

CalAIM Behavioral Health Workgroup

November 29, 2021

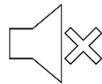
Zoom Webinar Logistics



Workgroup members can participate in the “chat”, introduce yourself in the chat!



Workgroup members are encouraged to turn on their camera.



Please mute yourself if you’re not speaking.



Use the “raise hand” feature to make a comment during the discussion period.

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left side. The line graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The overall aesthetic is professional and healthcare-oriented.

Welcome and Introductions

Agenda

2:00 – 2:10: Welcome and Overview

2:10 – 2:20: Status Updates

2:20 – 2:50: Overview of January 2022 Initiatives

2:50 – 3:00: Break

3:00 – 3:30: Overview of July 2022 & Beyond

3:30 – 4:35: Discussion

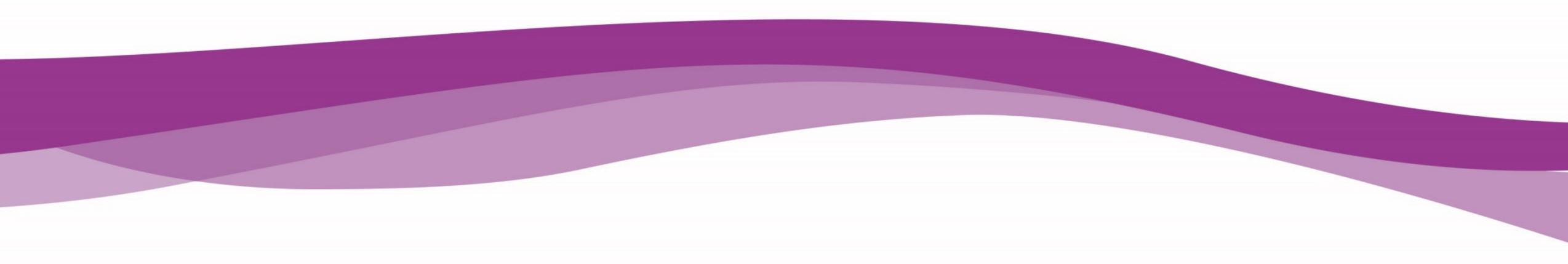
4:35 – 4:45: Wrap Up & Next Steps

4:45 – 5:00: Public Comment

CaAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

Status Updates



Contingency Management

- » Proposed optional pilot: July 2022 – March 2024
- » Combining motivational incentives with counseling is the only proven treatment for stimulant use disorder.
- » Funded as an optional pilot as part of the Home and Community-Based Services program, approved by CMS.
- » Proposed to be included as a new Medicaid benefit in 1915(b)3 waiver; DHCS is currently in conversation with CMS.

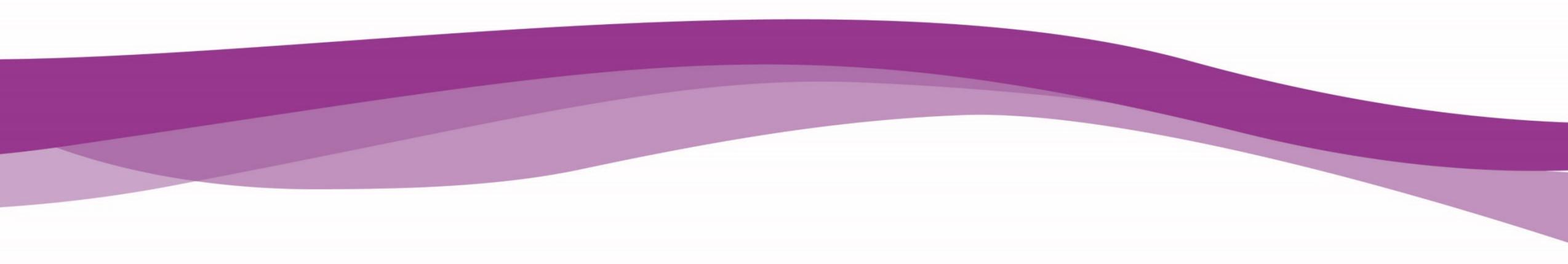
Contingency Management: Proposed Policy

- » Counties apply to participate
- » Offered through enrolled DMC-ODS providers:
- » State and federal funding (through HCBS Spending Plan) covers costs above and beyond current DMC-ODS services; state will hold contracts with app and incentive distribution company.
- » \$3M in BH QIP to help support counties with start-up costs
- » Must have rigorous safeguards in place to prevent fraud and diversion
- » SAMHSA's Technology and Training Center for provider training
- » Stakeholder engagement opportunity is forthcoming

Peer Certification

- » On July 22, 2021, DHCS issued Peer Support Specialist Certification requirements through [Information Notice 21-041](#).
- » Counties have identified the California Mental Health Services Authority (CaMHSA) as the entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification Program.
- » CaMHSA will have the certification program in place so peers can be certified starting in July 2022, which meets the law's requirements.
- » DHCS will submit all federal authorities to CMS and aim to have federal approval by July 2022.

