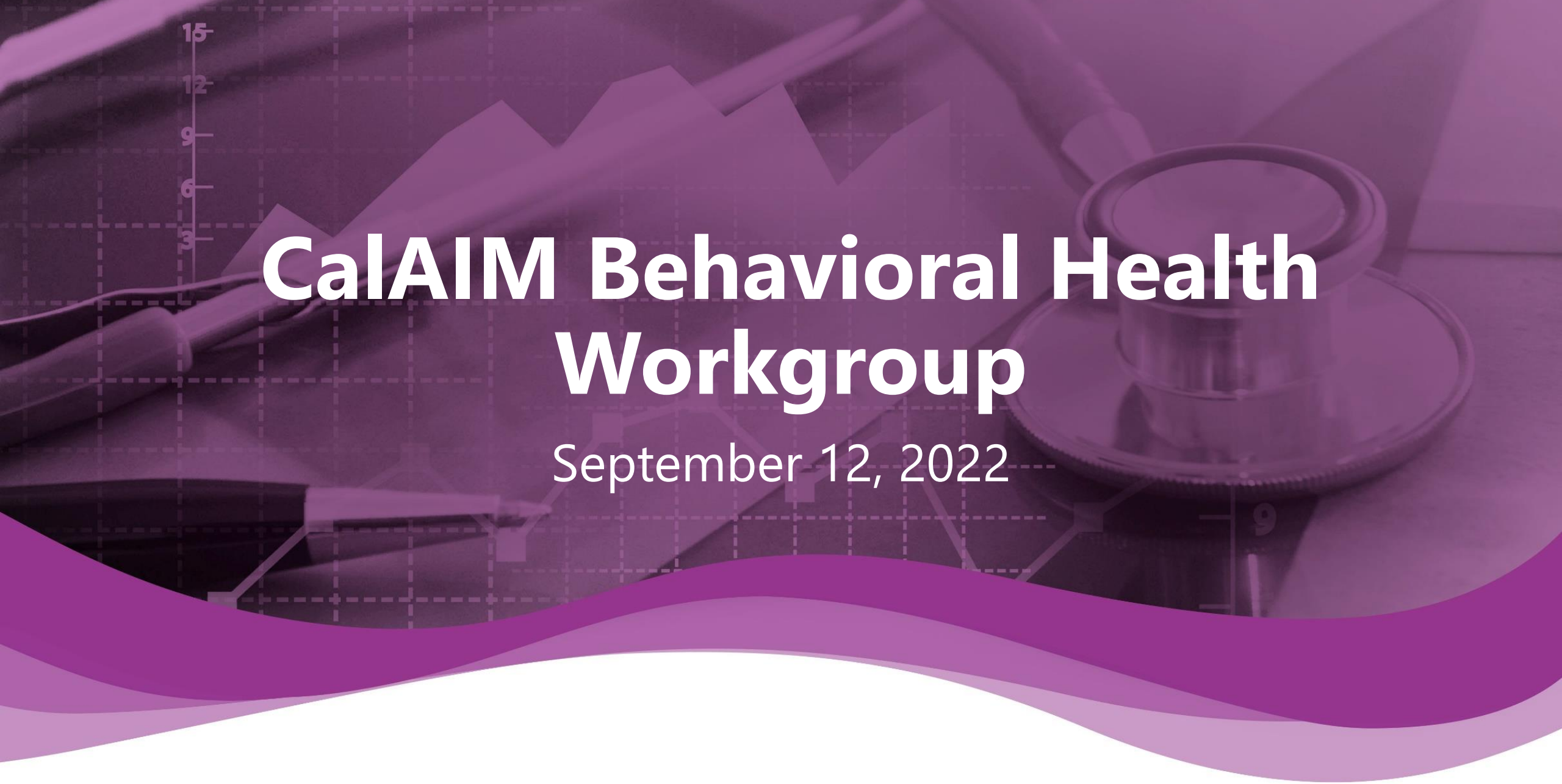


CalAIM Behavioral Health Workgroup

September 12, 2022

DHCS

Housekeeping

- Members of the public are in listen only mode.
- Workgroup members can participate 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.
- Live closed captioning is available – you can find the link in the Chat.

