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.

Snapshot of State Directed Programs

Administered By	State Project	Authorized Funds (FY 2022-23 & 2023-24)
DHCS	Naloxone Distribution Project	$15M
DHCS	SUD Provider Workforce Training	$51M
DHCS	ATLAS Platform Operation and Outreach Campaign	$7.5M
DHCS	Shatterproof Statewide Anti-Stigma Campaign	$1.7M
CDPH	Youth Opioid Education and Awareness & Fentanyl Education and Awareness Campaigns	$40.8M
CDPH	Opioid Overdose Data Collection and Analysis	$5M
DOR	Integrating Employment in Recovery Pilot Project	$4M
DHCS	Naloxone Distribution Project	$74.8M
CDPH	Opioid and Fentanyl Response	$14M
CDPH	Overdose Prevention and Harm Reduction Initiative	$61M
HCAI	CalRX Naloxone Access Initiative	$30M

Annual Reporting Requirements

» Cities and counties receiving funds from the opioid settlements are required to prepare written reports at least annually regarding the use of those funds. Expenditure reports are **due to DHCS on September 30th** of each year.

» DHCS, in collaboration with UCLA's Integrated Substance Abuse Programs, has created an online form to collect reports from cities and counties regarding the use of funds received from the California Opioid Settlements.

» DHCS will prepare an annual written report regarding the State's use of funds from the settlements until those funds are fully expended and for one year thereafter. These reports will be made publicly available on the DHCS web site.

For more information on opioid settlement funds, visit the **DHCS OSF webpage**.

Questions? Email **OSF@dhcs.ca.gov**

Public Comment

Next Steps

Michelle Baass, Director

2024 Meeting Dates

- **Thursday, February 15, 2024**

- **Wednesday, May 29, 2024**

- **Wednesday, July 24, 2024**

- **Wednesday, October 16, 2024**

Thank You

Appendix

MCP Transition Public Resources

» MCP Transition (ca.gov) website developed to provide information on 2024 MCP Contract and transition.

- Includes Member, Provider and MCP/Stakeholder Specific pages
- A County Search tool so you know exactly what is occurring in your county and what notices are being sent
- FAQ's
- A dedicated Continuity of Care page

» 2024 Transition Policy Guide was initially published in June 2023 and has been updated on a rolling basis as additional policies are finalized. The most recent version was published in October 2023.

» APL 23-018 (ca.gov) was released June 23 and establishes the binding nature of the Policy Guide as the DHCS authority specific to the 2024 MCP Transition.

» Webinars and Stakeholder Meetings: Webinars & Meetings | Stakeholders | Managed Care Plan Transition | DHCS

- "All-Comers" webinar held on July 10
- "California Welfare Directors Association" webinar held on August 3
- "California Medical Association" webinar held on August 10
- "California Association for Adult Day Services" webinar held on September 22

Opioid Settlement Fund
Public Resources

» **Presentations**

- [Opioid Settlement Expenditure Reporting Form Guide](#) (August 2023)

- [Working with Local Opioid Coalitions](#) (June 2023)

- [Considerations for Allocating Settlement Funds](#) (April 2023)

- [Opioid Settlement Allowable Expenses](#) (January 2023)

- [Opioid Settlement Reporting Requirements](#) (December 2022)

» **Fact Sheets**

- [Guiding Principles for Allocating Settlement Funds](#)

- [Opioid Settlement Allowable Expenditures](#)

- [Frequently Asked Questions](#)

» **Technical Assistance**

- [Technical Assistance Page](#)

- [Technical Assistance Request Form](#)