Overview of January 2022 CalAIM Initiatives



Criteria for Beneficiary Access to Specialty Mental Health Services

- » MHPs shall implement the criteria for access to SMHS effective January 1, 2022 and update MHP policies and procedures as needed to ensure compliance with this policy, effective January 1, 2022.

Criteria for Beneficiary Access to Specialty Mental Health Services (cont.)

- » The updated criteria for beneficiary access to SMHS was finalized in AB 133.
- » Per Welfare and Institutions Code section 14184.402(f)(1)(A), a mental health diagnosis is not a prerequisite for access to covered SMHS.
- » AB 133 also gives DHCS the authority to implement the criteria via BHIN. DHCS will implement new regulations by July 2024.

Criteria for Beneficiaries 21+

Beneficiary has one or both:

- Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. **AND/OR**
- A reasonable probability of significant deterioration in an important area of life functioning.

AND the condition is due to either:

- A diagnosed mental health disorder, according to the criteria of the DSM and the ICD. **OR**
- A suspected mental disorder not **yet** diagnosed.

Access Assurances for Beneficiaries under 21

- » For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code.
- » Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria (referred to as Criteria 1 and Criteria 2 in the following slides).

Criteria for Beneficiaries under 21: Criteria 1

- » The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness. **OR**

Criteria for Beneficiaries under 21: Criteria 2

The beneficiary meets **both** of the following requirements:

- The beneficiary has **at least one** of the following:
 - A significant impairment **AND/OR**
 - A reasonable probability of significant deterioration in an important area of life functioning **AND/OR**
 - A reasonable probability of not progressing developmentally as appropriate **AND/OR**
 - A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

- The beneficiary's condition as described above is due to **one of the following**:
 - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems **OR**
 - A suspected mental health disorder that has not yet been diagnosed **AND/OR**
 - Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Providing Services Prior to Diagnosis

- » In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to significant trauma as noted above, options are available in the CMS approved ICD-10 diagnosis code list.
 - » These include codes for “Other specified” and “Unspecified” disorders,” or Factors influencing health status and contact with health services (Z codes).

DMC-ODS 2022-2026



Go-live: January 2022



Transition coverage and program authority from 1115 demonstration to State Plan, 1915(b) waiver, and Behavioral Health Information Notice.

DMC-ODS Waiver

Sustains Recent Policy Updates

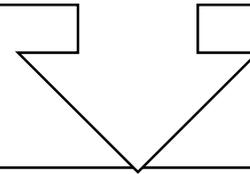
- » Sustain recent policy updates (e.g., coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for Medication Assisted Treatment (MAT)).

Seeks Approval for New Services

- » New services pending Centers for Medicare & Medicaid Services (CMS) approval (e.g., contingency management pilot; peer support services; traditional healers, and natural helpers).

Sustaining DMC-ODS Extension Policy Updates

The BHIN sustains the policy updates that were a part of the December 2020 12-month extension.



CMS approved four DMC-ODS policy changes as part of the 12-month extension:

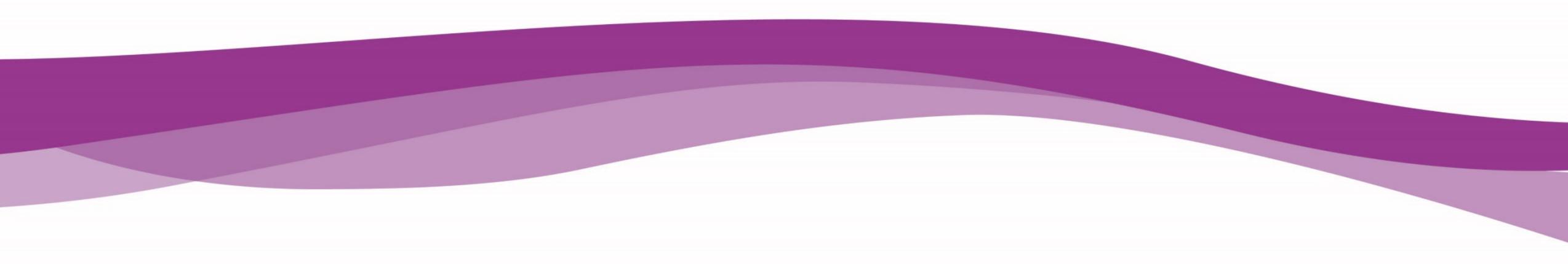
Residential stays	Recovery services	Reimbursement prior to diagnosis & access criteria	Expanded access to MAT
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DMC-ODS CalAIM Changes