Welcome and Introductions

DHCS

Presenters

- Tyler Sadwith, Deputy Director, Behavioral Health
- Erika Cristo, Assistant Deputy Director, Community Services & Licensing and Certification, Behavioral Health
- Ivan Bhardwaj, Acting Chief, Medi-Cal Behavioral Health
- Aita Romain, Quality and Population Health Management
- David Tian, Quality and Population Health Management

Agenda

2:00 – 2:05: Welcome and Overview

2:05 – 2:15: Mobile Crisis SPA

2:15 – 2:25: CalAIM Behavioral Health Initiatives

2:25 – 2:35: Data Exchange Technical Assistance

2:35 – 2:45: Population Health Management Framework

2:45 – 3:15: Discussion

3:15 – 3:20: Wrap Up & Next Steps

3:20 – 3:30: Public Comment

Medi-Cal Mobile Crisis Services Benefit

DHCS

Overview: Medi-Cal Mobile Crisis Services Opportunity

Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a behavioral health crisis.

Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.*

DHCS will **submit a State Plan Amendment (SPA) that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023. DHCS released the draft SPA for stakeholder feedback in August 2022.

DHCS envisions that its mobile crisis service will **align with the state's other efforts** to support individuals experiencing a behavioral health crisis.

DHCS is designing a mobile crisis services benefit to ensure all Medi-Cal members have access to **coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.**

*See Appendix for more information on federal requirements.

Proposed Benefit Design: SPA Structure & Reimbursement Methodology

DHCS intends to add new pages to the Rehabilitative Services section of the California State Plan to cover mobile crisis services.

- DHCS intends to define a **new Medi-Cal mobile crisis services benefit**, distinct from existing crisis intervention, crisis stabilization, and SUD crisis intervention services.
- Mobile crisis services will be covered in **all three county BH delivery systems**: SMHS, DMC and DMC-ODS
- DHCS is developing a **new reimbursement rate** that effectively covers the cost of delivering 24/7 mobile crisis services. The rate will be designed to account for the unique aspects of mobile crisis, such as:
  - Down time of teams;
  - 24/7 availability of teams;
  - Variable volume of crisis episodes across time of day and geographies; and
  - Follow-up services and connections to ongoing supports.

Proposed Benefit Design: Team Requirements, Provider Qualifications & Service Components

The design of the Medi-Cal mobile crisis services benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

Team Requirements & Provider Qualifications

- At least one behavioral health provider qualified to provide an assessment within their authorized scope of practice under state law
- At least one other behavioral health provider, who might include, but is not limited to:
  - LPHA
  - AOD Counselor
  - Peer Support Specialist
  - Community Health Worker
  - Emergency Medical Technician
  - Community Paramedic

Core Service Components

- Conduct a crisis assessment
- Provide on-site crisis intervention, stabilization and de-escalation services
- Provide follow up within 72 hours of the crisis
- Work with a beneficiary and/or significant support person(s) to develop a plan to avert future crises
- Connect a beneficiary to ongoing supports

In addition, all teams will have capacity to:

- Arrange for and assist with transportation to higher levels of care, as needed

Proposed Benefit Design: Timeliness & Training Standards

The design of the Medi-Cal mobile crisis service benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

Timeliness Standards

- DHCS will clarify specific timeliness standards in a forthcoming BHIN.
- In alignment with practices in other states, DHCS is considering different timeliness standards for mobile crisis teams operating in urban areas (e.g., 60 minutes) and rural areas (e.g., 120 minutes).
- DHCS will provide guidance on reporting requirements to ensure timeliness standards are tracked and met.

Training Standards

- DHCS will clarify training requirements in a forthcoming BHIN.
- Per federal requirements, all teams will complete training in trauma-informed care, de-escalation strategies, and harm reduction. DHCS may also require training in:
  - Working with children and youth
  - Culturally responsive care
  - Safety/crisis plan development
  - Motivational interviewing
  - Working with individuals with intellectual or developmental disabilities

High-Level Timeline: Upcoming Milestones

DHCS anticipates submitting the mobile crisis services SPA to CMS in October 2022. DHCS is conducting robust stakeholder engagement to inform the benefit design, SPA content, and forthcoming behavioral health information notice (BHIN).