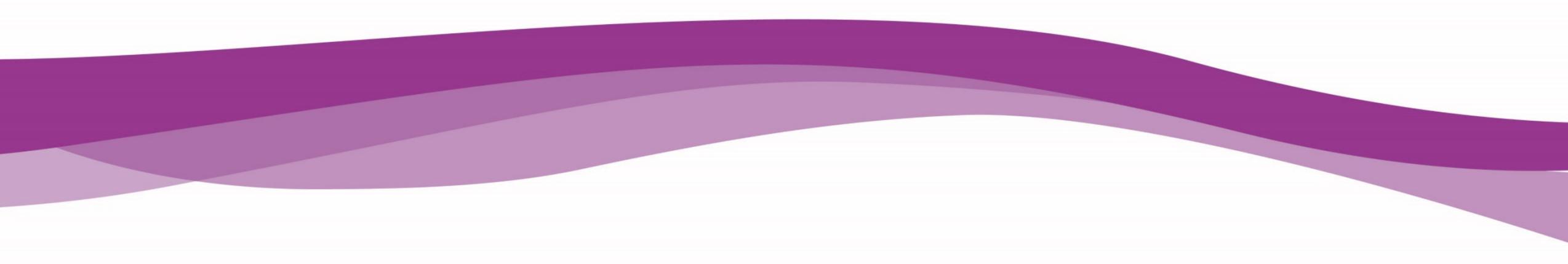
Policy Change/Clarification	Tentative Dates*
Clarifying the terms of clinician consultation (not just for physicians)	January 1, 2022
Clarify ASAM 0.5 level of care for beneficiaries under 21	January 1, 2022
Multiple technical fixes	January 1, 2022
Pilot coverage of Contingency Management	July 1, 2022
Increasing access to Tribal Services by including traditional healers and natural helpers	TBD

**Pending CMS negotiations & approval*

10 Minute Break

The image features a central text element '10 Minute Break' in a bold, dark blue font. Below the text, there are two decorative, wavy horizontal bands. The upper band is a solid, vibrant purple, while the lower band is a lighter, semi-transparent shade of purple. Both bands have a smooth, undulating shape that spans the width of the page.

Overview of July 2022 & Beyond



Documentation Redesign

- » Go-live: July 2022, guidance to be issued in January 2022
- » Rooted in discussions from 2019 CalAIM BH Workgroup.
- » Extensive iterations, gathering feedback verbally and in writing from broad stakeholder group.

Documentation Redesign (cont.)

Old Requirements:

- » Static treatment plan
- » Non-standardized assessments
- » Complex and lengthy narrative notes
- » Disallowances for variances in documentation

New Requirements:

- » Dynamic problem list
- » Domain-driven assessments
- » Lean documentation guidance
- » Disallowances for fraud, waste, abuse; corrective action plans for variations in quality

No Wrong Door

- » Go-live: July 2022
- » Beneficiaries receive clinically appropriate and covered services regardless of the delivery system from where they seek care.
- » Services rendered in good faith will be reimbursed by the provider's contracted plan during assessment.
- » Beneficiaries in certain circumstances can receive unduplicated care in more than one delivery system.

No Wrong Door (cont.)

- » Informational and technical assistance webinars and FAQ to be provided in early 2022 to support implementation.
- » Partnering with counties and MCPs to update manuals, guidance, Memorandum of Understanding (MOU), and contracts for both MH systems.

Co-Occurring Treatment

- » Go Live: July 2022
- » Clinically appropriate services for mental health conditions in the presence of a co-occurring SUD are covered in all delivery systems.
- » Clinically appropriate services for SUD conditions in the presence of a co-occurring mental health (MH) disorder are covered in all delivery systems.
- » Remove disallowance for “wrong” primary diagnosis.

Screening and Transition Tools

- » Go-Live: January 2023
- » Workgroup to design tools for adults and youth started in January 2021.
- » Members include representation from Medi-Cal MCPs and county behavioral health directors.
- » Workgroup expanded in summer 2021 to include individuals with youth expertise to support children's tool development.

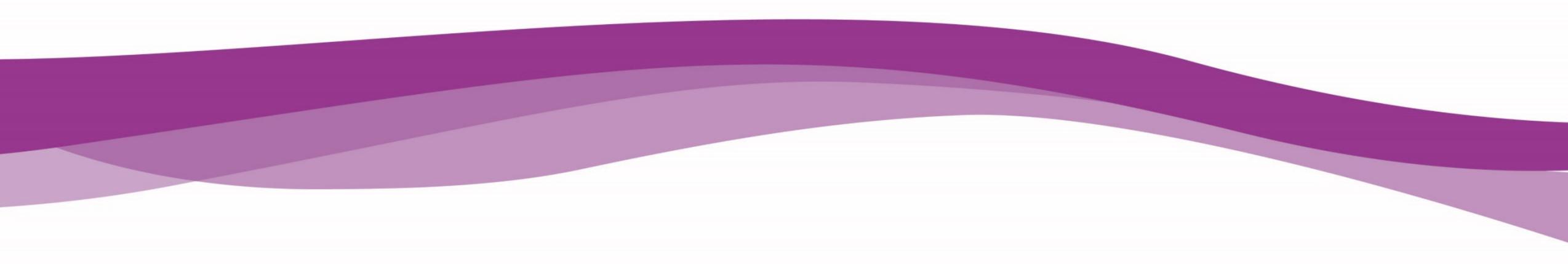
Screening and Transition Tools (cont.)

- » Adult tools designed first; beta tested with Riverside County and the Inland Empire Health Plan in September 2021.
- » DHCS is adjusting the draft adult tools based on the beta testing results and stakeholder feedback prior to piloting updated draft tools in select areas.

Behavioral Health Payment Reform

- » Implement BH payment reform on July 1, 2023
 - » CPT coding transition
 - » Fee schedule for county BH plans with rate-based payments
 - » Transition from certified public expenditure (CPE) methodology to intergovernmental transfers (IGT)

Discussion

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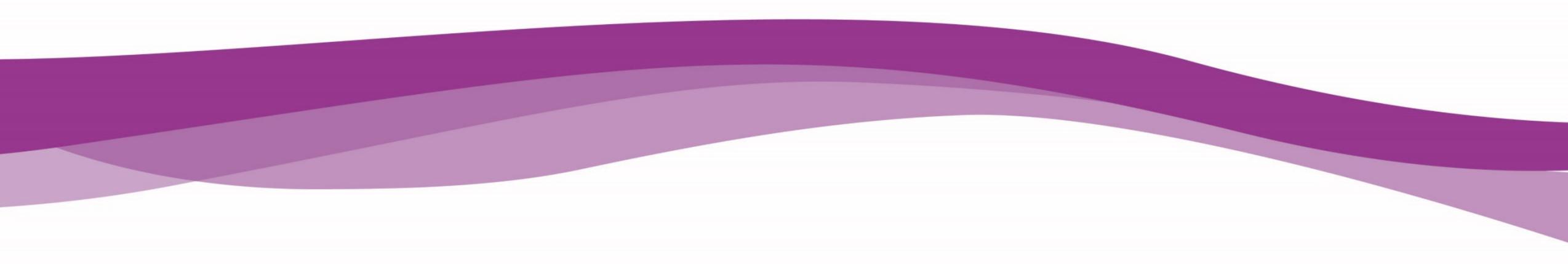
Next Steps

- » The next workgroup meeting will take place in May 2022.
- » Information about upcoming webinars and other items related to the CalAIM BH initiatives can be found on the [Behavioral Health CalAIM Webpage](#).
- » Stakeholders may submit written comments related to the implementation of CalAIM behavioral health initiatives to: calaimbh@dhcs.ca.gov

Public Comment

- » Members of the public may use the raise hand feature to make a comment.
- » Comments will be accepted in order of when hands are raised.
- » When it is your turn, you will be unmuted by the meeting host.
- » Please keep comments to 2 minutes or less.

Thank You

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