September	October	November	December	January
• Finalize SPA package • Facilitate stakeholder engagement • Training/TA partner contracting	• **Submit SPA to CMS** • Release draft BHIN for public comment • Training/TA activities launch	• SPA negotiations with CMS • Finalize BHIN • Facilitate training/TA	• Release BHIN • Facilitate training/TA	• **Counties begin to provide qualifying Mobile Crisis Services**

Discussion: Open Questions

DHCS will further clarify expectations for mobile crisis teams in a forthcoming BHIN. DHCS is interested in hearing stakeholder feedback on key issues related to the mobile crisis response.

Law Enforcement. As a best practice, mobile crisis teams should not involve law enforcement unless necessary. However, DHCS recognizes many counties rely on law enforcement in mobile crisis response today. What recommendations do stakeholders have on how to approach the role of law enforcement in mobile crisis response?

Data & Reporting. DHCS intends to monitor key metrics related to mobile crisis services over time, such as the time it takes for a team to respond to an individual in crisis, the number of responses that involve law enforcement, and the number of crises that are resolved in community-based settings. What key metrics should mobile crisis teams report, recognizing the administrative lift?

Cultural Sensitivity. It is critical to ensure mobile crisis teams are representative of the diverse communities they serve and are prepared to respond to children and youth, non-English speakers, individuals with intellectual or developmental disabilities, and tribal communities, among other groups. What recommendations do stakeholders have to ensure teams are equipped to appropriately respond to the distinct clinical and cultural needs of beneficiaries experiencing a behavioral health crisis?

CalAIM Behavioral Health Initiatives

DHCS

CalAIM Behavioral Health Initiatives Timeline

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
No Wrong Door & Co-Occurring Treatment	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

Standardized Screening & Transition of Care Tools for Adults & Youth

- Screening and Transition of Care Tools go live on January 1, 2023.
- Distinct Screening Tools and Transition of Care Tools are being developed for adults (individuals age 21 and over) and youth (individuals under age 21).
  - Likewise, distinct APLs/BHINs will be released for the adult tools and youth tools.
- Tools are designed for use by Managed Care Plans (MCPs) and Mental Health Plans (MHPs).

Milestones: Adult Tools

Summer 2022

- **Public Comment** period for adult BHIN and APL (closed on 7/29)
- Provide **technical assistance** (Informational Webinar 7/28)

Fall 2022

- **Review stakeholder feedback** and update guidance and tools
- **Complete** final field test for adult tools
- **Release final guidance and tools** and provide **technical assistance**

Winter 2022

- Provide **technical assistance**
- **Statewide go-live January 1, 2023**

Milestones: Youth Tools

Summer 2022

- **Pilot** youth tools for 3 months, from 6/20/22 to 9/16/22

Fall 2022

- **Revise** youth tools based on key findings from pilot
- **Public Comment** period for youth BHIN and APL
- Provide **technical assistance**

Winter 2022

- **Review stakeholder feedback** and update guidance and tools
- **Release final guidance and tools** and provide **technical assistance**
- **Statewide go-live January 1, 2023**

Peer Support Services & Certification

- The Peer Support Services benefit will be covered as a county option with July 1, 2022 as the earliest effective date.
- DHCS issued Peer Support Specialist Certification requirements through Information Notice 21-041 and requirements for the benefit through Information Notice 22-026.
- All participating counties (as of July 1, 2022) designated the California Mental Health Services Authority (CalMHSA) as the entity that will implement their Medi-Cal Peer Support Specialist Certification Program in FY 2022-2023. Counties may select different entities for each FY.

Counties Participating in Peer Support Services

DMC-ODS & SMHS

- Alameda
- Contra Costa
- Fresno
- Humboldt
- Kern
- Lassen
- LA
- Marin
- Mendocino
- Modoc
- Monterey
- Orange
- Place
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Shasta
- Siskiyou
- Solano
- Stanislaus
- Trinity
- Tulare
- Ventura
- Yolo

DMC State Plan & SMHS

- Butte
- Del Norte
- Inyo
- Kings
- Lake
- Merced
- Santa Cruz
- Sierra
- Sonoma
- Sutter/Yuba

SMHS Only

- Amador
- Colusa
- Glenn
- Madera
- Mono
- Nevada

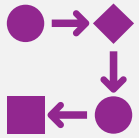
DMC State Plan Only

- Mariposa

No Wrong Door Technical Assistance

DHCS has hosted two technical assistance webinars for the No Wrong Door policy. Webinar recordings are on the CalAIM BH webpage.

In response to stakeholder feedback, DHCS has issued guidance that walks through several No Wrong Door implementation scenarios.



Implementation scenario guidance will be available on the CalAIM BH webpage soon.

Updated Requirements for MOUs Between Medi-Cal MCPs and County MHPs

- DHCS revisions to the Memorandum of Understanding (MOU) requirements in progress
- Updates reflect CalAIM policy initiatives and other recent guidance that impacts Managed Care Plan and Mental Health Plan coordination
  - No Wrong Door, Enhanced Care Management and Community Supports, data sharing, services for beneficiaries with eating disorders, etc.
- Final MOU guidance is currently under development.

Data Exchange Technical Assistance

DHCS

CalAIM Data Sharing Authorization Guidance and Support

Guidance released in April 2022 supports data sharing among CalAIM participants by:

- Clarifying requirements and allowances in the Budget Trailer Bill, Welfare and Institutions Code, Penal Code, and 42 CFR Part 2
- Providing data sharing use cases to assist stakeholders in understanding circumstances under which personal information may be disclosed under the CalAIM program
- Curating a repository of data sharing forms and agreements from Whole Person Care (WPC) and Health Home Program (HHP) pilots

CalAIM Data Sharing Authorization Guidance and Support Cont.

Data sharing use cases described in the guidance include:

- Enhanced Care Management (ECM) Member identification and authorization for ECM and Community Supports
- ECM assignment and Member engagement
- Care coordination and referral management, including referrals across the managed care plan's (MCP's) county, social services, and Community Supports Provider networks
- Billing and encounter reporting practices

A "Universal" Data Sharing Authorization/Consent Management Form is currently under development. The goal of this effort is to create a standardized data sharing authorization and consent management process across CalAIM initiatives; DHCS will pilot the form before implementing more broadly.

Behavioral Health Data Sharing Technical Assistance

A Series of Stakeholder Interviews Were Conducted in August

Stakeholder Feedback is informing…

- Potential technical assistance on existing data sharing guidance
- How DHCS can support the specialized workforce needed to implement new requirements
- How DHCS might accompany forthcoming guidance on behavioral health care coordination with technical assistance
- Other actions DHCS might take to enforce guidance

Potential Areas for Technical Assistance

- Specific legal guidance and accompanying use cases, how to guides, etc.
- Education, training, and resources for workforce (e.g., workgroups, office hours, FAQs)
- On the ground technical assistance (e.g., IT support and training, EHR training)
- Support for infrastructure (e.g., EHRs)
- Other? *For discussion*

Population Health Management Framework (PHM)

DHCS

PHM Program Overview

DHCS is establishing a cohesive, statewide approach to PHM through which MCPs and their networks and partners will be responsive to individual member needs within the communities they serve , including physical health, behavioral health, and Social Divers of Health (SDOH) needs, while also working within a common framework and set of expectations.

Program Overview

- A cornerstone of CalAIM launching in January 2023, each MCPs will have and maintain **a whole person-centered Population Health Management** (PHM) program.
- The PHM Program is designed to ensure that **all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care** that lead to longer, healthier and happier lives, improved outcomes, and health equity.
- Several of the **key elements of PHM were already in place** in the Medi-Cal program prior to CalAIM through both Department of Health Care Services (DHCS) policies and MCPs' own programs.
- PHM is a journey rather than a destination. Over time, the program will evolve to support **more integration across delivery systems**, moving beyond the current requirements for MCPs.

PHM Program and PHM Service

PHM Program	PHM Service
A core part of the CalAIM initiative that requires Medi-Cal delivery systems to develop and maintain a whole system, person-centered PHM program.	A technological service that supports DHCS's PHM vision by integrating data from disparate sources, performing population health functions, and allowing for multi-party data access and sharing.

SCOPE	**The initial PHM Program Design targets Managed Care Plans (MCPs)**	**The PHM Service includes programs and infrastructure that extend beyond MCPs**
TIMELINE	**1/1/23 launch**	**Jan 2023: Test Launch** **July 2023: Statewide Launch and Scaling**

PHM Service: Overview of Capabilities

The PHM Service will aggregate, link, and provide access to a variety of data types and support key population health functions.

1. Integrate Data from DHCS and Other Sources

Integrate physical and behavioral health data, social services, dental, developmental, home and community-based services, IHSS, 1915c waiver, and other program and administration data from providers, MCPs, counties, CBOs, DHCS, and other government departments and agencies.

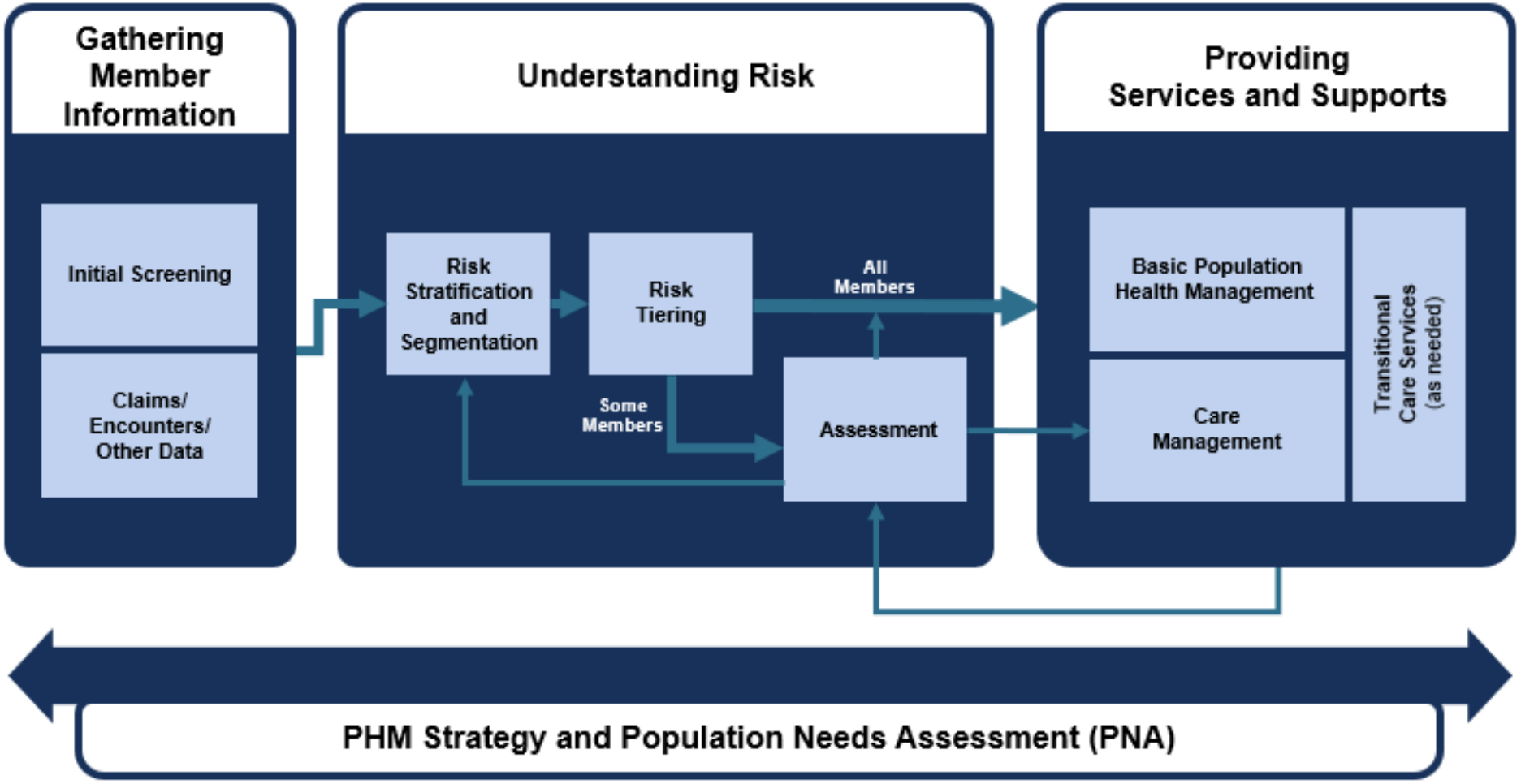
2. Enable Key PHM Functions and Services

Facilitate and support key population health functions such as individual screening and assessment; risk stratification, segmentation and tiering; and gap reporting.

3. Provide Access to PHM Data

Provide users access to integrated data to support population health management use cases and streamline care delivery. Intended users include DHCS as well as MCPs, counties, providers, Members, human services programs, and other partners.

PHM Framework



Enhanced Care Management (ECM)

ECM requires collaboration between physical health and behavioral health services, especially for the ECM SMI/SUD Population of Focus.

Definition Population of Focus: Adults with SMI/SUD

Adults who:
(1) meet the eligibility criteria for participation in or obtaining services through:

- The county Specialty Mental Health (SMH) System AND/OR |
- The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program.

AND
(2) are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of Adverse Childhood Experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors);
AND
(3) meet one or more of the following criteria:

- Are at high risk for institutionalization, overdose and/or suicide;
- Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care;
- experienced two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months; or
- Are pregnant or post-partum women (12 months from delivery).

Enhanced Care Management (ECM)

ECM requires collaboration between physical health and behavioral health services, especially for the ECM SMI/SUD Population of Focus.

- **ECM** is a new statewide managed care benefit that addresses the clinical and nonclinical needs of Medi-Cal's highest-need members through intensive coordination of health and health-related services. ECM is community-based, interdisciplinary, high touch, person centered, and provided primarily through in-person interactions.

- MCPs are required to contract with "**ECM Providers,"** existing community providers such as County behavioral health providers, who will assign a lead care manager to each member. The lead care manager meets members wherever they are.

- ECM eligibility is based on members meeting specific "Populations of Focus" criteria. These Populations of Focus are going live in phases throughout 2022 and 2023. **One of the ECM Populations of Focus is Adults with SMI/SUD.**

For detailed requirements and implementation timeline for ECM, please refer to the Finalized ECM and Community Supports MCP Contract Template and ECM Policy Guide.

Transitional Care Services

Transitional Care Services requires collaboration between physical health and behavioral health services

What are Transitional Care Services?

- **Transitional Care Services** are available for all members transferring from one setting or level of care to another, including, but not limited to: discharges from hospitals, institutions, other acute care facilities, and skilled nursing facilities to home or community-based settings, Community Supports, post-acute care facilities, or long-term care settings.

Transitional Care Services

Transitional Care Services requires collaboration between physical health and behavioral health services

- Providing Transitional Care Services often requires navigating needs and services across physical health and behavioral health, which can be challenging as physical and behavioral health services are frequently not offered in the same practice or paid for by the same entity.
- Under **PHM Transitional Care Services** requirements, the MCP is required to assign or delegate a care manager to ensure all transitional care activities are completed and coordinate with behavioral health or county care coordinators to ensure physical health follow-up needs are met and to assess for additional care management needs or services such as CCM, ECM, or Community Supports.
- The **MCP is responsible for coordination of care even for carved out services** that their members may need, such as substance use treatment, and ensuring non-duplication. Drug Medi-Cal Organized Delivery System (DMS-ODS) and County Mental Health Plans (MHPs) are also responsible for coordination of physical and behavioral health services.
- PHM **allows care management and navigation activities to be delegated to providers** who may have in-person contact in real-time during acute episodes in care, such as this transition from the hospital to the outpatient setting to receive both substance use treatment and medical care.

Member Vignette: Care Transitions

1. Mr. D has been struggling with alcohol use. Despite several attempts to stop drinking, he came in and out of the ED many times with intoxication and related injuries. He was referred for treatment at every ED visit. However, he never made it to a follow-up appointment.

2. One visit, Mr. D was admitted to the hospital. This allowed a substance use navigator to meet him prior to discharge, when he directly wheeled the patient to the Bridge Clinic to start treatment with intramuscular naltrexone for alcohol use disorder.

3. The substance use navigator then supported Mr. D to access treatment in a residential treatment facility, connect to a language-concordant primary care doctor, and employment assistance. After connection to these services, Mr. D did not have any further ED visits for 18 months.

4. A couple weeks ago, Mr. D was seen in the emergency department. When the substance use navigator checked on him, it was for a work-related injury. Mr. D was doing well, providing for his family, and still sober.

Member Vignette: Care Transitions and Impact of PHM

- The member story highlights the impact a trusted individual who provides navigation and support services can have for members who may face barriers to receiving their needed care, such as those with co-occurring behavioral health and physical health needs.

- It also highlights someone who received an ECM like service, and under CalAIM would qualify and be supported through ECM.

Workgroup Discussion

Next Steps

- The CalAIM BH workgroup will meet at least one more time this year
- Email additional questions to bhcalaim@dhcs.ca.gov with the subject line “CalAIM BH Workgroup”

Public Comment

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

DHCS

Appendix

Context: Qualifying Mobile Crisis Services

The American Rescue Plan Act and CMS' following State Health Official letter provide guidance on the scope of qualifying community-based mobile crisis intervention services.

Minimum ARPA Requirements

- ✓ Services are available in a 24/7 and timely manner by a multi-disciplinary mobile crisis team
- ✓ Teams include at least one behavioral health professional and other professionals/paraprofessionals with expertise in behavioral health
- ✓ Teams are trained in trauma-informed care, de-escalation strategies, and harm reduction
- ✓ Teams provide screening, assessment, stabilization, de-escalation and coordination with healthcare services and other supports
- ✓ Maintain relationships with community partners (e.g., medical, behavioral, and crisis providers)

CMS Recommendations

- ✓ Incorporate peers in the mobile crisis team
- ✓ Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion
- ✓ Implement GPS technology in partnership with the region's crisis call center hub to support efficient connection to resources and tracking
- ✓ Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff

Overview: *PHM Initiative High-Level Timeline*

May 2022	*Draft PHM Strategy and Roadmap for Public Comment [COMPLETE]*
June 2022	*Final PHM Strategy and Roadmap [COMPLETE]*
September 2022	2023 PHM Program Guide 2023 PHM Strategy Readiness Deliverable Template
October 2022	MCP 2023 PHM Readiness Submission due
End of 2022	2023 Supplemental Reporting Guidance for PHM published
End of 2022	Amended APLs regarding IHEBA/SHA and Individual Health Assessment released
Jan 1, 2023	**PHM Program Launch** **PHM Service Test Launch with Multiple Partners**
Q1 2023	Updated APL 19–011 regarding PNA/PHM Strategy Requirements
Q2 2023	PHM Strategy due under revised requirements, to more comprehensively detail the PHM Program's PNA Approach and use of the PHM Service PHM Quarterly Implementation Reporting starts
Q3 2023	**PHM Service Statewide Launch and Scaling**

Review DHCS Resources & Materials

- Learn more about Population Health Management at DHCS
  - Program overview
  - Final Population Health Roadmap and Strategy
  - Comprehensive Quality Strategy

- BH SAC Presentation
  - 10/20 from 9:30am – 1:30pm
  - This meeting will be held in a hybrid format

- Other DHCS Resources
  - DHCS CalAIM Homepage
  - CalAIM Primer
  - ECM and Community Supports Program Homepage

Upcoming Stakeholder Meeting:

- **Thursday 9/29, 12:00 – 1:30 PM PT**
  - September PHM Advisory Group Meeting